

Healthwatch in Sussex General Insight Monthly Report to NHS Sussex: June 2023

Reporting on 7 July 2023

CONTEXT FOR THIS REPORT

This is the first monthly intelligence report submitted by Healthwatch in Sussex via the newly created Liaison Lead role. This report, and a further planned quarterly report, provides NHS Sussex with insight from the three local Healthwatch teams, summarising what they are hearing from people.

This is a draft report and we would welcome feedback from NHS Sussex to inform its future content, as we have on this occasion, included more detail than the design originally sought to provide, and for clarity we have included some additional follow-up narrative.

The three Healthwatch teams gather insight in a variety of ways. This comes from:

- Help and info lines (emails and calls)
- Events/forums attended
- Social media.

Each Healthwatch is set up to collate evidence differently. This report is not intended to provide detailed insight, but we have included a case study. It is intended to deliver a high-level picture of things that people are most concerned about, and if possible, the positives people have shared. The areas described may indicate emerging themes which will require further investigation, or one-off pieces of insight.

1. Important national Healthwatch insight

- Please refer to weekly information roundups, which are made available for inclusion in the Insight Bank, where appropriate.

2. Insight heard relating to Sussex

Top areas:

- **Dentistry** is seeing a slight reduction in volume of feedback, but these are now more specific. In East Sussex there were two enquiries about lack of options (especially NHS) relating to root-canal treatment, with the NHS dentists all putting forward a single option, i.e., private dental care. In one of the cases, the person had been quoted over £1,000. There were also enquiries about the cost of basic preventative dental care that had previously been done routinely by the dentist (such as plaque removal), with patients being told they must see a hygienist (at £70-80 per session.)

- **Access to GP appointments** and the knock-on effect that this has on referrals and treatment. Issues with getting through on the phone and GPs making the decisions as to who gets a face-to-face appointment.
- **Complaints about the NHS** mainly around appointments and waits - within these concerns are some glimmers of positive comments. Some of the concerns are very complex.
- **CAMHS (Children and Young People's Mental Health Services)** – concerns over ongoing treatment/continuity of care, waiting times and accessibility (not even on waiting list) and community mental health (see Appendix A).

Emerging themes

- **Prison healthcare:** Healthwatch East Sussex held two drop-in information and advice sessions at Lewes Prison (which houses people from across Sussex) and took 8 stories of mixed healthcare within the prison. See Appendix for further information and next steps. Healthwatch West Sussex also had a direct enquiry relating to Ford Prison.
- **Fishing communities** in East Sussex have shared concerns over the 'Fit to Fish' Certificate changes, that by the end of November 2023, anyone working on a UK fishing vessel must have a certificate of medical fitness. However, this may impact other Sussex fishing communities.

Our current understanding is that it is optional whether a GP practice issues these certificates and what they charge for this service. Some people have said they have issues with access to the forms (digital exclusion/access to printers). There are also access issues, as commercial fishing is dependent on the tide, making it a non-9 to 5 job and harder to attend appointments. Fishing is often a high cost/low-income job and therefore paying for the certificate is a challenge.

How much does the ML5 or ENG1 certificate and assessment cost and what happens with that money?

There is no set fee for an ML5 certificate, you will need to contact your local GP practice or other UK doctor offering ML5 certification for any charges they may impose. This fee is paid directly to the doctor performing the medical examination. It is not passed on to the MCA or government.

There are also organisations offering ML5 medicals from £65, but you will need to travel to those locations.

If you decide to get an ENG1 medical certificate instead, the fee for this is currently set at £115. Like the ML5, this fee is paid directly to the doctor performing the medical examination. It's not passed on to the MCA or government.

<https://www.gov.uk/government/publications/certificates-of-medical-fitness-answering-fishermens-questions/your-certificate-of-medical-fitness-questions-answered>

Next steps: Healthwatch East Sussex has escalated this concern to NHS Sussex, encouraging commissioners liaise with the Fisherman's Mission (a local charity) to better understand the need.

