

Healthwatch Lincolnshire Patient Experiences for: August 2024

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 August 2024 where 104 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

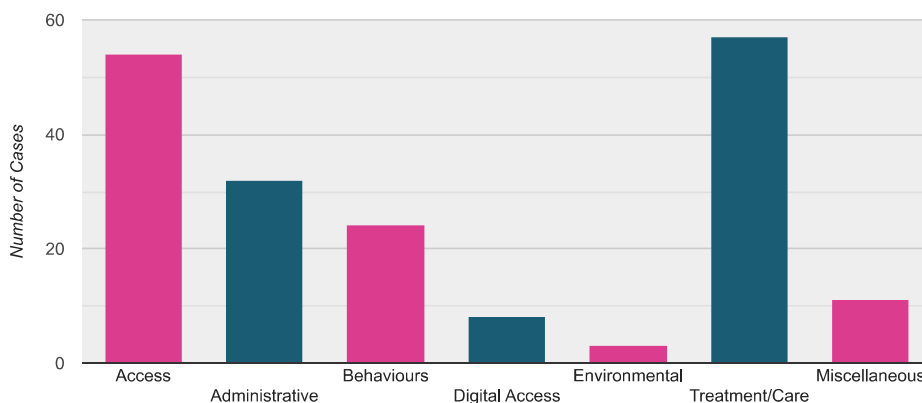
Where the signposting team have been for Outreach Clinics in August, (being available for drop in sessions face to face with the community).

- Skegness - Storehouse
- Mablethorpe - Coastal Centre
- Sutton On Sea - Tideturners Community Hub
- Lincoln - Whisby Natural Centre
- Grantham - Citizens Advice Offices

Statistics

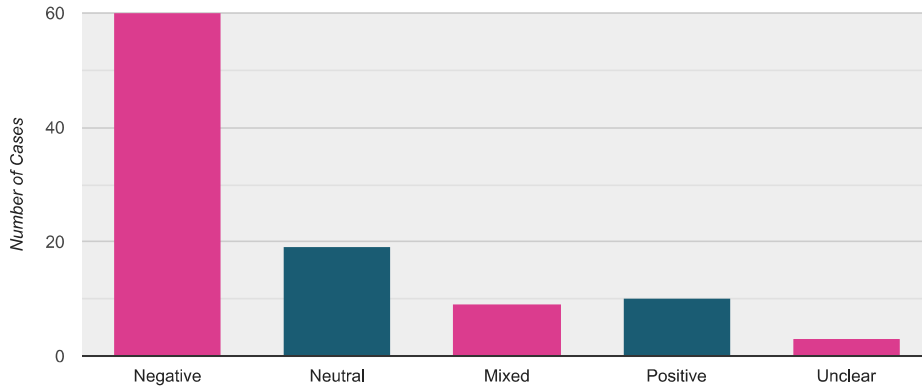
Total cases: 104

Theme Areas



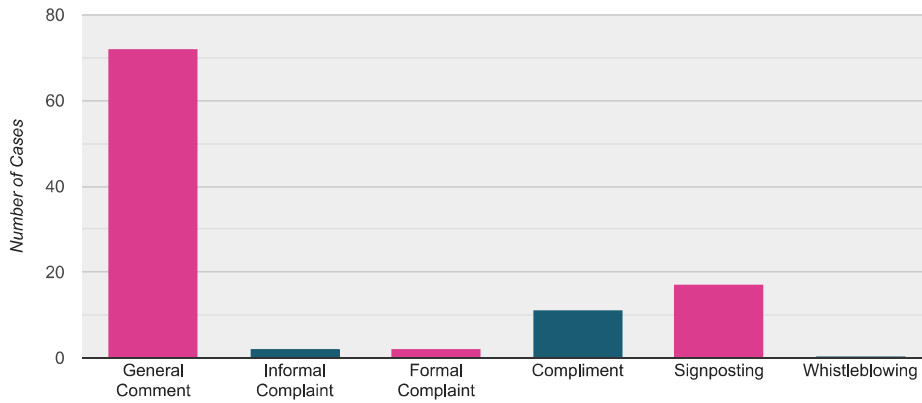
Theme Areas	Cases
Access	54
Administrative	32
Behaviours	24
Digital Access	8
Environmental	3
Treatment/Care	57
Miscellaneous	11

Sentiments



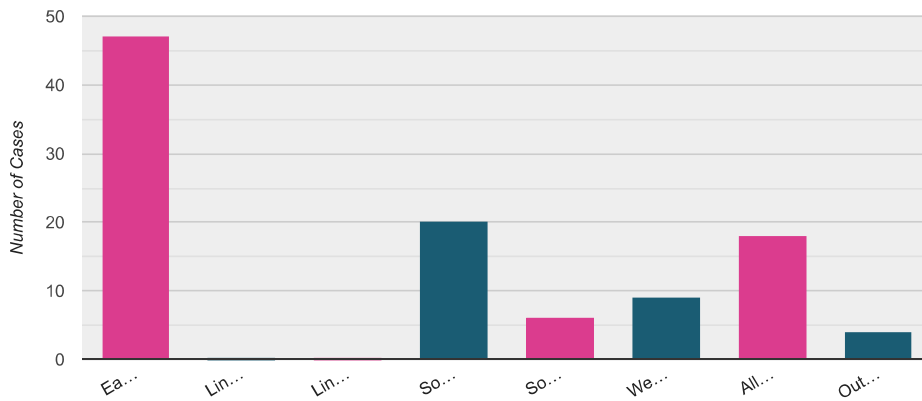
Sentiments	Cases
Negative	60
Neutral	19
Mixed	9
Positive	10
Unclear	3

Case Types



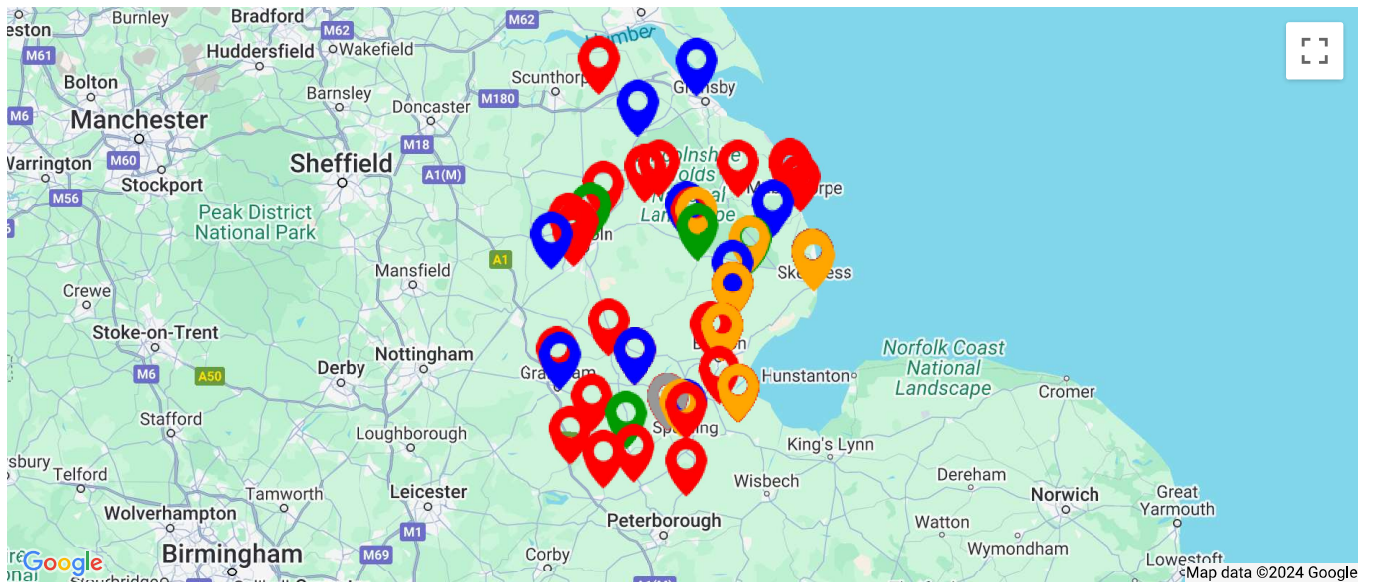
Case Types	Cases
General Comment	72
Informal Complaint	2
Formal Complaint	2
Compliment	11
Signposting	17
Whistleblowing	0

Areas



Areas	Cases
East Locality	47
Lincolnshire CCG	0
Lincolnshire Integrated Care Services (ICS/ICB)	0
South Locality	20
South West Locality	6
West Locality	9
All Areas	18
Out of Area	4

Map



Cases

Community Health Services

Area	Case Details
<p>East Locality x 2</p> <ul style="list-style-type: none"> 2 x General Comment 	<p>General Comment</p> <p>1. Case 13861 (27-08-2024)</p> <p>PCN: East Lindsey</p> <p>Providers: Louth County Hospital, United Lincolnshire Hospitals NHS Trust (ULHT)</p> <p>For Information: Lincolnshire Community Health Services NHS Trust (LCHS)</p> <p>My disabled child fell and hurt their upper arm. I took them to Louth A&E/Urgent Treatment Centre (UTC) where they were x-rayed and diagnosed with a closed fractured of surgical neck of right humerus. Was told they would be sent an appointment to see a consultant to get it checked, after not receiving one I rang the number given and was told the consultant had discharged my child because it did not require any intervention.</p> <p>Was not told that this type of fracture is most likely to cause damage to the axillary nerve and posterior circumflex humeral artery, after 4 weeks child was still in a lot of pain and after going round in circles, I cannot get advice or an appointment, the number given for the virtual fracture clinic puts you through to a ward! there was no one answering from other numbers given. Where do I go next.</p> <p>Notes / Questions</p> <p>Healthwatch provided PALS information</p> <p>Provider Response</p> <p><i>It is hoped the author contacted PALS and received a satisfactory outcome.</i></p>

2. Case 13809 (09-08-2024)

Providers: NRS Healthcare

Individual at disability group child uses a power wheelchair due to their degenerative condition. In Oct 2023 they were assessed by the previous provider, AJM and it was agreed that they needed a new wheelchair. They know that it takes time to order a new one as it has to be finely tuned to their child's requirements and was aware that they may have to wait. They were assured that an order would be sorted out for the new chair. In April 2024, the new provider took over. Individual contacted them to be told that they could not deal with there enquiry at that time as their system had been hacked. All the staff that they had dealt with previously with AJM had been tupe'd over to the new provider including the physiotherapist who had assessed the child. They were told that they couldn't access child's notes.

By July 2024, they still had no update on when their child would be getting their new wheelchair. At this time, they made contact with them again (provider had not made contact with individual directly to follow up or give an update). In Mid July on contacting them again parent was informed by the provider that AJM had cancelled the order for their child's wheelchair and that there was no new wheelchair on order. Their child then had to go through the whole process of being assessed again by the same physiotherapist who still did not have the notes from previous provider and by late July 2024, parent was informed that the chair had been authorised but not ordered yet. They could not tell parent when they could expect the new chair. In the meantime this is having an impact on the child. They have been through to the social care team at LCC to make a complaint and has been told that it can take up to 10 days for their complaint to be acknowledged.

Their child has now been waiting over 12 months for their new chair, has had to go through the same assessment twice and there has been very poor communication between the old and new provider of the service with her child's notes being "lost in translation" during the handover period.

Parent would appreciate some support in what to do in order to escalate this and ensure that wheelchair users do not get a sub standard service.

Notes / Questions

Carer contacted by Healthwatch.

Provider Response

21/8/24 - has now had a call from the provider - wheelchair ready in a couple of weeks time, very disappointed no communication from them prior to this.

South Locality x 2

- 2 x General Comment

General Comment

1. Case 13778 (01-08-2024)

PCN: Spalding

Providers: Fen house Dental Practice (Gosberton), Integrated Care Board Dental, Johnson Community Hospital, Lincolnshire Community Health Services NHS Trust (LCHS), NHS 111 Service

Volunteer at CAB Spalding discussed that unable to find NHS dentist, had been deregistered as NHS practice in Gosberton. Only knew this recently when rang to get appointment, as having pain and swelling with tooth. This dental practice is now only taking private patients, cannot afford private dental care. Rang NHS 111 not directed to Emergency dental appointment, only a list of dentists, when rang were not taking on NHS patients. Went to Urgent Care Centre at Johnson Hospital seen by Nurse who could see swelling on face, redirected to NHS111. So treated themselves with oil of cloves and pain killers, still not gone away.

Notes / Questions

NHS Choices dental and NHS 111 information and contact details given.

