



# Annual Conversations and Annual Survey report 2023

## Executive summary

Our annual conversations and survey this year were designed to obtain more detailed feedback on health and social care services and find out what was important to people in Northumberland. We completed a series of face-to-face conversations with individuals and groups, some whom we may not usually hear from, and we also ran a public survey.

We are aware there are issues not only in Northumberland but also nationally with recruitment and retention of staff across the health and social care sector and appreciate that feedback should therefore be considered within this wider context.

Across all feedback, issues of access to services dominated, particularly GP services. Many people had concerns about the ability to get appointments, around the type of appointment, waiting times for appointments or access to book an appointment via telephone booking systems. For some older people and those whose first language is not English, additional difficulties were encountered with online or telephone systems. Due to difficulties in access, we heard that many were feeling put off seeking help or alternatively left feeling like a nuisance for seeking help. Those praising GP services were pleased with generally being able to get an appointment, the speed of access and/or treatment and overall were positive about the individual qualities of staff or the service.

Similarly, hospital services feedback was dominated by positive and negative comments around access with people mentioning timing of routine appointments, surgery or waits in A&E. In addition, the requirement to travel long distances across the county for suitable hospital services was raised in a significant amount of feedback. For mental health, SEND provision, dentistry, and social care services generally, feedback again centred around access to services, a lack of available or suitable services or in the case of social care, a lack of resources such as staffing.

Whilst we heard comparably less feedback around care and treatment what we did hear seemed to apply across nearly all services. This was around the importance of having good communication and feeling listened to, and people wanting to ensure that healthcare received was thorough and that there was continuity of care. For those with learning disabilities, the preference for seeing the same GPs/nurses was seen to be particularly important.

Where praise was given for services, this was also often around the timing of access or treatment. In addition, people gave positive feedback around the individual qualities of staff or services generally. Many people were simply happy they had been able to access help and support, particularly in the case of GPs, dentists, physiotherapy, and mental health services.

## What we heard

Healthwatch Northumberland is your health and social care champion. We make sure NHS leaders and other decision makers hear your voice and use your feedback to improve care.

Each year we run an Annual Survey to ask about people's experiences of health and social care over the previous 12 months. Last year we wanted to get more detailed feedback from people who we may not usually hear from, and who may not always respond to official surveys about their experiences, through our 'Annual Conversations'.

We heard from 61 people across Northumberland either during conversations within a group setting (focus groups) or as an individual one to one conversation. These conversations were not on a set health or social care service/topic but were led by what was important to the person or group and their recent experiences.

We worked with community partners across Northumberland to help us facilitate many of those conversations and we are extremely grateful to them as well as the people who provided valuable feedback to us.

During January and February 2023 we also ran a short online survey which was open to all residents of Northumberland to complete. 264 people responded to this survey. Thank you to everyone who contributed to this by telling us about your experiences.

### Overall, how would you rate your experiences of health and social care in the last 12 months?

This was a question specific to our online survey. Overall, there are more respondents who are satisfied or very satisfied (46% in total) rather than dissatisfied or very dissatisfied (34% in total).

### Overall, how would you rate your experience of health and social care in the last 12 months?

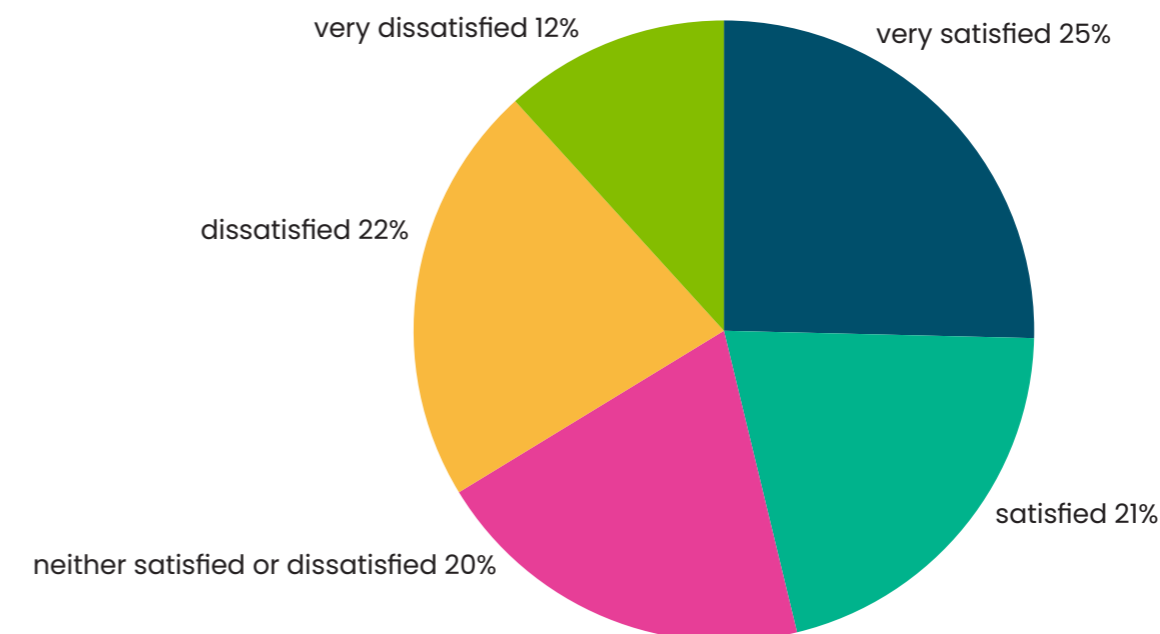


Fig. 1. Breakdown of ratings for health and social care in the previous 12 months

However, this is down from last year's satisfaction rate of 67% of respondents being either 'satisfied' or 'very satisfied'. Likewise, the dissatisfaction level has risen from 19% of respondents being either 'dissatisfied' or 'very dissatisfied' in last year's survey to 34% in this year's survey. Up until this year, the satisfaction rate had been around 65-67% every year so this is a marked reduction in satisfaction levels.

