



Healthwatch Lincolnshire

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BOSTON
Lincolnshire
PE21 8YB

Healthwatch Lincolnshire Patient Experiences for: July 2023

We would like to remind stakeholders that our communications with you emanate from February 2013, when Sir Francis Keogh produced his review of the Mid Staffordshire Enquiry "to Robert Francis. Within this report Keogh cited a number of failings of the system and under the reforms, local Healthwatch is intended to be the local consumer voice with a key role in influencing local services. In both Winterbourne and Mid Staffs the patient voice and the voices of others within the system were not acted upon causing patient suffering and harm, as a local Healthwatch we must continue to raise and challenge the issues raised with us.

This report has been produced by Healthwatch Lincolnshire to highlight the health and care experiences shared with us for the period 1 to 31 July 2023 where 82 comments were raised.

We note that all of these issues are taken at face value and there is sometimes limited detail and context to the feedback, however where a patient or loved one has taken the time to share their views or experiences with us we feel it is important, and indeed we have a duty to share these in the best interest of the health and care system.

- The map points are coloured according to the sentiment
 - Positive - green
 - Negative - red
 - Mixed - orange
 - Neutral - blue
 - Unclear - grey

Prominent areas of interest came under the topics of:

- Communication to patients around their treatment and what is happening such as cases 12710; 12709; 12656; 12685; 12700
- Patients with Mental Health issues feel they are not being supported by the provider.
- Patients being taken off medications without being consulted by GP as in cases 12680; 12651; 12669

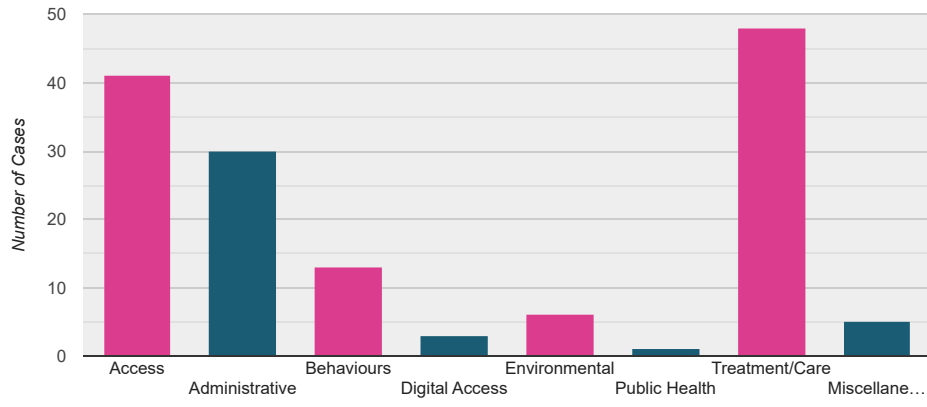
Positive areas:-

- Branston & Heighington GP Surgery
- Lincoln & Grantham Hospitals (Lincoln Lancaster Ward, Grantham Harrowby Ward)
- Practice Plus Group MSK & Spinal Service, Lincolnshire

Statistics

Total cases: 81

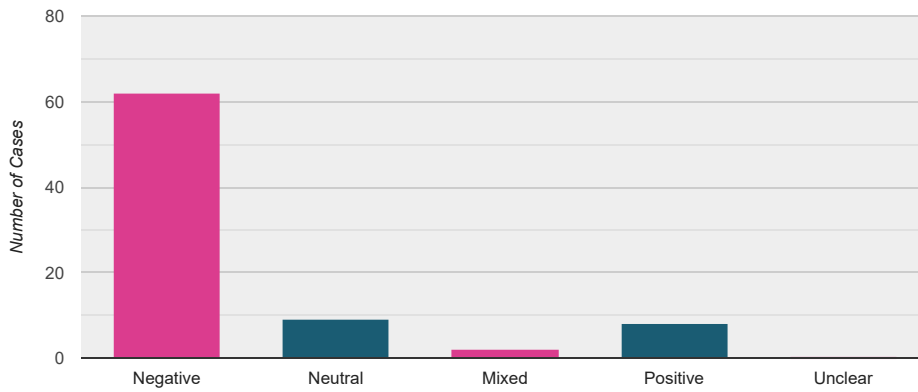
Theme Areas



Theme Areas	Cases
Access	41
Administrative	30
Behaviours	13
Digital Access	3
Environmental	6
Public Health	1
Treatment/Care	48

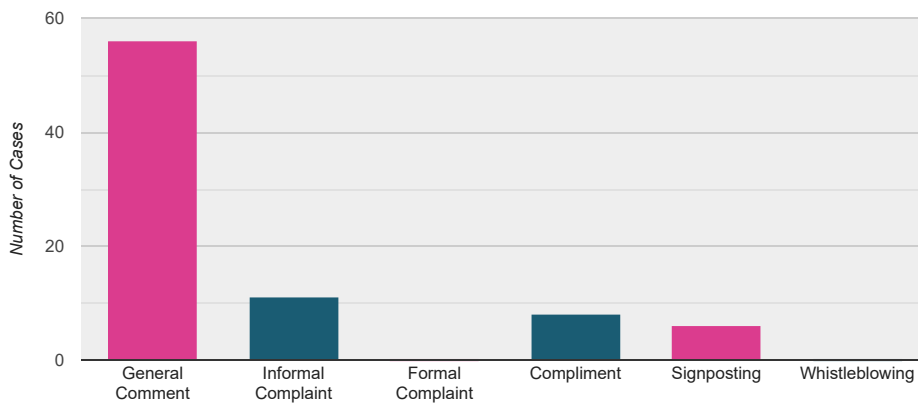
Miscellaneous	5
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Sentiments



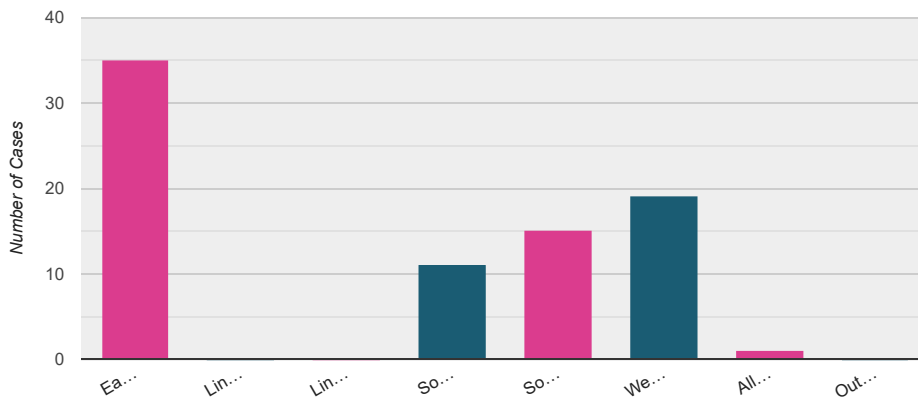
Sentiments	Cases
Negative	62
Neutral	9
Mixed	2
Positive	8
Unclear	0

Case Types



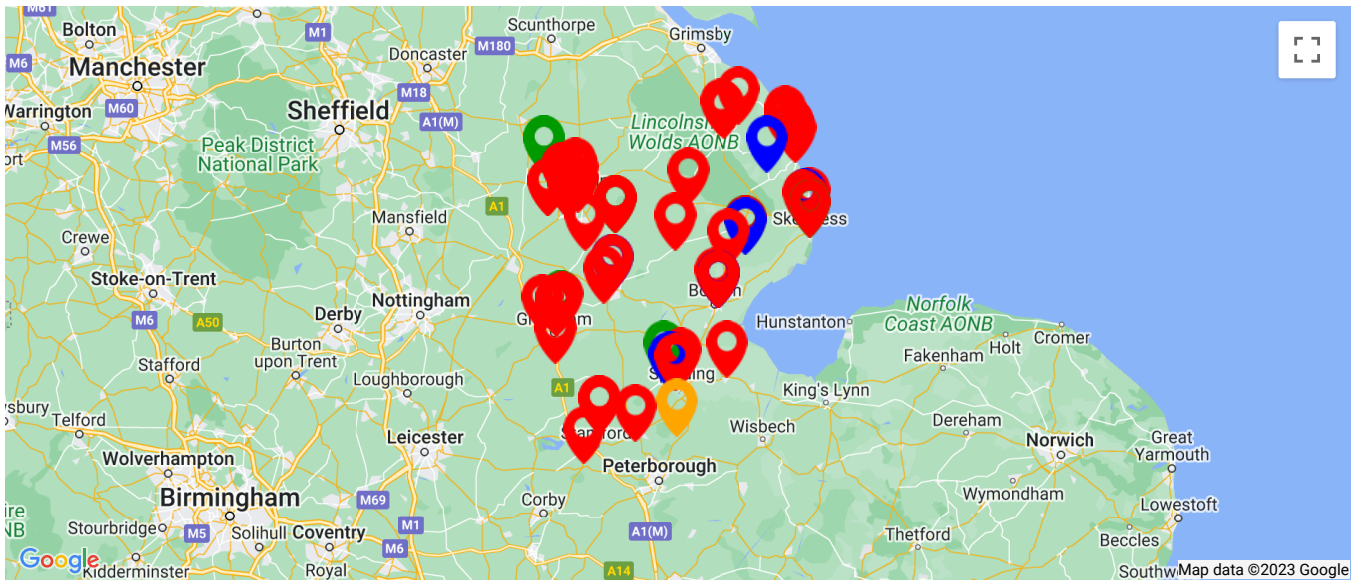
Case Types	Cases
General Comment	56
Informal Complaint	11
Formal Complaint	0
Compliment	8
Signposting	6
Whistleblowing	0

Areas



Areas	Cases
East Locality	35
Lincolnshire CCG	0
Lincolnshire Integrated Care Services (ICS/ICB)	0
South Locality	11
South West Locality	15
West Locality	19
All Areas	1
Out of Area	0

Map



Cases

Community Health Services

Area	Case Details
<p>East Locality x 2</p> <ul style="list-style-type: none"> • 1 x General Comment • 1 x Informal Complaint 	<p>General Comment</p> <p>1. Case 12666 (04-07-2023)</p> <p>PCN: First Coastal</p> <p>Providers: Hawthorn Medical Practice, Lincolnshire Community Health Services NHS Trust (LCHS)</p> <p>Patient was asked to have a routine blood test that is not done at the GP Practice and they have to attend the local hospital, Skegness Community Hospital. The system that is now in place is that every patient must book an appointment to have a blood test done. Patient was able to access this booking system online and the first appointment that they could book for a routine blood test was in mid December (now start of July 2023). They were made aware by the Practice that there is a shortage of staff at the hospital so this is adding to the waiting times for a blood test. Clinic operates 2 days a week. They were informed that they might be able to get an earlier appointment at Louth Hospital. Unfortunately, the person is disabled and uses a wheelchair and would need transport to get them there for that appointment. If their partner is able to take them they would, but as they are in full time work, it would mean taking time off work.</p> <p>Notes / Questions</p> <p>Healthwatch provided information on Community Car Schemes should the need arise.</p> <p>Healthwatch asks: Why are routine blood tests not carried out in the Primary Care Unit such as the Surgery? Why are patients experiencing long delays in getting access to routine blood tests at the local community hospital?</p> <p>Provider Response</p> <p>Blood testing or phlebotomy service is a locally commissioned enhanced service and is not included within the core contact. GP Practices therefore can choose, and be contracted, to deliver any of the enhanced service that the commissioner offers. In this case, Hawthorn have decided not to provide the service and the Commissioner have a contract in place with Lincolnshire Community Health Service to provide the service on behalf of the practice. We are contacting the provider (LCHS) to understand more about the delays and will get back to you as soon as we can</p> <p>Informal Complaint</p>

