

Healthwatch Lincolnshire Patient Experiences for: October 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 October 2024 where 113 comments were raised.

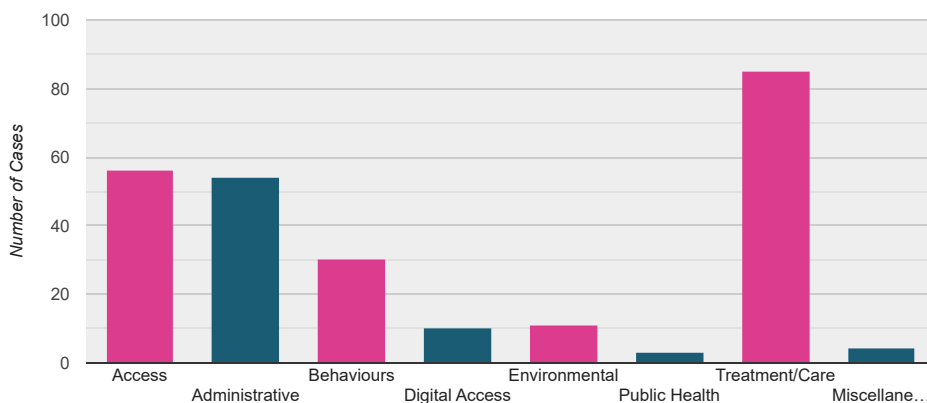
We note that all of these issues are taken at face value and there is sometimes limited detail and context to the feedback, however where a patient or loved one has taken the time to share their views or experiences with us we feel it is important, and indeed we have a duty to share these in the best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

Statistics

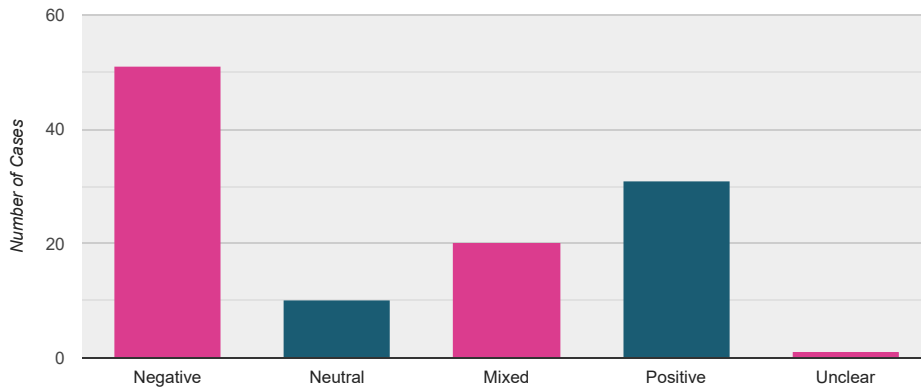
Total cases: 113

Theme Areas



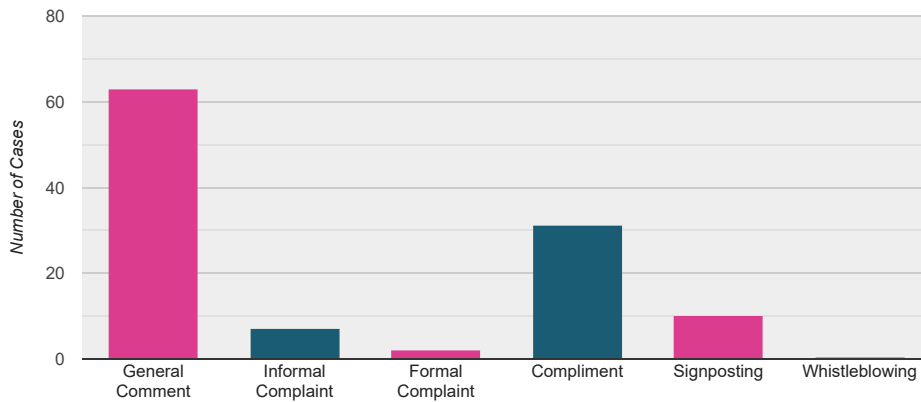
Theme Areas	Cases
Access	56
Administrative	54
Behaviours	30
Digital Access	10
Environmental	11
Public Health	3
Treatment/Care	85
Miscellaneous	4

Sentiments



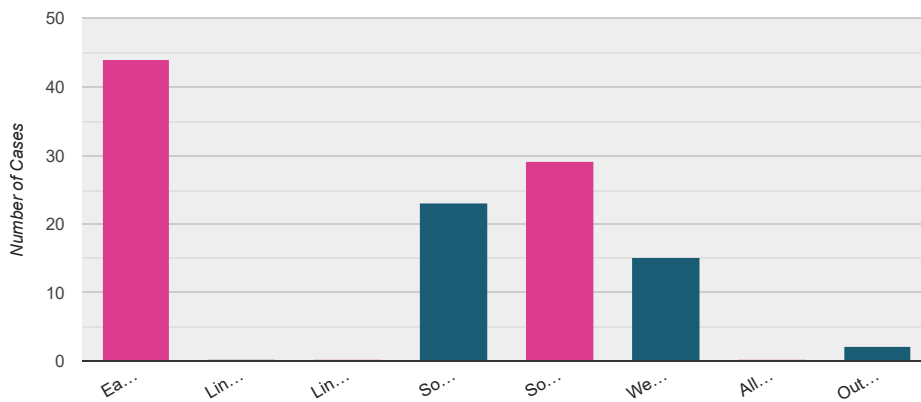
Sentiments	Cases
Negative	51
Neutral	10
Mixed	20
Positive	31
Unclear	1

Case Types



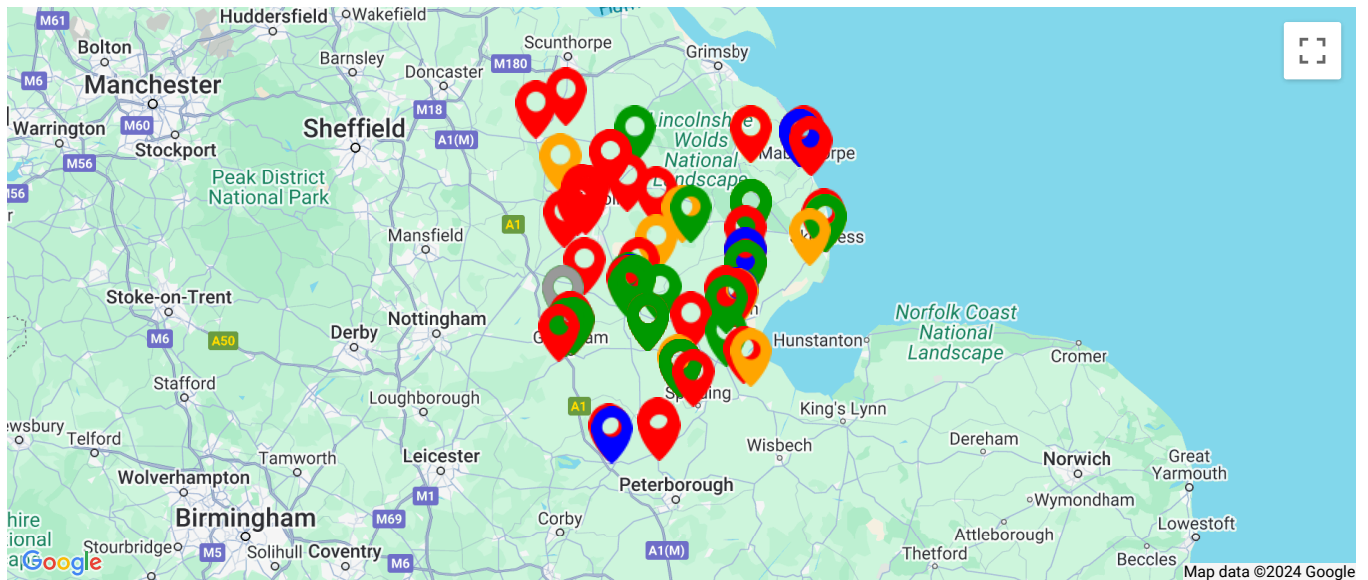
Case Types	Cases
General Comment	63
Informal Complaint	7
Formal Complaint	2
Compliment	31
Signposting	10
Whistleblowing	0

Areas



Areas	Cases
East Locality	44
Lincolnshire CCG	0
Lincolnshire Integrated Care Services (ICS/ICB)	0
South Locality	23
South West Locality	29
West Locality	15
All Areas	0
Out of Area	2

Map



Cases

Community Health Services

Area	Case Details
<p>East Locality x 5</p> <ul style="list-style-type: none"> • 2 x General Comment • 3 x Compliment 	<p>General Comment</p> <p>1. Case 14016 (09-10-2024)</p> <p>PCN: First Coastal</p> <p>Providers: Beacon Medical Practice, Lincolnshire Community Health Services NHS Trust (LCHS), Skegness Hospital</p> <p>I have tried get an appointment at Beacon Medical Practice. I could not get an appointment after trying to for several days, I took myself to the Urgent Treatment Centre (UTC) at Skegness. I had to wait a couple of hours to be seen but the Doctor and Nurse that dealt with me were very professional and caring. I was advised that I needed blood tests, x-rays and maybe a CT scan. These have been arranged with little fuss and I feel that I am being cared for by Professionals. Symptoms have been getting worse over the over the few weeks leading to the UTC visit and I was getting concerned. Hopefully nothing serious but there is a family history of long term conditions such as diabetes, heart failure and epilepsy. So you never know! Very good service at UTC though, so happy that are there. They did not seem impressed with the long delays and lack of GP appointments.</p> <p>Notes / Questions</p> <p>No personal details provided</p> <p>2. Case 14018 (09-10-2024)</p> <p>PCN: Four Counties</p> <p>Providers: Lincolnshire Community Health Services NHS Trust (LCHS), Marisco Medical Practice, Skegness Hospital</p> <p>Unable to get an appointment at Marisco Surgery and having tried numerous times by using app and phoning . I took my elderly parent to Urgent Treatment Centre (UTC) at Skegness. My parent was becoming increasingly unwell and I was getting very concerned about them. We had to wait about 2 hours to be seen and once checked in. However once seen, Doctor said that my parent had a urine infection and needed to be put on antibiotics. These were prescribed and collected from the pharmacy. Within 24 hours we could see the change in them. They seemed themselves again. Course of tablets was for 7 days . They are much better and back to themselves. Service at the UTC was very good. Staff were professional and friendly. Glad we have this service here. Getting into the Surgery is so difficult and this could have been more serious and possible hospital admission if the UTC had not seen them.</p> <p>Notes / Questions</p> <p>No contact details provided</p> <p>Compliment</p>

1. Case 14061 (17-10-2024)

Providers: Community Nursing - Lincolnshire, Lincolnshire Community Health Services NHS Trust (LCHS)

Elderly patient is being seen regularly at The Grace Swan Centre, Spilsby for wound dressings on right foot following an operation to that foot. Staff are lovely, professional. Appointments run on time and the person feels looked after. Easier for patient to get there rather than the the GP Surgery. Appointments are booked in advance with patient so they know when they are. They find it hard in the mornings to get themselves sorted, so they do not book an appointment before 10am which is good for them as they have enough time to get up, wash, and dress and then take their mobility scooter across to the clinic. Has never had to wait more than 5 minutes to be called in to see the Nurse.