### Reasons for satisfaction rating and best and worst experiences of health and care

We then asked some open questions around why people gave this satisfaction rating and what was their best and worst experience of health and social care over the last 12 months.

There were a number of comments from our online survey that did not specifically state which service the feedback related to but more generally mentioned an appreciation of individual staff in health and/or social care services or the care that was received. Individual qualities of staff mentioned most included words like 'supportive', 'helpful', 'friendly', 'respectful', 'kind', 'lovely', 'excellent', 'amazing', 'thorough', 'caring', 'outstanding', 'sympathetic', 'efficient', and 'professional'. This was followed by an appreciation of the speed or quality of treatment.

Similarly, there were comments from those who gave feedback on their worst experience of care which did not specifically name services. These generally related to issues of access including long waiting times, waiting times for responses to telephone calls, trying to get an appointment, and not having suitable services locally or having to travel to access services. Others were centred around communication including a perceived lack of communication with patients, for example, having to chase appointments, or communication between different services. Related to this were a few concerns around not being able to get 'joined up' care - *"Not enough joined up services. Each seem to have their own targets to achieve"* - whilst others mentioned a lack of follow on support/care.

Where services were specified, some clear themes emerged from the feedback, both through our detailed conversations and our online responses.

### Access to services

Whether positive or negative, most of the feedback was around access to services rather than care and treatment received once access was achieved.

#### GPs

GP services generated the largest number of comments, making up around one third of all feedback in our online survey. It was also the main issue we heard about during our face to face conversations. This is not surprising given that GPs will likely be the most used service for many and are a first port of call to ask for help with health issues.

#### 1. Access: booking an appointment

Most people who gave feedback on GP services mentioned difficulties accessing help or support either in terms of initial access or type of appointment. Many gave general feedback on the inability to access appointments or help - *"Trying to get an appointment in an afternoon for an elderly relative was impossible as all appointments had gone then"* - and some mentioned concerns about being signposted to other services such as minor injuries or NHS 111 after making contact with a GP - *"Unable to get an appointment with your GP when you really need one... just told to ring 111 instead"*.

Others mentioned more specifically the system of booking appointments including difficulties getting through on the telephone, and to a lesser extent problems accessing or navigating eConsults. The main concerns centred on the morning rush to book an appointment by telephone, including long waiting times or having to make multiple calls before securing an appointment. Some mentioned this was a particular issue for those who work - *"Everyone is trying to get through at 8am - crazy. Fine I suppose if you don't work but for those working and not ill enough to stay off work you end up discussing your medical problem in front of all your work colleagues. How embarrassing and undignified"*.

We had additional feedback during our conversations from people whose first language is not English, that their GP telephone system was confusing due to having multiple automated options available, and that eConsults were too time consuming and complex. We heard from someone who felt 'told off' by reception staff for using the telephone to try to access support when there was an online option available, however, they only did so as they felt that the online system was too difficult to navigate.

We also heard from some older people who expressed general concern about using online services to access help and felt that even if they had digital skills to go online, they would not, as they felt less in control than 'picking up the phone and speaking to someone'.



## 2. Access: type of appointment

Positive comments about access were generally around being able to get an appointment, particularly where this was a face-to-face appointment – *“Have a face-to-face appointment to discuss HRT and menopause”* – whilst some mentioned specifically that they appreciated accessing appointments or help outside of ‘usual’ or ‘expected’ situations, indicating that flexibility is welcomed – *“Getting a GP appointment on a Saturday”*.

Similarly, and on the theme of face-to-face appointments, others expressed concerns that telephone appointments were inappropriate for their personal circumstances either due to the nature of the health issue – *“I know there is something wrong with my hip and knee and a phone discussion really doesn’t work!”* – or due to accessibility – *“Have hearing loss and speech problems after a stroke; telephone doesn’t work for me”*.

During our conversations we heard from people about the suitability of appointments including those who were given a telephone appointment but would have preferred face-to-face. Some reasons given for this preference were that the ‘phone felt rushed’, that it was difficult to speak about mental health over the phone and that things ‘could be missed’ over the telephone. Some were unsure whether their GPs offered face-to-face appointments or whether they would have allowed one in their circumstance so had not asked.

Another person was aware face-to-face was a possibility and would have preferred this but felt they should accept a telephone alternative. A few others were happy with initial telephone appointments as they were aware from prior experience that they would likely be able to get a face-to-face appointment following this, should it be necessary.

## 3. Access: pessimism about seeking help

Other comments around access included feeling like an inconvenience, a nuisance, or more generally not feeling listened to or cared for when trying to access GP help – *“I was quizzed by receptionist who seemed to be trying his best to not give me a GP call back. I think it’s important that what we say is taken seriously. I know my own body and know when something is wrong”*.

During our Annual Conversations this pessimism was also evident, with many people expressing general resignation or apathy about trying to get an appointment. People were put off by previous experiences of trying to get help such as long telephone queues – *“Unless I’m dying, I don’t bother”* – or did not feel they would get an appointment that was perceived to be suitable for them, for example, face-to-face or with their preferred GP.

For some this resignation did not necessarily seem to be due to their own previous experiences, but a perception that they would be unable to book an appointment because of things they had heard from family or friends. This resignation for one person extended to feeling reluctant to seek GP help for a referral for possible surgical intervention, despite experiencing pain and poor mobility. Another was building ‘evidence’ of health issues before seeking help due to a fear of being dismissed.

## 4. Access: timing

The highest number of positive responses from our online survey about GP services were around the speed of getting a GP appointment or treatment for a health issue. Many were extremely happy that they were able to get an appointment the same day or within a short period of time – *“GP seeing my youngest child at short notice when I was concerned”* – whilst some responses referred specifically to being able to get timely help and support or treatment via electronic apps or other processes such as eConsult – *“Excellent, prompt service which is what I really needed in that situation”*.