3. General insight specific to Brighton & Hove

- **Surgery** and **A&E** concerns via email, but no themes, lots varied. However, through anonymous reporting it has been suggested that 11 people at late May were waiting in A&E corridors between 4-31 days (4 more than 10 days) for inpatient mental health beds. Source has suggested that June appears to be better but still people are waiting days. We also heard from three people who complained about waits in A and E. One additional person complained about a possible misdiagnosis and lack of respect at their local hospital.
- Seven people complained about the GP service in terms of registration, both poor treatment and waiting times (for tests and appointments).
- Three people complained about being unable to register with an NHS dentist. We also received some positive feedback too including a good experience at a dental practice.
- Three people complained about the waiting time for test results.
- Other specific complaints included lack of interpreters at the GP surgery and at hospital, being taken off a treatment pathway, unable to get a blood test, their My care and Health record not being updated, the closure of their local pharmacist, the Covid vaccination reaction, and waiting time for CAMHs. Two people requested moving their care, in one instance to a new GP because they were dissatisfied with existing care and in another instance a person wanted to transfer to a hospital near home.
- At an event run by the Local Osteoporosis Meeting, concerns were expressed that joint working around the menopause had not involved them. The Society were also concerned with difficulties experienced in getting their materials into GP practices, which has not been possible after Covid. With no written materials being accepted, they were concerned about all information being via website and not printed, leading to digital exclusion. In addition, one member had travelled from West Sussex as there was no local Society group. She shared how her diagnosis had been given by telephone with little explanation and how a follow up with GP had revealed a lack of knowledge and understanding.
- Healthwatch raised results with the Brighton and Hove Primary Care Commissioner from a mystery shopping activity in London which found a worrying trend to refuse amongst GP practices to register people who were homeless/of no fixed abode. When asked if this was also a possible issue in Brighton, the feeling was 'quite likely'. Healthwatch Brighton and Hove is pursuing this and may undertake some mystery shopping.
- We received feedback from a volunteer who attended the NHS Confed Expo who met reps from 'Patient Knows Best'. Sussex is signed up for this, and has been for some time, but it wasn't obvious from the groups and the general discussion that this was known / utilised.

4. General insight specific to East Sussex

- **Asylum seekers in Eastbourne:** follow-up work to Listening Tour, suggests a series of smaller issues having a compounding impact: lack of information, services not being joined up or understood, lack of monitoring of what is being delivered. Draft report of key findings to be shared in July.
- **Cost of transport to appointments:** getting to some hospitals in the county involves more than one cost for public transport and people are saying they are struggling financially, particularly where they must go regularly.
- **Pharmacies:** Staffing issues – causing delays and lack of provision for holiday cover causing anxiety. People report struggling to know where to access a pharmacy out-of-hours (OOH) when discharged from hospital later in the evening. Also, distribution of the OOH service has meant that some people have needed to travel a very long way, and in some cases have reported going into Kent as this is closer.

Staff enquiries about OOH have been told this is available on nhs.uk and the NHS Sussex website. They report it has subsequently not been easy to find the information.

Healthwatch suggest the use of a QR code to OOH Pharmacy information, via appropriate NHS.uk webpage, gets added to prescriptions or on a separate handout, and consideration for people who are digitally excluded.

- Issues with **people accompanying patients to appointments**, one case was a same-sex couple with the partner denied entry to a hospital maternity appointment. Another was for a dementia patient not being able to have their carer with them.

5. General insight specific to West Sussex

- **Transitioning from SEN young people to adults** (4 stories in a week at two community events –Crawley and Midhurst).
Parent carers of young adults who should now be transitioning to adult support shared experience. They shared that their CAMHS experiences were OK, but that they have been left adrift now, with no information or support plan. One is imminently going to turn 25 and has had no advice or information.
- Ongoing concern: **lack of join-up in services, heard in recent Dementia Awareness Week.** Following a diagnosis, carers cannot get the right support or even no support. One example was for someone that had received a diagnosis just before COVID and they have not had any information or support since then. Also, people do not appear to understand why there would be a suggestion that they would have to pay for services, when they are on an NHS pathway. These findings are reflected in the draft report written by Healthwatch Brighton and Hove who has examined dementia pathways across. The report should be published in July/August.