Notes / Questions

No contact details provided

2. Case 14021 (09-10-2024)

Providers: Lincolnshire Community Health Services NHS Trust (LCHS), NHS 111 Service

Took a slight tumble a few weeks ago in the Grantham area when visiting and fell and hurt my arm/wrist. I needed to be seen by someone but really did not want to go and sit in A&E for hours. As I was unable to drive and at that point my friend was not driving as had just had an operation, I did not know what to do. Called NHS 111 who advised that I did need to be seen and that I could go to UTC (Urgent Treatment Centre) at Grantham Hospital. I explained my travel predicament . They said they would arrange for a taxi to pick me up and that they would take me to UTC. About 20 minutes later a car arrived and took me to UTC. I was assessed and x-rayed. No bones broken, just a serious sprain. Within 2 hours I was ready to go home. My spouse picked me up from the UTC. A very good service by all involved.

Notes / Questions

No contact details provided.

3. Case 14062 (17-10-2024)

PCN: Solas

Providers:

For Information: Lincolnshire Community Health Services NHS Trust (LCHS), The Spilsby Surgery

Patient explained that they found the Surgery very helpful recently in the care of their elderly parent. Parent had a fall and was experiencing dizziness. They were able to get a same day appointment at the Surgery , patient was seen by one of the Practice Nurses who was lovely. Advised to keep an eye on them over the following 24 hours . If any problems to take them to the Urgent Care Centre (UTC). They did have to go to Boston UTC, 24 hours later, after about a 2 hour wait from triage was x-rayed and on the way home. Slight bruising on side of face. 48 hours after that visit ,the Surgery called to give results. Parent was thought to have a UTI ,no broken bones ! A prescription was sent to the Pharmacy in Spilsby for collection later that day. Within a few days parent was feeling much better.

Notes / Questions

No contact details provided.

<p>South Locality x 1</p> <ul style="list-style-type: none"> • 1 x Compliment 	<p>Compliment</p> <p>1. Case 14057 (17-10-2024)</p> <p>Providers: East Midlands Ambulance Service NHS Trust (EMAS), Lincoln County Hospital, Lincolnshire Community Health Services NHS Trust (LCHS), Pilgrim Hospital, Skegness Hospital</p> <p>My relative who is a very fit and active 86 year old (looks like they are in their 60's !). Slipped while out jogging a month ago. They managed to get home this was about 5 minutes away from where they fell, and rang 999. They were in a lot of pain. Waited about 45 minutes for an ambulance, it was their first job of the shift! They were taken to Pilgrim A&E where they found that they had broken their femur. They were transferred to Lincoln County Hospital and had an operation within 24 hours. All went well and they were up and about out of bed within 24 hours of the operation. The only bed available was on an elderly persons ward which did not help their recovery as they could not sleep. Physiotherapy went well but after a conversation with the Physio, they were transferred to Skegness Hospital to rehabilitate. They stayed for 3 weeks there as they live on their own and needed some support to recover. Treatment from start to finish was very good and they felt that they were looked after. Staff at Skegness were lovely and really supportive in their recovery. Now a month later they are still out and about and loving life again. They would like to thank them all for helping them in their recovery. All staff from 999 call handler, paramedics, A&E, theatre, ward staff were brilliant.</p> <p>Notes / Questions</p> <p>No contact details given</p> <p>Provider Response</p> <p>ULHT - Thank the responder for their feedback and assure them that the information has been passed onto the relevant teams.</p>
<p>South West Locality x 4</p> <ul style="list-style-type: none"> • 1 x General Comment • 3 x Compliment 	<p>General Comment</p> <p>1. Case 14109 (31-10-2024)</p> <p>PCN: K2 Healthcare Sleaford</p> <p>Providers: Billinghay Medical Practice, One You</p> <p>92 year old individual contacted Healthwatch Lincolnshire. Has been to Consultant for assessment for hip replacement because of arthritis. Consultant suggested that they went back to their GP for referral for exercise while waiting for hip replacement. Individual went to GP asked for referral for exercise, GP referred to local provider, Better Gym at Sleaford. When individual went to the gym to see if referral had been made, staff were unable to tell individual if this had been done. They went 3 times. Individual was given a name and telephone number which they contacted but they said this didn't get put through to anyone. Very frustrated as wanting to start these exercises as soon as possible.</p> <p>Notes / Questions</p> <p>Contacted Better Gym provider on individuals behalf with their consent.</p> <p>Healthwatch asks: why is the pathway of referral different for these exercise sessions and difficult to navigate for the patients who are trying to "wait well" for their hip replacements.</p> <p>Compliment</p> <p>1. Case 14055 (17-10-2024)</p> <p>PCN: K2 Healthcare Sleaford</p> <p>Providers: Lincolnshire Community Health Services NHS Trust (LCHS), Sleaford Medical Group</p> <p>Parent of 5 year old normally very active, became very lethargic after a few days of starting school this year. By the Friday they were not very well and parent kept child off school but was worried so tried to get an appointment at GP Surgery. Was given a call back and advised to take the child to A&E. Parent took the child to Urgent Treatment Centre (UTC) at Sleaford Medical Centre and waited about 1 hour to be seen. Child was examined and parents told that the child had a virus. Given information and advised if the child got any worse over the next 24 hours to bring them back. Child stabilised and they were kept off school for the rest of the week. Everyone was very kind to them and the parent felt reassured.</p> <p>Notes / Questions</p> <p>No contact details provided</p>

2. Case 14056 (17-10-2024)

Providers: Lincolnshire Community Health Services NHS Trust (LCHS), Louth County Hospital
Parent of child aged 6, fell and bumped head and felt very sick and dizzy. Parent called NHS 111 and was told to take the child to A&E. Parent had recently downloaded the Waitless App and saw that it was quicker to go to a Urgent Treatment Centre (UTC). Went across to Louth and child was seen within 45 minutes of their arrival, checked over and advised about potential issues (concussion etc). Child was kept off school the following day just in case and was feeling much better by the evening. Parent was very happy with the service and the advice given by staff. Felt very confident in the service. Child has shown no other symptoms and back to their active self within 24 hours. A very good service, thank you.

Notes / Questions

No contact information provided.

3. Case 14049 (16-10-2024)

PCN: K2 Healthcare Sleaford

Providers: One You

For Information: Sleaford Medical Group

I recently was diagnosed with burnout. My GP arranged for a full review of my health including Type 2 Diabetes review. My HBA1 C has been checked and I am awaiting results. I have been signposted to One You for one to one support in managing my health. I have had a referral made for ADHD as GP feels I fit the criteria.

West Locality x 1

- 1 x General Comment

General Comment

1. Case 14011 (07-10-2024)

PCN: APEX

Providers: Lincolnshire Community Health Services NHS Trust (LCHS)

One of the long term effects of radiotherapy and brachytherapy treatment for endometrial cancer is bladder incontinence (and also in my case increased bowel frequency for which I need to take medication) . I saw my consultant gynae-oncologist about this and then the Macmillan Long Term Effects clinic at Nottingham City Hospital referred me to LCHS's Bladder and Bowel service .

Without any prior warning I received a letter from LCHS last Wednesday 25/9 to say they were changing the supplier of incontinence products .

Bladder and Bowel services' decision to change the supplier of continence products from Tena to ID-Direct without consulting users .

Furthermore guidance has not been provided about the equivalency of products in the changeover from Tena to ID-this is difficult to ascertain from the ID website so I have rung ID customer service who were unable to advise and suggested I speak to my continence nurse . If a list of ID equivalents to Tena products had been provided with the notification it would have been really helpful and saved patients from having to contact the new supplier or their nurse . (the notification letter says DO NOT Call US on receipt of this letter ...). Also please remember that not all patients use QR codes and some are not IT literate -the web site or the QR code were the only options for further info.

Notes / Questions

Patient has made contact with LCHS

Provider Response

The service has consulted selected patients by asking them to trial a range of incontinence products before changing provider . (I replied that it would have been helpful if this info had been included in the letter sent to patients).

Response - A member of staff, from the LCHS Bladder & Bowel services has telephoned me this morning and I outlined my complaint

The letter emphasised not to phone LCHS but named person said patients could ring B & B services for more info (I rang the new provider and got through after 3 attempts probably because other Lincolnshire patients were also ringing them) .

Named person was sure I would find the new supplier more efficient and the new products equivalent to Tena .

Named person would pass my comments on about not all patients being IT literate / not using QR codes -particularly the points I made about inclusive communication for patients with disabilities such as sight impairment or dyslexia. In response to a comment named person made about patients having carers / other help to access info for them I would like to add that not all such patients have someone who can access IT for them.

Area	Case Details
<p>East Locality x 22</p> <ul style="list-style-type: none"> • 14 x General Comment • 1 x Informal Complaint • 1 x Formal Complaint • 4 x Compliment • 2 x Signposting 	<p>General Comment</p> <p>1. Case 14016 (09-10-2024)</p> <p>PCN: First Coastal</p> <p>Providers: Beacon Medical Practice, Lincolnshire Community Health Services NHS Trust (LCHS), Skegness Hospital</p> <p>I have tried get an appointment at Beacon Medical Practice. I could not get an appointment after trying to for several days, I took myself to the Urgent Treatment Centre (UTC) at Skegness. I had to wait a couple of hours to be seen but the Doctor and Nurse that dealt with me were very professional and caring. I was advised that I needed blood tests, x-rays and maybe a CT scan. These have been arranged with little fuss and I feel that I am being cared for by Professionals. Symptoms have been getting worse over the over the few weeks leading to the UTC visit and I was getting concerned. Hopefully nothing serious but there is a family history of long term conditions such as diabetes, heart failure and epilepsy. So you never know! Very good service at UTC though, so happy that are there. They did not seem impressed with the long delays and lack of GP appointments.</p> <p>Notes / Questions</p> <p>No personal details provided</p> <p>2. Case 14017 (09-10-2024)</p> <p>PCN: First Coastal</p> <p>Providers: Beacon Medical Practice</p> <p>I have recently been unwell and needed some advice from a Nurse/GP. Not urgent but wanted to be seen for advice and peace of mind. After a number of attempts at using the online app, which closed very quickly or showing no appointments available, I called the surgery and spoke with the receptionist who booked me an appointment for the same day. I saw a lovely Nurse who was concerned about my symptoms and made arrangements for me to have an MRI scan at Boston Hospital. I had this done a few days later on a Saturday morning and needed to go back to GP to get the results. Told to book an appointment approximately 2 weeks after the scan. Everyone has been very helpful. Hopefully I will get an appointment easily again. Very happy with the service.</p> <p>Notes / Questions</p> <p>No contact details provided.</p>

3. Case 14042 (14-10-2024)

PCN: First Coastal

Providers: Beacon Medical Practice, Lincolnshire Partnership NHS Foundation Trust LPFT (Mental Health)

I have been speaking to a quite distressed patient, who rang our services yesterday evening (Sunday), stating they felt suicidal. On contacting them this morning, I asked if they still felt this way, and they said, 'I say it but won't do anything' however I am concerned about the patients welfare, often saying this morning 'lost the will to live'.