Other positive responses more specifically referred to the speed of getting treatment, test results or medication for a health condition or a referral to more specialised services from the GP – *“After giving birth got me sorted with contraception within a week when I thought there would be a waiting list”*.

Conversely, those who gave negative responses felt there was too long a wait to either receive an initial call back for a telephone appointment including a call back following eConsult submission, or to obtain an appointment generally – *“Availability of a GP appointment within two to three days of phoning. I had to wait three weeks and that was a telephone appointment”*.

## 5. Care and treatment

We received a smaller amount of feedback around care and treatment. Many of those that gave positive feedback mentioned generally the individual qualities of staff or praised the service as a whole – *“Best experience was with my GP practice, caring, professional, understanding”* – whilst others specifically referred to being grateful for their GP diagnosing a condition, some after a long time of experiencing problems – *“New GP was excellent; after five years I finally got a diagnosis for a condition I had repeatedly asked about”*.

During our detailed conversations we heard some positive feedback about treatment and care received from GPs. Words such as ‘understanding’ and ‘thorough’ were mentioned. In particular we heard praise for different GP surgeries around dealing with neurodiversity, mental health, and the menopause.

Time taken to listen was something which was raised by people as being important to them in contributing to positive experiences of services, as were GPs who were perceived to provide a more personalised service or thorough follow on care – *“She rang several times to check my wellbeing”*.

Those expressing negative views about care and treatment were varied and included a few people who mentioned not having had regular health or medication checks – *“No contact re. health check despite being 78”* – concerns about not being able to see the same GP, cancelled appointments and about care not being thorough enough. This included a perceived ‘lack of time for GPs in appointments to do a thorough evaluation’ and medical notes or case history not being properly considered, leading to complications or the risk of potential complications.

During our detailed conversations, concerns about the ability to see a preferred GP was raised multiple times. This included people who were unable to easily see a female GP for their gynaecological issues and others who would have preferred to see their ‘family’ or ‘usual’ GP. A few others mentioned that they would have preferred to have seen/spoken to the same GP on different occasions for their ongoing specific health issue as they had concerns about continuity.

The perception was that this led to an initial misdiagnosis for one and a missed blood test concern for another. We heard from people with learning disabilities that they also generally preferred to see the same GPs/nurses who they had got to know and like. Some struggled when they did not see the same healthcare professional, either because they felt they did not get the same care, or that they (or carers) would have to explain things again, for example, about medication.

Some people responding to our survey mentioned concerns around communication and the inconvenience or problems encountered as a result. Language barriers caused difficulties for a group we spoke to whose first language is not English. This included issues with prescriptions, with one struggling to access and order repeat prescriptions online leading to delays in getting medication, and another feeling 'fobbed off' after being told by the surgery to resolve a problem themselves when their prescription was sent to the wrong pharmacy. Another had been waiting a couple of months for the results of blood tests and was unaware they would be contacted only if there was a concern.

Some people in our survey mentioned feeling the care received wasn't holistic or focused on patient need, including perceived difficulties accessing care for more complex conditions - "Going to see GP to discuss complex conditions...instead we were offered a 'well man' appointment".

We heard from a group living in a rural area of Northumberland during our conversations who were mourning the loss of a more 'personalised' GP service experienced pre pandemic. This included not knowing staff as well as they used to, previously being called back by reception if there was not an appointment available rather than having to keep trying daily, and a feeling that appointments were now more rushed with the perception of being 'marched in and marched out'.

## Hospitals

The next highest amount of feedback we received across our survey and conversations was about hospitals. Generally, the comments and feedback were more positive. For example, in the survey we received over double the amount of positive, compared to negative feedback.

### 1. Access

Similar themes to those with GP services emerged. Whether positive or negative the main feedback centred around timing and speed of getting treatment or appointments - "Seen very quickly by consultant. Investigations and treatment started quickly". Concerns raised were around waiting times either to be treated in A&E or for treatment such as scans or for follow up care, treatment or test results - "12 hours in A&E, eight hours for bed".

The next largest concern was about having to travel to access care - "Local minor injuries unit okay but escalated major issue to Cramlington which is a long way to travel. There should be more higher level care locally". Issues with travel were specifically raised during our conversations, particularly for those in rural areas who have to regularly travel for hospital care. This includes urgent and more routine care such as scans, often involving an 80-100 mile round trip. One mentioned previously having a local diabetes clinic which was fantastic but no longer available.

The people we spoke to hoped that a local new build hospital in Berwick will provide suitable services but also had a lack of confidence that it would meet their needs. We heard about the cost of travel particularly for those who may need multiple and regular trips to hospital and have limited income. Whilst some were aware of the possibility of claiming for travel costs, this was perceived to be quite complex for those whose first language is not English and too lengthy a process.

### 2. Care and treatment

Many of the positive comments we had generally acknowledged the good care received as inpatients or outpatients at hospital. During our conversations praise was given in particular to surgical intervention for cancer and related follow up treatment, and we also heard praise for ophthalmology and neurology services.

Responses from our survey also gave positive feedback to hospital staff or specific hospital departments.

*"Cancer treatment at RVI was amazing - swift, efficient and caring."*

*"Surgical team at Rake Lane. Both medical and nursing staff were excellent."*

*"The treatment I am receiving in oncology at Hexham hospital at the moment."*

*"Care received at Freeman hospital. Superb."*

*"Rheumatology outpatient department at Berwick Infirmary is excellent - kind, caring, efficient staff and face-to-face appointments."*

*"How well the hospital (NSECH) looked after me to get me well to get back home. In hospital for about five weeks after gave birth due to complications."*

*"All staff were excellent and I had great care from start to finish." (Wansbeck General Hospital orthopaedics department)*

Like with GP services, people specifically commented on or praised good communication including feeling listened to, being informed, and being involved in the process of their treatment, care and after care - "Being spoken to as an adult during hospital appointments, time taken to listen by the professional". We heard from people with learning difficulties that hospital staff were good at explaining treatment to them or giving extra support as they were aware of additional needs.