	<p>2. Case 13860 (23-08-2024)</p> <p>PCN: South Lincolnshire Rural</p> <p>Providers: Lincolnshire Integrated Care Services (ICS/ICB), NRS Healthcare</p> <p>I'm a full time manual wheelchair user after a spinal cord injury. I first contacted Lincolnshire wheelchair services in August of last year so just over a year ago to apply for a Personal Wheelchair Budget. I went through the relevant steps and finally got a assessment at their centre in Lincoln in January. My assessor had very little knowledge of manual wheelchairs and how to measure up for a correctly fitted manual chair. I then got the offer of the Personal Wheelchair Budget (PWB) in early February 24 when Lincs wheelchair service was AJM. I then got a email saying Lincs wheelchair service was swapping over to another provider and my application wouldn't be affected. This however couldn't be further from the truth. It took me months to get through to the new provider to continue my application and now they are telling me nothing can be done as they need to get permission to access the applications that were done under the old provider. I keep contacting the new ones but am getting nowhere. Hopefully you can help?</p> <p>Just to add I applied for a PWB voucher over a year ago as I am currently using a wheelchair that is too big for me. I'm still in that chair and without the help from the PWB I'm unable to purchase a new wheelchair. Being a full time wheelchair user obviously having a correctly fitted wheelchair is very important. I didn't know who else to reach out to so hopefully you can help.</p> <p>Notes / Questions</p> <p>Signposted to LICB complaints , SCOPE. Patient request for Healthwatch to make contact with wheelchair services.</p> <p>Provider Response</p> <p><i>29/08/24 service response- patient has been dealing with the clinical lead, is redoing their NRS PWB paperwork, but seems quite happy with the updated situation.</i></p> <p><i>29/08/24 Patient update- Just wanted to check in and say how grateful I am, I had a phone call from a manager from Lincs wheelchair services NRS this morning and seems things are now moving again thanks to you. I should be receiving some paperwork via email and post with my PWB details in the coming days. Fingers crossed</i></p>
<p>All Areas x 1</p> <ul style="list-style-type: none"> 1 x General Comment 	<p>General Comment</p> <p>1. Case 13841 (19-08-2024)</p> <p>Providers: Lincolnshire Community Health Services NHS Trust (LCHS)</p> <p>Comment via Pharmacy survey.</p> <p>More info on Lipoedema would be great</p> <p>Notes / Questions</p> <p>Healthwatch provided information on lipoedema clinics</p>

Primary Care services

Area	Case Details
<p>East Locality x 26</p> <ul style="list-style-type: none"> 21 x General Comment 5 x Compliment 	<p>General Comment</p> <p>1. Case 13819 (12-08-2024)</p> <p>PCN: First Coastal</p> <p>Providers: Beacon Medical Practice, Hawthorn Medical Practice, Marisco Medical Practice</p> <p>Comments and Issues from an engagement Group in Chapel St Leonards:</p> <p>Group age late 40s to 70s all expressed how hard it is to get an appointment at the GP Practice for those that require a face to face appointment. Mixed methods of contact with surgery including using the online APP that often is switched off by their surgeries (Marisco, Hawthorn and Beacon). Many experienced delays in getting results from tests such as x-rays and blood tests. Contacting the surgery on the day, as many of the surgeries want you to, to get results, are not getting appointments for a number of weeks.</p> <p>Notes / Questions</p> <p>No patient information provided</p>

2. Case 13800 (06-08-2024)

PCN: East Lindsey

Providers: The Caistor Health Centre

For Information: Caskgate Street Surgery

Patient newly registered with GP Practice, medical records not complete. Was homeless for a period of time, and wondered if this was the reason. Has made contact with previous GP Surgery and they are going to look at old paper records as all electronic records will have been sent over to the new practice. Patient stated there were records from Scunthorpe and Diana Princess of Wales Grimsby Hospital including MRIs taken, plus more recently appointments with Orthopaedics for hands and steroids were offered, current GP has no record of this. Patient has tried to make contact with the Consultants secretary but unable to get through to date.

Notes / Questions

Healthwatch provided Access to Medical Records at the Hospital Trust information

3. Case 13844 (19-08-2024)

Providers: East Lindsey Medical Group

For Information: Lincolnshire Integrated Care Services (ICS/ICB)

I'm currently speaking to an advisor at MENCAP concerning my adult dependent who has autism, a learning disability, CFS & asthma. They were put on the learning disability register on my surgery's advice during Covid after I made a formal complaint that they were not considered at high risk and included in group 6 for immunisation. My complaint was upheld and I received an apology. Now, my surgery is saying they are looking at "reclassifying" my dependent and removing them from the register which I strongly disagree with.

Notes / Questions

Healthwatch provided information on LD Register, also suggested writing to Practice Manager or ICB. Advocacy information also provided.

Provider Response

Parent - I did request to speak to the practice manager but was never contacted. I also told the practice I was unhappy with the nurse who is my dependent's assigned nurse due to what I feel were unprofessional and ignorant comments about my dependent's disability. I requested to have a different nurse but this hasn't been done and in fact, the nurse called me again to say no decision has been made in respect to whether my dependent will remain on the list and they're deciding whether to "reclassify" their status. My dependent was diagnosed with global development delay and autism when around 4 years old. Has since been diagnosed with CFS & asthma. Attended a special needs school for secondary and receives council funding to attend community activities. Is not independent requiring adult supervision to leave the house and has poor physical health; earlier this year was hospitalised with an infected abscess which needed weeks of daily cleaning and packing.

4. Case 13797 (05-08-2024)

PCN: East Lindsey

Providers: Horncastle Medical Practice

Patient raised a question at YourVoice on 31 July

Dispensary at GP surgery make up prescriptions placing all patient information on the bags via a sticker, of name, date of birth, address and NHS Number etc. Patient knows of several elderly people who just put this in the bin and feels that this information could be taken out for fraud as per Police instructions at an event. Patient feels that a copy of prescription pinned to the bag would be a much better idea where patients will keep this for the next prescription.

Notes / Questions

Healthwatch asks - Is this something that could be achieved?

5. Case 13810 (12-08-2024)

Providers: Integrated Care Board Dental

For Information: Lincolnshire Integrated Care Services (ICS/ICB)

Lincolnshire Sensory Services Open Day, comments from this event.

Patient with sight / hearing loss and access to dental services. Uses currently a dental practice in Boston but would like to have an interpreter at the appointments. Dentist is using language line but refuses to bring in someone face to face. The patient finds it difficult to see what's on the screen.

Notes / Questions

Healthwatch asks - for those with such conditions what is available to these patients. Language Line is great for the right patients, however for dual sensory impairments this is not always suitable.

6. Case 13816 (12-08-2024)

PCN: Boston

Providers: Integrated Care Board Dental

Lincolnshire Sensory Services Open Day, comments from this event.

A few people mentioned how difficult it was to access NHS Dental treatment with dentist who had an awareness or understanding of sensory loss. Very few supported them whilst at an appointment. One patient mentioned that their dentist does not want the patients assistance dog in the consulting room as it was a clinical area. On the first occasion this happened, the patient was on their own and felt pressurised into not taking the dog in, this made them feel very anxious about treatment.

The second visit to the same dentist a few weeks ago, the patient took their dog and a friend with them, where the friend argued with the dentist that they needed the dog. Dentist was very reluctant to proceed, but eventually did examine the patient. Patient was made to feel very uncomfortable and now is hesitant about going back. Patient understands how difficult it is to get an NHS Dentist and has tried to find another one, but none taking on.

Notes / Questions

No patient details provided

7. Case 13820 (12-08-2024)

PCN: First Coastal

Providers: Integrated Care Board Dental

Comments and Issues from an engagement Group in Chapel St Leonards:

Access to dental treatment is extremely difficult – only one had an NHS dentist and only gets an appointment once a year now, has been like this for the last 6 years. Luckily no issues. The others either had no dental treatment and no dentist or some had access to a private dentist who used to be their NHS dentist and they decided to stay with them but have noticed that the cost is going up rapidly! One person said that they now see the dentist (privately twice a year and once for the hygienist) as they cannot afford to go anymore. Does not experience any problems and may even reduce the dentist visits to once a year to save money.

Notes / Questions

No patient information provided

8. Case 13806 (07-08-2024)

Providers: Lincoln County Hospital, Parkside Surgery, Pilgrim Hospital

Patient a few years ago was concerned about the sudden change in their eye sight. Called into Specsavers in Boston and seen within 30 minutes, advised to go straight to their GP (Parkside). Called into the surgery and within 5 minutes were seen by GP who was very concerned. Urgent referral made to eye clinic at Pilgrim. Seen the next day at eye clinic, who couldn't find anything wrong, patient was asked to come back in 6 months, various tests done 2nd and 3rd visits made at 6 month intervals and patient was seen at Louth then referred to senior Consultant at Lincoln, various scans completed, then referred to Queens Medical Centre (QMC). Lots of tests done there, but no real answers given. Clinicians feel that patient had a stroke and was referred to stroke service. No real improvements made to sight. Patient knows that it has got worse over the past 18 months but nothing really in place to support them. No-one is really sure if they had a stroke, apart from the sight impairment is otherwise generally well and healthy. Unfortunately had to surrender their driving licence which they felt took away their independence but understands why. Has been referred through to Lincolnshire Sensory Services, now attends a group on a regular basis and has made a number of friends and doesn't feel so isolated.

Notes / Questions

No patient details provided

9. Case 13840 (16-08-2024)

Providers: Lincoln County Hospital, Non-Emergency Hospital Transport (NEPTS) EMAS, Pilgrim Hospital

Volunteer car driver for the Boston scheme shared that they had transported a patient from the Bennington area to Lincoln County Hospital who was due to have stent inserted. When they tried to book non emergency hospital transport through EMAS they were told that they were not eligible due to: not being disabled and not in receipt of benefits. They were not given any additional information from the call handler when they were told that they would not get transport from EMAS. Luckily, they have used the community car scheme for other journeys and were able to book transport to get to the hospital for an early appointment this morning. They told the driver that overall they are in very good health and rarely needs to go to the doctor, but found themselves feeling a bit out of sorts recently, booked a GP appointment who sent them to A&E at Pilgrim. They said that their heart sank as they thought that they would have to be there for hours, but was triaged and seen very quickly, referred to Lincoln County and got the appointment for today all within a 2 week period. They said that all staff at surgery and both hospitals were lovely and looked after them really well. They were surprised that they needed this procedure done but were happy that it was carried out so quickly. They had nothing but praise for the whole team of people that had looked after them recently. They were kept informed about everything all the way through and felt supported.

10. Case 13815 (12-08-2024)

PCN: Boston

Providers: Lincolnshire County Council, The Sidings

For Information: Lincolnshire Integrated Care Services (ICS/ICB)

Lincolnshire Sensory Services Open Day, comments from this event.

Patient explained how Lincolnshire Sensory Services (LSS) has supported them in building up their confidence and reducing their isolation. No-one talks about the impact on a person's mental health of losing their sight or hearing. Isolation from the community happens very rapidly and low mood / mental health issues start to creep in. Patient stated that the only help they got prior to being referred to LSS was the GP practice at The Sidings prescribing anti-depressants.

Notes / Questions

No patient details provided

11. Case 13821 (12-08-2024)

PCN: First Coastal

Providers: Pilgrim Hospital

For Information: Lincolnshire Integrated Care Services (ICS/ICB)

Comments and Issues from an engagement Group in Chapel St Leonards:

Communication between hospitals and GP surgeries is very poor. One person expressed that they had to wait over 3 months for an MRI scan result from Pilgrim Hospital. The GP surgery said that the result had not been sent, but the hospital said it had. Person spoke with PALs during this time and a few weeks later the result was sent through. Luckily there were no issues to worry about but was concerned that for some people this might not be so lucky for them and might result in bad news and delay in treatment.

Notes / Questions

No patient information provided.

Healthwatch asks ULHT, - how are the results sent to GP Practices and in what timeframe?

Provider Response

Awaiting a response. 08/10/24

12. Case 13785 (01-08-2024)

PCN: First Coastal

Providers: Marisco Medical Practice

You can never get an appointment, when you ring, if you even get through. If you wait at the door for the surgery to open, there are only a handful of appointments available, where do they all go? So in the end you don't bother ringing, how many people have something serious they don't know about because they either can't get through or don't bother.

Notes / Questions

No contact details provided.

13. Case 13847 (20-08-2024)

PCN: First Coastal

Providers: Marisco Medical Practice

Patient registered with Marisco Medical Practice, recently had an appointment due to concerns with their medication and reactions to it. Unfortunately the patient and spouse were unable to understand much of what was said, due to language barriers so the patient is no further forward with their condition and informed to carry on taking for another few weeks, (which they had a reaction to), they think that is what was said. Patient doesn't know what to do now.

Notes / Questions

Healthwatch suggested speaking to their pharmacist

14. Case 13863 (27-08-2024)

PCN: First Coastal

Providers: Marisco Medical Practice

Patient rang Healthwatch now moved from Skegness to Mablethorpe, experiencing difficulties in getting an appointment at GP Practice. Previously had antibiotics for chest infection over 2 weeks ago, patient who has learning disabilities, anxiety, bi-polar disorder, unable to read or write, diabetes, high blood pressure, arthritis in both knees and has difficulty in walking any distance. Does not drive or have access to a car, no friends or family locally.

They mentioned that they have recently moved into the area from Skegness. Has had antibiotics a couple of weeks ago for a chest infection (prescribed by a nurse at the surgery), which they feel hasn't worked, the patient described a tangy taste in the back of their throat, palpitations first thing in the morning and is very concerned, has tried local pharmacist and NHS 111 who both states see your GP. Has tried this morning and last week to be informed call back again tomorrow which they keep getting this response.

Notes / Questions

Patient requested that Healthwatch contact Practice Manager on their behalf. Consent given to share personal information

15. Case 13807 (08-08-2024)

PCN: East Lindsey

Providers: Market Rasen Surgery

Patient contacted Healthwatch in relation to information on Medical records about previous issues and behaviour that was recorded by the Police 3 years ago. This was in relation to what was termed by the Police as aggressive behaviour and restraining order from a neighbour. This did not go to Court. Patient was not aware that was on medical records until they changed GP Practices. Following having meetings with the Practice Manager, they had been told it had been removed. Does suffer from complex PTSD so does have triggers for behaviour has been under mental health teams and medication. Has been an issue with a receptionist when had difficulties getting medication, patient feels that they were not treated with respect, and thinks that receptionist had seen something on their medical records, as called the patient a "nasty person ". Has had a meeting with Practice Manager who does not have a problem with patient, but states that it is up to the individual practitioner if they wish to have a chaperone. Patient feels that is not right and will not go back to GP if staff wanting chaperone as is a trigger for PTSD. Though does not want to change GP Practice. Patient unhappy to see mental health teams though has accessed crisis help before. Did move from Castle Hill Hospital to Lincoln County Hospital for treatment for Leukaemia, because there were issues with care. Consultant at Lincoln has phone appointments and happy to go for 3 monthly blood tests at Lincoln. Wanting to make sure that incorrect information is not on medical records. Also affecting mental health and mood.

Notes / Questions

Signposted back to Practice Manager, Advocacy contact Voiceability, ICB feedback Centre re complaints, PHSO.

16. Case 13829 (14-08-2024)

PCN: Meridian

Providers: Marsh Medical Practice

Carer contacted Healthwatch as is having issues with communication and access to GP. Has been contacted by the practice by text stating that the person they care for needs a medical review. They have tried to ring the practice and not been able to get through. They have gone to both sites that the practice have got at Manby and North Somercotes to try and get a medication review appointment and have concerns that pain medication the person that they care for, will not be re-prescribed as it runs out in 5 days. Were told by receptionist that there were no medication review appointments available in that timeframe. Suggested that the carer asks to see practice manager, said that they have tried this before, not got anywhere, emails and contact not acknowledged.

Notes / Questions

Requested by patient that HW make contact with Practice Manager. Consent given to share personal details.

HW contacted Practice Manager as requested by patient.

HW contacted Practice Manager again as requested by patient.

Provider Response

Practice Manager responded that had actioned the query and responded.