Has carers 4 x a day by Walnut Care - who are now giving the patient their medications and it is locked away.

The patient mentioned they lost their spouse - thinks in 2020, has had depression previously, never had treatment, is on depression medication now, but feels it's not working. Has been on a psychiatric ward a number of years ago for 9 weeks, nothing has changed. Has tried bereavement counselling previously, made no difference. Unable to control temper, bursts into tears all the time, has mobility issues.

Healthwatch did try to provide the 24/7 Mental Health helpline number, but they didn't have anything to write with, as in the bedroom and if I sent it via text, were unable to get it. Patient mentioned they had a new phone and that they felt someone was tapping into this. Patient thought they had been referred to Mental Health a while ago, but not heard anything, feels they need a review of medications, anti-depressants not working.

Notes / Questions

At patients request, Healthwatch made contact with LPFT and GP Surgery.

Provider Response

I have checked records and although the patient is not currently open to Lincolnshire Partnership Foundation Trust (LPFT) there has been contact in early October when they attended Boston Accident and Emergency (A&E) for physical health and was referred to Mental Health Liaison Service (MHLS) whilst there. MHLS assessed and advised them to attend their scheduled GP appointment this week to discuss effectiveness of prescribed medication, possible physio for mobility issues.

MHLS are referring them to LTT (Lincolnshire talking therapies) for depression management, Lincolnshire Wellbeing for community support and the patient was aware of and provided with the relevant contact numbers for MH support should they need further.

The patient did say they had received one session of bereavement support and did not attend further, agreeing this may have helped if they had continued. We would advise the patient to discuss further bereavement support via their GP Practice - I have tried to contact the patient with no answer I have asked them to contact the surgery. I have also made an appointment with one of our Mental Health (MH) practitioners, but this is not until the end of October. I will try to ring them again in the meantime.

GP Practice update - I have just spoken with the patient who has agreed, to accept a telephone call back from our GP tomorrow.

GP update - I arranged a telephone appointment for mid November, the GP tried 3 times but there was no reply. (I have changed their mobile number to the new one). This patient will be discussed at our next meeting.

4. Case 14060 (17-10-2024)

PCN: Solas

Providers: Child and Adolescent Mental Health (CAMHS) LPFT, The Spilsby Surgery

Parent of 14 year old child living with anxiety has found the surgery very useful when their child was having meltdowns and getting someone to see their child. Sometimes this has meant a home visit as teenager would not go to the Surgery. Teenager has recently been experiencing bullying at school which has triggered an episode. Teenager has been referred to Holly Lodge at Skegness to be seen by someone. Teenager waiting to be seen by someone in the Childhood Adolescent Mental Health Service(CAMHS) team. Do not know how long they will have to wait and what they might be like. In the meantime teenager is not able to attend school and is finding everything overwhelming. The Practice are doing their best but are not mental health specialists. Teenager is trying to use self help but is finding the situation very difficult themselves and it is a real struggle. Parent is finding the situation very difficult themselves, as they have a younger child with autism.

Notes / Questions

No contact details provided, so unable to signpost.

5. Case 14073 (22-10-2024)

Providers: East Lincolnshire Area Locality, Marisco Medical Practice

Relative spoke about their spouse, has severe back ache, has been on several pain killer medications but nothing seems to be helping.

Notes / Questions

Healthwatch suggested speaking with their GP Surgery to see if pain management referral would be an option

6. Case 14074 (22-10-2024)

Providers: Integrated Care Board Dental

Local resident looking for an NHS dentist, hasn't been able to get on list locally for a number of years.

Notes / Questions

Healthwatch provided information on dental practice in Mablethorpe.

7. Case 14018 (09-10-2024)

PCN: Four Counties

Providers: Lincolnshire Community Health Services NHS Trust (LCHS), Marisco Medical Practice, Skegness Hospital

Unable to get an appointment at Marisco Surgery and having tried numerous times by using app and phoning . I took my elderly parent to Urgent Treatment Centre (UTC) at Skegness. My parent was becoming increasingly unwell and I was getting very concerned about them. We had to wait about 2 hours to be seen and once checked in. However once seen, Doctor said that my parent had a urine infection and needed to be put on antibiotics. These were prescribed and collected from the pharmacy. Within 24 hours we could see the change in them. They seemed themselves again. Course of tablets was for 7 days . They are much better and back to themselves. Service at the UTC was very good. Staff were professional and friendly. Glad we have this service here. Getting into the Surgery is so difficult and this could have been more serious and possible hospital admission if the UTC had not seen them.

Notes / Questions

No contact details provided

8. Case 14065 (18-10-2024)

PCN: Boston

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

Elderly patient contacted Healthwatch and shared their experience of being discharged from Ward 7b at Pilgrim Hospital this week. They are concerned as they feel that they need urgent follow up from the Respiratory Consultant. They were only discharged from hospital with steroids and were told that they were on an end-of-life pathway, multiple respiratory problems and have been in hospital with an infection . They tell me that consultant usually contacts the GP when they have been in hospital and recommends medication and antibiotics.They have said that they have contacted the Consultants Secretary previously and then had a telephone consultation. They feel their condition has been deteriorating and feel too weak at present to do this. On discharge from the Ward, they tell me they have a purple form that has documented things that were not discussed, ongoing plan and resuscitation. They were also discharged without an ongoing plan, they are elderly, vulnerable and do not have family or ongoing support to help them with daily living. I have signposted them today to organisations that may be able to help. I am also going to contact the GP Surgery to ask someone to get in touch.

Notes / Questions

Healthwatch made contact with PALS Pilgrim, Practice Manager at GP. Signposted to Adult Social Care, ACIS Support, Age UK.Healthwatch asks about the knock on effect of care that not providing GP with EDD (Electronic Discharge Document) in a timely manner can cause, particularly with the experience that the patient shared.

Provider Response

PALS response- Thank you for your email, I'm afraid we will need to contact patient directly and gain consent to take this forward. Once I have gained consent and if they are happy, I will escalate their concerns and then come back to you with the outcome.

Practice Manager at GP Surgery response- I am sure you are aware of the GP Collaborative Action. This is a classic case of why we are having to do this.We have not received a discharge letter yet so can not advise on the plan for this patient. Usually the EDD will tell us the plan for follow-up and what medication the patient has been prescribed. The patient has spoken to a GP who advised how to take their new medication even though the hospital should have done this. If the patient had any questions about the hospital prescription they should have spoken to the hospital ward. Without the EDD the GP would be taking the patients word why they have been put on antibiotics etc. and would explain the generic dosage. The dosage should be on the medication issued and the patient should have been issued enough medication for 28 days. If the patient took in their prescribed medication when they were admitted these should have been re-prescribed on discharge. I can see from their records that they obviously were not so we had to do a prescription for all their repeat medication during their GP consultation. More additional work for the GP that should not have been necessary. This is why the EDD's are so important. Without the information we cannot care for the patient appropriately.

9. Case 14104 (30-10-2024)

PCN: First Coastal

Providers: Marisco Medical Practice

Patient in early 2020 experienced stomach problems, pains in the lower stomach area. GP sent patient to Louth Urgent Treatment Centre where they were then sent to Grimsby Hospital A&E, kept in CT scans completed.

July 2020 informed it was a bowel obstruction, where biopsies would need to be taken, gastroscopy completed, then discharged. Consultant informed the patient to phone GP in a weeks time for the results, patient tried several times, but the results had not come back. Once results had come back patient had to go for a second spleen biopsy, did not know why, but was referred to Castle Hill in Hull, and for further investigations to take place.

Mid December 2020 results were of large B cell lymphoma and chemotherapy would be needed, patient expected this to take place after Christmas, but was provided with the treatment a few days prior to Christmas and was pleased that this was the case. Castle Hill were exceptional and kept the patient informed. Spleen was taken out in 2021 and now in remission since 2022. Soon after this patients spouse passed away.

May 2024 - patient felt similar symptoms in the same areas, and felt something was wrong, had an appointment at the surgery with a nurse practitioner who stated it was a kidney infection, antibiotics prescribed, patient knew they would not work as felt it was more than an infection, is on penicillin daily. After 5 days had another appointment with an advanced Nurse practitioner, who stated it could be pain from the hips and an x-ray was requested.

Results showed mild osteoarthritis, ultra sound was then requested to see if it was their appendix, appointment for 2-3 weeks later, then had a CT scan at Pilgrim Hospital, informed to wait a week before contacting surgery, 2 days later a phone call from the surgery, GP needs to see patient urgently, however patient had to cancel the appointment as had COVID, received a phone call. PET Scan and sigmoidoscopy arranged at Castle Hill (Hull), consultant unable to get to where they needed to, so arranging for a bowel scan, which has not come through as yet.

Patient wonders if their surgery look at their medical history of previous cancer and is concerned that it has returned.

Notes / Questions

Patient is going to speak with their McMillan Nurse.

10. Case 14103 (30-10-2024)

PCN: Meridian

Providers: Marsh Medical Practice

Patient has a yearly scan at Pilgrim Hospital and has been to Louth for x-rays arranged by their GP surgery, never get any results, has to make contact themselves to request the results.

Diabetic Nurses are very good. Stage 4 kidney Cancer, anxiety extreme when you are waiting for results, would like it if the surgery made contact once results are in and read, so the pressure is off the patient, as so much is going on. Other than that the surgery have been fantastic and well looked after.

Notes / Questions

Healthwatch asked patient if they have access to NHS APP, informed they did but didn't use it often.

11. Case 14000 (01-10-2024)

PCN: Meridian

Providers: Pilgrim Hospital, Tasburgh Lodge

For Information: Moorfields Eye Hospital - London

Parent has muscular degeneration and is part of the trial under Moorfields Eye Hospital in London. Has been well looked after by the hospital, it has been challenging though getting them down there for the treatment etc, but my employers have helped me to organise transport and allowed me to have time off around my shift pattern. The difficulty we have treatment is needed here in Lincolnshire, and they don't want to pay for or do it. Parent has lived in Lincolnshire for the past 30 years, needed a cataract operation but it was refused in Lincolnshire, Moorfield Hospital insisted that it was done and eventually was completed here. Follow ups that have been done at eye clinic in Pilgrim have been very good. Information via GP surgery not so good, expect parent to use AskMyGP when they can't do this as can't see and they don't have a smart phone or computer either. Feel the surgery are dismissing older/vulnerable people.

Notes / Questions

No patient details provided

12. Case 14005 (02-10-2024)

PCN: Boston

Providers: The Sidings

I would like to ask why when GP's prescribed medication to be taken daily, they will only prescribe for 28 days and then not issue a repeat prescription until after a month has passed.