Conversely, those expressing negative feedback also mentioned issues of communication or lack thereof - "Urology moved care from Alnwick but did not notify patients in progress with referrals so instead of hearing about follow up appointments nothing happened. It would have been less stressful to be advised by letter or email that new arrangements were in place and who to contact".

Likewise, those giving feedback on hospital care during our conversations focused mainly on issues of communication, including one person who mentioned being told a much shorter expected waiting time for surgery and then also for subsequent test results. We heard that their appointment for results was cancelled on three separate occasions including one at the last minute, leading to anxiety and stress.

We also heard from a couple of people about miscommunication on visiting guidelines and lack of communication on virtual visiting during the pandemic, leading to them experiencing difficulties seeing their loved ones who were terminally ill. Other issues with communication included a concern about medical jargon in a results letter leading to a misunderstanding about the stage of a cancer diagnosis, and someone who was unsure, due to a lack of communication, of whether they should contact their GP or their consultant for a medication review.

Other concerns around care and treatment in hospital were fewer in number. A couple of people raised general concerns around a lack of staff and beds in hospitals. Others had concerns about the specific care they received whilst in hospital - *"Pregnancy assessment in hospital wasn't great at NSECH at Cramlington. Just before birth I was sent home despite being advised to go in and having had a fast birth previously"*.

During our conversations a couple of people mentioned concerns regarding inpatient care, specifically the ability of staff to adequately tend to personal care needs such as washing and dressing, and someone who expressed concern that they were not able to wait with a loved one in A&E during the pandemic, despite them having sensory difficulties.

## Dentists

Feedback on dentists was almost exclusively entirely around issues of access. Those giving positive feedback referred to the fact that they had access to a dentist, whether this be via the NHS or privately and were simply grateful to be able to get treatment - *"Finding and registering with a NHS dentist"*.

Equally, concerns raised were almost all around access to a dentist either in terms of being able to register with a dentist - *"Can't get any dentist [rang 20!!]"* - or a dentist close to where the person lived, or the long waits for appointments due to demand on services. A few appeared to be specific to the Berwick area following on from closures - *"No Berwick NHS dentist"*.

We also spoke to people about issues of access during our conversations. Again, some had tried contacting several surgeries in their local area and surrounds without success. Others paid privately for dental care, but most did not have any current dental care provision stating they cannot afford to access private help. This included some people on an extremely limited income. Many were also unaware they could contact NHS 111 for help in the event of a dental emergency.

We heard from people living in rural Northumberland who had dental provision, be this NHS or private, that surgeries were not particularly accessible for them with some stating they had to travel at least 30 miles. A few who did not drive told us of having to rely on family, friends, or charity transport for lifts to appointments because their dental surgery was not easily accessible by public transport.

We received very limited feedback around care and treatment although we did receive some appreciation of care received - *"Surgery offers professional and friendly service. I am now booked in for follow up checks and hygienist appointments for next year to ensure continuity of care at their suggestion"* - and only a few people had concerns about dental care and treatment including one whose dentist did not complete treatment that was promised before closure, a concern that crowns were unable to be replaced on the NHS, and another who mentioned delays when waiting for a booked appointment.

## North East Ambulance Service

We received a limited amount of feedback on North East Ambulance Service (NEAS) which provides ambulance services, patient transport and NHS 111. Some people praised the ambulance service for its speed of attending in an emergency and the care given - *"The paramedics who attended my husband when he was hyperglycemic were absolutely excellent"*. Others gave positive feedback on NHS 111 and being able to access an appointment or appropriate support - *"Able to speak to a paramedic via 111 telephone service"* - and a few gave feedback on positive experiences of Patient Transport Services for hospital appointments, including access to transport and the treatment from drivers - *"The wonderful NEAS Patient Transport Service who went the extra mile to get my husband to hospital and back for reviews in less than ideal circumstances due to where we live"*.

Fewer people gave negative feedback on NEAS services with a couple citing ambulance response times and another stating simply 'hospital transport'. Two others gave specific feedback on NHS 111 around the care received, waiting times on the telephone and waiting times for follow up care - *"Communication and waiting times on telephone. When I had chest pain and contacted 111, ambulance sent but cancelled by triage. Told to contact GP who sent me straight to hospital. Said ambulance should never have been cancelled"*.



## Pharmacies

We received very few responses around pharmacy services from our online survey and little feedback during our conversations. All responses from the survey were around getting access to medication, with positive feedback referencing the speed of getting a prescription ready. Another told us of a good experience of a pharmacy sorting out a problem with access to a prescription that they had previously tried, and failed, to get resolved via the GP.

Those who raised concerns told us of issues around the provision of medication with one person getting a short supply of tablets, one not receiving an expected home delivery, one pharmacy not having prescriptions ready on time and another who mentioned their pharmacy rarely has stock in so has to go elsewhere – *“The chemist – still having to queue then when you get to the counter and they say can you come back later, it’s not quite ready”*.

Feedback from our conversations was generally positive with some people mentioning they were using pharmacies more now due to perceived or actual difficulties with GP access. We received praise from a group within a rural area where pharmacy staff and locals were well known to each other and who often used the pharmacist for general health advice on a range of complaints. They felt staff were ‘well trained and knowledgeable’ and because the pharmacist was familiar with them and their individual health conditions, they felt reassured of getting suitable over the counter medications, for example, checking sugar in cough medicine for diabetics.

## Mental health

Mental health services received several pieces of feedback from our online survey. For those giving praise this was simply the fact they were able to access support and for those raising concerns they appeared almost exclusively to be around access to suitable services, and for some a perception that there was no mental health support available at all – *“Total and utter lack of mental health support that is so devoid of humanity it is an obscenity”*.

We received feedback that help available was unsuitable for presenting mental health difficulties, due to long waiting times or being passed between services – *“I understand it may not seem like a serious problem but to me it is and I feel like nobody wants to or is able to give me the help I need. I’m worried I’m going to end up getting a lot worse before I’m able to get help”* (feedback about eating distress and being passed between services).