	<p>1. Case 12673 (06-07-2023)</p> <p>PCN: First Coastal</p> <p>Providers: Lincolnshire Community Health Services NHS Trust (LCHS)</p> <p>Skegness Urgent Care Centre - experience feedback.</p> <ul style="list-style-type: none"> • I attended the hospital with my partner one the evening in early July 2023, after being advised to do so by the 999 call centre to attend Skegness. They had become emotionally overwhelmed at home, then complaining of tingling arms and heavy chest, feeling light headed and shaky. • Upon arrival we were swiftly and sternly told we should not be in Skegness, as was another patient in front of us in the queue. If this is a common occurrence perhaps this could be communicated to the call centre giving the advice; Skegness is our closest Urgent Care Centre, patients should not be reprimanded for seeking care. • We asked that my partner please be checked for vitals /ECG before heading to Boston; I have a background in mental health and a diagnosed anxiety disorder most my adult life, and had a strong feeling this was a panic attack. The receptionist and nurse, who stood behind them, rolled their eyes and showed signs of frustrated disagreement bordering on contempt. • My partner did not want to go in alone; they are very dyslexic and gets tongue tied when asked for information on the spot. This could have been explained if we were asked. • ECG came back clear, as did other observational tests. Then, the nurse responsible for discharge asked that I leave the room for an assessment. My partner yesterday said they were confused because it wasn't an assessment, but a few questions including what my name is and how to spell it, which my partner struggled with. Aside from asking me to leave the room, this nurse did not speak to me. I find it inappropriate to have asked for my personal information, very purposefully without my knowledge or consent, or any other conversation with me. I would like to understand why my details were taken and why I was not asked this or anything directly. • The nurse came across as suspicious and dismissive of my presence, let alone insight. I appreciate services are to be mindful and alert to relational issues, abuse, and imbalance, but are we not also to value family and carers, be kind, or at least acknowledge them as humans?. I'm not a physical medical professional and at no point claimed to have that nature of knowledge, but could have offered a fuller picture as to what happened when my partner became overwhelmed, the things they were saying around current life stressors and events, and their anxiety since seeing the GP earlier that day (strong advice relating to lifestyle / risks associated with weight). • Other than initial receptionist conversation I stayed silent throughout, my partner was confused why staff were being so rude, perhaps because I advocated for care and tests first in Skegness, which was the right decision that saved time and resource. It was a panic attack. If we had continued to Boston we would have spent over an hour in the car, then more waiting for tests, all while continuing to believe they were dying causing more distress. Overall, the care was rapid and effective. My partner got the tests needed which reduced anxiety after returning normal. However, nothing was compassionate, communication was abrupt and unwelcoming from the beginning, and was overall a very negative experience in terms of humanity and values. I tried to be there for my partner of 7 years at a worrying time in an incredibly unwelcome space so that information didn't get lost in translation; it was uncomfortable. All care, physical and mental health, should extend beyond tests and observation. Unfortunately in this case and experience, it did not. <p>Other comments: The process of triage, test, observation, and discharge was rapid and effective. The hospital is clean and functioning. The centre turned out to have resources needed for this particular case (ECG etc).</p> <p>Notes / Questions</p> <p>Healthwatch provided LCHS PALS information</p> <p>Provider Response</p> <p>I will send to the PALS email provided also. Take care & thanks again for your time</p>
<p>South Locality x 1</p> <ul style="list-style-type: none"> • 1 x General Comment 	<p>General Comment</p> <p>1. Case 12706 (27-07-2023)</p> <p>Providers: Lincolnshire Community Health Services NHS Trust (LCHS)</p> <p>Johnson Hospital Urgent Treatment Centre</p> <p>First nurse I saw tried to tell me my child had eczema when it looked nothing like eczema! It ended up being a bacterial infection, I asked for a second option and got a better answer from someone else, child was seen quickly so that was good, but looking up rashes on database wasn't very reassuring when your baby has an unidentified rash and if they wasn't sure then to get that second opinion in the first place rather than hazard a guess!</p> <p>Notes / Questions</p> <p>No personal information provided</p>
<p>West Locality x 1</p>	<p>General Comment</p>

- 1 x General Comment

1. Case 12713 (27-07-2023)

PCN: APEX

Providers: Lincolnshire Community Health Services NHS Trust (LCHS)

Patient is diabetic, vascular dementia and prostate cancer. Was referred to podiatry in Newland Health Centre LCHS podiatrist due to a problem with 1 toe that wouldn't heal. On first visit patient was informed not to get it wet at any stage and a dressing was applied, further visit 4 weeks later the problem had started to spread to other toes and informed 'it does that sometimes' don't get it wet, skin was starting to come off, 'don't worry it'll be fine. Next visit brown/black spots appeared on the toes, 'it's fine it's dead skin' on the 8th week another toe now the same. All the way through was informed not to get the toes wet, so not washed in the timeframe. Spouse stated they thought it should be seen by a vascular clinician. A referral was placed but for the diabetic team to look at it. After a couple of weeks an x-ray was requested and a referral to see a vascular surgeon, within 2 weeks. Toes bandaged. The dead skin was bleeding so the patient went back to see another podiatrist who stated it was not dead skin was concerned where they were informed they needed to be seen as soon as possible by the vascular surgeon. 1 week later the surgeon stated the patient needed to be admitted straight away. The patient has now had a number of toes amputated.

Notes / Questions

Patient is going to make a complaint. Advocacy information provided.

Primary Care services

Area	Case Details
<p>East Locality x 19</p> <ul style="list-style-type: none"> • 16 x General Comment • 2 x Informal Complaint • 1 x Compliment 	<p>General Comment</p> <p>1. Case 12729 (31-07-2023)</p> <p>PCN: Boston</p> <p>Providers: Boston Smile Centre</p> <p>The dentist dish out root canals like sweets, our teenage child was given antibiotics after their first root canal treatment as it got infected. The dentist suspected that they also did a bad job on the second root canal, performed immediately after their first check up, referring them to a Dental Hospital to sort it out. The hospital is over 100 miles away, where at the first visit we were informed child would need 2 further visits to correct the unsuitable root canal treatment already performed. Not happy with this practice.</p> <p>Notes / Questions</p> <p>No personal information provided</p> <p>2. Case 12689 (17-07-2023)</p> <p>Providers: Bupa Dental Care, Integrated Care Board Dental</p> <p>Patient saw a dentist around 2 years ago with pain in back teeth, given anti biotics and stated it was fine. Then this practitioner went private only and had to see another Dentist. Has only been able to see on an emergency level. More recently back tooth pain again and provided with antibiotics, and tooth needs extracting. During this time they experienced further pain and as their Dentist was off sick went to an alternative emergency dental practice in the Boston area, where they were informed that they would make a referral for this to be taken out under sedation. Patient left it a few weeks as not heard anything, contacted the other practice where they were informed no referral had been sent and to see their own dentist.</p> <p>Further course of antibiotics and to contact NHS 111 if needed. Patient this week contacted NHS 111 who sent paramedics to them, provided a letter stating to stop taking the medications and to speak with their dentist today, which they have done. Patient has been prescribed penicillin and has been informed that they extraction can take place next week, but they will feel everything. When the patient explained how anxious they were the dentist did not believe them and informed them that if the extraction is not done it can kill them. Patient now extremely scared and anxiety levels are at an all time high. Would like a referral for sedation.</p> <p>Notes / Questions</p> <p>Patient requested Healthwatch contact the Practice Manager</p> <p>Provider Response</p> <p>Practice Manager -Spoke with dentist and the tooth would be easy to extract. On Dentist speaking with the patient this morning, they admitted to drinking and smoking when on the anti biotics. Practice Manager is going to call the patient to discuss, as the patient will need to wait a few months if referring on.</p>

3. Case 12694 (21-07-2023)

Providers: Bupa Dental Care, Integrated Care Board Dental

I was a patient for 17 years with Bupa Skegness. Had a letter saying they were closing their practice end of June. Have tried all local dentists to register for NHS treatment. None taking on NHS patients only private

Notes / Questions

Unable to go back to the patient as no information provided

4. Case 12653 (03-07-2023)

PCN: First Coastal

Providers: Hawthorn Medical Practice

Can be, for example, 48th in line on phone. Suggested you press button for call back. When they do, they say you must ring again the following day. Very poor contact ability.

5. Case 12665 (04-07-2023)

PCN: First Coastal

Providers: Hawthorn Medical Practice

Patient has Type 2 Diabetes and has not had an annual checkup or medication review since pre COVID. They are experiencing some issues with hands and feet and would like some clinical advice from the most appropriate health care professional but are finding it hard to get through to the surgery to get an appointment. Would prefer to be seen face to face but in the first instance would accept a telephone consultation. However, they feel that a face to face would be better as they could have their hands and feet examined at that stage.

Notes / Questions

Healthwatch provided information on Practice Manager, Diabetes UK and Pharmacy

Healthwatch asks: Does the Practice have a programme of routine health checks for people living with diabetes? What is the waiting time for patients to be reviewed and for their medication to be monitored?

6. Case 12666 (04-07-2023)

PCN: First Coastal

Providers: Hawthorn Medical Practice, Lincolnshire Community Health Services NHS Trust (LCHS)

Patient was asked to have a routine blood test that is not done at the GP Practice and they have to attend the local hospital, Skegness Community Hospital. The system that is now in place is that every patient must book an appointment to have a blood test done. Patient was able to access this booking system online and the first appointment that they could book for a routine blood test was in mid December (now start of July 2023). They were made aware by the Practice that there is a shortage of staff at the hospital so this is adding to the waiting times for a blood test. Clinic operates 2 days a week. They were informed that they might be able to get an earlier appointment at Louth Hospital. Unfortunately, the person is disabled and uses a wheelchair and would need transport to get them there for that appointment. If their partner is able to take them they would, but as they are in full time work, it would mean taking time off work.

Notes / Questions

Healthwatch provided information on Community Car Schemes should the need arise.

Healthwatch asks: Why are routine blood tests not carried out in the Primary Care Unit such as the Surgery? Why are patients experiencing long delays in getting access to routine blood tests at the local community hospital?

Provider Response

Blood testing or phlebotomy service is a locally commissioned enhanced service and is not included within the core contract. GP Practices therefore can choose, and be contracted, to deliver any of the enhanced service that the commissioner offers. In this case, Hawthorn have decided not to provide the service and the Commissioner have a contract in place with Lincolnshire Community Health Service to provide the service on behalf of the practice. We are contacting the provider (LCHS) to understand more about the delays and will get back to you as soon as we can

7. Case 12678 (10-07-2023)

Providers: Integrated Care Board Dental

I have moved to Louth from Derbyshire. It really worries me that I cannot find any dentist in my area who will take on new NHS patients. It was never like this in the past. What changed? Dental health is a basic right in a civilised country. The current dearth of accessible dental care is going to cost the National Health Service dear in coming years as ancillary problems mount up from insufficient dental care. Politicians need to sort this out. We're not paying any less in National Insurance. COVID pandemic is over. I don't understand what went wrong. The current situation is outrageous.

Notes / Questions

Healthwatch provided NHS 111, NHS Choices website, ICB Feedback information and some Dental practices stating they are taking on New NHS Patients.

8. Case 12707 (27-07-2023)

Providers: Integrated Care Board Dental

I was a patient for 17 years with BUPA Skegness. Had a letter saying they were closing their practice end of June. Have tried all local dentists to register for NHS treatment. None taking on NHS patients only private.

Notes / Questions

No personal information shared

9. Case 12680 (10-07-2023)

PCN: Meridian

Providers: James Street Family Practice

Patient is quite frustrated with the phone system, was in touch with NHS 111 over the weekend who suggested they make contact with their surgery this morning, which they tried to do via phone, but unable to get through, so drove to the surgery, where they were informed a GP would contact them this morning, patient requested this be done via land line as mobile coverage not a good reception.

Mobile phone rang only twice then went off, has tried to call back, but unable to get through - states 3rd in queue, then 2 then 1 then back to 3 again. Frustrated on trying to get through.