As my medications are delivered to home, for some tablets I can be without for up to a week. If a month has 31 days, why can't they prescribe for 31 days? Nobody can tell me who made this a policy. To my mind it's the same as making hospital patients do without medications as it's a 28 day month, imagine!!

Notes / Questions

Healthwatch provided Practice Manager information and Prescribing intervals — Guidance for patients by ICB

Provider Response

I contacted The Siding and thought they couldn't confirm origin of policy, they are going to look at aligning meds review dates and arranging for me to have two months meds each time. If I have further problems I will ask to speak to the in house pharmacist, of which the practice has two, as they are the ones who send prescriptions to the chemist, and ask for certain meds early as required.

13. Case 14059 (17-10-2024)

PCN: Solas

Providers: The Spilsby Surgery

Grandparent is the guardian of her 7 year old grandchild who is displaying very demanding behaviour at present. Over the last few months, it has resulted in them being removed from school. They have been to their GP in Spilsby and their answer was to put them on tablets. Grandparent was not really sure about this as they feel that it will also subdue their ways and no one is looking at the real reasons behind all of this. Their parent is very poorly and not able to look after them, as undergoing treatment for breast cancer and not responding well. So Grandparent looking after them on a temporary basis. They have managed to secure a place at a smaller school. This seems to be helping them. They have been there 2 weeks and the SENCO is working to get the child assessed. In the meantime Grandparent is feeling a bit lost.

Notes / Questions

No contact details provided

14. Case 14048 (16-10-2024)

PCN: Solas

Providers: The Surgery Stickney

Following a routine blood test, results were sent through NHS App within 2 days and an email was received. Asked in the email to contact the Surgery to arrange an appointment to discuss results. Appointment made, date only given with no time allocated. Explained that I am in work and depending on what time they rang I might not be able to take the call. Morning was preferred as no meetings booked. Surgery rang through in the morning and unfortunately could not make the call. Message left by surgery to rearrange another appointment. Next available appointment was given for about 2 weeks later. Had a face to face appointment that same day for holiday jab was told that they could not give me or talk to me about the results at that appointment. Don't mind having a call back, but when I queried why they couldn't give me a time slot, the receptionist said that it is not how the system worked. My first DNA for an appointment. Not an efficient system. Should be able to give at least a time block eg between 10am-12 noon.

Informal Complaint

1. Case 14092 (28-10-2024)

Providers: Boots Pharmacy (Boston), Pharmacy

Boots Pharmacy in Boston

My parent has sensory impairment of macular degeneration and we have had a few issues with their medications and collection from Boots. Has always had their medication in blister packs which have made life easier for them as they are not able to read the packets. The last few months they have gone to collect their medications but they have been issued in their original packaging. This causes them real upset, family member does not live locally and family member has had to make a specific trip to sort them out for parent. From the pharmacy parent was told to 'ask a neighbour if they needed them sorted' This is not acceptable, as the family member I was worried about sorting them out in a dispenser I had to purchase for parent so they wouldn't take the wrong tablet at the wrong time or take too many.

My spouse and I did it together to double check, what if we had made a mistake and got the tablets for morning and pm mixed up, very worrying. The pharmacist when I went in said 'they do not get paid to put in blister packs' but surely it is about the safety of my parent and other patients. Parent can stay independent when in the packs and to say to ask a neighbour !! is just not acceptable. The last 2 months have been in blister packs again, which is so much easier and safer for patients with sight loss.

Notes / Questions

No patient information provided

Formal Complaint

1. Case 14045 (15-10-2024)

PCN: East Lindsey

Providers: Lincoln County Hospital

For Information: Woodhall Spa New Surgery

This letter has been a long time coming and has taken a lot of deciding whether to write it or not but following a recent diagnosis I have decided this matter needs addressing.

I am aware there is a timeline for complaints and seeking compensation and as you read this letter you will see this case dates back a long time. However my diagnosis has only just come to my attention and it has been relayed to me that this was as result of the treatment I refer to in this letter. This has made me decide that something needs doing and I may also still be able to seek some justice and help. Perhaps justice is a strong word, but I am fairly sure that you will understand the sentiment as you read on.

So, I will start at the beginning. I do not have all the dates due to the amount of time that has passed and my memory is not what it was thanks to my health and a lot of powerful medication.

In 2011, I was a happy hard-working person working in Lincoln. I was the head service engineer. This all changed very quickly and to be honest the actions of those involved, I feel wrecked my life.

I am sure it was around April of 2011, I presented at Lincoln Accident and Emergency (A&E) with a lot of pain in my neck and weakness in my arms. This was a Saturday or Sunday afternoon. I was quickly diagnosed by a member of the A&E team with having a trapped nerve. This was diagnosed by them pressing a thumb against my neck! Not the most thorough form of diagnosis.

I was still in a lot of pain and needed help. So I arranged an appointment with my GP they also used this seemingly brilliant diagnosis tool! A thumb to my neck. Confirming what the A&E person diagnosed. I was prescribed pain relief and anti-inflammatory medication.

I returned to work although I was still in pain and struggling with my arms. Over the next few months I took time off work, made frequent visits to A&E in agony and to my GP both of which continued to insist it was nothing serious and continued to pump pain relief into me along with anti-inflammatory medication. By this point I was struggling to focus, I was in a lot of pain, my arms were weak, and I was suffering with dizzy spells. I was missing more time off work. I eventually managed to convince my GP to refer me to have an MRI. Six months after I had originally visited A&E I was in the MRI Scanner. After a short wait I got a call at work to tell me the MRI was showing I had a slipped disk and a compressed spinal cord! I was told I needed to stop all work and do nothing that could jolt, impact, twist or jar my neck as I could be paralysed from the neck down. I was collected from work and a letter was given to me to hand to work signing me off immediately pending a neck surgery.

Within a very short time frame I was meeting with a Doctor from the One Health group. I was told I needed surgery to decompress my spinal cord and that this would be happening in a private hospital in Sheffield. All the preparations were made, and I had the surgery successfully in the December of 2011. Sadly, though following the recovery period I continued to have a lot of pain in my neck and arms, and pins and needles in my fingers. I was seen again by the Dr and examined. I also had another MRI which showed the site of the operation. This was confirmed to be a success, and no visible damage was seen.

When I was able, I had physio, but the pain and discomfort including pins and needles did not leave me and I was still being signed off work. Eventually losing my job in June 2012. This was due to my now inability to do the work I was employed to do, and I had not been back to work since the previous November. I had now lost my Job and was still suffering from pain. I had examinations and no plausible explanation for pain I was in. One suggestion was psychological pain. I was even sent for a nerve block injection and nerve conduction study.

I then started to have worsening pain in my neck and back with the worst pains in my neck and lower back which then resulted in more MRI Scans showing yet more bulging discs in my lower spine and nerve block injections in my back. Over the following years I had several referrals to the Lincolnshire pain management team and several different treatments including nerve burning and lignocaine infusions. None of which offered any real relief for any time with the lignocaine infusions be totally unsuccessful. Eventually I was diagnosed with Fibromyalgia. This diagnosis was a tough pill to swallow as I was certain there was more to it and that Fibromyalgia was basically a diagnosis given because all other avenues were exhausted and there was no other explanation for the pain I was in.

For several years I then was left with no choice but to accept my fate and diagnosis. I was still in a great deal of pain and my body felt like it was failing me. I was gaining weight, lost my job, lost a lot of my independence. I was unable to drive for almost a year due to the amount of pain I was in. I was back and forth to the Doctor and A&E in increased pain. I had several different medications, and none seemed to be working. I was suffering with depression and feeling very useless as I could not provide for my family. I was put on anti-depressants and sent for counselling sessions.

Still, I was sure there was something more that was wrong. Every time I attended the Dr, or A&E I was told the same thing. *"You have a chronic pain condition you are on strong medication. You have to take the good days with the bad and try to adapt!"*

I had gone from a physically very active 16st person with good fitness and a very active lifestyle, to a physically broken 20st person with chronic pain and inability to do any of the things I used to do or would like to do. I used to do marathons, kayaking, hiking, hill walking and a lot of other fun activities.

I had basically lost everything I loved doing. Eventually moving away from Lincoln to the village of Bardney to get away from everything I had before and to try get my life sorted out. I was now registered at a different surgery, who took over my care and prescribed medication. I was still in a great deal of pain and now registered disabled and claiming PIP. Still depressed and feeling very low about myself and the inability to work to provide. I was spending more and more time in bed as I was not able to manage the pain and get up. Or spending days laid on the sofa struggling by. Depression and anxiety at its maximum. I had several more visits and discharges from pain clinic, talking therapy, online counselling and physiotherapy.

Fast forward to 2023 I was suffering new pain in my neck and severe weakness and pain in my left arm, my mobility had declined, and I was having more pain in my legs and lower back. I knew that very little could be done for the lower back as it was due to bulging disks, and a surgical intervention was not likely as there were too many risks involved. I was having concerns that I had been on strong pain meds for a long time and feeling very little benefit. But had been told by the doctors repeatedly I was on the max they could give me and there was nothing else I could have.

I went to see the GP who looked back over my history, scans, appointments, treatments and diagnosis. Then said the one thing that blew my world apart. The one thing I had been trying to say to doctors and surgeons for years that has always been denied. "The diagnosis of Fibromyalgia to explain all of my pain is not totally accurate. It applies to my lower back only and not my neck! The neck pain is nerve damage!"

I had been trying to say for a long time that given that I was left waiting 6 months for a real examination and diagnosis for a slipped disk it must have caused some damage. The disk was compressing my spinal cord for a long time. This had always been played down and denied. But now a GP was sat in-front of me telling me that the neck issues was in fact caused by nerve damage, and that the fibromyalgia was applied only to my lower back issue, although would cause pain in a much wider area. But the pains in my neck were nerve pain stemming from nerve damage. The GP arranged a new MRI to be done of my neck as my pain and physical condition had gotten worse. This MRI was conducted in December 2023 and showed that I had a narrow nerve canal, bone spurs and arthritis. I was being referred to Lincoln MSK. By this point my condition had caused the breakdown of my marriage.

MSK saw me and initially sent me for physio as they felt the issue could be resolved. Although again I was not happy and felt that I was being ignored. The clinician was not listening to me and only focused on my pins and needles which I had explained had been there since 2011. Several physio sessions later I was discharged in pain and no relief and referred me to the to MSK. I had another MRI in July 2024 after another visit to A&E due to being in excruciating pain and was then seen by another Consultant who told me that the nerve canal to my left arm was compromised and that I needed to see a surgeon who may suggest injections or surgery. I went to see the surgeon in Boston in September 2024 and was shocked to be told they could make no sense of the notes they had as they suggested I had entire arm pain, and they were expecting a slipped disk until they examined the MRI Scans.

When I saw them, I had to start from the beginning and explain for the millionth time that the issue was severe neck pain and upper arm pains. They went over the MRI with me and explained that the narrowed nerve canal and bone spurs were there but posed no significant risk and should no be causing the extreme pain I was in. Went onto explain that the pain I was in was in fact as a result of my delayed back surgery explaining that although the surgery had been successful my recovery had not and my body continued to experience the pain I had previously been in. There was no surgical procedure that could help me. The only thing that could help me was pain management and facet joint injections.