## Drug and alcohol services/ mental health support

We received more limited feedback on drug and alcohol services in our online survey but we were able to hear from a group of 12 people affected by a loved ones drug or alcohol use.

Much of the conversation centred around experiences of seeking help and support for loved ones with drug and alcohol issues to and the difficulties in doing so.

Some key themes emerged as follows.

### 1. Not feeling listened to and respected as carers

We heard about the struggles people felt trying to access support for a loved one’s drug and alcohol misuse. Words like ‘fight’ and ‘push’ were common with people having to ask on multiple occasions for help or making many telephone calls, for example, to different organisations to seek support. Carers told us they felt they weren’t listened to. One person mentioned they were labelled as a malicious caller when trying to access help due to the number of times they had tried to seek help. We heard that often their loved ones will struggle to engage with support, making the process of seeking it more difficult and causing more anxiety and fatigue for family members. Delays or difficulties in getting support can lead to an escalation of crisis for the person and for the family.

We heard that recognition or acknowledgement of the impact of drug or alcohol misuse on them as carers or family members was largely absent from services and people felt disheartened that they were not updated about loved one’s progress, especially given their massive role in pushing for support.

We heard that having some reassurance and being kept updated on their loved ones progress with for example, recovery programmes and/or mental health support would be beneficial, not only to them as carers but also their loved ones, with people mentioning research which backs up the benefits of involving family in aiding recovery. We heard that as carers they have awareness of trigger points and greater insight into their loved ones which could help services. One person felt it did not work having support for families living with addiction separate from support for the person with an addiction – *“it is a family problem”*.

It was acknowledged that Northumberland Recovery Partnership may ask those working with them if they can keep family updated but it was felt that many may simply dismiss or reject this without consideration, as this wasn’t often explored in further detail, for example, having a discussion of the potential benefits.

### 2. Dual diagnosis

We heard that people experienced difficulties accessing mental health support for their loved ones because often help was refused whilst their loved ones were under the influence of drugs and/or alcohol, or whilst they were working with recovery services. Due to difficulties accessing crisis support for their loved one’s mental health some people told us they resorted to contacting the police for help. In one case this had a knock-on effect of children’s social care getting involved due to a younger sibling being in the household.

Having mental health difficulties alongside alcohol or drug misuse issues was not uncommon, and therefore it was felt that many were ‘falling through the cracks’ due to these gaps in support. Comparisons were made to co morbidities in physical health and that like these, dual diagnosis for mental health and drug/alcohol misuse should be given a greater priority.

We heard that a 'multi-disciplinary' type approach with a named chair or worker for supporting those with substance misuse issues and their families would be ideal, because of the potential for many different organisations (health, social care, VSCE, housing etc.) to be involved in someone's care. It was mentioned that NICE guidelines do suggest this model in cases of severe mental illness, but that there does not appear to be anything similar to this happening in practice.

### 3. Responsiveness, flexibility and consistency

We heard from carers that when their loved ones receive support from Northumberland Recovery Partnership this is not always consistent or responsive to their needs. People were generally quite pessimistic about the support on offer - *"Baseline is to expect a poor service and anything else is a bonus"*.

People told us that staffing issues such as turnover, annual leave or staff sickness did cause difficulties in getting regular and frequent support for their loved ones, with one mentioning not having had a support session for a few weeks as a result. We also heard about issues of communication in that often people are not informed when staff leave the service or are off for a significant period, even if this means gaps in support. For those seeking support, having to tell the same story to different staff and then in a group setting was raised as a further obstacle.

We heard that there were programmes and group sessions running with Northumberland Recovery Partnership that would be beneficial for their loved ones but it was felt that often these weren't promoted particularly well. Again, the issue of consistency was raised, as we were told sessions will sometimes take different formats with some weeks being face-to-face and some online, and problems with accessibility, for example, with online links not being sent or being sent with limited notice.

We also heard that support was limited to 'office hours' which is far from ideal as often the worst times for triggering drug or alcohol use will be at weekends - *"crises don't happen 9-5"*. Looking at individual analysis of trigger points and putting support in place around this was thought to be an ideal model. We have been able to share this valuable feedback during Northumberland drug and alcohol recommissioning process.

## Physiotherapy

We did not receive extensive feedback around physiotherapy services but what we did hear was relatively equally split between positive and negative feedback. Again, many were simply happy to have been able to access help including those who were relieved at receiving appropriate treatment after a long wait - *"After three years of relentless pain and disability, physio diagnosed the problem, referred to consultant, diagnosis confirmed and treated"*.

We heard from some that they did not feel the service adequately helped them or was not worthwhile - *"The post-surgery physio after the operations was just lip service and ticks a box really"* - and others with concerns about access - *"Although the physiotherapist helping me was great, I had to jump through hoops to arrange one myself"* - or follow on care including a frustration at having to be referred to a senior member of physiotherapy staff to decide on further action and the waiting times associated with this.

## Vaccinations

We heard from some people in our online survey that COVID-19 and/or flu vaccination programmes were their best experience of health care although they did not go into specific detail - *"Perhaps the continuing roll out of COVID vaccinations. They do this so well"*. Concerns raised were around having to travel a long distance for COVID-19 vaccinations and having to queue for significant periods of time.

During our Annual Conversations, flu vaccinations were perceived to be a comparably easier and more positive process than COVID-19 boosters. We heard from some that they were feeling positive as there seemed to be more options for COVID-19 vaccination sites in the north of the county, but felt these were not particularly well promoted or communicated, as they only found out by hearsay or chance. Some mentioned that because supplies of the vaccine are not guaranteed locally in more rural areas it is difficult to pre-book appointments.

### Case study

We heard from someone who had recently arrived in the country who was having difficulties booking flu vaccinations for their children. Due to the timing of their arrival into the UK they had missed the school flu vaccination programme.

They told us they had contacted their local GP who had told them to ask the school, and school had in turn asked them to go back to their GP. They were left with no understanding of how to access vaccinations for their children.