- **A&E demand** heard two stories in a week at community events about St Richard's A&E over the last bank holiday weekend. Two patients reported they were left in pain on trollies, without food or drink. One was in a cubicle for 16 hours without being seen by anyone.
- One story – decline in quality of audiology commissioned services (from someone who has been using the service for a long time).
- **East Surrey Hospital:** issues with admin booking in clinics when consultants are in theatre. Delays in oncology. 2 x consultants *agreeing* with patient that the services are not good.
- Providers shared at community events, that they are struggling to get known in the system (TuVida, used to be Crossroads) and have the means of support people in crisis and in need for respite. Company also shared they cannot get onto the framework to be able to homecare support.
- Portsman Dental Care bought out two dental practices in Horsham a year ago. Letters have gone out to patients to say they will no longer be providing NHS treatment.

Appendix A

Mental health – Several adults said they were apparently under Community Mental Health Team but were complaining about the lack of support and feeling that they were being passed around from mental health services to GP etc and not receiving any help.

Healthwatch met a family member who said they feel they have been '*backed into a corner to have direct payments*' for a young person with mental health needs. An agency that came via County Council upset the person with support needs as they took a phone call and then started wandering around the person's house, only to say they didn't know why they were there because they '*only support older people*'.

Prison healthcare

Emerging themes from East Sussex drop-in sessions are:

- lack of access to mental health and substance misuse support
- access to medication and pharmacy items*
- Access to information on arrival and when being released from prison.
- Complaints.

* One resident had run out of colostomy bags (possibly due to a mix-up with ordering items?) GP offered to supply, but this could not be arranged with the prison, for unknown reason(s).

Healthwatch West Sussex was told by a relative of a Ford prisoner, concerned because they had been denied prescribed pain-relief after an operation and who was struggling to get anyone to listen. In supporting enquiries, Healthwatch has learnt that Sussex prison healthcare is now being delivered by a private company (was previously SPFT).

Next steps: Healthwatch East Sussex are currently scoping to examine what is needed to capture more insight and to build a relationship with the prison service to allow them to form a bigger picture, over the next few months.

Lack of specialist catheter support in the community.

Please note Healthwatch has explicit consent to share this story as the details would make the person identifiable.

Family and care home staff, support an elderly care home resident, who has dementia (and non-verbal) and is confined to bed were told the one nurse in West Sussex who could change a Tierman Tip catheter (specialist catheter for those with an enlarged prostates) is no longer available (we were told because their job being made redundant). Instead, they were informed that future changes would necessitate a trip to A&E. The patient has had poor experience in A&E over this issue. IHCAS is also supporting a complainant currently, who now has internal damage due to catheter placement.

The family spoke positively about the care home, who have been proactive about highlighting this with the GP and nurses.

The catheter recently came out and the person was sent to A&E where it was changed, but it also came out and they had to attend A&E again.

Healthwatch spoke to the Clinical Lead from the Bladder and Bowel Service this afternoon who advised that all patients in the community that had a Tierman Tip catheter were being reviewed to see if it was possible for them to have a 'normal' catheter. This would mean that they could be changed in the community. If a Tierman Tip was still necessary, then it would need to be changed at the Urology Unit at St Richards hospital. Went back to the family, they said this felt like a better compromise, as a future appointment could be made and one of the family could ensure they escorted the person.

Healthwatch is aware that other areas have specialist clinics for catheter care (Portsmouth), but not aware of similar in Sussex?

Influencing opportunity:

This would be a good case study for the Joined-up Communities Delivery Board.

This story would suggest that a role review process needs to have a full account of all the complexities being managed in the community and that workforce restructuring should plan for timely patient reviews, e.g., before a service is removed.

**For any questions regarding this insight please contact: Katrina Broadhill,
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