I had to explain that Lincolnshire pain management service now only offer a therapeutical services which I had already tried. Their approach now is to look to reduce dependency on medication and also offer an online talking therapy service where you are encouraged to manage your expectations and think your pain away with meditation. As you might imagine this ludicrous way to manage pain was unsuccessful and did not work for me. Lincolnshire Pain management is not offering facet joint injections and would not fund treatment out of the county either.

This now leaves me in pain with the only treatment that was suggested to me by a surgeon not available. This treatment would be something that I need long term as they are a short relief only treatment. I then find out that facet joint infusions are now not often offered for anything other than back pain and is not used commonly for neck pain due to a lack of evidence that they are effective. I am now left in a situation in early 40s, in constant often unbearable pain, taking a host of medication that I am told I can not have changed because I am on maximum doses. Unable to work, unable to do all the things I once enjoyed and depressed.

I feel that the initial doctors when I first approached A&E who examined me with the press the thumb into my neck process, did not undertake a thorough assessment of my condition and missed the opportunity to diagnose and treat quickly my compressed spine. It has taken me 13 years + to get a formal answer as to why I am now permanently in pain. I have been to various services over this time and there has always been countless swerves and dodges by Doctors telling me it was fibromyalgia and to just get on with it. I strongly feel that this has now identified fault with the that first team in A&E who missed the diagnosis of a compressed spine, delaying my treatment and now leaving me

with permanent pain. You will notice that I have made a complaint previously about my care, however I wish to pursue again with this new information. I feel my life has been stolen away, it has impacted every aspect of life and also ultimately caused the breakdown of my marriage. I am now virtually homeless and living in a caravan as I can not find or afford better accommodation.

As I am sure you can understand that this has had a severe impact on my life, I appreciate that time has passed and I am out of time to raise a complaint or approach legal support in making a claim for compensation but I would appreciate a response to my concerns based on the new information that has come to light.

Notes / Questions

Healthwatch provided Complaints and PHSO information

Provider Response

Patient consented for Healthwatch to send on their behalf to the complaints team in ULHT
ULHT - It is hoped the author has received a satisfactory outcome via Complaints and PHSO information.

Compliment

1. Case 14098 (29-10-2024)

PCN: Boston

Providers: Greyfriars Surgery, Lincolnshire Community Health Services NHS Trust (LCHS), Pilgrim Hospital

I suffered a fall in my garden early in the summer and after a few days of discomfort, and a number of painkillers I contacted my GP surgery to talk to someone. I was advised to go and get an x-ray. As I work in Spalding I went to the x-ray department at Johnsons Hospital. Within 45 minutes I had been seen and advised to contact my GP within 7 days.

GP made contact with me, within 3 days after the x-ray and referred me to have an MRI scan. I had an appointment the following week on a Sunday morning, which was great as I didn't need to take time off work. Parking at Pilgrim much better to find somewhere, staff at hospital were lovely. Being first in, it was very quiet. I have had my results back approximately 14 days after the scan and GP has booked an appointment for a face to face consultation this week, to discuss results.

Fabulous services all round.

Provider Response

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

2. Case 14064 (17-10-2024)

Providers: Lincoln Co-op Chemists Ltd (Spilsby), Pharmacy

Patient has been using the pharmacy services in Spilsby for a number of years to collect prescriptions for themselves and their elderly parents. The service is very good. There has been a few issues with some of the medicines not being available in the last few months for her parents. The Pharmacy have phoned them in advance when there has been a problem to advise them. On the second time they had the choice to wait an extra day or two to collect prescriptions by which time they had received the medications as required. This did not cause any major issues for them as they had enough to tide them over. They were very concerned for those patients who might have to make more than one journey to get their medication. The Pharmacy Staff are always very helpful.

Notes / Questions

No contact details provided.

3. Case 14062 (17-10-2024)

PCN: Solas

Providers:

For Information: Lincolnshire Community Health Services NHS Trust (LCHS), The Spilsby Surgery

Patient explained that they found the Surgery very helpful recently in the care of their elderly parent. Parent had a fall and was experiencing dizziness. They were able to get a same day appointment at the Surgery, patient was seen by one of the Practice Nurses who was lovely. Advised to keep an eye on them over the following 24 hours. If any problems to take them to the Urgent Care Centre (UTC). They did have to go to Boston UTC, 24 hours later, after about a 2 hour wait from triage was x-rayed and on the way home. Slight bruising on side of face. 48 hours after that visit, the Surgery called to give results. Parent was thought to have a UTI, no broken bones! A prescription was sent to the Pharmacy in Spilsby for collection later that day. Within a few days parent was feeling much better.

Notes / Questions

No contact details provided.

4. Case 14094 (28-10-2024)

PCN: Solas

Providers: The Surgery Stickney

Following a recent blood test (routine) I was contacted by the surgery, via text/NHS APP/email to make contact to discuss the results. A call back was arranged and telephone consultation was with one of the practice nurses. They went through the results with me addressing any concerns and made me aware of one particular area of concern.

A discussion was had of options and how I could make changes to my lifestyle eg activity levels; nutrition; sleep patterns that could make a difference.

This call was followed up with a couple of useful links to trusted online resources for me to look at.

A 3 monthly check up and repeat blood test would be done. If any questions I have the option of contacting the surgery beforehand.

Signposting

1. Case 14039 (14-10-2024)

Providers: Integrated Care Board Dental

Patient has been advised to make contact with Healthwatch via Add-Action worker in looking for an NHS Dentist in the Boston area. Patient is 25 weeks pregnant, has learning difficulties and has a few holes in their teeth, some pain and hasn't seen a Dentist for over 4 years.

Patient asked what else we do, on explaining, the patient would like some information on support groups in the area.

Notes / Questions

Healthwatch provided options in the area of possibly taking on new NHS patients, also an emergency NHS Dentist should this not be the case for pain, Contact to Support information provided and NHS 111

2. Case 14044 (15-10-2024)

PCN: Solas

Providers: The Surgery Stickney

I spoke to someone last week re scheduling a midwife apt. I've registered with Stickney surgery and scheduled a midwife session. Could someone call me as I need to discuss concerns raised by my GP

Notes / Questions

Healthwatch contacted the patient back and suggested they speak with their surgery

Provider Response

I have contacted the surgery and booked an appointment.

South Locality x 13

- 6 x General Comment
- 1 x Informal Complaint
- 5 x Compliment
- 1 x Signposting

General Comment

1. Case 14028 (10-10-2024)

PCN: South Lincolnshire Rural

Providers:

For Information: Gosberton Medical Centre

Patient wanted to share that Gosberton medical centre was excellent.

Notes / Questions

No contact details provided.

2. Case 14029 (10-10-2024)

PCN: South Lincolnshire Rural

Providers: Gosberton Medical Centre

Foster carer shared negative experience that they had at Gosberton Surgery. Foster carer had foster child who had a skin allergy which needed referral and treatment. Important to document on foster records all medical issues and treatment Tried to get face to face appointment , felt was not listened to, could not get treatment. Reported this to IRO (Senior Social Worker with Fostering and Adoption Team) who rang the Practice then they got a face to face appointment and correct referrals and treatment.

Notes / Questions

Signposted to Practice Manager in first instance if any further problems.

3. Case 14108 (31-10-2024)

PCN: Four Counties

Providers: Lakeside Healthcare Stamford (St Mary's and Sheepmarket), Lincolnshire Integrated Care Services (ICS/ICB)

Lakeside health care. Each week I receive a weekly repeat prescription for my oral morphine & diazepam, which generally lasts me a week. I'm not allowed to order it for myself as the GP Practice stated I was over dosing, which I can assure you that I don't! So the Doctors did it so it would be a roll on prescription each week! Every week I email then to remind them about it, as several times it has been missed and it has been a nightmare to get! My relative generally picks it up for me and each week it becomes a battle to get it, as I do rely on it, due to having scoliosis, fibromyalgia and osteoarthritis and I'm in chronic pain on a daily basis! Yesterday my prescription was due, I sent several emails and three telephone calls to the prescription line and was still not getting any replies or any help! Basically it was waiting for the Doctor to sign it off. I waited all day, my relative went down to lakeside several times it was finally sorted at 5.50pm, so all day I was without any pain relief and in a lot of pain, also this chronic pain is now affecting my mental health. I also suffer with bad anxiety & depression, so yesterday for me was a nightmare as I didn't think I was going to receive it and would have had to go a day and night without any pain relief, the oral morphine and diazepam are the only medication that helps me, it doesn't take the whole pain away, it takes the edge off and helps me to cope a little better.

Notes / Questions

Signposted to Practice Manager in the first instance. Contact information given for Lincolnshire Integrated Care Board (LICB) feedback and complaints Department.

4. Case 14014 (08-10-2024)

PCN: Spalding

Providers: Lincolnshire Partnership NHS Foundation Trust LPFT (Mental Health), Munro Medical Centre

I was diagnosed with Bipolar in 2022 and I have always had a good network of support around me, however I am currently on the receiving end of a communication breakdown between the hospital and my GP surgery. One year ago, I was discharged from the community mental health team at Johnson Hospital in Spalding, as I was stable on my medication. I have since been told by a mental health nurse at Munro Medical Centre (Spalding) that my medication is toxic and I should stop taking them. I do not fully understand their reasoning behind this. I have been off my medication for 4 months and feel as though I am waiting for a fallout. My anxiety has increased due to this, as I felt stable on medication - the "not knowing" of being off it has proven incredibly difficult for me. I have attempted to contact the hospital for an appointment, however they have told me that they will not see me unless my GP refers me to them. My GP is refusing to refer me to the hospital, because from their perspective, I am stable enough. I have previously been labelled as psychotic and the thought of returning to this is scary. I felt as though I was stable and enjoying my life whilst on medication, I do not fully understand the reasoning behind that being taken away from me and the decision and lack of communication is detrimental to my overall wellbeing.

Notes / Questions

Healthwatch provided PALs information

5. Case 14007 (07-10-2024)

PCN: South Lincolnshire Rural

Providers: The Deepings Practice

I have been speaking with a vulnerable patient this morning who is quite anxious that they have been unable to get an appointment. The patient has received a letter from Peterborough Hospital, infection control department, a couple of weeks ago to say that during their hospital stay in March they may have been in contact with a patient who had TB and to look out for symptoms, if showing symptoms to contact GP Surgery.

Patient is experiencing night sweats, painful glands and tiredness, although has other conditions so unsure if this is related or not. Has been in contact with the surgery, who stated they had not received a copy of the letter, so the patient provided a copy of theirs. On contacting surgery, patient informed to contact NHS 111, which they did and was told to go to the UTC, UTC stated that they were unable to do anything and that it should be the GP surgery. Patient commented that it was a waste of time and money to go there.