Spouse - received meds on 30 June, meds changed (not informed), noticed not enough to last the month. A white box with no information on, old medication prescribed, so a mix of old & new medications - with no information in the box.

Notes / Questions

Healthwatch went to the Surgery at patients request.

Provider Response

I have asked the Dr to call the patient on their land line and they will happily oblige.

Patient update - has been asked to go into and see the GP face to face. Thank you for helping me get this sorted out.

10. Case 12697 (03-07-2023)

Providers: Lincolnshire Integrated Care Services (ICS/ICB)

The 8am Scramble, Repeat Calls, Online

The problem is that the quick and 'tech-savvy' manage while some old and disabled people are repeatedly left behind by the NHS -GPs and Hospitals etc- trying to make them fit in with how the NHS wants to communicate, mainly regarding making and attending appointments. There is widespread ignorance and reluctance to make exceptions despite AIS (accessible Information Standards) being a legal requirement. Part of the burden of AIS seems to be administrative, not clinical.

The new, imposed, GP contract should be delivering an appointment, an assessment or signposting 'at first contact' to stop the '8am scramble' for everyone. Without extra capacity we doubt that vulnerable phone users benefit. For the old and disabled we think the situation is made worse by ever stronger messaging pushing everyone to 'go digital' or use proxies so some people are getting confused and distressed.

Notes / Questions

Healthwatch asks - what options are available for those patients who do not have or use online? under AIS

Provider Response

The GP access recovery plan does focus on implementing 'modern GP access'. This has three components –

1. Better digital telephony
2. Simpler online requests
3. Faster navigation, assessment and response

With access routes as those described above, particularly 1 & 2, suitable for those patients who are able to use smart phones/laptops etc, this will then free up telephone lines for those patients who want to speak to a care navigator. The ICB is working with all GP practices and Primary Care Networks to improve access to clinicians as part of the GP Access recovery plan. Telephone and website messages should be very clear to all patients regarding the routes available to patients to make appointments – using online methods, booking an appointment by phone, or attending the GP practice directly. Patients who continue to experience access issues can either raise their concerns directly with the GP Practice, or via the ICB

11. Case 12651 (03-07-2023)

PCN: First Coastal

Providers: Marisco Medical Practice

Patient has been placed on blood thinners and had a review a couple of months ago via phone consultation, where it was discussed that they should continue to stay on them.

Has put in their repeat prescriptions for said blood thinners, along with other medications and no blood thinners have been provided. Now has been taken off their repeat prescription. Has spoken to the reception this morning (at Sutton On Sea) as the patient has been without this medication for 10 days - 2 weeks, and was informed no phone appointments and to make contact with 111?

Patient doesn't know what is going on with their medication, should they be on it? has it been stopped? no communication has been sent to the patient about this.

Does not expect a face-to-face appointments, but would like to speak to a clinician about what they should be on or why it is no longer on their prescription, or what they should do. The patient is not making a complaint, just would like to know what is happening with their care.

Notes / Questions

Patient requested Healthwatch make contact with the provider

Provider Response

Just to keep you updated the patient has a telephone consultation booked for today with a GP to discuss their medication, but looking through their records the reasoning behind stopping this medication was discussed with them on the 1st June. They will be able to discuss this again today if they did not fully understand the last consultation, and the guidelines which were followed .

Healthwatch contacted the patient to provide an update, patient grateful of the call

12. Case 12669 (05-07-2023)

PCN: First Coastal

Providers: Marisco Medical Practice

Patient was quite distressed, who has been on 10mg of MST (slow releasing Morphine), a controlled drug, for their back pain. Has been under Pain Management previously and discharged as nothing more they could do, which they accept.

The MST they mentioned is to relieve pain due to L3/4/5 crumbling which worked very well. Spoke with a GP a couple of weeks ago who mentioned about 'cutting down' which the patient agreed to try, they have now been to collect prescription and it has been stopped totally, not cut down in any way or weaned off.

Has asked the surgery online, but only provided with an appointment at the end of the month. They are in severe pain and struggling without this medication to cope. They do not have any left.

They also mentioned that when speaking with a GP they stated they would call the patient on Friday (last week) to discuss their B12 after a blood test was taken. No call was made and are still waiting for this call.

Notes / Questions

Patient requested Healthwatch make contact with the surgery on their behalf

Provider Response

Surgery - I can confirm that I have spoken to the patient this morning and apologised for their experience. After looking into their concerns I advised that the prescription office had been advised that they would need to have an appointment with a GP before any further medication could be prescribed, unfortunately this was not communicated to the patient leaving them to believe it had been stopped. I informed them that their prescription had been sent to their nominated pharmacy and should be ready to be picked up.

Patient update - Many thanks for your help, one of the issues has been resolved and the other is being resolved so thank you.

13. Case 12682 (11-07-2023)

PCN: First Coastal

Providers: Marisco Medical Practice

Patient is the main carer for elderly parent who suffers with dementia. Recently adult child who also lives with them has been diagnosed with Autism, letter from specialist to the surgery had incorrect name on, but correct NHS Number and address, the surgery would not accept this letter and stated that the patient could have done it themselves, which they were most distressed about, had some bloods taken a few months ago, was informed would need further blood tests as a follow up but unable to get these for over 8 weeks, as no appointments. Patient has been trying to get an appointment for over a month, unable to get an appointment. Recently went to Skegness walk-in centre for another reason, where they looked at the patients condition and stated they would write a letter to the surgery as the patient would need a referral to dermatology. Patient is diabetic and not seen anyone for over a year. Patient commented that if/when they are able to see a GP or Nurse they are good, but some of the reception staff can be very rude, not only to them but have heard it with other patients when in the surgery.

14. Case 12693 (21-07-2023)

PCN: Meridian

Providers: Marsh Medical Practice

I really don't understand why Marsh Medical need to make things so difficult for patients.

Aren't they supposed to provide a service that helps patients ? instead they actually make our lives more difficult and stressful. I'm pretty sure I have a water infection, wanted to take a sample in, not allowed until spoken to doctor they'll call me today. I said that's fine but between a certain time I probably won't have any signal in the area as I'm working. I was told I must be available all day, if I miss the call or they can't get hold of me I'll have to wait until Monday! It's pathetic! At my relatives practice they just need to take in a sample and fill in a form so it is possible. Now I'll have to contact an online doctor and pay for the privilege or wait and hope I get the call at the right time or be in pain all weekend.

It's not like I'm saying they must call at 10.30! They really do go out of their way to be as difficult as possible and worse than that they really do not care.

Notes / Questions

Healthwatch suggested contacting the Operations Manager, also provided ICB Feedback information

15. Case 12728 (31-07-2023)

PCN: Boston

Providers: Parkside Surgery

We registered with Parkside Surgery during the pandemic, I have never been able to see a doctor. My partner has an undiagnosed potential cancer. The family has had multiple chest infections, you can never get through on the phone and when you do, they won't give you an appointment, you are made to ring back day after day until you give up or get referred by 111 because by that point you are 4 times as ill as you should have been if treated.

Notes / Questions

No patient information provided

16. Case 12710 (27-07-2023)

Providers: Pilgrim Hospital, The Old Leake Medical Centre

Can hospitals and GPs and anyone else involved in ordering tests please relay the results to the patients in a somewhat timely manner and way.

Also when bloods requested by hospital outpatients department, or consultants at appointments /specialist teams with cardio or diabetes there is a slip sent with card to say bloods can be done at GP surgery however my surgery said as hospital had printed card I had to go to the department at hospital to get blood done can this be clarified as hospital were adamant GP could do blood tests and that option is often nearer and easier for patient.

Notes / Questions

No personal information provided

Healthwatch asks - what is the process please and how are patients informed

Provider Response

ULHT - We need to direct this to pathology which is provided by North Lincs and Goole.

Informal Complaint

1. Case 12703 (26-07-2023)

PCN: East Lindsey

Providers: Integrated Care Board Dental

Parent raised concerns as 15 year old child needs braces as front teeth protruding outwards, Dental practice has said they are able to do this, but funding has been stopped and therefore unable to provide this service until NHS say funding is available. Dental practice has made a complaint to the commissioners and provided Healthwatch information.

Notes / Questions

Healthwatch provided ICB information

2. Case 12660 (04-07-2023)

PCN: East Lindsey

Providers: The New Coningsby Surgery

Our practice was taken over January 2021 and there have been serious problems since, including the same practice at Louth. All the doctor's at Coningsby left quickly followed by most of the reception and nurses.

I have been receiving 3 monthly Vitamin B12 injections from 2012, with no problems, but for the last 2 years it has been impossible to even get an appointment until at least a month late. This time, I was promised I would have an appointment on time, but I am over due by over 2 weeks as well as no reply to a request to see a practice nurse about the results of a blood test for my yearly check. In May they have written to me about twice, I have asked at reception and made an AskMyGP request last week around teatime.

The Glaucoma needs urgent laser treatment and Cataract Surgery and steroid injections for Spinal Kyphosis, due to Osteoporosis. The pre assessments for the surgery said I need checks for Emphysema and the Vitamin injections.

It's pointless asking the surgery for help they totally ignore me and my Consultant. They have refused to carry out further injections or tell me about the yearly blood test, I am in severe pain and struggling to the appointments.

I have not been to the surgery for a consultation since 2019, I never miss appointments and have remained calm and reasonable, against the unpleasant attitudes.

I am not asking again for an appointment I have had enough, my MP has helped but what can I do now? The DWP are adamant they are not investigating me.

Notes / Questions

Healthwatch provided information on ICB feedback centre for complaints and CQC

Compliment

1. Case 12704 (26-07-2023)

PCN: East Lindsey

Providers: Broadway Dental Surgery

This Dental Practice has been amazing, are helping to fight for orthodontic treatment for their 16 year old child due to funding. Both children find the dentist caring and brilliant, were both scarred to go to dentist initially, they were both put at ease and now have no problem going to see the dentist. Just a great practice

South Locality x 4

- 4 x General Comment

General Comment

1. Case 12658 (03-07-2023)

PCN: Spalding

Providers: Beechfield Medical Centre, Integrated Care Board Dental

Patient of Beechfield Surgery who is housebound due to the nature of their disabled child they provide 24/7 care for and at present unable to leave with anyone else and possibly for the foreseeable future.

The patient mentioned that the surgery does provide home visits to them as well as to their child and have been very understanding. At present they are trying to get NHS Dental care in the home for themselves, has it for their child but not for themselves.

Notes / Questions

Healthwatch made contact at patients request, to their GP practice to refer the patient to the CDS

Provider Response

Surgery have sent the referral to CDS. Healthwatch informed the patient.

2. Case 12652 (03-07-2023)

Providers: Integrated Care Board Dental

I read that Healthwatch can assist me in finding a dentist that takes on NHS patients. My teeth are abhorrent state. They are causing me constant pain and disintegrating. If you could assist me with help it would be greatly appreciated

I am in Spalding. I don't mind travelling, I don't have a car but my teeth are so bad I will take public transport anywhere

Notes / Questions

Healthwatch provided NHS Dental options stating they were taking on new NHS patients, NHS 111 and emergency contact information. Also provided the link to NHS Choices.

3. Case 12671 (06-07-2023)

PCN: Four Counties

Providers: Lakeside Healthcare Stamford (St Mary's and Sheepmarket)

Many people I have spoken to are very concerned that we have but one very inefficiently run Medical Centre here and now there are going to be many more families needing medical cover!! House building is happening everywhere!

As I'm sure you are aware, the above medical practise was reported to the NHS, many times, and then they came in examined the running of it and found it lacking in many ways.

There will be vacancies for additional patients because many left to go to other practises at that time.

However it is still far from satisfactory in it's running and it certainly won't be able to give an acceptable service to any additional patients.

I would just like to register these points - in the hope we might get an additional surgery here.