17. Case 13850 (21-08-2024)

PCN: Meridian

Providers: Newmarket Medical Practice

Patient contacted Healthwatch, very upset and stated that their GP had mentioned to them that they had Munchausen syndrome, which the patient is very upset about, nothing is written down to this effect, but it has been said to the patient verbally.

Patient is bed-bound and unable to get any answers, has spoken with Practice Manager who mentioned the specific GP is on annual leave for a few weeks and will speak with them on their return and get back to the patient.

Patient stated they have physical agitations, restless and feels heightened adrenaline running through their body. Has been diagnosed with adjustment disorder via Mental Health. Has been in contact with NHS 111 several times and when an ambulance arrives, states they need to be seen by their GP not an ambulance. Hospital state the same. Doesn't know what to do to get some answers.

Notes / Questions

Suggestion to the patient to wait for Practice to come back to them once spoken with the GP, also provided ICB feedback information

18. Case 13795 (02-08-2024)

PCN: Solas

Providers: The Old Leake Medical Centre

I have consistent normal cholesterol levels but I was being told to take a statin prescription "just in case". I suspect this was a purely financial driven decision. The third Covid vaccine, this has had a dramatic effect on my chest, causing the production of thick clear phlegm. This symptom has not gone away though it has reduced slightly. I have been to the hospital about this but received no real reason beyond "there is some damage ". There was a definite correlation with the third vaccine and the site of the injection still has a small swelling years later. I have avoided further vaccines. I had a problem with my blood pressure and I was seeing a new Doctor at Old Leake Medical Centre. The diastolic reading was raised and some tests were booked. Suddenly this Doctor was not available and I was told my prescription for amlodipine should be doubled. No reason was given. My lifestyle is very good and so that is not the reason for the blood pressure anomaly.

Notes / Questions

Signposted to Practice Manager in the first instance. LICB feedback centre contact information given. Information of what Healthwatch can and cannot do.

19. Case 13798 (05-08-2024)

PCN: Boston

Providers: The Sidings

As a patient with sensory loss (sight and hearing) and no internet access, living on my own with no transport, it can be extremely difficult to get an appointment at the practice. When I finally do get through on the phone, their usual response is, 'use the online service'. I have explained to them about the fact that I do not have internet/smart phone etc, I cannot see the texts on the phone and find it hard to use the phone.

If I do manage to get an appointment, they want me to come in on that day, which I cannot always do due to transport issues. I use the community car scheme and need to book in advance, at least a couple of days notice. They don't seem to want to support their patients. I have been at the surgery a number of years and things are not getting any better.

Due to sight loss, a bit worried about changing surgeries because I know my way about this one, once I get there.

Notes / Questions

No patient details provided.

20. Case 13811 (12-08-2024)

PCN: Boston

Providers: The Sidings

Lincolnshire Sensory Services Open Day, comments from this event.

Patient registered at The Sidings Practice, has had an issue with their heart, leaking valve. Has been sent for scans etc however, no information has been shared with them on results. Last scan was in Grantham Hospital for MRI, where they were told to go back to their GP in about 2 weeks after the scan to get the results, took about 4 weeks to get an appointment with the GP and no results in when they went. GP was very nice but patient wasn't able to understand them very well, due to language barrier and hearing loss. GP told patient that it is the aortic valve that is leaking, but not aware of what they are going to do about it, or what next.

Notes / Questions

No patient details provided

21. Case 13812 (12-08-2024)

PCN: Boston

Providers: The Sidings

Lincolnshire Sensory Services Open Day, comments from this event.

Patient registered at The Sidings Practice, has been placed on medication and was informed that they would have a review of new medication in a few months, nothing has happened, patient not sure if they should continue until a review date is given. Has spoken with the dispensing pharmacist who said that it needs to be done by their GP.

Notes / Questions

No patient details provided

Compliment

1. Case 13781 (01-08-2024)

PCN: East Lindsey

Providers: Horncastle Medical Practice

Made appointment online, answered quickly and an appointment at a time to suit me.

2. Case 13825 (12-08-2024)

PCN: First Coastal

Providers: Pharmacy

Comments and Issues from an engagement Group in Chapel St Leonards:

Most members who used their local pharmacy in the Chapel St Leonards area thought the pharmacist was very helpful. They would often use them for advice and information when they couldn't get an appointment at the surgery. On one occasion, the person after speaking with the pharmacist was advised to get an appointment with GP and when they explained that they had been trying, the pharmacist called the surgery directly on behalf of the patient and got them an appointment for the following day to be seen urgently.

Notes / Questions

No patient information provided.

3. Case 13784 (01-08-2024)

Providers: Pilgrim Hospital
For Information: The Spilsby Surgery

Had extremely good experience at Pilgrim Hospital , Boston. Conditions I have been there for are cancer, and heart/stroke. Although Spilsby Surgery is hard to access.

Notes / Questions

No contact information provided.

Provider Response

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

4. Case 13779 (01-08-2024)

PCN: Solas

Providers: The Spilsby Surgery, United Lincolnshire Hospitals NHS Trust (ULHT)

I went in for a check up and routine test, no problems, was seen quickly. I do not have any ongoing health issues. Appointments are almost immediate. I also had an eye cataract operation which was done within 2-3 months, no problems. I was very happy with the treatment.

Provider Response

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

5. Case 13780 (01-08-2024)

PCN: Solas

Providers: The Spilsby Surgery

Good experience at surgery from practice nurse, who they only ever see for annual check ups, etc.

Notes / Questions

No contact details provided.

South Locality x 12

- 11 x General Comment
- 1 x Formal Complaint

General Comment

1. Case 13776 (01-08-2024)

PCN: Spalding

Providers: Beechfield Medical Centre

Patient has 4 weeks ago been in hospital and recovering from cardiac/vascular surgery. Unable to work due to their job role, where they need to stand all shift, and is unable to do this. Needed further fit not to work note from GP for their employer. Employer had been hassling patient for this, which caused them extra stress. Telephoned GP Practice and explained the situation, practice called them back and had to make an appointment for a face to face GP appointment. This caused a delay for the patient getting the fit not to work note back to Employer. Following the visit to GP patient was asked to have bloods and specialised urine tests. Told by GP to have bloods and take urine tests to Johnson Hospital. Patient had bloods taken at Johnson Hospital Blood Clinic, and presented urine tests which they could not take. Had to take urine tests back to GP. Does not wish to use GP online system to make appointments as not confident with technology at their age.

2. Case 13787 (01-08-2024)

Providers: Boots Pharmacy (Holbeach), Littlebury Medical Centre

Difficult to get GP appointment at this surgery, no access and does not want to use online services. Has had difficulty recently with repeat prescriptions at Boots in Holbeach.

Notes / Questions

No contact details provided.

3. Case 13788 (01-08-2024)

PCN: South Lincolnshire Rural

Providers: East Midlands Ambulance Service NHS Trust (EMAS), Holbeach Medical Centre

Difficult to get appointment at GP Practice when telephones Surgery. When COVID was at its height poor experience with ambulance service when their seven year old child had suspected meningitis , 4 hour wait. Did take child in car in the end and when arrived at hospital admitted and very unwell. Hopes that this has now improved.

Notes / Questions

No contact details provided

4. Case 13778 (01-08-2024)

PCN: Spalding

Providers: Fen house Dental Practice (Gosberton), Integrated Care Board Dental, Johnson Community Hospital, Lincolnshire Community Health Services NHS Trust (LCHS), NHS 111 Service

Volunteer at CAB Spalding discussed that unable to find NHS dentist, had been deregistered as NHS practice in Gosberton. Only knew this recently when rang to get appointment, as having pain and swelling with tooth. This dental practice is now only taking private patients, cannot afford private dental care. Rang NHS 111 not directed to Emergency dental appointment, only a list of dentists, when rang were not taking on NHS patients. Went to Urgent Care Centre at Johnson Hospital seen by Nurse who could see swelling on face, redirected to NHS111. So treated themselves with oil of cloves and pain killers, still not gone away.

Notes / Questions

NHS Choices dental and NHS 111 information and contact details given.

5. Case 13808 (09-08-2024)

PCN: South Lincolnshire Rural

Providers: Holbeach Medical Centre

I am unable to use a telephone due to disability and have emailed the practice, but not received any response to the email that I sent in early August so tried to complete an online consultation form for Holbeach Medical Practice, but found that I cannot complete the form without inputting a telephone number.

I was told that I would have to send a letter to request that I authorise someone else to call the surgery on my behalf, unfortunately this is not a practical solution as I live on my own and my preferred contact is by email and feel that the surgery is not adhering to the Equality Act 2010. Are you able to look into this for me?

Notes / Questions

Signposted to advocacy via Voiceability. Signposted back to Practice Manager at GP Surgery in relation to incorrect information on patients medical records.

6. Case 13830 (14-08-2024)

Providers: Integrated Care Board Dental, My Dentist- Werrington, Peterborough

CAB volunteer contacted HW. Has had continuing issues with painful tooth and infection. Rang mydentist practice they said that the NHS dentist has many patients at the moment . I will ring them on next Monday at 8:30 am but the person on reception said that the places to be seen by the NHS dentist are very limited, hope seems to be very small to be seen by my dentist practice as a NHS patient, what should I do to extract my molar tooth the soonest possible.

Update - patient had an emergency appointment mid August at 11am, thought could get a train, however no trains until after 11am, tried to get a taxi, none available to take, got a bus, and thought it might get there in time, on realising they would be slightly late, the patient made contact with the practice who stated they would not be seen. Patient tried their level best to get to the appointment in time, but due to transport restrictions was unable.

Notes / Questions

Sign posted to Dental Practice Manager, NHS 111, LICB feedback. Voluntary Car Scheme information provided.

Provider Response

Response from Practice Manager - Thank you for your email and taking the time to speak to me this morning. As I explained on the telephone today, we have extremely limited capacity for NHS emergency appointments at this time as there is only one part time NHS dentist working at the practice. Therefore I am unable to confirm if we would be able to offer you an NHS emergency appointment in the afternoon. Alternatively, we do offer affordable private options for check ups or emergency appointments at a time that is convenient to you. Should you have any further questions or queries please feel free to contact myself or the practice reception team.

28/8/24 - I was able to have my molar extracted (eventually) in Spalding. It was on an emergency appointment. Thank you for your help.

7. Case 13817 (12-08-2024)

PCN: South Lincolnshire Rural

Providers: The Deepings Practice

For Information: Lincolnshire Integrated Care Services (ICS/ICB)

I was planning to leave The Deepings practice due to a level of care that I don't feel is acceptable.

For example, the last time I needed an appointment, I went on the app 1 minute before the appointment opening time, but was unable to get an appointment. This happened for several days so I ended up calling and was told I could be put on a waiting list. I received an appointment about 7 1/2 weeks later.

I was signposted to A&E when I said that this was a concerning wait for a standard appointment. It was absolutely not an A&E matter.

I currently have a newborn which has helped my decision to move because I'm very frightened about the level of care for my children. I contacted another local practice that several of my neighbours are registered with. I was however told that because I'm already registered with a local practice I'm not able to register with them. I'm just wondering if I have any rights regarding this situation?

For example, are they allowed to deny my access? What about if I deregister with my current practice, can this be done?

Can my choice of surgery they deny registration in this instance (ie if I've de registered and don't have a GP?)

Also, are you able to advise what my other options are with regards to what surgeries are in my catchment please? I've had a look but nothing is clear as to what is and isn't in my catchment.

Notes / Questions

Healthwatch provided Practice Manager information also alternative options of GP practices, information on boundaries. ICB if needed.

Provider Response

Patient requested to join Galletly Practice, HW contacted Practice Manager who stated that they were not accepting new registrations from patients who internally transfer without moving home. This was agreed with ICB in 2022. Information passed to the patient, who would make contact with the practice to discuss concerns.

8. Case 13832 (15-08-2024)

PCN: South Lincolnshire Rural

Providers: Long Sutton Medical Centre

Patient shared negative experience of Long Sutton Medical Centre. Went to GP as had back pain that was getting worse and not going away. GP prescribed pain killers only, no investigations into cause of pain, said that needed new hips. Patient aware of long waiting times for hip replacement so paid for private consultation at Fitzwilliam Hospital, Peterborough. Had a scan and Consultation, which was expensive and paid out of savings. Consultant concluded that no issues with hips, certainly did not need replacement surgery, minor back issue, suggested physio, which they did have privately which helped. Lost confidence in GP and NHS systems.

Notes / Questions

No contact details provided. Signposted to Practice Manager in the first instance, LICB feedback.

9. Case 13834 (15-08-2024)

PCN: South Lincolnshire Rural

Providers: Long Sutton Medical Centre, Queen Elizabeth Hospital Kings Lynn

Patient experience shares that their spouse had been very unwell with sickness and diarrhoea for about a week. Unable to tolerate any food only small amounts of fluids. Seen by GP, no action taken. These symptoms carried on for another 2 weeks, until started passing blood, lost weight. Tried to get GP appointment on phone did not get through, so spouse walked to the practice and tried to get an emergency appointment. Receptionist was unhelpful, spouse was very worried and upset, demanded to talk to GP. GP advised to call 999.

Spouse walked home and reluctantly called 999. Paramedics assessed and took patient to Kings Lynn Hospital. Was in Kings Lynn Hospital for about a day, discharged got a taxi home, the ward gave discharge letter and drugs. Spouse turned up at home with no coat very cold, freezing conditions went to bed. Later on that evening a Nurse from Kings Lynn Hospital rang asking if spouse there as they could not find them and had been searching the hospital for them. Patient told them that their spouse was tucked up in bed had been discharged had discharge letter and medication given to them by the Ward. Nurse was relieved, asked if had needle still in arm, patient surprised as had been taken out before discharge. Patient and spouse both surprised at the lack of communication on the ward about their discharge. Spouse still is not right, but won't go back to GP, because of previous experience.

Notes / Questions

Did not want to provide personal information. Signposted to Practice Manager in the first instance, LICB, PALS at Queen Elizabeth Hospital.

10. Case 13828 (13-08-2024)

Providers: South Lincolnshire Area Locality

Great difficulty getting an appointment. Either online nor contacting by phone. So much of the care has been passed to practice nurses, which is good for general health as I have diabetes, heart failure and COPD, but trying to make an appointment for a non-related matter is impossible.