After looking into this for them further we managed to contact the childhood immunisations team to book a community clinic appointment. After having initial difficulty in finding the right department to contact and then being asked to complete online forms to access an appointment which unfortunately did not work, we eventually arranged an appointment by telephone. Whilst the staff were friendly and helpful the process itself appeared to be complex and difficult to navigate and would be even more so for someone whose first language is not English.





## Adult social care

We received more limited and less detailed positive feedback in relation to adult social care services. Feedback which was more specific referred to the speed of accessing support – *“Quick placement of aging and ailing father into respite care”*. A couple of people had praise for home care services – *“The carers at Blyth Valley Disabled Forum and Blyth Star have been godsend in supporting my mum’s mental wellbeing, supporting her to live at home”*.

Two people mentioned the support offered to carers and whilst one of these was positive – *“Care manager recognising the needs of the carer as well as the patient”* – the other was more of a mixed experience – *“They really helped getting adaptations for my husband but there no support to the carer”*.

Similarly, negative feedback mainly centred around access to services and/or a lack of available services or resources such as staffing. Some mentioned generally a lack of support available or inability to get suitable support – *“Lack of social care services within Northumberland and having to fight to access funding for what you do need”* – whilst others raised concerns generally about staffing capacity in the social care sector.

An inability to get respite care and a local care home placement was mentioned, and we received a small amount of feedback on an inability to arrange temporary home care leading to a longer than necessary stay in hospital – *“Trying to get some support for coming out of hospital was ridiculous. I would have to stay as an inpatient longer to receive care”*.

We received a couple of pieces of feedback about prohibitive costs of care, and problems due to long waiting times for assessments of need was also raised – *“The time taken for assessments of long term needs and care packages taking time so my father has ended up in respite in a care home, and a bit in limbo as to knowing what happens next”*.

Comments about the care received were fewer in number and whilst a couple mentioned specific issues around individual care staff – *“When I went out in my wheelchair with carer, told I was allowed only once out of the wheelchair”* – and staff training – *“The staff do not get enough training. He has swallowing problems they don’t even know not to lie him flat half of them as he gets fluid on the lungs”* – other feedback centred mainly around communication issues either between providers or with users of services and their relatives/carers. We heard from an adult with additional support needs that they would have appreciated more regular communication and support from adult social care as they felt that a lot was instead put onto their mum as their carer.

We also heard a feeling of not being ‘listened to’ – *“Adult social care not involving family in choice of care home to discharge my mother to. The social worker was aware that we wanted a particular care home but our wishes were not taken into account, and she was discharged to an unsuitable place. Please listen to families and involve them in decision making. We know our family members better than you do”*.

## Other services

The remaining smaller amount of feedback covered several different services such as opticians/ophthalmology, occupational therapy, audiology, podiatry, district nursing, minor injuries clinics and SEND provision. We have outlined some of this feedback below, however, it was more difficult to draw out specific themes. This is due to having fewer responses, some of which lacked detail and feedback being spread over many services.

Occupational therapy feedback was exclusively positive. Those who expanded generally referred to the fact they had received aids and adaptations or the speed in accessing help – *“After fall, next day visit offering help various aids extra banister”*.

Six people mentioned their best experience was related to treatment from a local minor injuries clinic with half of these specifically mentioning Berwick – *“Minor injuries at Berwick upon Tweed. Excellent”*. Whilst appreciative of the care received from minor injuries two people expressed concern at having to visit due to being unable to access suitable GP support.

For audiology, ophthalmology and podiatry services most negative feedback was again around access including long waiting times for appointments and surgical procedures (cataracts). An added concern around ophthalmology was problems with the referral procedure between optician/GP and we heard from one about a lack of suitable venues for cataract operations – *“Was told by the person who answered the phone that the only place in this area that was doing cataract ops was in Newcastle which was, at 30 miles away, too far away”*.

During our conversations we heard from someone with a learning disability and diabetes who was concerned about their foot care, having not seen a podiatrist for around six months. Whilst they understood it may not seem urgent as they were not in pain, they felt it was important to have regular checks and care as a diabetic to avoid any major issues. Having previously had more frequent check-ups which took place every three months, it was unclear to them why there were delays and they felt communication could be better around this.

Those giving positive feedback on these services did not always expand on their reasons, especially in the case of podiatry, but for ophthalmology some mentioned the good care received by their optician either in terms of treatment or involvement in referral onto other services – *“My eye test at the opticians was a pleasant experience. I didn’t have to wait any length of time after arriving and all the staff were extremely friendly and helpful”* – and for audiology this was mainly around the positive impact of receiving hearing aids – *“My hearing aids. What a service and life changing. I can join in conversations and I no longer feel isolated”*.

In the case of SEND provision we heard from a few people that support was either not available or was not timely/suitable and we heard a partly related concern about the decreased ability to see health visitors via ‘drop-ins’. Whilst we did not request feedback on charitable or voluntary services a few people did specifically reference them as being their best experience in our online survey – *“Referring my father to the charity Wag and Company for companionship”* and *“Escape by far has been the most amazing service. They are always available when I need them and have even been there for my husband. If all services were as dedicated as Escape there would be a better outcome of addiction recovery”*.

## What one thing would make health or care services better for you?

In our Annual Survey we asked what one thing would make health or care services better for you and we received 225 comments. Like previous feedback there was a focus on the ability to access services, rather than the care and treatment received once a service was accessed.

### GPs

#### 1. Access

Over a quarter of the responses commented on GP access. Primarily this related to generally being able to access GP help or an appointment when needed. Many people mentioned again the difficulties accessing an appointment using the 'ring on the day' method either due to long waiting times on the telephone and/or nothing being available when they were able to get through to reception.