4. Case 12709 (27-07-2023)

Providers: South Lincolnshire Area Locality

Hopeless. I've suffered with vertigo 3 times now, by phone given course of tablets but came back. Lightheaded. Dr told me would arrange meeting with Head and Neck consultant at hospital back in August 2022. Got a call to arrange meeting in April 2023. Advised consultant I was also suffering headache 24/7, they told me I would have to see my GP!! What?!! I thought they were the head specialist!

Also told me that I should stop taking any vertigo medication given by GPs

Wanted to see me again 6 weeks and I would get hospital letter. So far nothing received and I'm still suffering.

GPs so hopeless, many have left practice.

Notes / Questions

No personal information provided, so unable to go back to the patient

South West Locality x 10

General Comment

- 9 x General Comment
- 1 x Signposting

1. Case 12672 (04-07-2023)

Providers: Bupa Dental Care

Have had some terrible treatment with BUPA Dental, appointments duration times were all mixed up and following prolonged treatment for a root canal my tooth broke several times and I now need a crown. My last treatment finished in march and my main question is the dentist stated I had to wait 3 months between treatment plans or so it seems the NHS wont pay them. Is this correct? I know have to pay increased charges because my plan wasn't started before the NHS prices increased.

Notes / Questions

Healthwatch asked the question of ICB Dental Team

Provider Response

The 3 months waiting is for prior approval before dentists can carry out a range of NHS treatments such as root canals on molar teeth. The payment reasons can be confirmed by NHSBSA.

Please see below link for more info:

<https://www.nhs.uk/nhs-services/dentists/what-dental-services-are-available-on-the-nhs/>

2. Case 12649 (03-07-2023)

Providers: Integrated Care Board Dental

Me and my partner are currently trying to find an NHS dentist located relatively close to our house based in Grantham. The NHS website suggested I reach out to you and see what you recommend.

Are there any surgeries in the surrounding areas that are currently taking on NHS patients?

Notes / Questions

Healthwatch provided NHS 111, NHS Choices link and some options out of county

3. Case 12650 (03-07-2023)

PCN: K2 Healthcare Sleaford

Providers: Integrated Care Board Dental

Patient looking for an NHS Dentist in their area. Not in pain nor has any swelling.

Notes / Questions

Healthwatch explained the situation and provided contact information for a provider in Lincoln who stated they were taking on new NHS Patients.

4. Case 12668 (05-07-2023)

Providers: Integrated Care Board Dental

Patient moved into the county 3 years ago and has not been able to locate an NHS Dentist during this time for their children, all under 18.

Notes / Questions

Healthwatch provided information from NHS Choices stating they are taking on New NHS Patients 20 miles from postcode. Parent happy to travel

5. Case 12679 (10-07-2023)

Providers: Integrated Care Board Dental

Dear sir my dentist has told me they only care for private patients now, this means a massive increase in cost, even using their care plans,

I believe I am entitled to NHS dental care having paid 47 years in to the service via national insurance contributions. And the NHS has a commitment to give me such services. I have searched the Internet, and used various search tools with no NHS dentist available. I have tried contacting Lincolnshire ICB with no reply. I am willing to travel to an NHS dentist and pay for their services as an NHS patient.

I hope you can help

Notes / Questions

Healthwatch provided NHS Choices website and some options stating they are taking on NHS Patients

Provider Response

Thank you for your help

6. Case 12687 (13-07-2023)

Providers: Integrated Care Board Dental

Housing officer from a refugee centre near Grantham in need of emergency dental service for some of their residents. Has tried all the local dental practices but are saying they will only take children as an emergency. So far, the nearest they have found is Coventry which is costing over £200 a time!

Notes / Questions

Healthwatch provided emergency contact information in Sleaford and alternative option out of county, but not too far to travel.

7. Case 12722 (31-07-2023)

PCN: K2 Healthcare Grantham and Rural

Providers: Lincolnshire Integrated Care Services (ICS/ICB), Pharmacy

2 Pharmacy Practices (Corby Glen and Ancaster) are "refusing" to issue patients the new LIBRA patches for diabetics even though the GP has prescribed them for patients. In one case the patient has a phobia of needles and this is helping them to manage their diabetes much better. Patients are being expected to make a second journey to another pharmacy to get these patches resulting in a delay and longer journeys for patients. No explanation given to the patients, though one was told that they are too expensive! Is this due to being a new method, cost or just the pharmacy (local) is being difficult?

Notes / Questions

No contact details available

Healthwatch asks - why would this be?

8. Case 12730 (31-07-2023)

Providers: Lincolnshire South West Area Locality

Patient living with fibromyalgia since I believe 2006. Would like to reduce the amount of pain killers that they are on and look at alternatives. Would also like a proper review of their medication and feels that no-one is really listening to them. Patient commented that they have a semi supportive GP, has attended the Pain Management Centre as advised and have even had CBT. Looking for support groups .

Notes / Questions

Healthwatch provided information on Fibromyalgia Support Groups and to speak with Surgery or Pharmacist on reducing medication or alternative options.

9. Case 12712 (27-07-2023)

Providers: St Peters Hill Surgery

Why aren't doctors back in surgeries. Cannot get appointments, only which you can't get past receptions. I had a phone call from the pharmacist at the surgery, they stated that I needed a face to face appointment with a doctor to review my emphysema as I haven't had one for over 4 years now. I rang the surgery to make an appointment and was told by the receptionist that they were doing emergencies only and refused my appointment, tried again later, got a different receptionist and was told the same. I'm disgusted with this surgery, seriously thinking about changing but all are the same here.

Notes / Questions

No personal information provided

Signposting

1. Case 12670 (05-07-2023)

PCN: K2 Healthcare Grantham and Rural

Providers: Integrated Care Board Dental

Patient is not on benefits but unable to afford NHS Dental charges. Is not registered with a practice, is in pain and has been to their GP and their local Urgent Treatment Centre but none will provide anti-biotics. Patient has auto immune problems and has been provided with our contact information via their GP surgery.

Notes / Questions

Healthwatch provided contact details in and out of county, however payment would need to be discussed with the individual providers. Low income scheme information provided should they fit into this area for HC1/2 form

West Locality x 8

- 5 x General Comment
- 1 x Informal Complaint
- 2 x Compliment

General Comment

1. Case 12656 (03-07-2023)

PCN: APEX

Providers: Boots Pharmacy , Pharmacy

About 2 weeks ago the patient was in the surgery and ordered the repeat prescription whilst there, this was not done, so the patient was left with no insulin, they contacted NHS 111 who arranged for an emergency prescription to be sent to Boots Pharmacy in the high street in Lincoln. Patient was near collapse and the pharmacist on duty, was unsympathetic, stated they had a number of other patient prescriptions to do and to come back in 2 hours. Patient did go away and went back in the allotted time, where they were informed it still wasn't ready and would need to wait. Patient could feel they were getting worse and had to sit down before they fell down, mentioned that they would need an ambulance as their sugar levels were causing them to collapse where the pharmacist on duty, shoved the insulin in the patients hands. The patient felt the pharmacist was not helpful in anyway and not understanding of their desperation.

Notes / Questions

Patient did not want to make a formal complaint, but wanted it to be included in our monthly reports.

2. Case 12726 (28-07-2023)

PCN: South Lincoln Healthcare

Providers: Brant Road Surgery

Patient in a lot of pain and has been in contact with the GP surgery to request this be looked at, surgery state it is for the Consultant they are under at the hospital to provide information. Patient made contact with the Consultants secretary who spoke with the Consultant, it is for the GP surgery to look at pain medications and secretary spoke with the surgery. Was offered a face-to-face appointment today then 10 minutes later a call to say no appointment needs to be with a particular Dr on Monday. Patient concerned that they will need to go through the weekend in pain and unable to sleep. Affecting the household and other people within, who have their own medical conditions.

Notes / Questions

At patient request Healthwatch made contact with the Practice Manager

Provider Response

I have spoken with the patient.

3. Case 12699 (24-07-2023)

Providers: Bupa Dental Care, Integrated Care Board Dental

Patient registered with BUPA Dental Practice in Lincoln under the NHS. Has ongoing issues, only able to see a dentist if an emergency and needs a lot of work doing. Bridge loose, teeth underneath rotten and needs a number of fillings. Has put in a formal complaint and spoken with the practice manager, will not do anything, is aware there is a treatment plan but unable to have a copy. Has been to see a private dentist who has said the treatment would cost them £3,500. Only on a pension and has no other income. Why would my dentist not treat me.

Also waiting for an appointment at Queens Medical Centre in Nottingham for back procedure, not heard anything.

Notes / Questions

Healthwatch provided ICB Feedback centre information, alternative options outside of Lincoln, QMC PALs, Low income scheme information

4. Case 12725 (31-07-2023)

Providers: Lincolnshire Integrated Care Services (ICS/ICB)

Traveller Community living in the Lincoln area having difficulties registering with a local GP Practice. They do not have ID such as passport, drivers licence or phot ID. Practice is being very difficult and not supporting the Traveller to register. They had been registered at a previous practice within the county and have now moved to the Lincoln area. Depending on who they speak to at the practice, will depend on how they get treated.

Notes / Questions

No personal information provided

5. Case 12655 (03-07-2023)

PCN: APEX

Providers: Woodland Medical Practice

About 2 weeks ago the patient was in the surgery and ordered the repeat prescription whilst there, the receptionist spoke with another team member as they weren't sure on what to do and the patient understood the repeat had been done.

On Friday the patient was running low on insulin and spoke with the pharmacist who said no prescription had been placed by the surgery. Patient contacted the surgery who then put it through, however this then left the patient with no insulin over the weekend, which had a dire knock on effect to the patient who was near collapse and needed to contact NHS 111 to get this sorted.

Informal Complaint

1. Case 12720 (28-07-2023)

PCN: South Lincoln Healthcare

Providers: Lincolnshire Community Health Services NHS Trust (LCHS)

I wonder if you would look into the delivery of COVID 19 boosters in the area. My parent has previously had these but this season (spring) things seem very messy and they have missed it now. We need a home visit vaccine due to health reasons.

From what I can deduce having called the GP, 119 and the ICS, responsibility is being passed around for the home visit vaccines.

Surely it should be the case that a simple way to book home vaccinations can be maintained? It would be helpful if you might enquire with the ICS what is happening and why GP surgeries are no longer in charge of delivery.

The GP stated they have no more responsibility for this and it was removed.

The 119 line said GPs do have responsibility but you need to be registered housebound first and that they easily refer to 119 due to it being easier than managing these requests...but we can call back if we do register housebound and they won't help us further. Why not help now?

Notes / Questions

Patient request that Healthwatch make contact with the service

Provider Response

LCHS PALS contacting patient to arrange vaccination.

Compliment

1. Case 12663 (04-07-2023)

Providers: Integrated Care Board Dental, Lincoln Dental Practice (Carlton Mews)

In light of all the negative publicity around NHS dental services, I'd like to commend Lincoln Dental Practice in the Carlton Centre, as a shining example of great service and care for NHS patients.

2. Case 12719 (28-07-2023)

PCN: South Lincoln Healthcare

Providers: The Branston and Heighington Family Practice

Patient very happy with service received from all staff at service. Has been a patient there for a long time and feels that all staff know them which is important to the patient as they have a history of long term, complex conditions. Has a good relationship with GP so happy with care received.

All Areas x 1

- 1 x General Comment

General Comment

1. Case 12698 (03-07-2023)

Providers: Lincolnshire Integrated Care Services (ICS/ICB)

Information via Sensory Impairment Support Group

This was raised to me the other day that some GP's are moving to just having appointments that can be booked online or through the e-consult and appointments are not being able to be made via phone.

This causes an issue for people who do not have an Internet connection generally but causes severe problems for someone who is visually impaired, do you know if there is any leeway for patients under these circumstances?