Patient doesn't go out in case they have it, is waiting for an operation and this cannot take place if there is any doubt that TB may be present. Should have been on an assessment course last week, which they have been waiting for over a year, but was unable to attend as they mentioned TB. Attends Addenbrookes fortnightly, which should be this Wednesday for infusion, but will be unable to attend this due to the query TB.

Patient would like to be tested to see if they have this, needs some verification and feels they have a responsibility to others to get tested.

Patient has just contacted me back to say they have received a text message from the surgery to have a sputum test, however the patient was advised by the UTC to have either a blood test or skin test, is this possible at all? I am not clinical therefore I cannot comment if this is doable.

Notes / Questions

Patient request for Healthwatch to make contact with the surgery.

Provider Response

Patient has now spoken with the Dr, referring to official department for infectious diseases arranging for blood tests/skin test which will be at a department outside of the surgery. Also Dr going to do a full blood test within the surgery.

6. Case 14096 (29-10-2024)

Providers: The Deepings Practice

Urgent Eye Clinic - Specsavers Peterborough
And Deepings Practice re dispensing

My husband had an eye infection. We used the Urgent Eye Clinic and achieved a same day apmt. However we had to pay because our GP was in Lincs even tho we live in Cambs and the service provider was in Cambs. We took the address from the Urgent Eye Care service website which did not mention having to pay. Also the online list was out of date, the first place we called had withdrawn from the service. The service provider did not dispense the medication, we then had to negotiate with the surgery pharmacy who also refused to dispense the medication prescribed in writing without a GP sign off. Consequently we waited 2 days for medication only to find out after we could have purchased over the counter.

Notes / Questions

No patient information provided

Informal Complaint

1. Case 14089 (28-10-2024)

PCN: South Lincolnshire Rural

Providers: Holbeach Medical Centre

For some time I have had a breathing problem which has got gradually worse. I contacted the surgery to make an appointment to see a GP. I was given a call back, spoke to a GP on the phone who said 'they would organise an x-ray, I would get a letter for this in the post'. After 2 weeks I had not had a letter so I made contact with the surgery, who then told me I could just go to x-ray.

X-ray showed clear but enlarged heart, was referred for echo (still not actually seen a GP). After echocardiogram received a missed call from the doctors, before I rang back I consulted my NHS APP and saw the echo report. I rang the surgery and the receptionist told me the scan was normal, where I mentioned I had seen the report and did not consider some of the elements on the report as normal, (ie; chamber not filling and emptying properly) and I would like to speak with a GP. Was told to ring back the following day to allow them to speak with a GP. GP did call me back and said they would need to refer to respiratory and ask for cardiology advice. GP then said you have cervical spondylitis and that could affect breathing. All still ongoing.

Compliment

1. Case 14024 (10-10-2024)

PCN: South Lincolnshire Rural

Providers: Community Volunteer Car Service, Gosberton Medical Centre, Grantham + District Hospital

Patient wanted to give positive feedback about Gosberton Surgery and in particular one of the GP's there who had gone above and beyond, as had rang them at 8pm with results of tests. Reception staff at practice were also very good.

Wanted to give positive feedback about the Community Volunteer Car Service that they use on a regular basis and is excellent.

That they also had gone to Grantham Hospital for a routine procedure and had a heart attack on the table. That staff had delivered this shocking news very well and they were reassured that care was good.

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 14026 (10-10-2024)

PCN: South Lincolnshire Rural

Providers: Gosberton Medical Centre

Patient wanted to express that received excellent care and service at Gosberton Surgery.

Notes / Questions

No contact details provided.

3. Case 14027 (10-10-2024)

PCN: South Lincolnshire Rural

Providers: Gosberton Medical Centre

Patient wanted to express that Gosberton Surgery was excellent

Notes / Questions

No contact details provided.

4. Case 14031 (10-10-2024)

Providers: Knight Street Pharmacy, Pharmacy

Patient shared that used to go to GP for ear syringing twice a year as it makes their hearing loss worse. They have to pay £40/£60, this is frustrating, but they are able to pay. They think that this service is brilliant, more up to date equipment used, and more comfortable.

Notes / Questions

No personal details provided.

5. Case 14085 (28-10-2024)

PCN: South Lincolnshire Rural

Providers: The Surgery Sutterton

The surgery has undergone radical change over the last 8 months. Two new Doctors, staff sickness, new systems and staff changes both starting and leaving. Big upheavals all round.

I have found that the majority of staff have been very polite, helpful and although under great stress, have been professional at all times. Nobody likes change, but they have all taken it onboard and try their hardest for the patients and colleagues.

Well done Sutterton Surgery.

Signposting

1. Case 14099 (30-10-2024)

PCN: Four Counties

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

I'm writing to ask for the practise Managers name and email address for lakeside healthcare Stamford.

Notes / Questions

Healthwatch provided Management Team and generic email information

South West Locality x 18

- 6 x General Comment
- 10 x Compliment

General Comment

- 2 x Signposting

1. Case 14109 (31-10-2024)

PCN: K2 Healthcare Sleaford

Providers: Billingham Medical Practice, One You

92 year old individual contacted Healthwatch Lincolnshire. Has been to Consultant for assessment for hip replacement because of arthritis. Consultant suggested that they went back to their GP for referral for exercise while waiting for hip replacement. Individual went to GP asked for referral for exercise, GP referred to local provider, Better Gym at Sleaford. When individual went to the gym to see if referral had been made, staff were unable to tell individual if this had been done. They went 3 times. Individual was given a name and telephone number which they contacted but they said this didn't get put through to anyone. Very frustrated as wanting to start these exercises as soon as possible.

Notes / Questions

Contacted Better Gym provider on individuals behalf with their consent.

Healthwatch asks: why is the pathway of referral different for these exercise sessions and difficult to navigate for the patients who are trying to "wait well" for their hip replacements.

2. Case 14110 (31-10-2024)

PCN: K2 Healthcare Sleaford

Providers: Lincoln County Hospital, Ruskington Medical Practice

Patient made contact following being given Healthwatch Lincolnshire card by a friend at choir they attend. They have had Multiple Sclerosis (MS) for the last 24 years. This condition is now deteriorating and recently they have had falls when they are not able to get up. They have also had spinal surgery which has limited their mobility. They live alone having a grown up child who lives away. They had to call an ambulance last time they fell. They were admitted to Accident and Emergency (A&E) at Lincoln County. They did not like this experience and did not want to go but followed the advice of the Ambulance Crew. They also take tegretol medication for trigeminal neuralgia which they did tell the medical staff about. At this admission they were found to have a chest infection and prescribed amoxicillin. They took this medication when they got home and woke up with terrible pain unable to move. They have subsequently found out that taking tegretol and amoxicillin is contraindicated. They are surprised that medical staff that prescribed the medication were unaware of this. They do see a Neurologist at Lincoln County and have an appointment in December, but feel that this Neurologist is not an expert in MS, but will tell them about their condition getting worse as they now feel that they will need medication. Is registered at Ruskington Medical Centre but does find it difficult to get an appointment and is not "tech savvy". Thinks that GP Practice has recently referred them back to Occupational Therapy for home assessment. Feel like they now need further help and support.

Notes / Questions

Signposted to Practice Manager at GP Surgery. Adult Social Care, Age UK. Patient gave consent for Healthwatch Lincolnshire to contact the Neighbourhood and Community Care Coordinator for Ruskington Practice.

Provider Response

ULHT - It is hoped the author with the assistance of Healthwatch has received a satisfactory outcome.

3. Case 14040 (14-10-2024)

PCN: K2 Healthcare Sleaford

Providers: Lincolnshire Integrated Care Services (ICS/ICB)

I am a patient and PPG member of Ancaster & Caythorpe surgery. They, along with the other GP practices in the SW area, have handed back their contract for Treatment Room services for their patients, as they are no longer able to afford to do this (payments have not increased commensurate with rising costs all round) 6 months notice was given to the ICB. The day before end of contract the ICB informed the Practice that this service would now be done at Grantham Health clinic, and all patients in the SW area would have to travel there, eg stitch removal, post-op dressings: patients in Stamford and Billingham areas would have to travel miles. No impact assessment done on DN teams who will have to provide this service at short notice, no assessment whether SPA will manage large increase in referral numbers, and no consideration about the patients having to travel these long distances. Some elderly may be without cars, and unable to access this service, so this will mean inequity in service provision.

Notes / Questions

Healthwatch asked if they had written to the ICB.

Provider Response

Patient - Our concern is over the effects this has on patients and their ability to access the new location, and knock on effect to other services.

ICB - Thank you for your enquiry regarding the Treatment Room services.

The K2 PCN GP practices (a total of 16), in Grantham and Sleaford areas, had previously given notice to terminate their contracts for the Treatment Room enhanced service. As a result, the ICB was working with K2 to review that service and others to ensure there was a sustainable model going forward. In recognition of the underfunding for treatment room at the time a 20% uplift in the payment tariff was awarded and back dated to October 2023/24 whilst this work was underway.

Due to [collective action by GPs](#), the K2 Practices decided to reinstate their notices with the one month remaining period. The ICB had to rapidly find another provider to ensure patients were not left without care. A provider was identified as our Community Nursing Provider, Lincolnshire Community Health Service (LCHS) who already provided this service for some practices in other areas of the County. LCHS were fully engaged and supportive in providing a solution for clinical delivery and referral management via the Single Point of Access (SPA). Finding suitable clinical estate to deliver the service from was also a challenge and this is why the information on the new service was late in being communicated out to patients. Staff also needed to be sourced for the clinics.

The interim service has now been commissioned with Lincolnshire Community Health Services (LCHS) and is being provided at Grantham Health Clinic. This service has been commissioned to maintain the same level of activity previously provided by the GP practices that gave notice. Moving forward, the ICB continues to work with LCHS and other system partners on identifying other estate options for clinics to be available in the Sleaford area, this work is ongoing. At present, the K2 PCN practices can only access Treatment Room services at Grantham Health Centre unless alternative arrangements are in place. The ICB is aware that a small number of patients may continue to access services at their GP practice.

Additionally, the ICB has initiated a comprehensive review of the enhanced services. All providers currently holding these contracts have been informed and will be involved in the review process.

4. Case 14047 (16-10-2024)

Providers: Lincolnshire Integrated Care Services (ICS/ICB)

I had an appointment for the regular smear test at my GP surgery. It was sent to me in letter form giving me a date which happened to be on a Saturday. I went along to the Surgery for my appointment only to find it closed. There was a sign on the main door saying out of hours appointments, go to the rear doors. I did but everywhere was locked up. I walked around the building, no where open at all. On calling the Surgery on the following Monday. I was told that smear tests on a weekend were actually held at a different Surgery in town. This information was not in my appointment letter. So I wasted time on a Saturday morning for nothing. Very poor communication !

Notes / Questions

Signposted in the first instance to the Practice Manager to highlight this poor communication. LICB feedback contact details given. Healthwatch Lincolnshire contact details given and link to website.

5. Case 14088 (28-10-2024)

PCN: K2 Healthcare Sleaford

Providers: Lincolnshire Integrated Care Services (ICS/ICB)

Often poor patient experience of gaps between services, presenting non joined-up services, whether between healthcare sectors (primary; community; secondary; mental health and social care) between providers or between services within an organisation.