Notes / Questions

Healthwatch asked which practice this referred to - no response to date

11. Case 13859 (23-08-2024)

PCN: South Lincolnshire Rural

Providers: The Deepings Practice

Patient referred to Healthwatch by CAB Spalding advisor. Has had difficulty accessing GP. Multiple long term medical problems, and on benefits in social housing. Finds that impossible to get an appointment at practice, does ring, but can't get through, no call back. Cannot afford internet. In August as could not get through to the GP and had chronic stomach pain, rang NHS 111 three times. Taken by ambulance to hospital had emergency appendicectomy, told by staff that if had been any later arriving would have died. Being charged for printed copies of medical records for PIP claim. Feels very disillusioned with GP practice.

Formal Complaint

1. Case 13793 (02-08-2024)

PCN: Spalding

Providers: Beechfield Medical Centre

Patient shared negative experience about making a complaint to the Practice Manager at GP Practice. Complaint has not been resolved, and patient wanting a face to face meeting and an apology from staff member involved, and second coded message written on spouses GP records to be removed. Has had written communication from Practice Manager but this had not been acceptable to the patient. Patient states that there has been a breach in confidentiality by staff member and comments in coded information should not be on spouses medical as they are private and confidential and are of no consequence to their spouses medical care. Feels that this comment and the way they have been treated makes them both vulnerable. Also has issues with how staff are already wearing gloves when they enter the clinical room, where spouse goes to have leg ulcer dressed, and are still wearing these when dressing done. Feels that this is why spouses leg has become infected. Was told by Practice Manager to contact Parliamentary Health Ombudsman, which they have, nobody answering phone. Patient themselves has had cancer and illness in last 2 years and does not need any further stresses.

Notes / Questions

Signposted to LICB feedback contact information given.

South West Locality x 3

- 1 x General Comment
- 2 x Signposting

General Comment

1. Case 13866 (27-08-2024)

PCN: K2 Healthcare Grantham and Rural

Providers: Lincolnshire Integrated Care Services (ICS/ICB)

The particular medicine is Rasagiline 1mg Teva Brand. This is a dopamine agonist that keep me going with the other medicine I take.

For your information I recently had Prostate Cancer which is now in remission. I have had Parkinson's for about 8 years. This stays in control so long as I can get the Rasagiline. Teva brand is the only brand that seems to work for me due to the way I metabolise the this timed release medicine. I also have very poor mobility due to chronic degenerative lower back condition, so use a wheel chair to get around.

My GP has said that I can no longer get my medication from the GP dispensary as I am getting medication from Pharmacy2You. But this was only because my dispensary could not get Rasagiline and told me I had to get it from somewhere else. I had no choice. Stopping Rasagiline suddenly can be fatal.

Last month I was down to my last three tablets, before being able to source a box from Tesco, 6.1 miles away. I am now down to 21 tablets. Tesco have told me that they can't guarantee being able to get he Teva brand anymore.

I did contact the Government Department of Health and they agree that I have a case. At no stage was I informed that this would be the case, just that I could access my medication at another pharmacist, not that after this I could no longer go back to the surgery for dispensing of medications.

The ICB response to the GP is summarised as follows:

"Unfortunately as the patient has formally changed their nomination to receive Pharmaceutical services from a pharmacy instead of the surgery dispensary they fall into the category of (aa)."

Category (aa) states: "Has not previously been included in a patient list whilst residing in the area of the relevant HWB"

Notes / Questions

Healthwatch also provided PHSO and CQC

Provider Response

Patient request for Healthwatch to contact Pharmacy Lead in ICB. Healthwatch had a meeting with ICB Pharmacy, patient to complete Application for Doctor dispensing of medicines on grounds of serious difficulty form, give to the surgery and they will complete their elements, and send to NHSE.

Patients update - I have now submitted this paperwork, no idea if it will work though. But thank you for trying to fix this for me, your time and effort is much appreciated.

Signposting

1. Case 13799 (05-08-2024)

Providers: Integrated Care Board Dental

Patient looking for an NHS Dentist in the area.

Notes / Questions

Healthwatch provided NHS Choices website, NHS 111 should they experience pain or swelling and ICB information

2. Case 13848 (21-08-2024)

Providers: Lincolnshire Integrated Care Services (ICS/ICB)

Person who works for the Royal British Legion is currently working with a patient who is the victim of domestic abuse and has been rehoused by the Local Authority. The patient is trying to stay registered with their GP, is currently residing in the Barrowby area of Grantham but is known to a GP surgery (which is part of a chain/group) in Croxton-Kerrial and would like to stay with them, because they know their emotional history, but their website states that they do not take on patients out of the area. Royal British Legion would like to know if there is anything that can be done for the patient by way of appeal etc

Notes / Questions

Healthwatch explained the Out of Area process and suggested the patient speak with the Practice Manager of the surgery to see if they are able to stay with them.

West Locality x 4

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

General Comment

1. Case 13845 (20-08-2024)

Providers: Integrated Care Board Dental

I believe you can help find an NHS dentist for me. I've been on the NHS website and the top 10+ nearest to me are not taking on new patents. I tried my work post code as well, no joy.

Notes / Questions

Healthwatch provided NHS 111, NHS Choices, a possible option in Newark and ICB informarion

2. Case 13878 (30-08-2024)

Providers: Integrated Care Board Dental

Patient stating that cannot register with NHS dentist in area. Cannot afford private dental plan. Relative in Nuneaton has NHS Dentist taking on patients, cannot afford to travel. Why no dentists taking on NHS patients in Lincolnshire. Discussed Emergency dental treatment.

Notes / Questions

HW signposted to NHS Dental choices link to keep trying to access dentist taking on NHS patients. Information given for urgent/emergency treatment via NHS111. LICB feedback information given to make a comment about lack of NHS Dentistry.

Informal Complaint

1. Case 13802 (06-08-2024)

Providers: Integrated Care Board Dental, Rodericks Dental Practice (Lincoln)

My issue is that I have an NHS dental appointment booked for 2 Sept with Rodericks Dental Partners in Lincoln. The appointment is an NHS appointment, with the NHS referred to on the confirmation and was booked a few months back (confirmation attached).

So, I have recently received a letter from the dentist stating that from 2 September they are only doing private dentistry and so my appointment *will now be private*. I have queried this with them as the appointment was already booked as an NHS Appointment. I understand that they can choose to go private in the future but believe that they should honour the NHS appointment already in place for this course of treatment. A confirmed NHS appointment surely is a contract?

The dentist receptionist stuck to her guns and said that I would have to pay the "private fee" before the appointment. So I requested another appointment before 2 September, to which she replied that they had no NHS appointments before 2/9, and in fact they would be cancelling other NHS appointments during August when the dentist was taking holidays!!

So it is. Not only my own appointment that they want to change to private.

I am now in receipt of my State Pension and this might be the last course of treatment I will get. I am not aware of any other dentists locally offering NHS treatment.

I think this last course of treatment should go ahead as NHS Treatment. My legal advice line seemed to think that the contract would be with the NHS and that they should arrange an alternative dentist if they cannot obligate Rodericks to do this.

But I have no idea where to go in the NHS to pursue & resolve this.

Notes / Questions

Healthwatch suggested speaking with the Practice Manager or ICB

Compliment

1. Case 13854 (23-08-2024)

Providers: Lincolnshire Integrated Care Services (ICS/ICB)

Experience shared that access, help and support very good at the pharmacies in local area.

All Areas x 3

- 3 x General Comment

General Comment

1. Case 13849 (21-08-2024)

Providers: Lincolnshire Integrated Care Services (ICS/ICB)

Survey in relation to pharmacy services, as a result we have received some feedback around Pharmacy First from a GP Practice which I include below.

We are not using pharmacy First at the moment because the software they use requires Multi-factorial Authentication (MFA) every time the reception staff log in.

NHSE introduce Multi-factorial Authentication (MFA) which means staff have to use their personal mobile phone to authenticate software used by the NHS.

There are 2 issues with this

1. Why should staff be expected to use their own personal mobile phones? (Most staff are happy to have the Authenticator App on their personal phone but some are not)
2. We requested NHS IT provide Fido2 machines, which can be used instead of a mobile phone, but they said they do not have the budget for this and practice will have to purchase them at £56 each. Each member of staff will require a Fido2. We have 40 employed staff.

Our practice policy states that staff should not have the mobile phones with them whilst working therefore if they need to refer a patient they need to get their mobile phone from their locker to get the code number to activate MFA. This takes the receptionists away from reception which is not acceptable.

We are trying to work on a solution but this is taking time and the NHS is paying for a service that is not being used.

Notes / Questions

Healthwatch have asked ICB

Provider Response

Response from Community Pharmacy Lead - Escalated to colleagues in the ICB - Please see complaint from a GP practice advising digital issues with MFA has incentivised practices from referring into the Pharmacy first service. In addition, the additional financial burden on the practice to purchase Fido tokens. I will appreciate it if you could provide a response.

Practices have been informed that:

- *MFA is an NHSE requirement and beyond the remit or control of ICB/Digital Teams*
- *Specifically for Pharmacy First and MFA, practices were advised to use PharmRefer (EMIS) to refer into pharmacies. PharmRefer did change the time frame for re-authentication to approx. every 10 mins. The ICB can't control this, but we have raised this as an issue with EMIS and LPC, ran a test on the system a couple of weeks ago and this doesn't seem to be the case anymore*
- *To use MFA staff can use personal mobiles. However, some practices have a no mobile phones policy. These practices have been told they can purchase a "token" (e.g.- FIDO2) which is USB style device which can be used for authentication/MFA*

2. Case 13870 (28-08-2024)

Providers: Lincolnshire Integrated Care Services (ICS/ICB)

Question from attendee at Your Voice Event. Is there any plan to support pharmacists now that they have additional work load with residents redirected from doctor's?

Notes / Questions

Healthwatch asks - Is there any plan to support pharmacists now that they have additional work load with residents redirected from doctor's?

Provider Response

With effect from April 2023, NHS Lincolnshire ICB took on delegated responsibility from NHS England for all primary care services, which means that all primary care commissioning sits with the ICB, providing a key enabler to our ambitions to better support integrated care and improved population health for Lincolnshire by joining up care pathways, in order to plan and deliver better health and care for our local population. This includes developing GP and pharmacy strategies in parallel, to support integration, development and resilience for both areas of primary care.

The new Pharmacy First service, launched 31 January 2024, building on from the NHS Community Pharmacist Consultation Service enabling patients to be referred into community pharmacy for:

- Pharmacy First: Clinical Pathways- treatment for 7 common conditions (see table below) following defined clinical pathways.*
- Pharmacy First: Minor illness- treatment for minor acuity conditions with over the counter treatment and advice only.*
- Pharmacy First: Urgent medicine- for an urgent repeat medicine supply.*

A fee of £15.00 will be paid per pharmacy first consultation, for the clinical pathways above payment will only be made for consultation that crosses the gateway point. In addition, a monthly fixed payment of £1,000 will be made to pharmacy contractors provided they meet the minimum number of clinical pathway consultations required to secure the associated fixed payment. The payment structure of the service, provides pharmacy contractors with much needed funding needed to invest in recruitment of pharmacy staff who can assist in the provision of the community pharmacy clinical services.

NHS England has also expanded the way Pharmacists deliver clinical services, allowing non registered trained pharmacy staff to provide some elements of services such as taking Blood pressure checks, hence freeing up the pharmacists capacity to provide more consultations.

*NHS England Workforce, Training, and Education (WT&E) is currently providing apprenticeship training contribution of £15,053 per trainee per year for two years for the **community pharmacy technician apprenticeship programme**. The programme supports pre-registration trainee pharmacy technician's (PTPTs) to be employed and complete their full 24-month apprenticeship training within a community pharmacy setting. Upon completion of training and registration with the general pharmaceutical council (GPhC), the pharmacy technician will be able to support community pharmacy to utilise the expertise and knowledge of registered professional as part of community pharmacy services and the wider healthcare reform.*

3. Case 13872 (28-08-2024)

Providers: Lincolnshire Integrated Care Services (ICS/ICB)

Individual attended Your Voice Event and asked the Question. "In my experience GP and Consultant services do not focus on continuity of care and preventative medical approaches. Instead, they firefight immediate causes of illness without looking at the patient in the whole. Is there going to be any attempt by the NHS Lincolnshire to change this shortsighted approach to more whole-istic focus?"

Notes / Questions

Person asks - Is there going to be any attempt by the NHS Lincolnshire to change this short-sighted approach to more whole-istic focus?"

Out of Area x 2

- 2 x General Comment

General Comment

1. Case 13846 (20-08-2024)

Providers: Out of area

Patient having issues with how they are being treated by their GP surgery which is North Leverton Surgery.

Notes / Questions

Signposted to the relevant Healthwatch in Nottinghamshire

2. Case 13833 (15-08-2024)

Providers: St Clements Surgery, Terrington St Clements

Patient shared experience at event at Long Sutton. Lives in nearby village. GP in Terrington St Clements, has to get a bus to this Practice. Never able to get appointment over the phone, seems that phone never answered, when you do get through, no appointments left. Has no access to internet, and at their age does not want it. Had to go on the bus when felt unwell recently in the early morning, so that got an appointment and was seen. Never sees GP always Nurse Practitioner.

Notes / Questions

Did not want to provide contact information. Signposted to Practice Manager in the first instance. Contact details given for Healthwatch Norfolk.