A few people mentioned that they would appreciate being able to book appointments in advance for issues that may not be so urgent and others specified that they would like an option to be able to access appointments online - *"Being able to book docs appointments online again"*. Several people referenced a change in access since the pandemic and that the thing that would make health care better for them would be for services to be as they were before the pandemic. One person expressed hesitancy about contacting their GP due to perceived service pressures and said they would like to feel able to use other services - *"I'd like to feel more confident about using other professionals like pharmacist for advice and less anxious about using surgery"*.

Following on from access to appointments the next highest level of feedback around GPs was about the suitability of appointments. Similar themes arose as outlined in previous questions with many people mentioning a desire to be able to see GPs in person again. Some did not specify a reason for this but for those that did it appeared to be around feeling reassured of a more thorough diagnosis, or specific to accessibility issues - *"If there has to be remote consultations do it over Zoom so at least I can lip read"*. There were also comments around a wish to have out of hours GP services especially at weekends although these were much fewer in number - *"Extended GP hours. I work Monday to Friday so it's difficult to arrange things"*.

During our conversations we heard that a lack of interpretation services at GP surgeries presented difficulties for those whose first language is not English, as they were unable to explain medical problems in detail to the GP, or more usually to reception at triage stage, to book an appointment. Often, they asked people they knew in their community to help translate when booking appointments. This sometimes caused them to feel uncomfortable due to giving out personal health information and would have ideally preferred to use official interpreting services instead.

#### 2. Care and treatment

Those comments which focused on care and treatment from GPs generally had a theme about ensuring that healthcare was thorough and continuity of care. This ranged from a wish to be able to see the same GP, have continuity of staff at the surgery, a return to annual health checks, longer appointments to ensure a thorough review and medical staff having a knowledge of the patient and their health conditions or needs.

A further theme, albeit to a lesser extent, was around the communication and customer service/listening skills of the GP or other surgery staff. In the main this is about feeling that the patient should be listened to more with a few people feeling they had been 'fobbed off' when trying to seek help either at the point of making an appointment or at the medical appointment itself - *"GP listening to me. Giving me time to speak. Listening to what I tell them. I might have problems with verbal communication but I'm not an idiot. I know what pain is and I know what blood is"*.

#### Dentists

Of those that mentioned dentists in relation to the one thing that would make services better for them, perhaps unsurprisingly, this was exclusively about access to services. A couple mentioned long waiting times for an appointment but for most it was the inability to access a service at all with some mentioning the general lack of NHS dental provision - *"Being able to get a local NHS dentists! Three years trying and still no joy"* - and for nearly half, the lack of provision specifically in the north of the county - mainly Berwick, was mentioned.

#### Social care

Mirroring other feedback many people focused on access issues in relation to social care services, including comments around a need for 'more carers' and 'better availability of care in the home' as well as 'more care homes'. A couple of people mentioned staff training as a priority and others focused on what they would like to see in the personal qualities of staff, for example, a need to adhere to confidentiality, be patient led and supportive when raising concerns/complaints. Communication was raised by a few people in terms of being responsive but also a need to listen to unpaid carers and family members.

During our conversations we spoke to an ethnically diverse group about their knowledge of social care. None of the group appeared to be aware of home care services or care homes or help for carers and where to seek help, should it be needed in future, so it was felt better promotion of services was needed. One mentioned that they would be unlikely to seek help as culturally it would be normal to take on the full caring role within the family.

There were concerns raised around whether services would 'take over' and consider cultural beliefs when providing care so it was felt reassurance around this would be needed in the event of seeking help. To promote and raise awareness of services in ethnically and culturally diverse communities, it was felt it would be helpful to have both online and hard copy documents/leaflets available in different languages with Kurdish, Sorani, Arabic, Turkish, Spanish and Bangladeshi given as examples of the most prevalent in Northumberland.

### Other services

Suggested improvements in relation to other services were again mainly in relation to issues of access – either generally having available and suitable provision, better access, the need for shorter waiting times – or being able to access local services (not having to travel). A few people mentioned ability to access suitable mental health services and there were several comments about a need for improvement for children and young people with additional needs including neurodevelopmental assessment process and SEND provision – *“The access to speech and language support is truly woeful. So many children have significant issues due to COVID and parents not getting support early enough”*.

Several people mentioned waiting lists and a desire for shorter waiting times. This was mainly for hospital appointments, surgery or general treatment. A larger number of people specifically referenced that they would like more ‘local’ health provision as they need to travel to Newcastle for some hospital appointments. Where specified this was mainly for people in the north of the county, particularly Berwick, but there were also a few people from the west (Hexham) with the same concerns around the inconvenience of travel – *“Having to travel around 65 miles to see consultants is unacceptable in many instances. Not everyone has access to a car, buses take ages and provide a limited service and taxis are expensive”*.

A fewer number of comments related to issues of care or treatment with other services but these were more wide-ranging and not as easy to find specific themes. They included problems with medication stock from pharmacies, a desire for a more ‘caring’ service for drug and alcohol users and those needing crisis support for mental health. Others mentioned inefficiencies with NHS IT systems, frustrations at reliance on digital and telephone healthcare versus face-to-face, and a need to have more toys for older children on hospital wards.



### Other themes

There were a number of comments which were not specific to one service but generally referred to a desire for better communication and ‘customer service’. Communication referred mainly to that between the patient and service provider, but it was also mentioned that better communication between different departments or services would be welcomed.

Some feedback was general, whilst others referred to specifics including ensuring appointments are adequately communicated to avoid patient no shows/cancellations. For example, during our conversations we heard from an adult with a learning disability about how much they appreciated it when appointments were booked in advance and text reminders sent. Other suggestions included better use of email communication, hospital letters including relevant contact details, ensuring appointments are adequately communicated, and the need for services to help patients navigate processes – *“Communicate. Explain policies and how to access them. Help the end user ( the patient) get support from a system they have never needed to access before”*.

We heard from people whose first language is not English about a lack of interpretation services in hospitals which made it difficult to understand complex medical information, including one person who said they had various tests done as an inpatient at hospital and did not fully understand what they were for. We heard from another that a hospital doctor spoke to them in their first language which was hugely reassuring to them.