Whilst staff can be experts in their own field and have experience and knowledge of their own service, they do not experience the patient journey and all its pitfalls across services and organisations, often resulting in poor communications, lack of information, inability to act on the patients behalf and poor outcomes. Service gaps and poor patient experience and how to improve joined up services are a major challenge for providing integrated care. Do not look at the whole picture, holsitic approach.

6. Case 14034 (10-10-2024)

PCN: K2 Healthcare Sleaford

Providers: Ruskington Medical Practice

Individual attended Advice Hub at Ruskington Methodist Church with some mild learning disabilities. Signposted and advised about NHS app needed refreshing as had not used for 2 years. Wanting to make appointment on NHS App for GP would be unable to do this. Advised needed to go into Practice and sign up for Surgery online App system then would be able to make appointments online, going to Practice anyway to make appointment for flu jab.

Notes / Questions

Signposted to GP Practice so that can gain access to online system

Compliment

1. Case 14051 (17-10-2024)

PCN: K2 Healthcare Sleaford

Providers:

For Information: Caythorpe and Ancaster Surgery

Nothing to complain about at this Practice.

Notes / Questions

No contact details provided.

2. Case 14055 (17-10-2024)

PCN: K2 Healthcare Sleaford

Providers: Lincolnshire Community Health Services NHS Trust (LCHS), Sleaford Medical Group

Parent of 5 year old normally very active, became very lethargic after a few days of starting school this year. By the Friday they were not very well and parent kept child off school but was worried so tried to get an appointment at GP Surgery. Was given a call back and advised to take the child to A&E. Parent took the child to Urgent Treatment Centre (UTC) at Sleaford Medical Centre and waited about 1 hour to be seen. Child was examined and parents told that the child had a virus. Given information and advised if the child got any worse over the next 24 hours to bring them back. Child stabilised and they were kept off school for the rest of the week. Everyone was very kind to them and the parent felt reassured.

Notes / Questions

No contact details provided

3. Case 14087 (28-10-2024)

PCN: K2 Healthcare Sleaford

Providers: Millview Medical Centre

Respiratory

Initially I had an appointment with a nurse, they couldn't answer my questions but did refer me to a specialist respiratory nurse. The respiratory nurse was both knowledgeable and sympathetic, organised a change of inhaler regime and asked that I see a GP within 3 weeks, which the appointment is for tomorrow.

All this was triggered after suffering a pneumothorax and robotic bullectomy operation in February this year.

4. Case 14049 (16-10-2024)

PCN: K2 Healthcare Sleaford

Providers: One You

For Information: Sleaford Medical Group

I recently was diagnosed with burnout. My GP arranged for a full review of my health including Type 2 Diabetes review. My HBA1 C has been checked and I am awaiting results. I have been signposted to One You for one to one support in managing my health. I have had a referral made for ADHD as GP feels I fit the criteria.

5. Case 14033 (10-10-2024)

PCN: K2 Healthcare Sleaford

Providers: Ruskington Medical Practice

Went to GP surgery for routine blood pressure check. Nurse checked blood pressure and it was high, Nurse asked how they had travelled to Surgery. Patient had got a taxi which they had to pay £8 for. Nurse then came to check blood pressure at home, now seen at home. Wanted to share the good experience of this Community care from Ruskington Surgery.

Notes / Questions

No contact details provided

6. Case 14035 (10-10-2024)

PCN: K2 Healthcare Sleaford

Providers: Ruskington Medical Practice

Patient shared that gets good service at the GP surgery. Rings for repeat prescriptions and then collects them from Surgery, this is usually done on the same day.

Notes / Questions

No contact details provided.

7. Case 14001 (01-10-2024)

PCN: K2 Healthcare Sleaford

Providers: Sleaford Medical Group

Minor ailment healed by Paramedic worker, good manner, but patient felt they were slightly unsure of their capabilities for the patients condition. However medication provided and recovered.

Notes / Questions

No patient details provided

8. Case 14002 (01-10-2024)

PCN: K2 Healthcare Sleaford

Providers: Sleaford Medical Group

Feel fully supported, great service when I need it. Been able to get an appointment in a reasonable time, was listened to and provided with advice and what was best for me in being referred on for further support, ie physiotherapy.

Notes / Questions

No patient details provided.

9. Case 14082 (28-10-2024)

PCN: K2 Healthcare Sleaford

Providers: Sleaford Medical Group

AskMyGP online services

I asked my GP to pause my medication to allow me to get on a medical trial/medical research with a private American company for PTSD. This was done without issues as I had an appointment to see my specialist and they were ok for this to be done. Dr at Spalding Hospital and my GP worked with me and with each other excellently, so it was a very smooth process, which is a great improvement in NHS services in Lincolnshire.

10. Case 14052 (17-10-2024)

PCN: K2 Healthcare Grantham and Rural

Providers: Swingbridge Surgery

Fantastic facilities. Having moved to Grantham recently, they have been fantastic from day 1. They have taken a look at all my existing ailments and adjusted my medication accordingly. I have also never had a problem getting an appointment

Signposting

1. Case 14041 (14-10-2024)

PCN: K2 Healthcare Grantham and Rural

Providers: Integrated Care Board Dental

I am in desperate need for a dentist and cannot afford to go private, I really need an NHS dentist. Please can you help me find one? My mouth is disgusting and painful, I have only 14 teeth left, of which 12 of them are black and rotten or broken. Please can you help me

Notes / Questions

Healthwatch provided information on an NHS Dentist in Newark, provided NHS Choices website and NHS 111.

Provider Response

Brilliant thanks very much, I'll give them a call now

2. Case 14095 (29-10-2024)

Providers: Integrated Care Board Dental

Patient looking for an NHS Dentist in the Sleaford area.

Notes / Questions

Healthwatch provided NHS choices and some options close by.

West Locality x 8

- 7 x General Comment
- 1 x Compliment

General Comment

1. Case 14009 (07-10-2024)

PCN: Trent

Providers: Caskgate Street Surgery

I am trying to support a friend in securing the care they need for what could potentially be serious. It's already quite serious and they are exhausted. I'm trying to navigate them to seeking their bloods being monitored to access and monitor a liver injury.

How do they complain about their treatment at Caskgate street Surgery Gainsborough. Is it the IBC? Because the practice is in some sort of special measures?

If they want a second opinion do they need to call and ask Caskgate Street to have an appointment in the 6-8pm Cleveland Street surgery?

Notes / Questions

Healthwatch provided Practice Manager and ICB information.

No patient details provided.

Provider Response

Family friend responded. Family friend passed away last night.

2. Case 14054 (17-10-2024)

PCN: K2 Healthcare Sleaford

Providers: Child and Adolescent Mental Health (CAMHS) LPFT, Sleaford Medical Group

Parent of teenager who is very anxious had issues getting a face to face appointment with a GP at the Surgery. They eventually got one and was told that the child would need to be seen. Referred to the CAMHS Team. When asked how long the wait was, was informed it could be up to 12 months! What do they do in the meantime? School are being supportive about the appointment and parent has asked for their support too. In the meantime, they have found out about online services for children but very little info given by GP.

Notes / Questions

Signposted to Healthy Minds and SHOUT

3. Case 14070 (21-10-2024)

PCN: Trent

Providers: Cleveland Surgery, Lincoln County Hospital

Over the last few years, since 2018, I have suffered from a gall bladder issue, resulting in three hospital stays with acute/chronic cholecystitis and several minor attacks where an ambulance had to be called but did not result in being taken to hospital.

The first stay in 2018 was in Lincoln Hospital where it was decided not to remove my gall bladder but to wait and see. In 2021 I was admitted again to Lincoln, where they initially misdiagnosed another bout as a heart attack. I had a few lesser bouts then in July 2023 I was admitted to Scunthorpe Hospital who were vastly more thorough than Lincoln running tests and scans for both heart function and lower abdomen and concluded I was having another acute attack of cholecystitis. They decided that the gall bladder had to come out but for some reason did not operate straight away while I was an inpatient (I was on a ward for 6 days), but sent me home and put me on the waiting list. In Feb 2024 I was called in for my Pre-op assessment, but was not called in promptly enough and had another attack in May resulting in another 6 day stay. I was taken in on Sunday and after scans etc was scheduled for surgery on the Friday. However my Consultant came to me on Thursday evening and told me that according to the scan I had been left too long and the gall bladder had collapsed rendering it inoperable. Since then I have had two more minor attacks (non hospitalisation) and two clinic appointments with the Consultant where they have confirmed that pain killers are working and this is my safest options. If I have a bad attack I sweat profusely, become immobile, incoherent and the pain is indescribable.

I really don't feel that my current quality of life is worth much. If I had an old fashioned GP who was aware of my history and knew me as a person and not as a statistic I would go to my GP, but as we don't I'm asking you, if you don't mind, how do I get a second opinion. I had to go out of county to have a Prostatic Artery Embolization (PAE) on my prostate as no one in Lincolnshire had heard of it at the time, so there may be something elsewhere that could be done eg ultrasonics on the stone that the gallbladder has collapsed around so there is nothing there for it to rub on, causing the inflammation that gives me the pain and subsequent secondary symptoms???

Notes / Questions

Advised to contact surgery for 2nd opinion options

Provider Response

ULHT - It is hoped the author has received satisfactory 2nd opinion options.

4. Case 14105 (30-10-2024)

Providers: Integrated Care Board Dental, Treeline Dental Lincoln

I have been to Treeline Dental Practice and I'm appalled the way things are done there:

1. I needed a night guard, but wouldn't be allowed to have it before full check up, by the way the night guard on NHS in this practice goes under band 3, the most expensive treatment is £319.10, they offer private for £139 or so. Please note that night guard was always under band 2, which at present time would cost £73.50. Is this correct?
2. As I can't have night guard before check up, today I had the check up, which took dentist less than 10 minutes. They needed to update information re my teeth on they new computer system as it didn't transfer data from the old one.
3. Another "by the way", I couldn't have a night guard before "check up", but they were happy to book me into the hygienist (very painful and invasive treatment) prior to check up.
4. Check-up cost me £26.80. I wonder how much they get from NHS for 10mins appointment, where nothing really is done? I was asked few questions, over next 2 minutes my teeth and gums were looked at, a few notes were made on the computer (which they done previously + hygienist just couple weeks ago did the same). I thought check-up is an in-depth check off all teeth/gums?

I don't like going to my dentist, where on one hand I'm forced to do things to suit their business, but not able to get what I really need. The staff, especially receptionists are very pushy, unpleasant, can't explain things, forcing there agenda. On one occasion, when my crown came off I had a job to have it re-cemented, receptionist didn't like as it was originally done in another country. I really hope something will be done about it, that they are looking after our needs rather than they pocket!

Update from patient- Interestingly enough, since then I was in Poland and saw my dentist for a check-up, which took 30 minutes. They found an issue, decay on important tooth holding vital 4 tooth bridge. I had it dealt with to stop decay. Since then, I don't know what to say, I'm simply speechless as what's going on in UK NHS dentistry. Hope there is a chance to do something and change the way dentistry is performed.