Notes / Questions

Healthwatch asks - What options are there for patients with visual impairments as being directed to online forms by staff

Provider Response

The GP access recovery plan does focus on implementing 'modern GP access'. This has three components -

1. Better digital telephony
2. Simpler online requests
3. Faster navigation, assessment and response

With access routes as those described above, particularly 1 & 2, suitable for those patients who are able to use smart phones/laptops etc, this will then free up telephone lines for those patients who want to speak to a care navigator. The ICB is working with all GP practices and Primary Care Networks to improve access to clinicians as part of the GP Access recovery plan. Telephone and website messages should be very clear to all patients regarding the routes available to patients to make appointments - using online methods, booking an appointment by phone, or attending the GP practice directly. Patients who continue to experience access issues can either raise their concerns directly with the GP Practice, or via the ICB

Area	Case Details
<p>East Locality x 6</p> <ul style="list-style-type: none"> • 5 x General Comment • 1 x Informal Complaint 	<p>General Comment</p> <p>1. Case 12654 (03-07-2023)</p> <p>PCN: First Coastal</p> <p>Providers: Pilgrim Hospital</p> <p>I am unable to go on a pulmonary rehab course because I am waiting for an echocardiogram. I have been waiting since August 2022. My health is deteriorating as my treatment is being withheld.</p> <p>Notes / Questions</p> <p>Healthwatch provided PALs information</p> <p>Provider Response</p> <p>It is hoped the author contacted PALs and received a satisfactory outcome.</p> <p>2. Case 12685 (13-07-2023)</p> <p>Providers: Pilgrim Hospital</p> <p>Had an appointment early July 2023 at Pilgrim Hospital late afternoon. On arrival, patient was informed that the clinic had been cancelled. No contact made with the patient. Receptionist said that they had "only just found out that the doctor was not in. This had happened to the patient on the previous visit a few days prior to this appointment. Patient had paid for a taxi to take them to the hospital on both occasions. Not happy.</p> <p>Provider Response</p> <p>Please advise the author to contact PALs, as without further details of which clinic they visited we are unable to forward to the relevant department and colleague. Also pass on our apologies for the inconvenience caused.</p> <p>3. Case 12686 (13-07-2023)</p> <p>Providers: Pilgrim Hospital</p> <p>Patient had attended Pilgrim Hospital on the 2 week pathway. Arrived at clinic and waited for more than 30 mins in waiting room. No communication from Reception staff but a lot of hushed conversations taking place between them and Lincoln County. Patients were then told that the clinic had been cancelled as there was no doctor available. As this patient was on the 2 week wait, another consultant at the clinic agreed to see them but it would be at the end of their clinic list or if another patient did not turn up and they could be seen. No communication with patients.</p> <p>Notes / Questions</p> <p>comment via FaceBook</p> <p>Provider Response</p> <p>Please advise the author to contact PALs, as without further details of which clinic they visited we are unable to forward to the relevant department and colleague. Also pass on our apologies for the inconvenience caused.</p> <p>4. Case 12710 (27-07-2023)</p> <p>Providers: Pilgrim Hospital, The Old Leake Medical Centre</p> <p>Can hospitals and GPs and anyone else involved in ordering tests please relay the results to the patients in a somewhat timely manner and way.</p> <p>Also when bloods requested by hospital outpatients department, or consultants at appointments /specialist teams with cardio or diabetes there is a slip sent with card to say bloods can be done at GP surgery however my surgery said as hospital had printed card I had to go to the department at hospital to get blood done can this be clarified as hospital were adamant GP could do blood tests and that option is often nearer and easier for patient.</p> <p>Notes / Questions</p> <p>No personal information provided</p> <p>Healthwatch asks - what is the process please and how are patients informed</p> <p>Provider Response</p> <p>ULHT - We need to direct this to pathology which is provided by North Lincs and Goole.</p>

5. Case 12705 (26-07-2023)

PCN: Boston

Providers: United Lincolnshire Hospitals NHS Trust (ULHT)

Waiting lists for departments are crucial for GP surgeries. When patients are being referred, this would support the practices in providing accurate information. So patients can make an informed decision or at least be aware of how long they may have to wait. Surgeries are being asked the question from patients, but are unable to assist as no information is available. Patients come back to the surgeries after a period of time as they have not heard anything, which has an added demand on the surgeries and patients get frustrated.

Notes / Questions

Healthwatch asks is this something all surgeries can be provided with due to the national waiting list information being incorrect

Provider Response

Each speciality and business unit manages their waiting lists independently and with so many specialities it is difficult to provide one overall report. It is suggested patients and/or practices enquire of the speciality co ordinators or Consultant secretaries to gain an understanding of potential wait time.

Healthwatch have gone back to the hospital to see if this information is collated within the trust?

Informal Complaint

1. Case 12690 (19-07-2023)

PCN: Meridian

Providers: Diana, Princess of Wales Hospital (Grimsby), Lincolnshire Integrated Care Services (ICS/ICB)

Once again I have to raise another complaint the person I care for (patient) was admitted in December to Grimsby Hospital with a gallbladder problem the way they were discharged was a disgrace and shouldn't be allowed to happen. I then took patient back in early January 2023 to a consultant who decided because they had Noonan syndrome they mentioned sending patient to Leeds. We then received an appointment for a pre op appointment for the late January 2023 at Freshney green, a phone call from the anaesthetics didn't raise any concerns, mid February 2023 then there was no contact from them at all.

Patient has since been back to hospital 3 times, once given antibiotics and scanned by the Pilgrim Hospital then referred to Lincoln by 111 and admitted with another infection and then had to contact 111 again and sent to the Pilgrim Hospital and admitted again with another infection the whole time this was going on there had not been any contact from Grimsby Hospital.

Pilgrim Hospital had to do what Grimsby should have done.

They were given a date in mid July which they attended. The operation went a head and had to be aborted due to the gallbladder being severely damaged by all the infections and the gallbladder being attached to the liver and behind other organs. This now means they are now going to refer to Queens in Nottingham and now has to wait again and its more than likely where it could of been via keyhole surgery, could now end up with Major surgery all this could have been avoided had Grimsby acted.

Notes / Questions

Healthwatch were copied into this email, original to ICB

Provider Response

ICB - forwarded the complaint to the complaints department at the hospital.

25/7/23 - complaints department in the hospital have responded to the patient with timelines etc

South Locality x 5

- 5 x General Comment

General Comment

1. Case 12691 (20-07-2023)

PCN: South Lincolnshire Rural

Providers: Lincolnshire Integrated Care Services (ICS/ICB), Pilgrim Hospital

Parent looking to get an autism assessment for their child. Has been homeschooled since the age of 8, now 16. Child has been under CAMHS and they stated their condition was related to autism. GP has been as helpful as they can be and referred to Childrens services (paediatrics) who state as the child is 16 it is for Adult services, so GP referred there to be informed it was Childrens. Parent concerned that no-one is picking this up and what do children do when in this age range. Has been informed to get GP to complete an OATS Panel referral for funding. But why would this be necessary.

Notes / Questions

Parent requested Healthwatch make contact with the ICB

Healthwatch asked - what is being looked at for this core of patients?

Provider Response

The ICB does not currently commission Autism assessments for between 16-18 as part of our core offer, however we can commission an assessment if there is evidence it is needed.

If the parent gives their consent, and you can provide me with the patient name and GP's details, we will be able to send the GP a form to complete which will then go to the panel which deals with this current gap in provision. The form is on the ICB website if they would prefer to do it that way.

Healthwatch asked the ICB if this was the same as OATS referral?

ICB - I have heard back from my colleague who have confirmed that the GP has completed the correct referral and that there are plans in the future for this gap in service to be addressed however, there is no timescale confirmed as of yet.

2. Case 12700 (24-07-2023)

Providers: Peterborough and Stamford Hospital

It seems that there was some confusion at the hospital in March 2022, where this particular patient was supposed to have been referred in-house to the cardiology department with heart failure and internal bleeding - this apparently was never actioned.

Parent a couple of weeks ago was in A&E in Peterborough and was supposed to have been seen by a cardiologist but was discharged.

Now on Saturday the parent was back in hospital and both parent and family member are very confused about what the plan is, what's happening and what should be happening. Has still not been seen by a cardiologist, was informed this morning at 9.30am that they were being discharged again, then ½ later informed that needs a blood transfusion. Tried to put on blood thinners, but luckily the parent stated they couldn't be due to internal bleeding, otherwise goodness knows what would have happened, was it not in the patient notes? No two people that has have spoken to parent have said the same thing, so very confused at what is happening. Discharged, then waiting for a bed in Cardiology, then discharged, then blood transfusion (all in the space of an hour).

Family member has been informed that a Cardiologist would call them to discuss, but still waiting the call, has tried to see one when visiting but unable. Family member very concerned and would like to speak with a cardiologist to see what the best way forward is for parent.

Notes / Questions

Request for Healthwatch to make contact with PALs. Healthwatch chased. No response to date

3. Case 12701 (24-07-2023)

PCN: Four Counties

Providers: Peterborough and Stamford Hospital

Patient is registered with Lakeside surgery who have been very helpful, but they are unable to provide medications until seen by specialists. In November 22 patient underwent a procedure to remove bladder stones, where an enlarged prostate was seen. Was referred back for TURP (transurethral resection of the prostate). Since then the patient has experienced continual urinary tract infections and had 12 courses of antibiotics, which causes constipation, laxatives provided and then explosive, unable to have a decent quality of life, either sleeping or staying close to the bathroom.

Saw a GP a couple of days ago, who stated the patient was anaemic after a blood test showed low blood count from hospital admission 3 weeks ago. Nothing done about it then and GP unable to provide medications until patient has seen a Gastroenterologist.

Received a letter in the post to say it could be a 26 week wait for an appointment, patient spoke with the GP as couldn't wait that long in the current situation, in pain and doesn't know what is going on. Patient now received a letter for Rapid Access clinic (no need to visit the hospital) at 9am. Will have a discussion with the consultant to see what they recommend. Feels not looking at the whole person, just bit by bit.

Provider Response

25/7/23 patient update - no phone call was made - patient made contact with provider, Nurse was to look at notes at this time, no phone calls to be made - nothing new and no outcome. Patient emailed PALs at the hospital. GP going to call tonight, nothing done at present about the anaemia.

4. Case 12721 (31-07-2023)

PCN: South Lincolnshire Rural

Providers: Peterborough and Stamford Hospital

I was admitted to PCH with severe back pain, suspected Cauda equine Syndrome. I spent 6 days on the ward, scans were referred to Addenbrooks, which they ruled out CES. I was discharged back to my GP to follow the Dynamic Pathway for back pain.

My GP at the Deepings Practice is not aware of this pathway and I am at a loss of how to go forward.

I have made a telephone appointment with my local MSK practitioner and will discuss this.

How can I be discharged to a pathway that doesn't seem to exist, it's very stressful and upsetting.

I appreciate your support and explanation of this situation.

Notes / Questions

Healthwatch asked the Hospital the hospital what they were referring to

Provider Response

Dynamic Health are a community service for patients with back pain.

Healthwatch provided information and website to the patient.

5. Case 12709 (27-07-2023)

Providers: South Lincolnshire Area Locality

Hopeless. I've suffered with vertigo 3 times now, by phone given course of tablets but came back. Lightheaded. Dr told me would arrange meeting with Head and Neck consultant at hospital back in August 2022. Got a call to arrange meeting in April 2023. Advised consultant I was also suffering headache 24/7, they told me I would have to see my GP!! What?!! I thought they were the head specialist!

Also told me that I should stop taking any vertigo medication given by GPs

Wanted to see me again 6 weeks and I would get hospital letter. So far nothing received and I'm still suffering.

GPs so hopeless, many have left practice.

Notes / Questions

No personal information provided, so unable to go back to the patient

South West Locality x 4

- 2 x General Comment
- 2 x Compliment

General Comment

1. Case 12708 (27-07-2023)

Providers: Lincoln County Hospital

I am booked for a heart scan which is classed as urgent. Mmm I am still waiting for my appointment which was booked in October last year.