Hospital Services

Area	Case Details
East Locality x 21 <ul style="list-style-type: none">• 14 x General Comment• 1 x Informal Complaint• 1 x Formal Complaint• 5 x Compliment	General Comment <p>1. Case 13835 (15-08-2024)</p> <p>Providers: Atlas Care Services, Pilgrim Hospital For Information: Lincolnshire County Council - Adult Social Care</p> <p>Patients relative ringing from Australia as very concerned and distressed about the treatment and care their elderly parent are receiving at Pilgrim Hospital currently. Has other sibling in England who are also concerned and upset about this. Their elderly parent, who has arthritis in knees and finds it difficult to mobilise and has mental health issues, legs gave way, became incontinent, and had a fall at home this Monday. Because of mental health issues elderly parent does not like hospitals gets very distressed and thinks that they are going to hurt them. Found by carers who rang 999, seen and assessed by the Falls Team, taken to Pilgrim Hospital. This has happened before recently.</p> <p>Initially taken to Integrated Assessment Centre (IAC) at Pilgrim Hospital. Relatives not happy that they were given conflicting information by Ward Staff on Tuesday and Wednesday, one relative rang and staff told them patient was settled and comfortable on the ward. When another relative rang, patient was not on the ward and had been moved to Ward 6A. Previous to this admission their elderly, vulnerable relative had been at the Pilgrim Hospital and been waiting in the discharge Lounge for 2 days.</p> <p>Following previous admission to hospital, discharge plan was put in place that Home Care, (Atlas Care) would provide carers twice a day. This would be at breakfast time, and tea time, to ensure fed and washed and has something to eat. Carers regularly do not arrive in the morning until after 11am, turn up when elderly relative in hospital, were found watering the flowers in the garden!</p> <p>Notes / Questions</p> <p>Signposted to PALS at Pilgrim Hospital, LICB feedback, CQC information given. Signposted to Manager of Care Company.</p> <p>Provider Response</p> <p><i>It is hoped the author contacted the relevant areas signposted and received a satisfactory outcome.</i></p> <p>2. Case 13796 (05-08-2024)</p> <p>Providers: Lincoln County Hospital</p> <p>Chest Clinic 2 - Admin appointments.</p> <p>We visited Clinic 2 in mid July for a appointment with my 84 year old, parent-in-law and waited in the waiting area for nearly an hour after our appointment time, only to be told that the appointment was actually cancelled the day before and we were not notified.</p> <p>Our visit involved a round trip of over 50 miles and we were very frustrated as our morning was a wasted one and a phone call the day before would have saved our journey.</p> <p>A follow up visit was made for the last Thursday the 1st and on attending the same clinic we were told a mistake was made and we shouldn't have been booked in for this date as the chosen doctor was not down to work this date.</p> <p>As you can imagine, round trip journeys of 100 miles wasted due to clerical errors did not make us happy and this has meant two stressful journeys for a 84 year old.</p> <p>We are awaiting the next appointment...who knows what will happen then.</p> <p>Notes / Questions</p> <p>Healthwatch provided PALS information</p> <p>Provider Response</p> <p><i>Relative response - Pleased to report after contacting PALS, as you provided me with the information, we received a telephone call yesterday from the department manager who apologised and made another appointment for us via telephone to save travelling. Your help in getting this done is much appreciated.</i></p>

3. Case 13801 (06-08-2024)

PCN: Solas

Providers: Pilgrim Hospital

For Information: Lincoln County Hospital

Patient raised comments in relation to Pilgrim Hospital.

Was on Ward 6b after a fall at home and being taken in via ambulance. Only waited 10 minutes for ambulance to arrive at home, which was super.

After 4 hours in A&E patient was transferred to the Surgical emergency assessment unit (SEAU) initially, patient was placed on an inflatable bed, another patient on the ward playing loud music, although had headphones, everyone could hear the music and had 3 loud visitors round their bed.

Patient then was placed on ward 6b, patient commented they were awake all night due to the bells going off all night, incessant noise all day and night. Patient discharged themselves, was supposed to stay in a few days, however, due to the noise at night and inability to get any sleep which had a counter effect on their wellbeing. Dementia patients understandably upset at the noise and disruptions on the ward.

Patient asked why is there not a silent system used during the night? light system and or a beeper in pockets to notify which buzzer has been pressed, this would alleviate a lot of angst for patients during their admittance along with those who have dementia.

Patient commented they would not want to go into hospital again and fear that due to their medical conditions of stage 4 kidney disease and spinal stenosis that this is a possibility, but they would not go.

Notes / Questions

Healthwatch provided PALs information, however patient commented they would not make contact, but would also contact local MP.

Healthwatch would raise this at Patient Panel

Provider Response

Response from Matron - I am so sorry to hear regarding your experience this is not in line with our expectations. Our Nursing team should be ensuring compassionate care throughout your journey particularly the difficult circumstances that you were facing. I am so sorry for this. Please can I ask that you contact Ward Sister on 01522 573132 so that we can discuss further and identify the nurse involved.

ULHT response- The idea of a silent system sounds really innovative and we appreciate the suggestion but on a practical level would be extremely difficult to take forward. Call bells do have associated lights and in fact in some places the system can be turned down and even the volume turned off but there are greater risks to patient safety in doing so – using pager systems would necessitate a huge capital investment of a complete new system that can 'talk' to the pagers and we do not have the funds for this especially across all our hospital sites and wards. However, 'noise at night' is a focus area for us and we have an improvement project underway called 'Night Owl' which we hope will minimise disturbance and facilitate sleep and rest.

4. Case 13806 (07-08-2024)

Providers: Lincoln County Hospital, Parkside Surgery, Pilgrim Hospital

Patient a few years ago was concerned about the sudden change in their eye sight. Called into Specsavers in Boston and seen within 30 minutes, advised to go straight to their GP (Parkside). Called into the surgery and within 5 minutes were seen by GP who was very concerned. Urgent referral made to eye clinic at Pilgrim. Seen the next day at eye clinic, who couldn't find anything wrong, patient was asked to come back in 6 months, various tests done 2nd and 3rd visits made at 6 month intervals and patient was seen at Louth then referred to senior Consultant at Lincoln, various scans completed, then referred to Queens Medical Centre (QMC). Lots of tests done there, but no real answers given. Clinicians feel that patient had a stroke and was referred to stroke service. No real improvements made to sight. Patient knows that it has got worse over the past 18 months but nothing really in place to support them. No-one is really sure if they had a stroke, apart from the sight impairment is otherwise generally well and healthy. Unfortunately had to surrender their driving licence which they felt took away their independence but understands why. Has been referred through to Lincolnshire Sensory Services, now attends a group on a regular basis and has made a number of friends and doesn't feel so isolated.

Notes / Questions

No patient details provided

5. Case 13840 (16-08-2024)

Providers: Lincoln County Hospital, Non-Emergency Hospital Transport (NEPTS) EMAS, Pilgrim Hospital

Volunteer car driver for the Boston scheme shared that they had transported a patient from the Bennington area to Lincoln County Hospital who was due to have stent inserted. When they tried to book non emergency hospital transport through EMAS they were told that they were not eligible due to: not being disabled and not in receipt of benefits. They were not given any additional information from the call handler when they were told that they would not get transport from EMAS. Luckily, they have used the community car scheme for other journeys and were able to book transport to get to the hospital for an early appointment this morning. They told the driver that overall they are in very good health and rarely needs to go to the doctor, but found themselves feeling a bit out of sorts recently, booked a GP appointment who sent them to A&E at Pilgrim. They said that their heart sank as they thought that they would have to be there for hours, but was triaged and seen very quickly, referred to Lincoln County and got the appointment for today all within a 2 week period. They said that all staff at surgery and both hospitals were lovely and looked after them really well. They were surprised that they needed this procedure done but were happy that it was carried out so quickly. They had nothing but praise for the whole team of people that had looked after them recently. They were kept informed about everything all the way through and felt supported.

6. Case 13813 (12-08-2024)

Providers: Lincolnshire Community Health Services NHS Trust (LCHS), United Lincolnshire Hospitals NHS Trust (ULHT)

Lincolnshire Sensory Services Open Day, comments from this event.

Patient expressed how difficult it was to get an interpreter. If a hospital appointment is cancelled it can take months to get an interpreter booked and the hospital do not always rebook the interpreter for the patient. There have been a few occasions that the patients appointment has been cancelled and not the interpreter and vice versa, this causes lots of extra stress when trying to keep appointments at the hospitals.

Notes / Questions

No patient details provided.

Healthwatch asks - is there a process for such patients when cancelling appointments to alleviate stress

Provider Response

Response from Head of EDI. Many thanks for raising this concern and we are sorry to learn of the patient's experience. Please be advised that the Trust does have a contract in place to ensure interpreters are available to support patients for both planned and unplanned (emergency) appointments. Further, in the primary patient information system, patient requirements in relation to interpreters should be recorded, so that when planned appointments are made, an interpreter can be booked for the patient. In emergency situations the need for an interpreter should also be flagged with the clinical staff, so that the services of an interpreter can be sourced. We are concerned to read of some of the timescales mentioned, as there is no reason why it should be taking months to secure an interpreter. If an appointment does need to be cancelled, the booking team should also be cancelling the interpreter, and we apologise if this hasn't happened at times and for any distress caused. If there are further specific details the patient would like us to review, we would be more than happy to do this, but would require further information in order to undertake this.

Healthwatch shared the information with the author.

7. Case 13826 (12-08-2024)

PCN: First Coastal

Providers: Lincolnshire Community Health Services NHS Trust (LCHS), United Lincolnshire Hospitals NHS Trust (ULHT)

For Information: Lincolnshire Integrated Care Services (ICS/ICB)

Comments and Issues from an engagement Group in Chapel St Leonards:

Group members were pleased to hear about the new Community Diagnostic Centre (CDC) coming to Skegness and thought that would support a number of people who needed diagnostic tests not having to travel to the hospital. They did ask questions about how the CDC was going to be staffed especially with current concerns on staffing recruitment and retention in Lincolnshire.

Notes / Questions

No patient information provided.

Please see question raised.

Provider Response

Awaiting a response.

8. Case 13861 (27-08-2024)

PCN: East Lindsey

Providers: Louth County Hospital, United Lincolnshire Hospitals NHS Trust (ULHT)

For Information: Lincolnshire Community Health Services NHS Trust (LCHS)

My disabled child fell and hurt their upper arm. I took them to Louth A&E/Urgent Treatment Centre (UTC) where they were x-rayed and diagnosed with a closed fractured of surgical neck of right humerus. Was told they would be sent an appointment to see a consultant to get it checked, after not receiving one I rang the number given and was told the consultant had discharged my child because it did not require any intervention.

Was not told that this type of fracture is most likely to cause damage to the axillary nerve and posterior circumflex humeral artery, after 4 weeks child was still in a lot of pain and after going round in circles, I cannot get advice or an appointment, the number given for the virtual fracture clinic puts you through to a ward! there was no one answering from other numbers given. Where do I go next.

Notes / Questions

Healthwatch provided PALs information

Provider Response

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

9. Case 13821 (12-08-2024)

PCN: First Coastal

Providers: Pilgrim Hospital

For Information: Lincolnshire Integrated Care Services (ICS/ICB)

Comments and Issues from an engagement Group in Chapel St Leonards:

Communication between hospitals and GP surgeries is very poor. One person expressed that they had to wait over 3 months for an MRI scan result from Pilgrim Hospital. The GP surgery said that the result had not been sent, but the hospital said it had. Person spoke with PALS during this time and a few weeks later the result was sent through. Luckily there were no issues to worry about but was concerned that for some people this might not be so lucky for them and might result in bad news and delay in treatment.

Notes / Questions

No patient information provided.

Healthwatch asks ULHT, - how are the results sent to GP Practices and in what timeframe?

Provider Response

Awaiting a response. 08/10/24

10. Case 13823 (12-08-2024)

PCN: First Coastal

Providers: Lincolnshire Integrated Care Services (ICS/ICB)

Comments and Issues from an engagement Group in Chapel St Leonards:

Some confusion when a blood test needs to be done. Some can be done via the GP Surgery and those that need to be done at the hospital have to be booked. GP Surgeries don't always seem to know when the blood test has to be booked. A couple of patients had taken their request to the Skegness hospital or UTC to be told that the blood test has to be booked in. Caused some inconvenience for the patient and resulted in 2 journeys. Is this information not communicated to the surgery about booking blood tests when they are needed at the hospital?

Notes / Questions

No patient information provided.

Healthwatch asks - can you confirm that GP Surgeries are aware of the processes.

Provider Response

LCHS run Phlebotomy Blood Clinics at John Coupland, Skegness and Johnson Community Hospitals on behalf of the practices in the Gainsborough, Skegness and Spalding area and patients are advised to book via the online bookings portal [Select a service | Lincolnshire Community Health Services NHS Trust - Phlebotomy Service \(10to8.com\)](#) so there would be a requirement for the patient to book the blood test via the link and take the form given by their practice with them in order to avoid any delays with blood testing or repeated journeys.

We can reiterate to the GP practices to advised their patients of this booking requirement for bloods.

11. Case 13842 (19-08-2024)

PCN: Solas

Providers: Pilgrim Hospital, United Lincolnshire Hospitals NHS Trust (ULHT)

Request for a notice board at each ULHT hospital to have a board with who is who for the major people within the hospital so people are aware, ie: CEO, Chair, Head Admin, Heads of Major areas within the hospital.

Also mentioned when at waiting room 3 for an appointment at Pilgrim Hospital, could not see the monitor to see when being called in, so had to keep getting up to check it.

Notes / Questions

Healthwatch asks - Is this doable?

Provider Response

Thank you for the comments related to the notice boards in Waiting Area 3. We are currently waiting for up to date posters from the Communications Team as there have been changes to the Trust Board during the last couple of months. Unfortunately we have had updates with the screens in the waiting areas and there are a few that are not working. Please feel free to speak to a member of the team during any further visits to Outpatients and they will be happy to let you know when the doctor is ready to see you.

12. Case 13843 (19-08-2024)

Providers: Pilgrim Hospital

Ward 8a, Pilgrim Hospital parent has terminal cancer and is in extreme pain.

Parent had CT scan in March 24, results in April stated all stable, CT scan in June after Chemo ended, results showed cancer had spread, has now been informed that the March scan showed progression and spread of the cancer, however this was not relayed to the patient nor family.

Parent was admitted to hospital 11 days with an infection and then discharged last Monday.

Unfortunately had to be readmitted on Thursday. Has a bile duct abscess and the fluid build up is causing them severe issues as it is pressing on several of their organs. Has had an MRI scan done but nothing was done over the weekend as there was no consultant around to see them. The family has been told that parent will have an ultrasound today (not time given maybe this afternoon) and a sample of the fluid taken to see if they have an infection. Nothing else has been told to the family.

Parent is on oromorph and a morphine patch but nothing is bringing the pain down for their parent. They have seen the deterioration in parent in the last 24 hours and family member feels that as parent has terminal cancer they don't seem to be doing anything to help their parent.

Family member has left a message by phone and email with PALs but not heard back from them. Has contacted the Macmillan Nurse. The oncology team have discharged parent, as there is nothing more that they can do to help with their terminal cancer diagnosis.

When asked if there was a palliative nurse supporting, family member did not know. Family is very distressed by the lack of support of a parent who is seriously ill over the weekend.

Healthwatch suggested that they and their other parent spoke with the senior nurse on the ward to make enquiries about pain relief and pain management. Family don't want their parent/spouse to be dismissed because they have a terminal diagnosis and is dying anyway!

Notes / Questions

Healthwatch advised to speak with the Sister in charge of the ward.