Alongside this there were also several comments around better coordination or integration of care to provide a more holistic service, including between health and social care systems – *“Joined up thinking between health and social care is needed”*. Many comments (nearly 16% from our online survey) referred generally to the need for more resources, more staff and a desire for better investment in recruiting, training and retaining both health and social care staff – *“Staff recruitment and retention so staff can work at a more reasonable pace, so they can learn and nurture their careers instead of fire fighting”*.

A few commented on having better pay and conditions for health and social care staff and others mentioned concerns about services being dominated by ‘administrative red tape’, ‘paperwork and restrictive protocols’ or ‘unworkable rigid systems’. There were a much smaller number of comments which centred around a focus on the ‘wider determinants’ of health, for example, decreasing environmental pollution and reducing isolation (by formation of care villages).

### Q5. Imagine you're in charge of funding these services. Choose your top five services from the list below.

In our Annual Survey we asked respondents to choose from the following options as well as put their own choices in a 'comments' field.

- Ambulance services including patient transport services
- Dentist
- GP
- Health visiting
- Hospital inpatients
- Hospital outpatients
- Mental health services
- NHS 111
- Optician
- Other GP services e.g. practice nurse
- Pharmacy
- Podiatry
- Speech and language therapy
- Community services (please specify)

The top five chosen services were:

Answer choice	Response percent <sup>1</sup>	Response total
1 GP	84.5%	212
2 Ambulance & Patient Transport services	70.1%	176
3 Mental health services	49.8%	125
4 Dentist	47.4%	119
5 Hospital inpatients	42.6%	107

#### Table 1.

1: Percentages do not total 100% as it is the percentage of respondents who chose this service.

The distribution of votes is interesting as the top two services chosen – GPs and ambulance services – received a significantly higher proportion than the other three places in the top five services chosen.

There is over 20 percentage points difference between the second and third chosen services.

The complete ranking of all the services listed in the question is shown in Appendix 2.

## Appendix 1. Annual Survey

Our Annual Survey is a chance for you to tell us about the NHS and adult social care services you have used over the last 12 months.

Your views and experiences continue to help providers and commissioners understand key local issues and how well services are working for you, your family and our communities.

Please share your thoughts below by 28 February 2023.

1. Overall, how would you rate your experiences of health and social care in the last 12 months?

- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied

Please tell us why you gave this rating.

2. What was your best experience in health or adult social care services in the last 12 months?

3. What really didn't work?

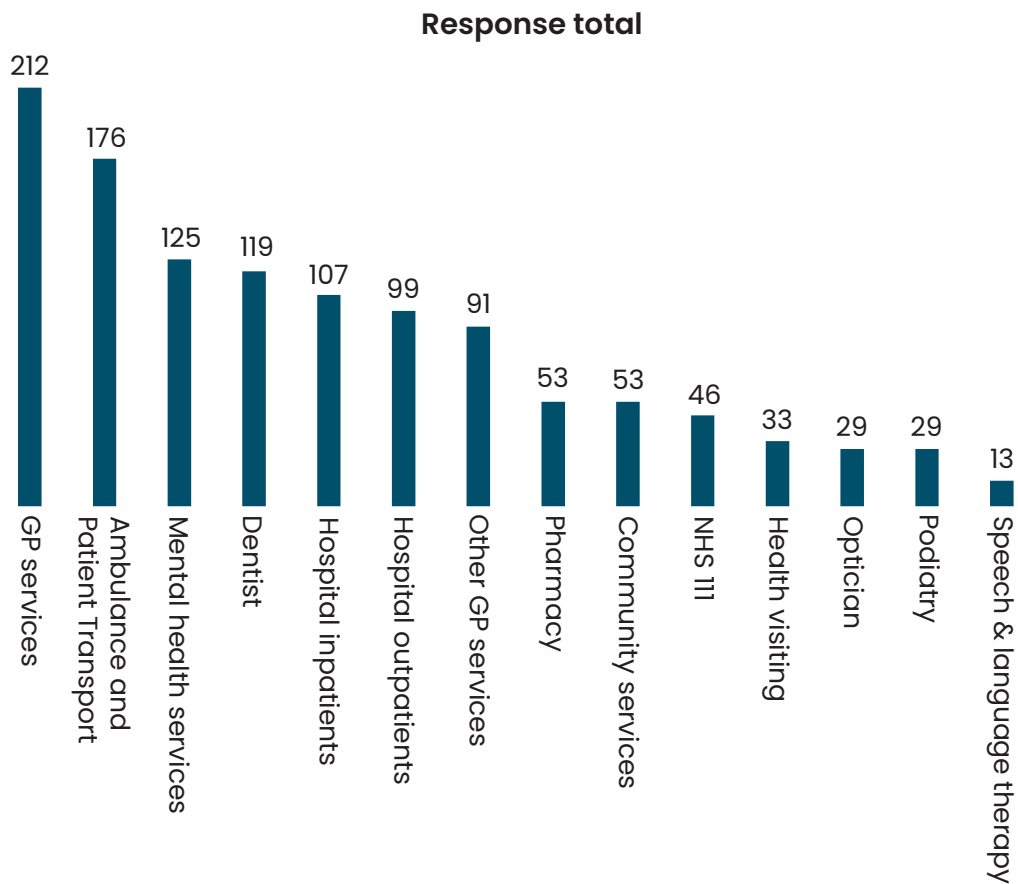
4. What one thing would make health or care services better for you?

5. Imagine you're in charge of funding these services. Choose your top five services from the list below. If you have any further comments or wish to mention another service that is not on the list, then please note in the comments box below.

- Ambulance services including patient transport services
- Dentist
- GP
- Health visiting
- Hospital inpatients
- Hospital outpatients
- Mental health services
- NHS 111
- Optician
- Other GP services e.g. practice nurse
- Pharmacy
- Podiatry
- Speech and language therapy
- Community services (please specify below)

Comments.

## Appendix 2.



Breakdown of votes for the different services in question 5.

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