Also I was supposed to have a check up with the kidney consultant in May. Still nothing so rang the secretary. They told me I would be lucky if it was before Christmas.

Meanwhile, my heart condition gets worse and my kidneys are down to 24% or less.

I expect I will die before either of these appointments.

Lincoln county, worst hospital in the country. If I could move my appointments to Grantham that would be great as Grantham is a lovely hospital and very efficient.

Notes / Questions

FaceBook comment, no personal information provided

Provider Response

Matron for Cardiology, replied 'We are so sorry to hear of this delay, please could you provide details and we can investigate this further and hopefully find a resolution'

Patient provided consent - information sent to the Hospital.

2. Case 12723 (31-07-2023)

Providers: Peterborough and Stamford Hospital

Patient is waiting for a hip and knee replacement and was given the choice of surgeons who specialised in this type of injury. Patient was made aware of a surgeon who is based in Wales and was happy to go to them, the hip surgery has to be performed first followed by 6 - 8 weeks later the knee (opposite side of body) to be done under a different team of surgeons. Had an appointment last October and was told that there was a 4 month waiting list. Within the last few weeks has been told that the waiting list is now 12 to 18 months. Patient given option to stay on his list or be referred elsewhere. Patient got referred to another surgeon and is attending an appointment at the end of July at Peterborough, but has been made aware that there will be a potential wait of over 12 months for the hip surgery and then a long wait for the knee replacement surgery. In the meantime, the patient's quality of life and mental health is being affected as they are not able to do as much as before, the pain is increasing and is on maximum pain relief without being a zombie 24 hours a day. Spouse is now becoming more dependent on supporting them. Did not recognise themselves as a carer but did speak with Carers First at an Event to get support / advice. Patient is also finding that they cannot do their job though currently the employer is making adjustments for them but patient is not sure how long that this might continue and is worried that they might be asked to leave as they cannot fulfil the role that they are employed to do. Patient asked why are patients not given realistic timelines for treatment and consultations? Feels spouse's life is in limbo and it is having an effect on their wellbeing. Spouse is having to make adaptations to their life but feels that their independence is being eroded by the delays.

Notes / Questions

Patient was given some signposting advice including: Carers First for spouse, Pain Management Clinic, Talking Therapies, DWP assessment on disability resources, Blue Badge, and Bromhead Charity to investigate funding options to have the surgery privately. Whilst at the Event they spoke to a number of organisations including SAAFA to reach out for support.

Compliment

1. Case 12716 (28-07-2023)

Providers: Grantham + District Hospital

Harrowby Ward

After about 10 days at Lincoln Hospital I was transferred to Grantham Hospital which was close to home and much more convenient for my relative to visit. I received some good care and rest which I needed for my recovery. The Doctors and nurses were very attentive and ran many tests and blood pressure checks. Some of my medication was stopped and a letter was sent to my GP who has updated my repeat prescription.

Provider Response

Thank the responder for their feedback and assure them that the information has been passed onto the relevant teams.

2. Case 12715 (28-07-2023)

Providers: Lincoln County Hospital
Lancaster Ward

The care at Lincoln was very good. The Doctors were helpful and carried out many tests to find the cause of my illness and why I was passing out. The nurses were very caring and attentive. As I was starting to feel better I was transferred to Grantham Hospital which was closer to my home and easier for my relatives to come and visit.

West Locality x 4

- 3 x Informal Complaint
- 1 x Compliment

Informal Complaint

1. Case 12718 (28-07-2023)

PCN: South Lincoln Healthcare
Providers: Hull Royal Infirmary

Patient has a long history of chronic conditions, rheumatoid arthritis, steroid-resistant asthma, and now diabetes that is insulin controlled.

Their issues are that they were initially told that it would be a 19 day wait for a Rheumatology appointment. This was an 8 week wait before they had an appointment. This concerns them as they feel this is not acceptable wait for a long term, chronic, painful condition. Patient is frustrated with this waiting time. Their negative experience of the Rheumatology Department is that the Consultant did not sign the prescription for hydroxychloroquine so that has caused major delays in getting treatment. This has caused distress and physical pain.

Notes / Questions

Healthwatch with patient consent contacted PALS

Provider Response

Thank you for your e-mail to Patient Advice and Liaison Service (PALS) with regards to Mrs Sheila Trotter. I have received responses from Mr Briggs, Team Leader, Rheumatology and Dr Kallankara, Consultant Rheumatologist and Physician.

Mr Briggs has advised that he has reviewed the referral for Mrs Trotter and advised that it was received on 31 August 2022 from the GP. Mrs Trotter had an appointment on the 26 September 2022 less than four weeks after the referral was received. The clinician did advise an appointment within three weeks and was appointed for 19 September 2022, however, this was cancelled due to the Queen's funeral. Mrs Trotter was then booked for a week later taking her wait to just shy of four weeks.

With regards to hydroxychloroquine, Dr Kallankara has advised that Mrs Trotter is not on this medication as she stopped it due to side effects. Dr Kallankara advised PALS that the prescription for Hydroxychloroquine was provided by the GP and not the consultant. Dr Kallankara has informed PALS that the consultant usually advise about the medication and the specialist nurse counsels the patient about it, then a shared care protocol is sent to the GP who will start the medication.

Dr Kallankara has advised that Mrs Trotter was last seen in clinic last month and as she is not on Hydroxychloroquine she was advised about Azathioprine as an alternative, however, Mrs Trotter was not keen to start it.

Please be assured that the Trust takes all concerns seriously, however, if Mrs Trotter would like to discuss this further she can be contacted on 01482 623065 or hyp-tr.pals.mailbox@nhs.net. PALS email forwarded to Mrs Trotter.

2. Case 12717 (28-07-2023)

PCN: South Lincoln Healthcare

Providers: Lincoln County Hospital

This patient has a long history of chronic conditions, rheumatoid arthritis, steroid-resistant asthma, and now diabetes that is insulin controlled. Their negative experience with the Rheumatology service has frustrated and distressed them. They state that they do not want this to happen to anyone else. Patient was prescribed double the dose of methotrexate which made hair fallout and gave other side effects that made them feel very ill. Patient feels that this has started a chain of events that has made their long-term conditions much worse. That communication was difficult between pharmacists and the Clinician that had prescribed the methotrexate. That in the Rheumatology department that they felt they were not treated with dignity and respect. That the information that they offered about their complex medical conditions was not considered in their assessments. Also feels that when they attend the A&E Department at Lincoln County Hospital, which they do if they have a flare up of arthritis. On these visits the patient describes the staff as hostile, and not treating them with dignity and respect.

Notes / Questions

Patient has been in contact with PALS at the hospital. Patient not heard anything so with patient consent Healthwatch contacted hospital PALS again

Provider Response

It is hoped the author received a satisfactory outcome from PALS.

3. Case 12714 (27-07-2023)

PCN: APEX

Providers: Pilgrim Hospital

Ward 5B

On seeing a vascular surgeon at hospital due to the condition was informed they needed admitting straight away and this would be at Pilgrim. 3 days later had not heard anything so contacted Lincoln Hospital who couldn't get hold of anyone in Pilgrim. Spouse tried the secretaries number but don't work on Fridays. Called on the Monday where the secretary mentioned it was nothing to do with them, but provided contact details for the ward. On contacting the ward there was a little confusion and the person from the ward would ring them back, on the ward returning the call, they were asked to bring the patient in now. On arrival a Nurse spoke to the patient and spouse and apologised as they had spoken to the consultant the previous week and then forgot all about it.

Once on the ward and seen, the patient was informed they may need an operation, or possibly wait for the toes to drop off themselves. A scan was arranged, (which kept getting cancelled) then when patient had, had the scan there was no blood flow from the knee down. Angioplasty arranged but only 1 vein out of 3 had been managed to get the flow working through. 2 toes now completely black, nothing but dressing done. Early July 23 discharged home and to come back in 2 weeks. District nurse attended home visits which were booked for every 3 days. First visit the Nurse said looks ok, but it was swollen and redness, antibiotics will sort that out and should be fine. Nurse stated they would be back in a week, spouse was adamant that it should be every 3 days so another Nurse arrived where they were not happy with the blackness tracking up and would make contact with their line manager, if they hadn't heard anything from the nurse by the end of the day, they would be coming back the following day to see patient. Patient was sweating and just after teatime the nurse called and stated they go to A&E in Boston asap. Patient and spouse decided to leave it until morning and arrived at A&E early morning on 11 July

Patient was triaged, bleeding through bandages - which weren't taken off by the triage Nurse at this stage. Saw another nurse who, took off bandages, said patient needed admitting straight away but would need a Dr to sanction this first, go back to the waiting room and someone will come to take patient to a ward. Patient getting weaker, IV drip given in waiting room of saline and antibiotics, name not checked until spouse said something. Team changed where a surgeon saw the patient in the waiting room and had nowhere to examine but could they look at the photos spouse had on their phone. Needs a bed now and to operate, will get a bed on Ward 5B as previously on. A while later spouse spoke with a staff member as they hadn't been collected, who knew nothing about it, so spouse asked the Lead of A&E, who was rude and stated there were NO beds in the hospital and went away, spouse asked someone else as patient was deteriorating but couldn't get anyone to listen. Nurse Practitioner from earlier saw the patient was still in the waiting area and asked why they were still there, patient and spouse explained that they had been told in no uncertain terms, that there were no beds in the hospital, however the Nurse stated there was a bed on 5B for them and would get someone to take them up straight away, this eventually did happen.

High temperature, IV antibiotics and would need to operate, possibly loose half the foot. The following day patient contacted the spouse to say they were having a brain scan, wasn't sure why, as no-one had said. After the brain scan patient informed results would be ready the following day.

Following day, spouse asked on visiting why patient had the brain scan and what were the results, Nurse informed them that the patient was the wrong patient and that somewhere in the hospital there was a patient who had a brain injury and partial paralysis, but no-one knew where this patient was or who they were, so what records were checked before patient had this I wonder?

The following day spouse was provided with a boot for after they had completed the surgery. 2 toes removed, not the toe that they had gone about in the first instance.

A few days later the staff were trying to put the boot on, patient just couldn't bear the pain. Following day spouse spoke with staff team as the boot they were trying to put on was too small, patient size 10, boot size 7 as not all the toes had been removed as first thought. This was spoken about for several days.

Late July patient was informed they were going to discharge them, however nothing was in place at home and the home care package would need further visits, from 2 visits per day to 4 visits per day. Spouse has own health problems and unable to provide care without the services in place.

Notes / Questions

Patient is going to make a complaint. Advocacy information provided.

Provider Response

1/8/23 Patient update - now not being discharged home., constantly changing their minds about what is going to happen.

1/8/23 Spouse request for Healthwatch to make contact with Advocacy as called them, where they asked the spouse to contact via email.

It is hoped the author contacted the relevant departments and received a satisfactory outcome.

Compliment

1. Case 12662 (04-07-2023)

Providers: Lincoln County Hospital

From the point of contacting my NHS dentist again, after the first referral had been classed as routine and no appointments for many months, where they sent another referral classed as urgent, the service I received from Lincoln Hospital dental department was excellent. In particular the clinical staff were caring and highly skilled and I felt completely at ease during each of my appointments.

With hindsight it appeared to me that the delay in getting an appointment was caused by a remote booking system which isn't managed directly by Lincoln Hospital.