Provider Response

Update - Bloods being taken, box on arm for pain relief and MRI being done tomorrow. More comfortable and McMillan Nurse had been to see parent.

It is hoped the author contacted the Ward Sister and received a satisfactory outcome.

13. Case 13879 (30-08-2024)

Providers: Pilgrim Hospital

Following a fall in the early hours of Thursday in early August, initially my elderly parent was taken to Grantham A&E. They had a displaced fracture of the left tibia and fibula and were put into a backslab and they were transferred to the Pilgrim Hospital in Boston. This is an hours drive from their home and 41.5 miles each way. This was needed as they were going to need surgery. Initially my elderly relative was admitted to ward 3A. I have taken unpaid leave from work and travelled up from Southampton the following day to look after their spouse.

It was understood that they would have an operation to pin and plate the ankle, yet this was 'postponed', no reason was given, until the following day which fell on a weekend. Then it was cancelled again, no reason was given. We found out on the Monday it had been deemed by the ankle specialist that it could be managed conservatively, my elderly parent was then moved to 3B.

Discharge was planned for a couple of weeks later. As we are 'out of area' and my elderly parent was to be non weight-bearing they could only assess them and supply equipment for transfer to and from bed to chair /commode. Once home they could be assessed by the local authority for transfer on and off the stair lift and into the bedroom. So in the short term their bed would need to be downstairs - so easily said but a big ask in most homes. A commode and rotunda were delivered, and a care package put in place. My sibling spent the weekend moving my elderly parents bed downstairs into the dining room. Putting the dining room furniture into the living room. My elderly parents riser recliner and other chair were moved into the dining room and the TV swung round so they would be able to see it in the dining room. All this because there are 2 large steps into the living room. As other elderly parent and I would be sleeping upstairs, the guest mattress was moved into the living room so I could be on hand to help overnight.

The discharge was then cancelled the day before as parent developed a chesty cough and needed oxygen (O2). Antibiotics were started. Again when I asked one of the staff what was the update, I was told "Your parent has gone from NEWS 4 green to 4 amber" With a superior look of 'yeah go on, ask me, let me impress you with techno blurb' look on their face to looking very stunned when I replied "Well why have you let it get that low? Have they been seen by a Dr?" It was also around this time it was realised, despite my parent mentioning it several times, that they had not had any thyroxine since being admitted.

A chest X-ray (CXR) showed nothing of concern., a repeat CXR showed nothing of concern. To date we are not sure how many CXR's my parent had as each nurse tells us something different. An ECG highlighted pre existing heart failure. Even though these CXR's were clear my parent was coughing a up a good quantity of mucky sputum. A sample (or 2 again different stories) were sent for culture and sensitivity. Blood tests showed markers for infection - even though still producing infected sputum their 'chest was clear'. So hopefully home late August possibly with O2.

Routine analysis highlighted a urine infection. I'm sure this is because of the extended wait for anyone to answer a call buzzer, let alone return with a bedpan. Resulted in my elderly parents logic of, if I don't drink, I don't need to pee. However the antibiotics they were already on for their 'clear' chest would also cover the urine infection.

When patients spouse and I visited on the day they were supposed to be discharged, I immediately returned to the nurses station to get a nurse as parent was respiratory distressed and cyanosed. The staff nurse returned with me, took their observations and tried to tell me they were ok because their blood oxygen level was 97. Until I pointed out that this was their pulse and their oxygen saturation was in fact 81! They increased the oxygen rate and called the Doctor in. A nebuliser was given which quickly and significantly improved the situation. I was then able to have a good conversation with the Doctor. I was 'reassured' there was 'nothing of concern' on my parents CXR. They were going to do a referral to elderly medicine but they were still not sure where the infection was.

If you have not already guessed I am an ex-nurse. I have promised my relative that if at any point I get concerned I will let them know. That afternoon I arrived concerned went to outright scared and distressed, to very worried and was still very concerned when we left. I was awake most of the night waiting for the 'you better come now' phone call. As always with on call systems and departments closed over the weekend, not a lot happened.

When we visited on the Monday the elderly medicine Doctor had just been. They were pleased my parents blood results and that they were going in the right direction. They did suggest a COVID test, I did not at that time tell their spouse that as they would have panicked. The sputum sample had shown infection but it was sensitive to the antibiotic they had started, but it was recommended to increase the dose from 500mgs to 1.5g. On Tuesday before visiting I wanted to know if my parent had COVID, as I would need to consider further exposing their spouse to that. When I phoned staff nurse said they would need to check the system and call back in 5 minutes. An hour later I called back. Once on the ward I approached a staff nurse and was told they wanted the respiratory team to review to try and identify why their oxygen levels drop when they stop the O2.

I asked that as my elderly relative was orthopaedically stable and it was medical issues that were currently being looked into and spouse, (my other parent) was finding the 2 hour drives, lack of wheelchairs and excessive 20min plus waits for the lifts, often to be turfed out and having to wait again, very tiring. Could a transfer to Grantham be considered?

Secondly as my elderly relative was not eating or drinking a supportive amount, currently they were only eating mash potato with gravy, soup and ice cream. Please could they be seen by the dietician to consider Fortesip dietary supplements? I should not have to be requesting this! This is basic nursing care! The staff should be noticing this.

Tonight my sibling and spouse visited, to again find our elderly parent in respiratory distress. Once help had been given my relatives went to ask for an update. Staff nurse needed to speak to the Dr and would come and find them shortly. After 45 minutes relatives went back to the desk. Staff nurse was sorry 'they forgot', yes they had spoken to the Dr and CXR shows elderly relative has pneumonia!!!! They will be starting antibiotics! They are already on antibiotics! Triple dose antibiotics!

Once I had spoken to my sibling this evening, I phoned and asked to speak to the Duty Manager/ Matron/ Nursing Officer dependant on the current terminology. I got a return call from the ward Staff Nurse. Does no-one hold themselves accountable?

Please please please can someone explain? What is going on ,or, more to the point not going on?! As you can imagine we have several questions.

- 1) How is this suddenly developed from a clear chest into pneumonia?
- 2) Twice, we the family, have had to raise the alert for parent being in respiratory distress?
- 3) Why are they not on the respiratory ward?
- 4) Why are they still in a bed at the furthest possible point from the nurses station?
- 5) Why are they not getting IV fluids?
- 6) Why are they not catheterised?
- 7) Why are they not getting chest physio.

Notes / Questions

Original to ULHT - Signposted to PALS at Pilgrim Hospital. LICB feedback information given. CQC and PHSO contact information given.

Provider Response

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

14. Case 13827 (12-08-2024)

PCN: First Coastal

Providers: United Lincolnshire Hospitals NHS Trust (ULHT)

Comments and Issues from an engagement Group in Chapel St Leonards:

The group expressed concerns over the long waiting lists for some procedures. They mentioned hip and knee in particular and the lack of information given to the patient while they were waiting. Also the lack of support for the patient especially if they were living with pain and then this affected their mobility and overall wellbeing.

Notes / Questions

No patient information provided.

Healthwatch asks - how are these patients being supported whilst waiting?

Provider Response

All patients waiting for treatment or appointments continue to be supported through primary care / GP but there are pathways for escalating if conditions deteriorate. We also direct people to the ICB led site My Planned Care: <https://lincolnshire.icb.nhs.uk/your-health-and-services/waiting-well-for-your-outpatient-appointment/>

Healthwatch provided this information to the author

Informal Complaint

1. Case 13862 (27-08-2024)

Providers: Lincoln County Hospital

My parent is seriously ill in Lincoln Hospital and is being heavily sedated and not fed. Is extremely malnourished and is in danger of starving to death. Food is brought to them and, because they are too sedated to eat it, taken away. Insufficient attempts are being made to give them the nutrition that they need. My sibling, who is their carer, is extremely distressed by this and has raised this (as well as other concerns) with the hospital numerous times. They are not being listened to.

Below are two emails to PALS, from my sibling, sent yesterday, which will give you a more complete understanding of this matter. Unfortunately as it is a bank holiday weekend, this urgent and life-threatening situation will not be dealt with until Tuesday at the earliest.

My sibling and I have seen some very good care towards our parent by Lincoln Hospital staff. However, all that is negated by their current treatment of, effectively, doping and starvation. The hospital's actions are at best negligent and at worst downright cruel.

When my parent finally became awake to eat some food that I had brought them, they told me that they had tried to explain that their pain is their hip pain due to the position they have to sleep in the hospital bed. At home we have managed this with co-codamol at bedtime, and one further one during the night at that has been sufficient for 24hour period. At home they are able to lie on their side across a king size bed, or sit up to manage the pain.

Parent did not know the hospital were giving them Oramorph for their pain during the daytime, and parent is distressed by this. I need to understand why parent has been given regular doses of oramorph. And precisely how many doses and when they have been given them during their stay.

On Tuesday because my parent was so out of it when I visited, I telephoned the ward in the evening to ask if they had been given any sedatives and was told they had not. However, it is plain to me that the oramorph parent is being given is having a sedative effect, to the extent it is preventing them from having any meaningful nutrition. I need to understand why and how this has happened. My parent does not wish to be sedated with oramorph, which in the past has had a bad effect on them.

I should add that they were very grateful for the food I had given them, and had I not stayed until 8pm they would have had next to no nutrition. This is a very worrying state of affairs. I thank you for your prompt attention to this distressing matter.

Notes / Questions

Family have been in contact with PALS

Provider Response

UPDATE - 27/8/24 I am pleased to report that Lincoln Hospital are no longer heavily sedating my parent and are now monitoring their food intake. I am not sure if you or PALS have influenced the Hospital, but my family and I are feeling greatly relieved. I have been able to have a short conversation with my parent, and although they are considerably thinner in the face, is much more "themselves" and has been able to eat. Many thanks for your time.

Formal Complaint

1. Case 13794 (02-08-2024)

PCN: Boston

Providers: Lincolnshire Integrated Care Services (ICS/ICB)

Spoken to individual who contacted Healthwatch 6 months ago, about the possible negligent care that their spouse had received at the end of their life, and the issues around the pain medication that they received, that the individual believes that this was a factor in their death. That they have contacted PHSO who deemed that they would not go forward with the case. They contacted the ICB, MP the then Health Secretary. Have contacted the Department of Health who signposted to NHS England who then signposted back to the ICB. Documents have been lost, correspondence not acknowledged. Legal route is not an option. Individual feels that because PHSO is not a neutral organisation not fit for purpose. Has had good communication with the ICB, and staff member who they have dealt with has been very good, and wishes all other professionals were like this.

Notes / Questions

Signposted to new Local MP. HW will contact LICB with consent from the patient.

Provider Response

LICB feedback response- Thank you for your email. Yes I have spoken to this person on a number of occasions. We are not managing a complaint for them, and the complaints process has been exhausted. The complaint has been to the Parliamentary and Health Service Ombudsman (PHSO) and also the person has contacted the Public Administration and Constitutional Affairs Committee (PACAC) who the PHSO are accountable to. At the time the person was trying to raise their complaint with the Department of Health and Social Care but was not getting any form of acknowledgement or receipt, so I had suggested a couple of names to try, they have also not been successful in getting a response via the automated telephone system at these government departments, and contacting the former Health Secretary via the constituency office only resulted with them being directed to the London DHSC address.

Compliment

1. Case 13782 (01-08-2024)

Providers: Pilgrim Hospital

Attended A&E at Pilgrim Hospital , Boston. First class , busy, but seen quickly. No problems.

Notes / Questions

No contact details provided.

Provider Response

Thank the responder for their feedback and assure them that the information has been passed onto the relevant teams.
2. Case 13783 (01-08-2024)

Providers:

For Information: Pilgrim Hospital

Attended Pilgrim Hospital, Boston, ophthalmology, M2 . Prompt , well explained. Very satisfied with report. Very helpful staff who took time to explain everything..

Notes / Questions

No contact details provided.

Provider Response

Thank the responder for their feedback and assure them that the information has been passed onto the relevant teams.
3. Case 13784 (01-08-2024)

Providers: Pilgrim Hospital

For Information: The Spilsby Surgery

Had extremely good experience at Pilgrim Hospital , Boston. Conditions I have been there for are cancer, and heart/stroke. Although Spilsby Surgery is hard to access.

Notes / Questions

No contact information provided.

Provider Response

Thank the responder for their feedback and assure them that the information has been passed onto the relevant teams.
4. Case 13804 (07-08-2024)

Providers: Pilgrim Hospital

Cardiology / A&E

Overall patient is in very good health and rarely needs to go to the doctor, but found themselves feeling a bit out of sorts recently, booked a GP appointment who sent them to A&E at Pilgrim Hospital. Patient stated that their heart sank as they thought that they would have to be there for hours, but was triaged and seen very quickly, referred to Lincoln County and got the appointment for today all within a 2 week period. Stated that all staff at surgery and both hospitals were lovely and looked after them really well. Was surprised that they needed this procedure done but was happy that it was carried out so quickly. Had nothing but praise for the whole team of people that had looked after them recently. Was kept informed about everything all the way through and felt supported.

Notes / Questions

No patient details provided

Provider Response

Thank the responder for their feedback and assure them that the information has been passed onto the relevant teams.
5. Case 13779 (01-08-2024)

PCN: Solas

Providers: The Spilsby Surgery, United Lincolnshire Hospitals NHS Trust (ULHT)

I went in for a check up and routine test, no problems, was seen quickly. I do not have any ongoing health issues. Appointments are almost immediate. I also had an eye cataract operation which was done within 2-3 months, no problems. I was very happy with the treatment.

Provider Response

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

South Locality x 5

- 4 x General Comment
- 1 x Compliment

General Comment

1. Case 13789 (01-08-2024)

Providers: Diabetic Retinopathy Screening, Peterborough and Stamford Hospital

Member of public discussed that had appointment in Peterborough yesterday for assessment of cataracts. Also has diabetic retinopathy appointment next week in Grantham. Previously had long career in NHS, now retired. Discussed that because of the rurality of the area there needs to be more joined up health services, it is ok for them as they can travel. All services in Peterborough , Boston , Grantham , Lincoln or Kings Lynn. Travel to these locations would take from 30 mins to 2 hours, rail and bus services non-existent , expensive to travel in taxi or car. Communication between these services are not good. Though all staff they have met in health services have been good.

2. Case 13834 (15-08-2024)

PCN: South Lincolnshire Rural

Providers: Long Sutton Medical Centre, Queen Elizabeth Hospital Kings Lynn

Patient experience shares that their spouse had been very unwell with sickness and diarrhoea for about a week. Unable to tolerate any food only small amounts of fluids. Seen by GP, no action taken. These symptoms carried on for another 2 weeks, until started passing blood, lost weight. Tried to get GP appointment on phone did not get through, so spouse walked to the practice and tried to get an emergency appointment. Receptionist was unhelpful, spouse was very worried and upset, demanded to talk to GP. GP advised to call 999.

Spouse walked home and reluctantly called 999. Paramedics assessed and took patient to Kings Lynn Hospital. Was in Kings Lynn Hospital for about a day, discharged got a taxi home, the ward gave discharge letter and drugs. Spouse turned up at home with no coat very cold, freezing conditions went to bed. Later on that evening a Nurse from Kings Lynn Hospital rang asking if spouse there as they could not find them and had been searching the hospital for them. Patient told them that their spouse was tucked up in bed had been discharged had discharge letter and medication given to them by the Ward. Nurse was relieved , asked if had needle still in arm, patient surprised as had been taken out before discharge. Patient and spouse both surprised at the lack of communication on the ward about their discharge. Spouse still is not right, but won't go back to GP, because of previous experience.

Notes / Questions

Did not want to provide personal information. Signposted to Practice Manager in the first instance, LICB, PALS at Queen Elizabeth Hospital.

3. Case 13818 (12-08-2024)

PCN: South Lincolnshire Rural

Providers: Peterborough and Stamford Hospital

Patient feels they have been pushed from pillar to post with no real answers as to what is happening. Has had physical problems with left hip and knee for over 8 years.

First referred to Fitzwilliam over a year ago, on 3rd appointment nothing can be done only surgery, who then referred to PCH, waited quite a number of months (around 10), saw hip consultant, was examined and informed hip is a mess, x-ray completed on hip and knee and bloods taken. Patient heard nothing so made contact with secretary of consultant, who stated 'nothing written down, but would call the patient back' which they duly did.

Now has been referred to yet another Consultant and feel they are no further forward. Initially informed may need to go to Bedfordshire (they believe) but patient unable to travel that far, so understands this consultant has clinics in PCH.

In severe pain constantly, has been informed its bone on bone, can't sleep, knee gives way and is having a detrimental effect on their mental health and quality of life. Doesn't know what is happening, no information and no further forward than they were previously. Patient would like some answers on what's happening, how long do they have to wait (again) etc.

Notes / Questions

Patient requested Healthwatch make contact with the provider. Patient signposted to PHSO.

Provider Response

20/8/24 - We have a backlog and are working through it in time order of when the patient first contacted us. We have staff off with sickness and annual leave currently so are a very reduced workforce. You can reassure them that we have received their message and will respond as soon as able.

20/8/24 - Information relayed to the patient, via voicemail as no answer when calling

28/8/24 - patient contacted HW to say now has an appointment at Stamford Hospital.

4. Case 13855 (23-08-2024)

Providers: Peterborough and Stamford Hospital

Patient experience shared that on the 15th May a GP referred me urgently for a throat appointment to Peterborough hospital. I got an email a week later acknowledging receipt of the referral and telling me that the waiting time for an appointment was/is 26 weeks. This is urgent?????!

Notes / Questions

Signposted back to GP for referral to another provider if urgent? PALS Peterborough Hospital. ICB Feedback Centre for ICB Peterborough and Cambridgeshire given.

Compliment

1. Case 13786 (01-08-2024)

Providers: Grantham + District Hospital

Experience at Grantham Hospital, my appointment was on time. Staff very helpful, all very clean, and cheerful. Cannot fault care and the food. My shoulder is new, and getting better by the day. Thank you Grantham.

Notes / Questions

No contact details provided.

Provider Response

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

South West Locality x 1

- 1 x General Comment

General Comment

1. Case 13831 (15-08-2024)

Providers: United Lincolnshire Hospitals NHS Trust (ULHT)

Patient referred by GP for nasal operation about 4 months ago on the NHS. Aware of long wait times, also knows that not urgent surgery but impacting life. Had contacted GP no could not give timescales for wait.

Notes / Questions

Signposted to PALS at ULHT, LICB feedback

Provider Response

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

West Locality x 2

- 2 x General Comment

General Comment

1. Case 13790 (01-08-2024)

Providers: Lincoln County Hospital

Patient discussed negative experience about Lincoln County Hospital when diagnosed with thyroid cancer. Prolonged wait for diagnosis once referred by GP , not a 2 week cancer pathway. Communication between hospital and patient poor, unable to get through to the department on the phone, could not access cancer Nurse, no support while waiting for diagnosis. When went to Lincoln County for procedure, name band given and put on was incorrect, incorrect name on medical records, when patient questioned a Doctor about his , they were dismissive, unhappy about the attitude of the Doctor who was supposed to be giving care. Now going to Pilgrim Hospital for treatment and care.

Notes / Questions

Signposted to PALS Lincoln County Hospital

Provider Response

It is hoped the author has now received a satisfactory outcome.

2. Case 13876 (30-08-2024)

PCN: Lincoln Healthcare Partnerships

Providers: Lincoln County Hospital

A patient has been in contact with HW in relation to needing a Consultant review by a Neurologist as their Multiple Sclerosis symptoms have got worse and effecting their mobility. They were diagnosed in 2018. The last review by a Consultant Neurologist was in 2019, at Lincoln County Hospital, according to the patient. They are on medication and have monthly infusions, at Lincoln County Hospital, that are supposed to stabilise the condition. They described being "treated in like a cupboard space for these infusions". They have had CT/MRI scans because of lesions on the brain but have never received any results or had any discussion about progression of the condition. They have had a negative experience of the Neurology service and the MS coordinator and did not find comments made helpful or supportive. They are a wheelchair user and have been seen in the Rehab Department at Lincoln County Hospital, recently for botox injections into their legs. An OT at the hospital carried out an assessment when first diagnosed, but the patient feels that they need further assessment because of their deteriorating condition and lack of mobility, forgetfulness, and the need for further adaptations at home.

Notes / Questions

HW contacted PALS at LCH. Patient gave consent to share personal information. Signposted to Lincolnshire County Council, Customer Care Centre for Adult Social Care. Back to GP for referral to Community Therapy Team.

Provider Response

ULHT - It is hoped the author contacted PALS and received a satisfactory outcome.

Mental Health and Learning Disabilities

Area	Case Details
<p>South Locality x 1</p> <ul style="list-style-type: none"> 1 x General Comment 	<p>General Comment</p> <p>1. Case 13836 (15-08-2024)</p> <p>Providers: Lincolnshire Partnership NHS Foundation Trust LPFT (Mental Health)</p> <p>Experience shared that individual who has diagnosis of bi-polar disorder and seen by the Community Mental Health Team who are based at Johnson Hospital, Spalding, more than 12 weeks ago. Seen at home by Mental Health Professional , assessed, prescribed medication. Has not received any follow up appointments, told would be receiving 12 week appointment. Partner has contacted base at Johnson Hospital , left messages , has been told that somebody will get back to them , nobody has. Feels that medication now not working , having low period , unable to get out of bed, feels that medication has not stabilised condition. Has contacted SPA , advised to contact Healthwatch. Has emergency contact information for mental health crisis.</p> <p>Notes / Questions</p> <p>Signposted to LPFT PALS</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 13851 (22-08-2024)</p> <p>PCN: K2 Healthcare Sleaford</p> <p>Providers: Lincolnshire Partnership NHS Foundation Trust LPFT (Mental Health)</p> <p>Patient contacted Healthwatch and shared that had a negative experience with a Community Psychiatric Nurse who they were seeing last August. Has bi-polar disorder and is under the care of a Psychiatrist at Sycamore Centre , Grantham. Mental health declined after death of spouse in 2021. Became unwell last August , unable to get out of bed , started to get delusional. Seen by CPN at home , advised to weak to have medication , not given. Patient told CPN that becoming delusional and worried and needed medication. Patient feels that because usual medication not given, became very mentally very unwell and delusional, relatives very worried. Patient while unwell and unstable carried out 6/7 driving offences, restraining order made against them by relatives, picked up by the police in their locality, wondering around delusional. Did end up in prison. Now seen by different Community Psychiatric Nurse, on medication regularly, feeling well.</p> <p>Notes / Questions</p> <p>HW signposted to LPFT PALS/feedback</p>
<p>All Areas x 2</p> <ul style="list-style-type: none"> 2 x General Comment 	<p>General Comment</p>

1. Case 13869 (28-08-2024)

Providers: Lincolnshire Partnership NHS Foundation Trust LPFT (Mental Health)

I'd like to know why someone who needed emergency mental health care could not be seen by a consultant /their consultant, for a period of 10 months and was just ignored even after ringing the crisis helpline on several occasions. Why isn't there any back up available to cover in these situations when patients are persistently told to ring the crisis helpline if they need help, when there isn't any help available .

Notes / Questions

Lincolnshire resident asked this question at Your Voice event. Signposted to PALS LPFT, LICB feedback

2. Case 13871 (28-08-2024)

Providers: Lincolnshire Partnership NHS Foundation Trust LPFT (Mental Health)

Attendee asked the question at Your Voice Event."What is being done about the lack of staff at Grantham CMHT. Some service users are being left without adequate support, putting a huge strain on carers"

Notes / Questions

Question asked by attendee at Your voice event "What is being done about the lack of staff at Grantham CMHT. Some service users are being left without adequate support, putting a huge strain on carers"

Patient Transport

Area	Case Details
<p>East Locality x 4</p> <ul style="list-style-type: none">• 3 x General Comment• 1 x Compliment	<p>General Comment</p> <p>1. Case 13840 (16-08-2024)</p> <p>Providers: Lincoln County Hospital, Non-Emergency Hospital Transport (NEPTS) EMAS, Pilgrim Hospital</p> <p>Volunteer car driver for the Boston scheme shared that they had transported a patient from the Bennington area to Lincoln County Hospital who was due to have stent inserted. When they tried to book non emergency hospital transport through EMAS they were told that they were not eligible due to: not being disabled and not in receipt of benefits. They were not given any additional information from the call handler when they were told that they would not get transport from EMAS. Luckily, they have used the community car scheme for other journeys and were able to book transport to get to the hospital for an early appointment this morning. They told the driver that overall they are in very good health and rarely needs to go to the doctor, but found themselves feeling a bit out of sorts recently, booked a GP appointment who sent them to A&E at Pilgrim. They said that their heart sank as they thought that they would have to be there for hours, but was triaged and seen very quickly, referred to Lincoln County and got the appointment for today all within a 2 week period. They said that all staff at surgery and both hospitals were lovely and looked after them really well. They were surprised that they needed this procedure done but were happy that it was carried out so quickly. They had nothing but praise for the whole team of people that had looked after them recently. They were kept informed about everything all the way through and felt supported.</p> <p>2. Case 13803 (07-08-2024)</p> <p>Providers: Non-Emergency Hospital Transport (NEPTS) EMAS</p> <p>Volunteer car driver for the Boston scheme. Today transported a patient from the Benington area to Lincoln County Hospital who was due to have stent inserted.</p> <p>When they tried to book non emergency hospital transport through EMAS they were told that they were not eligible due to: not being disabled and not in receipt of benefits. Patient was not given any additional information from the call handler when they were told that they would not get transport from EMAS. Patient does use the community car scheme for other journeys and was able to book transport to get to the hospital for 7.30 am.</p> <p>Notes / Questions</p> <p>Healthwatch asks - for such medical journeys is Non Emergency Hospital Transport available</p>

	<p>3. Case 13822 (12-08-2024)</p> <p>PCN: First Coastal</p> <p>Providers: Non-Emergency Hospital Transport (NEPTS) EMAS</p> <p>Comments and Issues from an engagement Group in Chapel St Leonards:</p> <p>One patient had concerns over non emergency transport. They had booked transport for an Outpatients appointment at Louth hospital in early April and the transport got cancelled 3 times. This resulted in their appointment being cancelled 3 times – a follow up from an operation that they had had. They spoke to their relative who lives in London and when the 4th appointment was booked, their relative took annual leave and travelled to Lincolnshire to take their parent to the appointment. In the meantime, they went to the Urgent Treatment Centre at Skegness to be checked as advised by their GP surgery.</p> <p>Notes / Questions</p> <p>No patient information provided.</p> <p>Compliment</p> <p>1. Case 13824 (12-08-2024)</p> <p>PCN: First Coastal</p> <p>Providers: Community Volunteer Car Service</p> <p>Comments and Issues from an engagement Group in Chapel St Leonards:</p> <p>The group knew about the community car scheme and some had used it. Thought that it was a good service. The Skegness one only was used for medical appointments by a few of the members. Thought that it was a great service and much cheaper than ordering a taxi with lovely reliable drivers. They weren't sure if the car scheme could be used for non medical appointments.</p> <p>Notes / Questions</p> <p>No patient information provided.</p> <p>Provider Response</p> <p><i>HW - the service can be used for any medical appointments, ie: hospital; Dr's; Dentist; Podiatry etc and to visit relatives in Care Home settings.</i></p>
<p>South Locality x 2</p> <ul style="list-style-type: none"> • 1 x General Comment • 1 x Signposting 	<p>General Comment</p> <p>1. Case 13788 (01-08-2024)</p> <p>PCN: South Lincolnshire Rural</p> <p>Providers: East Midlands Ambulance Service NHS Trust (EMAS), Holbeach Medical Centre</p> <p>Difficult to get appointment at GP Practice when telephones Surgery. When COVID was at its height poor experience with ambulance service when their seven year old child had suspected meningitis , 4 hour wait. Did take child in car in the end and when arrived at hospital admitted and very unwell. Hopes that this has now improved.</p> <p>Notes / Questions</p> <p>No contact details provided</p> <p>Signposting</p> <p>1. Case 13777 (01-08-2024)</p> <p>Providers: South Lincolnshire Area Locality</p> <p>Volunteer at CAB Spalding signposted to the Non Emergency Patient Transport eligibility and contact information and Volunteer Community Car scheme as a friend needs to travel to Lincoln from Spalding for appointment at Lincoln County Hospital as ? has lymphodema and might need further visits and treatment . Friend on Universal Credit and could not afford taxi, bus or train to Lincoln, lives alone, has nobody with transport to help. Friends were going to have a whip round for train fayre.</p> <p>Notes / Questions</p> <p>Information and contact details given for Non Emergency Patient Transport and Community car scheme locally.</p>