Mental Health and Learning Disabilities

Area	Case Details
<p>East Locality x 1</p> <ul style="list-style-type: none">1 x Informal Complaint	<p>Informal Complaint</p> <p>1. Case 12681 (10-07-2023)</p> <p>Providers: Lincolnshire Partnership NHS Foundation Trust LPFT (Mental Health)</p> <p>Mental health nurse just dropping me without warning. Why is it since my Dr passed away, I've even been dropped by the new doctor without meeting them for them to know how I feel and now after a while of seeing mental health nurse, they have just dropped the bomb saying they were taking me off their books. Plus, not passing me on to anyone else, is this because I'm not kicking off every day and not harming myself, I've tried to manage my moods but there's times I need to talk to someone to stop me from getting too low.</p> <p>I had appointment last week with a named nurse who phoned the day before asking if they could come round at a set time, I said I couldn't do that time as I was at the Doctors so we left it for the afternoon, but that never happened, as I got a phone call from the nurses office 20 minutes before they were due to turn up at my house that day saying the nurse wouldn't be coming and that they would ring me later that day or the day after, which they didn't do. They rang me today to say they were taking everyone off their books and wouldn't be passed on to anyone. Their answer to this, is we don't do much mental health work ,but them just coming here and being able to talk is what I need. I may not always show my feeling but deep down these chats can help me control how I feel .over the past years this is what keeps happening, I'm assigned someone then after a short while I'm dropped again and again. Is this because they are spending more time with others and just dropping everyone else. I would like to make this a complaint on how I've been let down once again by Mental Health Team</p> <p>Notes / Questions</p> <p>Healthwatch provided PALs information</p>
<p>South Locality x 2</p> <ul style="list-style-type: none">2 x General Comment	<p>General Comment</p> <p>1. Case 12691 (20-07-2023)</p> <p>PCN: South Lincolnshire Rural</p> <p>Providers: Lincolnshire Integrated Care Services (ICS/ICB), Pilgrim Hospital</p> <p>Parent looking to get an autism assessment for their child. Has been homeschooled since the age of 8, now 16. Child has been under CAMHS and they stated their condition was related to autism. GP has been as helpful as they can be and referred to Childrens services (paediatrics) who state as the child is 16 it is for Adult services, so GP referred there to be informed it was Childrens. Parent concerned that no-one is picking this up and what do children do when in this age range. Has been informed to get GP to complete an OATS Panel referral for funding. But why would this be necessary.</p> <p>Notes / Questions</p> <p>Parent requested Healthwatch make contact with the ICB</p> <p>Healthwatch asked - what is being looked at for this core of patients?</p> <p>Provider Response</p> <p>The ICB does not currently commission Autism assessments for between 16-18 as part of our core offer, however we can commission an assessment if there is evidence is it is needed.</p> <p>If the parent gives their consent, and you can provide me with the patient name and GP's details, we will be able to send the GP a form to complete which will then go to the panel which deals with this current gap in provision. The form is on the ICB website if they would prefer to do it that way.</p> <p>Healthwatch asked the ICB if this was the same as OATS referral?</p> <p>ICB - I have heard back from my colleague who have confirmed that the GP has completed the correct referral and that there are plans in the future for this gap in service to be addressed however, there is no timescale confirmed as of yet.</p>

	<p>2. Case 12676 (07-07-2023)</p> <p>PCN: Four Counties</p> <p>Providers: Lincolnshire Partnership NHS Foundation Trust LPFT (Mental Health)</p> <p>Stamford resource Centre</p> <p>I saw a named Doctor in late June 2023. As I had taken an overdose in April. I have seen them before in November 2017 when they said I had BPD (Borderline personality disorder). On 2 appointments they said 'it was in my head', this time they put it, that it was all psychological. They then said I needed to come off all my pain tablets as the side affects won't help from them, they then turned round and said fibromyalgia isn't a condition. (I was diagnosed with fibromyalgia 20 years ago) to this me and my relative got up and walked out.</p> <p>As far as I am concerned the Doctor has no idea what they are talking about. They don't even have a note pad, but writes stuff down on the palm of their hand. Since seeing them I'm really low, and angry as some of the things they said, made it sound like it's all my own fault. I'll be really plain with you that there is no way I will ever see them again.</p> <p>Notes / Questions</p> <p>Healthwatch provided PALs information</p> <p>Provider Response</p> <p>Patient - thank you ever so much for your help you have been brilliant. I'll get that done</p>
<p>West Locality x 1</p> <ul style="list-style-type: none"> 1 x General Comment 	<p>General Comment</p> <p>1. Case 12661 (04-07-2023)</p> <p>Providers: Lincolnshire Partnership NHS Foundation Trust LPFT (Mental Health)</p> <p>I wanted to just make you aware of some of the concerns that I have had when trying to get support for a patient we are supporting.</p> <p>The patient is under the local Community Mental Health Team (CMHT), although contact has sometimes been sporadic. I have had a couple of case reviews with their CPN, but, we are aware that CMHT's are stretched at the moment, so regular contact is difficult to maintain.</p> <p>I have had concerns with regards to the crisis team, mainly in their lack of understanding of the needs of those with trauma. I have made contact with them before when our patient has been triggered, and their response has been that they aren't under their service, so they won't arrange to see or contact them, but can call them. The result is that when the patient does call them they have no ability to effectively de-escalate the situation, and the lack of understanding of their needs means they have appeared dismissive. Additionally, they rarely contact the CMHT to let them know that the patient has called them out of hours, meaning there is no ability for the CMHT to make contact and avoid a further deterioration of their mental health.</p> <p>I am fully supportive in using this case as a means for ensuring better veterans understanding across mental health services.</p> <p>Notes / Questions</p> <p>Healthwatch asks - what is the process when someone contacts the Crisis Team? can the CMHT see when a patient has made contact and is this highlighted to them so they can follow up as and where necessary?</p>

Patient Transport

Area	Case Details
<p>East Locality x 1</p> <ul style="list-style-type: none"> 1 x Signposting 	<p>Signposting</p> <p>1. Case 12692 (20-07-2023)</p> <p>PCN: Solas</p> <p>Providers:</p> <p>For Information: East Lincolnshire Area Locality</p> <p>Patient lives in the middle of nowhere, does not drive, has no family or friends locally and is struggling to get to their GP appointments, has been using call connect but are unable to get both ways in a reasonable timeframe. Patient is disabled and on benefits. Their GP surgery suggested they make contact with Healthwatch.</p> <p>Notes / Questions</p> <p>Healthwatch provided contact information for Voluntary Car Schemes</p>
<p>West Locality x 1</p> <ul style="list-style-type: none"> 1 x General Comment 	<p>General Comment</p>

1. Case 12683 (11-07-2023)

PCN: South Lincoln Healthcare

Providers: East Midlands Ambulance Service NHS Trust (EMAS)

Patient had non emergency hospital transport arranged via TASL previously, where at the end of June did not turn up, patient had a call to say no one was available to take them to OMC and had informed the hospital. Today the patient was supposed to be collected for the re-scheduled appointment by EMAS and this time, there was no communication from the provider to say why, the patient has contacted the hospital, who stated there were 3 patients on today's list that needed their appointments rescheduled due to no show of non emergency transport and no communication was provided to any of these patients.

Patient is now waiting to hear of the next appointment for next week and is extremely frustrated with non emergency hospital transport. It not only has an effect on the patient but also the clinics running, having to reschedule patients continually.

Notes / Questions

Healthwatch provided PALs information for EMAS

Social Care Services

Area	Case Details
<p>East Locality x 4</p> <ul style="list-style-type: none">• 1 x General Comment• 1 x Informal Complaint• 1 x Compliment• 1 x Signposting	<p>General Comment</p> <p>1. Case 12702 (26-07-2023)</p> <p>PCN: East Lindsey</p> <p>Providers: Lincolnshire County Council - Adult Social Care</p> <p>Anxious person who is looking out for their neighbour. The neighbour previously was having 56 hours a week care and 28 hours contingency - is at present receiving 0 hours for the past 6 weeks. Social worker they feel is not communicating efficiently, and there is a breakdown.</p> <p>Person is in late 70s and has medical problems themselves and unable to cope with the level of support that is needed and should be allocated.</p> <p>Service user is under section 117 and has funds allocated ½ via 117 and ½ palliative.</p> <p>Spoke with an ex-carer who goes in from time to time to help out as the service user has been left with no care package and no support..</p> <p>Advocacy have been referred to via social worker, but I have made contact with the service, and they had no contact details, so this has now been rectified and I have also stated that it is urgent.</p> <p>Ex carer feels there is neglect and I have provided the safeguarding information, which they are going to contact asap.</p> <p>Penderels Trust previously worked well, now their hands are tied. Service user has direct payments in place.</p> <p>Mentioned it was 4 years ago that an assessment was done, nothing since. Had respite in a caravan with another person who had severe mental health issues and hated it.</p> <p>Notes / Questions</p> <p>Request for Healthwatch to make contact with a number of services, Advocate, Social Services and LPFT.</p> <p>Provider Response</p> <p>We can assure you that we are fully aware of this situation and there is ongoing contact from LPFT and Safeguarding Teams.</p> <p>Informal Complaint</p>

1. Case 12667 (05-07-2023)

Providers: Lincolnshire County Council - Adult Social Care

Carers First advised me to write to you, for your records.

My spouse was admitted to the care home in May 2022 after their Alzheimers worsened and took the form of not allowing limbs to move. I couldn't manage spouse at home any longer as I had no help at all from social services, mostly disdain, and putting lies on my records. I had to fight to even get them a bed after they left hospital, they first put them in the most awful home, which was not at all the right place, there were screaming, shouting residents, running round with no clothes on and soiled pads hanging. Spouses memory wasn't too bad, they just couldn't move, so was left alone and dirty in their room. I got them out and brought them home where I looked after them for three months before I could no longer lift them on my own, I have arthritis everywhere.

I was recommended a Care Home by a friend and with great sadness and regret, had to put them in their care. At first everything was fine, but then things deteriorated. As we were partially council funded, I paid some fees, which I did every month when the manager, gave me a bill. At one point they had a right go at me because they hadn't got their money from the council for their payment. I pointed out that it was not my fault, I was paying my half regularly, they then said they had had enough of these council funded clients and they wasn't having any more of them, which made me feel very uncomfortable.

I would go and visit spouse every other day, I wanted to go more but for two reasons I couldn't. They kept putting boots on spouses feet despite being told by a hospital consultant that they wasn't to wear one on their right foot, it was fused and larger than the other one due to a motorbike accident years ago, and anything tight on that foot rubbed the skin raw, which resulted in an ulceration which took months to heal because of their diabetes. I took in a special sheepskin pad for their heels which the staff boil washed on the second day of use, and totally ruined it.

Spouse was using convenes quite happily when they went into the home, but the staff weren't able to use them correctly, despite me showing them, and kept saying that spouse had pulled them off, they hadn't, they hadn't fitted it properly, so they stopped using them, so spouse would wet the bed and lie in a soaked pad until someone came to change them, which resulted in bottom being burnt.

After another hospital visit spouse was put on level 1 drinks and level 6 food. Couldn't swallow drink now without thickener as it went straight into lungs, causing pneumonia, they could eat food as long as someone cut it up and fed them. This took a long time because they would only open their mouth when they were ready, not when you are, so the staff said spouse was refusing food, this wasn't the case, you just had to be patient.

They lost weight while in their care, which they deny. Couldn't sit in a wheelchair because wasn't able to hold themselves up so was left in a very small room all day 24/7, with the door shut and the tv on. Staff went in on 2 hourly routines, approximately, but they needed drink and often didn't get it, so was usually very thirsty when I went in. They were put on pureed food for some unknown reason, which I said wasn't on pureed food, but was level 6 food, soft and bite sized, but before that they gave foods without gravy, and desserts without custard, all very dry until I said was allowed gravy and custard, it was drinks they had problems with. Everything was a fight for me, I was made to feel very unwelcome, and felt very nervous as soon as I got in my car to go and visit.

At the end, they called me at 2 in the morning saying spouse was having some kind of seizure, I went straight over there, 2 staff stood in the doorway watching, not giving them any comfort, I went to spouse as said what's happening love, they said I don't know in a very shaky voice so I knew spouse could hear me, the manager said they was unresponsive, obviously wasn't, but was having seizures. When spouse answered me I could see their teeth (dentures) were right at the back of the throat, and asked the staff why??? one of them got the teeth out. They said they had called 111, why not an ambulance? and 111 had said don't touch them and don't open their mouth, according to the staff. I asked for an ambulance to be called, which came and took spouse to Grimsby hospital.

They continued fitting for a while but less violently, they said there that the teeth in the throat may or may not have caused them to have seizures due to the blockage of the throat, they were dehydrated, electrolytes were all very low and hadn't had enough to eat, all the things I kept mentioning to the home. The home denied everything. This home is awful, very biased towards council funded patients, the private ones were treated much better, they have no idea how to look after a patient that is totally immobile, they would shout at spouse as though they were stupid.

The manager, often charged into the room, never knocked, on more than one occasion to moan at me about something I had asked for, for spouse.

Notes / Questions

Healthwatch provided information on CQC; LCC Complaints and Advocacy.

Provider Response

Patient prefers to keep Care Home & details anonymous

Compliment

1. Case 12657 (03-07-2023)

PCN: First Coastal

Providers: Syne Hills Care Home Limited

For Information: Lincolnshire County Council - Adult Social Care

This is a privately owned home, by local Skegness residents, who manage the Care Home. They are 'hands on' proprietors e.g. involved in the many events taking place here, e.g. visits from a local ladies choir, gardening club, games of various sorts, parties to celebrate special events (coronation), There are, in the warmer months, outings for afternoon tea using the various cafes/restaurants in this area, and outings on the tricycle (two seats for residents). The carers have much patience, particularly when caring for dementia patients. Food is more than adequate - special diets are catered for - I'm Coeliac and the chef is very aware of the restrictions to diet.

Syne Hills Care Home is a good place to be for anyone needing day to day care, and for those needing more intensive care. I've lived here since Jan 2023. The carers are dedicated. The housekeeping staff keep our rooms clean, our clothes are laundered well. Residents are offered entertainment. During warmer months the owner takes residents out for afternoon tea in a specially adapted mini bus, or out for a spin in a two passenger trike.

Signposting

1. Case 12659 (04-07-2023)

Providers: East Lincolnshire Area Locality

I have a concern about an elderly person living in Mumby and was wondering who best to contact to assess the situation. Relative has made contact with Early Support team who are going round next week.

Notes / Questions

Relative going to see what the team can do, then make contact with Healthwatch if needed.

South West Locality x 1

- 1 x Signposting

Signposting

1. Case 12727 (31-07-2023)

PCN: K2 Healthcare Sleaford

Providers: Lincolnshire County Council - Adult Social Care

My spouse and I are both in our 70s. We care for my parent (97yo). Who doesn't like to be left alone, particularly at night, and refuses to go into a home for respite care. This means that we can't have a holiday. Is there a service that can provide overnight care at home? Parent has Attendance Allowance and Pension Credit.

Notes / Questions

Healthwatch provided:- LCC Care Directory; Age Care Advice; Early Bird Lifestyle support and Carer First.

West Locality x 2

- 1 x General Comment
- 1 x Informal Complaint

General Comment

1. Case 12684 (11-07-2023)

Providers: Continuing HealthCare, Lincolnshire Integrated Care Services (ICS/ICB)

Parent has been in 3 separate care homes in the past 10 months. Is currently in Drovers Call in Gainsborough and the Nursing Home have asked for additional funding from CHC to support a 1-1 carer until the parents medication is right. Parent is a dementia sufferer and is aggressive. Support from Social Worker has been great, the home have been lovely and supportive and feel they would like to do more, just unable to fund the extra 1-1 so have given notice of 28 days. Parent has been on several different medications, as yet none have worked, is currently on a new one. CHC have said no to the funding and family members are at a loss of what to do as parent will then have moved 4 times in a year, surely this is not right.

Notes / Questions

Healthwatch advised family member to contact CQC; ICB and CHC

Informal Complaint

1. Case 12675 (05-07-2023)

Providers: Lincolnshire Integrated Care Services (ICS/ICB)

For Information: Lincolnshire County Council - Adult Social Care

Parent had a severe bleed on the brain in February 2023. Within minutes they went from a super active, very fit, full time farmer to being unable to do anything for themselves. Is now bed bound, can't speak, very limited movement, has a catheter and is spoon fed level 4 food.

10 weeks ago received Gold Standard fast track funding and was moved from Lincs County Hospital to Care Home

For the last 10 weeks, we have expressed our ongoing safeguarding concerns about the care with the care and nursing staff and escalated this to the care home management 4 weeks ago. We have had numerous concerns, some of which have been addressed but others remain outstanding and unresolved or were only temporarily addressed.

Current issues:

Food: was assessed in hospital for Level 4 food i.e. We have raised this with the home on countless occasions. They have asked us to "bear with them" and claimed that the food has been pureed - but if it won't pass through a sieve and/or has lumps in it, we don't agree.

Water: it can take over 1 hour to get a glass of thickened water.

Positioning: due to issues with extremely bad bed sores which obtained in hospital from not being turned, they do turn parent frequently although has often been positioned at meal times at angles which make it impossible to be fed or drink.

Physio: We have asked for spouse to be seen by a physio or occupational therapist to promote better movement. But despite our ongoing requests and assurances from the deputy manager that this would happen, has still not been assessed.

Bed-bound: Despite regular requests for spouse to be taken out of bed, it took 6 weeks and a meeting with the deputy manager before this happened.

Personal Hygiene: Despite regular requests for hair wash, it took 6 weeks and a meeting with the deputy manager before this happened.

We therefore want to move parent immediately to an alternative care home, they are aware of the issues we have been experiencing and have confirmed that they now have a room available NOW.

CHC have therefore advised that it will have to wait for a "Best Interests Assessment" on 27 July before our request can be considered.

Provider Response

Family Update - 6/7/23 The CHC Best Interest meeting went well. All parties agreed that parent could move. Unfortunately the home we wanted no longer has the vacancy, but looking at alternatives

Other

Area	Case Details
<p>East Locality x 3</p> <ul style="list-style-type: none">• 1 x General Comment• 2 x Signposting	<p>General Comment</p> <p>1. Case 12696 (24-07-2023)</p> <p>PCN: First Coastal</p> <p>Providers: East Lincolnshire Area Locality</p> <p>Patient has seen on Carers UK link that there are virtual wards, what are they and how do they work? Lives in the east coast and is the main carer for their elderly parent.</p> <p>Notes / Questions</p> <p>Healthwatch provided information on Virtual Wards</p> <p>Signposting</p>

	<p>1. Case 12674 (07-07-2023) Providers: East Lincolnshire Area Locality</p> <p>I was on a short holiday in Germany in February. One day I had terrible back pain, I couldn't move, I couldn't feel my legs, the pain was absurdly intense, and I had to call an ambulance. I spent the whole night in the hospital, and after giving solid painkillers I was sent home. After returning home from vacation, I received an invoice for medical services despite having a valid UK Global Health Insurance Card.</p> <p>I wrote about this to the German Hospital and the company that issued the invoice, but I did not receive any response, but I keep getting letters reminding me to pay.</p> <p>What can I do in such a situation?</p> <p>Notes / Questions Healthwatch asked a few questions - no response received to date</p> <p>2. Case 12677 (07-07-2023) PCN: Boston Providers: East Lincolnshire Area Locality</p> <p>Spouse looking for information on somewhere they can take partner how was diagnosed with Alzheimers 5+ years ago. Has heard there is somewhere that partner is able to do gardening, woodwork etc but doesn't know where it is in Boston or how to contact them. Partner is getting bored and spouse would like to see if this kind of thing would be beneficial to them.</p> <p>Notes / Questions Healthwatch provided information on Mens Shed, Connect to support and Carers First.</p>
<p>South Locality x 1</p> <ul style="list-style-type: none"> • 1 x Compliment 	<p>Compliment</p> <p>1. Case 12724 (31-07-2023) Providers: Age UK Spalding District</p> <p>Veteran explained that their spouse of over 40 years has been given a diagnosis of dementia and is becoming increasing unwell and difficult / challenging to deal with. Has been struggling to get any help but was made aware of the new service being offered by Age UK. Within 3 days of making contact with them (last week) they have had a phone appointment and they are coming to do an assessment next week and looking into respite care. They are exhausted and is finding it very hard to deal with spouse on a day to day basis as everything is becoming a battle. Has employed a private carer for 3 days a week so that they can continue to work but knows that difficult decisions need to be made in their spouses best interest. Understands that they may have to be making that difficult decision to have spouse placed in a home for their own safety and the carers sanity but is struggling with the emotional battle. Carer is hopeful that if the Age UK caseworker comes out and that they can have that honest and open discussion about what is in the best interests of spouse.</p>
<p>South West Locality x 1</p> <ul style="list-style-type: none"> • 1 x General Comment 	<p>General Comment</p> <p>1. Case 12730 (31-07-2023) Providers: Lincolnshire South West Area Locality</p> <p>Patient living with fibromyalgia since I believe 2006. Would like to reduce the amount of pain killers that they are on and look at alternatives. Would also like a proper review of their medication and feels that no-one is really listening to them. Patient commented that they have a semi supportive GP, has attended the Pain Management Centre as advised and have even had CBT. Looking for support groups .</p> <p>Notes / Questions Healthwatch provided information on Fibromyalgia Support Groups and to speak with Surgery or Pharmacist on reducing medication or alternative options.</p>
<p>West Locality x 2</p> <ul style="list-style-type: none"> • 2 x General Comment 	<p>General Comment</p>

1. Case 12711 (27-07-2023)

Providers: Connect Health Services - Pain Management

Baffled is an understatement. Just received a letter from Integrated Care Board regarding a referral to a Pain management team for my back pain. Today is 25 July, and it states my appointment is for the 20th July!!! The dated on top of the letter is 14 July. I rang the number, and the lady stated the letter was sent on 4th July, curiouser and curiouser!!! The operative also informed me this was a 'dummy' appointment, and another letter will be sent!! What is the purpose of a dummy appointment? As I politely said to the operative, what a complete waste of time, paper and postage. I also fail to see why it's a telephone appointment for pain management, and not in person. Unbelievable.

Notes / Questions

No personal information shared

Healthwatch asks - Is this the usual process?

2. Case 12688 (14-07-2023)

Providers: NHS England Other

This is about a (GHIC) card Application, there seems to be some problems with this NHS Site, re the application its all on line? O.K. but any problems, I could not reply or upload my evidence on the Overseas Healthcare Services website, (THIS IS A NO REPLY@ SERVICES. NHSBA. NHS UK) it looks like this application possess is all online only, (there is no phone line to ask for any help?) (in Lincoln library with help of the staff, could not reply on the reply button? in the end, had to send the requested documents by post to them, got a reply: by post/ asking to reply by phone? only to be told - GHIC is only online, why? I did reply from letter/ and online e-mail link?: today - its - my 3 time, to send proof of application to them, could you please, if you have any time, try and look at the NHS site, its seems to have some problems with it.

Notes / Questions

Healthwatch provided contact phone numbers for NHSBA and online help form. If other information is required to come back to Healthwatch

Healthwatch asks - how is Accessible Information Standards (AIS) covered for those patients who are unable to use online

Not Specified

Area	Case Details
<p>East Locality x 1</p> <ul style="list-style-type: none">1 x General Comment	<p>General Comment</p> <p>1. Case 12664 (04-07-2023)</p> <p>PCN: First Coastal</p> <p>Providers: Lincolnshire Integrated Care Services (ICS/ICB)</p> <p>Patient identified as a LGBTQ+ person and was very upset that most health and care professionals make assumptions when they ask for help for their partner, the professionals refer to the partner by the wrong gender. Would like to experience a more positive approach by professional staff who interact with them either not to make an assumption or to actually ask them and they would be happy to enlighten them.</p>