Social Care Services

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 13835 (15-08-2024)</p> <p>Providers: Atlas Care Services, Pilgrim Hospital For Information: Lincolnshire County Council - Adult Social Care</p> <p>Patients relative ringing from Australia as very concerned and distressed about the treatment and care their elderly parent are receiving at Pilgrim Hospital currently. Has other sibling in England who are also concerned and upset about this. Their elderly parent, who has arthritis in knees and finds it difficult to mobilise and has mental health issues, legs gave way, became incontinent, and had a fall at home this Monday. Because of mental health issues elderly parent does not like hospitals gets very distressed and thinks that they are going to hurt them. Found by carers who rang 999, seen and assessed by the Falls Team, taken to Pilgrim Hospital. This has happened before recently.</p> <p>Initially taken to Integrated Assessment Centre (IAC) at Pilgrim Hospital. Relatives not happy that they were given conflicting information by Ward Staff on Tuesday and Wednesday, one relative rang and staff told them patient was settled and comfortable on the ward. When another relative rang, patient was not on the ward and had been moved to Ward 6A. Previous to this admission their elderly, vulnerable relative had been at the Pilgrim Hospital and been waiting in the discharge Lounge for 2 days.</p> <p>Following previous admission to hospital, discharge plan was put in place that Home Care, (Atlas Care) would provide carers twice a day. This would be at breakfast time, and tea time, to ensure fed and washed and has something to eat. Carers regularly do not arrive in the morning until after 11am, turn up when elderly relative in hospital, were found watering the flowers in the garden!</p> <p>Notes / Questions</p> <p>Signposted to PALS at Pilgrim Hospital, LICB feedback, CQC information given. Signposted to Manager of Care Company.</p> <p>Provider Response</p> <p><i>It is hoped the author contacted the relevant areas signposted and received a satisfactory outcome.</i></p>
<p>All Areas x 1</p> <ul style="list-style-type: none"> • 1 x Signposting 	<p>Signposting</p> <p>1. Case 13867 (27-08-2024)</p> <p>Providers: Lincolnshire Integrated Care Services (ICS/ICB)</p> <p>Patient completed Neurological Survey and requested information on Adult Social Care for ME/CFS and Osteoarthritis.</p> <p>Notes / Questions</p> <p>Healthwatch provided information on Adult Social Care assessment, The Myalgic Encephalomyelitis/Chronic Fatigue Syndrome service (ME/CFS) specialist service and ME association. Also requested where about in Lincolnshire the patient resides.</p>
<p>Out of Area x 1</p> <ul style="list-style-type: none"> • 1 x General Comment 	<p>General Comment</p> <p>1. Case 13805 (07-08-2024)</p> <p>Providers: Out of area</p> <p>CQC provided Healthwatch Lincolnshire contact details. Parent looking for support and information for family member who lives in Grimsby.</p> <p>Notes / Questions</p> <p>Healthwatch with consent contacted North East Lincolnshire Healthwatch to make contact with the parent.</p>

Other

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 13814 (12-08-2024)</p> <p>Providers: Lincolnshire Integrated Care Services (ICS/ICB)</p> <p>Lincolnshire Sensory Services Open Day, comments from this event.</p> <p>Many of the services now want everyone to go online and assume that everyone has a smart phone / email address / access to internet or someone to assist them. This patient has an email account so they can use their ALEXA in their home, not able to use internet due to sight loss and has appointments on their phone to assist them with day to day tasks such as reading labels etc. Services need to keep other communication means open such as phone and texts for those that can use them.</p> <p>Notes / Questions</p> <p>No patient details provided</p>

<p>South Locality x 2</p> <ul style="list-style-type: none"> • 1 x General Comment • 1 x Signposting 	<p>General Comment</p> <p>1. Case 13778 (01-08-2024)</p> <p>PCN: Spalding</p> <p>Providers: Fen house Dental Practice (Gosberton), Integrated Care Board Dental, Johnson Community Hospital, Lincolnshire Community Health Services NHS Trust (LCHS), NHS 111 Service</p> <p>Volunteer at CAB Spalding discussed that unable to find NHS dentist, had been deregistered as NHS practice in Gosberton. Only knew this recently when rang to get appointment, as having pain and swelling with tooth. This dental practice is now only taking private patients, cannot afford private dental care. Rang NHS 111 not directed to Emergency dental appointment, only a list of dentists, when rang were not taking on NHS patients. Went to Urgent Care Centre at Johnson Hospital seen by Nurse who could see swelling on face, redirected to NHS111. So treated themselves with oil of cloves and pain killers, still not gone away.</p> <p>Notes / Questions</p> <p>NHS Choices dental and NHS 111 information and contact details given.</p> <p>Signposting</p> <p>1. Case 13838 (16-08-2024)</p> <p>Providers: South Lincolnshire Area Locality</p> <p>Individual completed online survey requesting information about menopause information for those who are under 60 but over 25 years through menopause.</p> <p>Notes / Questions</p> <p>Signposted to Menopause groups, organisations, websites that give information and support.</p>
<p>South West Locality x 1</p> <ul style="list-style-type: none"> • 1 x Signposting 	<p>Signposting</p> <p>1. Case 13864 (27-08-2024)</p> <p>PCN: K2 Healthcare Sleaford</p> <p>Providers: Lincolnshire South West Area Locality</p> <p>Patient owns their own home, has a pension and pension credit and needs a new bathroom but looking for financial support with this.</p> <p>Notes / Questions</p> <p>Healthwatch provided local Citizens Advice contact details</p>
<p>West Locality x 2</p> <ul style="list-style-type: none"> • 1 x General Comment • 1 x Signposting 	<p>General Comment</p> <p>1. Case 13837 (16-08-2024)</p> <p>Providers: HMP Lincoln Health Services, Nottinghamshire Healthcare Foundation Trust</p> <p>On one of my many sentences here at HMP Lincoln Prison I really, really, did need help with my mental health. I really needed their help. I could have done with a bit of support, a chat, you know to sit down with someone to have a talk with someone whom would listen, and give some advice about my problems. You know what it's like. A problem shared is a problem halved. Only the mental health team would not see me. They reckoned I didn't have enough time left remaining on my sentence for them to offer help. I've got a long history of mental health issues and have been in psychiatric hospitals, 6 or 7 times. But I have not been admitted to a psychiatric hospital for a long time. I am always in and out of prison and if you were to ask me to list how many times, I would say over 30. That's a lot don't you think and I would hate to have to come back again (please help !) I very seriously need help. Once you have been to jail it's a really hard circle to get out of. Can you help me. I am only ever in prison for short periods of time. It seems that I never get the help I need, the mental health team and other services don't seem to offer the help I need. These services say that they don't have the proper amount of time to help me. When I wrote to them explaining my background, that I have a long history of mental health issues and suffering from depression and anxiety, they all of a sudden wanted to know.</p> <p>Provider Response</p> <p><i>Response from PALS and Complaints Department ,Trust Governance Team ,Rampton Hospital- Thank you for sharing, this has been passed to the service to respond to directly. In the meantime, if we can be of any further assistance, please do not hesitate to contact us.</i></p> <p>Signposting</p>

1. Case 13858 (23-08-2024)

Providers: West Lincolnshire Area Locality

Neighbour shared experience that lives next door to elderly couple, one of them has dementia, is worried as hears one of them shouting, wonders how they cope. The couple are reluctant to accept help. Wonders what help/organisations could help?

Notes / Questions

No personal contact details given. Contact information given for Carers First, Age UK, Dementia UK , Adult social care

All Areas x 8

- 8 x Signposting

Signposting

1. Case 13852 (22-08-2024)

Providers: Lincolnshire Integrated Care Services (ICS/ICB)

Individual who completed online survey enquired that I desperately need this bath changing to a shower but I'm now in social housing and cannot afford to do it.

Notes / Questions

Signposted to CAB, Adult Social Care, to social housing provider re processes for reasonable adjustments.

2. Case 13853 (22-08-2024)

Providers: Lincolnshire Integrated Care Services (ICS/ICB)

Individual completed HW survey enquired about help relating to Chronic Fatigue.

Notes / Questions

Signposted to the ME association, Lincolnshire ME/CFS service , HAY Lincolnshire, Talking therapies.

3. Case 13856 (23-08-2024)

Providers: Lincolnshire Integrated Care Services (ICS/ICB)

Individual completed online survey requested information about Type 2 diabetes.

Notes / Questions

Signposted to Diabetes UK, NHS Healthy living website, LCHS Diabetes service, LPFT Diabetes advice

4. Case 13857 (23-08-2024)

Providers: Lincolnshire Integrated Care Services (ICS/ICB)

Individual completed online survey. Wanting information about knee brace support for osteo arthritis of the knee.

Notes / Questions

In first instance signposted back to GP for further assessment and referrals. Information given about how to be referred to LCHS commissioned Lincs Physio Service or MSK physio service for assessment and brace. Action Arthritis contact information.

5. Case 13865 (27-08-2024)

Providers: Lincolnshire Integrated Care Services (ICS/ICB)

Help understanding if I qualify for PIP & how to access other treatments eg pain clinics for fibromyalgia

Notes / Questions

Information via Survey, Healthwatch provided Citizens Advice, GP regarding pain management and Fibromyalgia support groups

6. Case 13867 (27-08-2024)

Providers: Lincolnshire Integrated Care Services (ICS/ICB)

Patient completed Neurological Survey and requested information on Adult Social Care for ME/CFS and Osteoarthritis.

Notes / Questions

Healthwatch provided information on Adult Social Care assessment, The Myalgic Encephalomyelitis/Chronic Fatigue Syndrome service (ME/CFS) specialist service and ME association. Also requested where about in Lincolnshire the patient resides.

7. Case 13868 (27-08-2024)

Providers: Lincolnshire Integrated Care Services (ICS/ICB)

Patient completed online Neurological survey and requested Fibromyalgia research and treatment

Notes / Questions

Healthwatch asked to clarify, however provided [Fibromyalgia - Latest research and news | Nature](#) and [Fibromyalgia: one year in review 2024. - International Association for the Study of Pain \(IASP\)\(iasp-pain.org\)](#) information. Also asked for which area in Lincolnshire they lived.

8. Case 13874 (29-08-2024)

Providers:

For Information: Lincolnshire Integrated Care Services (ICS/ICB)

Individual completed online neurological survey. Requesting signposting for ME/CFS.

Notes / Questions

Signposted to ME Association, ME/CFS service Lincolnshire

Not Specified

Area	Case Details
<p>West Locality x 1</p> <ul style="list-style-type: none">1 x General Comment	<p>General Comment</p> <p>1. Case 13877 (30-08-2024)</p> <p>PCN: APEX</p> <p>Providers: Lincoln County Hospital</p> <p>Patient contacted HW and shared negative experience following being seen at Lincoln County Hospital . Has multiple medical problems, spinal spondylitis , gastro intestinal problems, bowel problems and swollen legs. Patient asked the Dr who they saw for a walking aid as finding it difficult to walk . According to the patient the Doctor stated that they could walk, and did not offer them an aid. Thought this was not good enough.</p> <p>Notes / Questions</p> <p>Signposted to PALS at Lincoln County Hospital.</p> <p>Provider Response</p> <p><i>It is hoped the author contacted PALS and received a satisfactory outcome.</i></p>
<p>All Areas x 4</p> <ul style="list-style-type: none">2 x General Comment2 x Signposting	<p>General Comment</p> <p>1. Case 13875 (30-08-2024)</p> <p>Providers: Lincolnshire Community Health Services NHS Trust (LCHS), Lincolnshire Integrated Care Services (ICS/ICB), Lincolnshire Partnership NHS Foundation Trust LPFT (Mental Health), United Lincolnshire Hospitals NHS Trust (ULHT)</p> <p>Individual attended Your Voice Event and asked the question " What actions and training are provided to all persons involved in the hospitalisation of disabled residents?"</p> <p>Notes / Questions</p> <p>HW asks question posed by individual at Your Voice Event "What actions and training are provided to all persons involved in the hospitalisation of disabled residents?"</p> <p>Provider Response</p> <p><i>ULHT - Many of our patients have a range of disabilities and this is considered across all specialities and services and incorporated into training across most programmes. However we also have some specifics such as with manual handling, health and safety, the advice and input from our physio and occupational therapists, our PLACE inspections look at disability access as do our estates and facilities audits to ensure we meet national disability standards. We consider physical and mental disabilities, we have training in Equality, Diversity & Inclusion and we work closely with our patients groups to consider sensory loss for example. It is a huge subject and whilst we try to ensure we incorporate across all our work we also drive the importance of person centred care and being sure we assess an individuals needs and then do all we can to meet them.</i></p> <p>2. Case 13873 (28-08-2024)</p> <p>Providers: Lincolnshire Integrated Care Services (ICS/ICB)</p> <p>Individual attending Your Voice Event asked the question "Why, as in many other countries, are patients managed by one medical practitioner who is responsible for all aspects of their care and who ensure that treatments and prescribed drugs are complementary rather than focused on one medical condition at a time."</p> <p>Notes / Questions</p> <p>Individual attending Your Voice Event asked the question "Why, as in many other countries, are patients managed by one medical practitioner who is responsible for all aspects of their care and who ensure that treatments and prescribed drugs are complementary rather than focused on one medical condition at a time."</p> <p>Signposting</p>

	<p>1. Case 13792 (02-08-2024)</p> <p>Providers:</p> <p>Individual completed neurological survey. Question asked was what treatment is available for ME/CFS?</p> <p>Notes / Questions</p> <p>Signposted to Healthwatch Information and Signposting team. Information given about what we can and cannot do. Signposted to Lincolnshire ME/CFS service.</p> <p>2. Case 13791 (02-08-2024)</p> <p>Providers: Lincolnshire Integrated Care Services (ICS/ICB)</p> <p>Individual completed neurological survey. Stated that new medication had been delayed.</p> <p>Notes / Questions</p> <p>Signposted to Healthwatch Signposting and Information Team. Provided with information about what HW can and cannot do. To discuss with GP in first instance.</p>
<p>Out of Area x 1</p> <ul style="list-style-type: none"> • 1 x Signposting 	<p>Signposting</p> <p>1. Case 13775 (01-08-2024)</p> <p>Providers:</p> <p>Hello I have tried to send a complaint by email to CAMHS but the email address keeps bouncing could you possibly help. I live DN20. Again thank you</p> <p>Notes / Questions</p> <p>LPFT PALS information given and contact information for Doncaster CAMHS.</p>