Notes / Questions

Healthwatch asks - could the patients questions about cost of NHS dental nightguard, NHS dental check costing and time allotted for this where they felt nothing was done? be responded to.

5. Case 14075 (22-10-2024)

PCN: Imp

Providers: Lincoln County Hospital, Nettleham Medical Practice

Patient contacted Healthwatch to ask for how they could get answers around a "diagnosis / non diagnosis / lack of communication with a long term medical condition.

Has a diagnosis of fibromyalgia and maybe Lupus SLE. Is under the rheumatology department at Lincoln County since 2019. The Consultants have been sending letters to the GP but patient has not received any of this information.

Definition from NHS: **Lupus**

Lupus (systemic lupus erythematosus) is a long-term condition that causes joint pain, skin rashes and tiredness. There's no cure, but symptoms can improve if treatment starts early.

Has been on medication since 2019. On a recent visit to their GP, the patient was informed that the Lupus is not on their medical records, doesn't know what to do as feels no-one is listening to them.

Notes / Questions

Healthwatch suggested making contact with Consultants Secretary or PALs so information could be sent to their GP surgery

Provider Response

It is hoped the author contacted Consultants secretary and PALs, receiving a satisfactory outcome.

6. Case 13999 (01-10-2024)

PCN: Trent

Providers: Lincolnshire Integrated Care Services (ICS/ICB), The Glebe Practice

Parent tried to make contact with GP surgery to arrange and appointment for young toddler. Previously toddler was floppy and had breathing difficulties, seen by a GP who advised to go straight to hospital. Child was seen and provided with medical care, parents advised to go straight to see the GP if it happened again and not to wait.

Toddler started having the same symptoms so early Monday morning parent tried to call the surgery to arrange an appointment as directed by hospital. On the phone for 1 hour 20 minutes trying to get through, each time they got to number 1 it would cut off and have to start the process again. As one parent was out in their car, they decided to pop into the surgery to see if an appointment could be arranged. Parent explained the circumstances and situation to the person on the front desk.

The parent felt the person on front desk did not listen and kept on stating that phone lines were not working and to use the total triage system, which had been text a number of months ago to explain the processes. Parent was overwhelmed and anxious about their child, and felt the person on the desk was not listening to them, asked if they could have a copy of the complaints policy, where an email address was provided and informed to address it to the Practice Manager - no complaints policy on website could be found.

Parent had to go home, complete the triage page and was then contacted a couple of hours later, saw a GP and medications prescribed. Parent understands that if it was a different sort of problem, but the importance of child's health and following hospital advice, felt there was no leeway. Parent stated that all the GPs, Nurses etc have been fantastic, just the system is unacceptable when you have a poorly child and told to go home and complete the triage pathway. What happens to those who do not have access to the system? How is this person centred.

Notes / Questions

Healthwatch provided information on Practice Manager or ICB

7. Case 14006 (07-10-2024)

Providers: Lincolnshire Integrated Care Services (ICS/ICB)

I have heard through a friend that the physiotherapy service that my GP offers is being cancelled. I wondered if this was true. And if so, who can tell me why sch an important service is being discontinued. When I had a bad back I saw this 'first contact person' at my GP who said, I don't have time to see you, here's an exercise, you need to see physiotherapist. I was referred and saw a brilliant physiotherapist who gave me manipulation, massage, exercise, and management advice. A perfect service. Why would you stop providing that!

Notes / Questions

Healthwatch suggested making contact with the Practice Manager of the surgery or the ICB

Compliment

1. Case 14053 (17-10-2024)

PCN: Imp

Providers:

For Information: Welton Family Health Centre

My own practice is really good and when appointments are needed they are swift.

Area	Case Details
<p>East Locality x 16</p> <ul style="list-style-type: none"> • 8 x General Comment • 1 x Informal Complaint • 2 x Formal Complaint • 4 x Compliment • 1 x Signposting 	<p>General Comment</p> <p>1. Case 14017 (09-10-2024)</p> <p>PCN: First Coastal</p> <p>Providers: Beacon Medical Practice</p> <p>I have recently been unwell and needed some advice from a Nurse/GP. Not urgent but wanted to be seen for advice and peace of mind. After a number of attempts at using the online app, which closed very quickly or showing no appointments available, I called the surgery and spoke with the receptionist who booked me an appointment for the same day. I saw a lovely Nurse who was concerned about my symptoms and made arrangements for me to have an MRI scan at Boston Hospital. I had this done a few days later on a Saturday morning and needed to go back to GP to get the results. Told to book an appointment approximately 2 weeks after the scan. Everyone has been very helpful. Hopefully I will get an appointment easily again. Very happy with the service.</p> <p>Notes / Questions</p> <p>No contact details provided.</p> <p>2. Case 14068 (21-10-2024)</p> <p>Providers: Better Births - Lincolnshire Maternity & Neonatal, Pilgrim Hospital</p> <p>Labour and Maternity Ward in Pilgrim Hospital</p> <p>I'm a young girl who is 32 weeks pregnant, I live alone and was having pressure pains in my lower stomach from 11 pm, I rang the labour ward at 6:30am to explain what was going on and they told me to come straight in. I have no one to help me and I lived 40 miles away. After stressing out I decided to call 111 about my symptoms, after answering the symptoms they decided the best solution would be to call an ambulance to take me as I was having pains. I was put into a room and monitored, the room was absolutely filthy, the sheet on the bed had yellow and brown stains and marks all over.</p> <p>After a few hours they monitored my pain and could see a pattern but decided it would be best to send me on my way with no explanation as to what was going on with me and no solution or help. As I was getting my things together while still being in and out of pain and having pressure feelings, and still on my own, a Midwife came in and decided to aggressively lecture me about how I have wasted resources and time that could have been used for someone else who "actually" needed it. I felt really attacked as anytime you have a worry in pregnancy I have been told by every professional to make sure I get myself seen as something small could be a massive impact on me or my baby. So to be spoken to like that while still having no idea what is happening, being alone and still in the exact same pain I was in from the begging was very upsetting and I feel unprofessional.</p> <p>Notes / Questions</p> <p>Healthwatch provided Betterbirths and PALS information.</p> <p>Provider Response</p> <p>It is hoped that the author contacted Betterbirths and PALS and has received a satisfactory outcome.</p> <p>3. Case 14013 (07-10-2024)</p> <p>PCN: Meridian</p> <p>Providers: Lincoln County Hospital</p> <p>For Information: James Street Family Practice</p> <p>Oct 2023 GP referred spouse to Neurology in Lincoln County Hospital due to symptoms they were experiencing, informed it could be a long waiting list. In July 2024 heard nothing so paid to go private as symptoms getting worse. Private diagnosis was normal pressure hydrocephalus (NPH), no treatment due to age and other conditions, such as pacemaker etc.</p> <p>A few weeks later the NHS appointment came through and spouse saw Dr in Neurology, who suggested that more tests needed to be carried out before an absolute diagnosis and to refer to Royal Hallamshire Hospital. No information was provided to the GP Practice only what the person had provided the surgery with in relation to their spouse. Has been in contact with the Dr Secretary, several times, but no response has been received, person spoke with Royal Hallamshire Hospital who state no referral has been sent to them. Has spoken again with GP surgery, who have been very helpful and wrote a letter to the Dr in Lincoln Hospital, no response.</p> <p>Where can I get some answers from as there has been a lack of communication from the hospital.</p> <p>Notes / Questions</p> <p>Healthwatch provided PALS email address.</p> <p>Provider Response</p> <p>It is hoped the author contacted PALS and received a satisfactory outcome.</p>

4. Case 14046 (15-10-2024)

PCN: Solas

Providers: Lincolnshire Integrated Care Services (ICS/ICB), United Lincolnshire Hospitals NHS Trust (ULHT)

Patient looking for green light laser treatment in Lincolnshire, is under Urology in ULHT, consultant has not mentioned this treatment to the patient, however would like to pursue this avenue, has looked into it and as unable to have a general anaesthetic due to other medical problems, it seems the only other option is a catheter which they do not want to do, as limiting what they can do and where they can go, plus for dignity would like to discuss the prospect of this treatment. Has a number of other medical conditions, including stage 4 kidney failure.

Has been unable to locate this treatment in Lincolnshire, has spoken with NHSE and others but unable to get any responses as to if it is available in Lincolnshire.

Notes / Questions

Healthwatch made contact with Specialist Urology Nurse as it does state on ULHT Website that this is available in Pilgrim Hospital. Asked which Urologist would offer this treatment.

Provider Response

This treatment is not available in Lincolnshire only TURP - Healthwatch asked ICB if this kind of treatment would be an option going forward.

ICB Response - *Currently ULHT Urology offers only bipolar TURP. ULHT is in the final stages of approving investment in the REZUM treatment modality. This is the steam treatment. This investment is predicated on a step change towards daycase BPH surgery with REZUM (vs inpatient residency with standard TURP in most, not all, cases).*

At the moment ULH do not have any immediate business cases or plans to bring forward any form of prostate laser surgery. This consultant was of a view that ULHT / Linc ICS should consider supporting the development of holmium laser enucleation prostatectomy (HoLEP) surgery in the future- as this is the current gold standard for large (not routine) sized prostates, and currently men have to travel to Norwich, Luton or Cambridge etc for access.

Greenlight laser photoselective prostate vapourisation (GLL PVP) has been around for some time, however it has not been widely adopted as the primary treatment of choice because of at best non-inferiority vs TURP, bipolar TURP is the current considered standard of care and available in ULHT.

In summary this intervention is not available in Lincolnshire at present and there are no immediate plans to bring it online. I would suggest that this person could raise this issue either formally through the complaint process or seek support from their local elected member. Its difficult for me to deal with this outside of a more formal process, they could also discuss this with their GP to see if the GP would support them to make an individual funding request to the ICB to seek funding for the treatment from a provider outside of Lincolnshire, it would be for their current clinical team overseeing their care and or their GP to make that call, as they would need to meet that criteria. Information passed onto the patient.

5. Case 14065 (18-10-2024)

PCN: Boston

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

Elderly patient contacted Healthwatch and shared their experience of being discharged from Ward 7b at Pilgrim Hospital this week. They are concerned as they feel that they need urgent follow up from the Respiratory Consultant. They were only discharged from hospital with steroids and were told that they were on an end-of-life pathway, multiple respiratory problems and have been in hospital with an infection. They tell me that consultant usually contacts the GP when they have been in hospital and recommends medication and antibiotics. They have said that they have contacted the Consultants Secretary previously and then had a telephone consultation. They feel their condition has been deteriorating and feel too weak at present to do this. On discharge from the Ward, they tell me they have a purple form that has documented things that were not discussed, ongoing plan and resuscitation. They were also discharged without an ongoing plan, they are elderly, vulnerable and do not have family or ongoing support to help them with daily living. I have signposted them today to organisations that may be able to help. I am also going to contact the GP Surgery to ask someone to get in touch.

Notes / Questions

Healthwatch made contact with PALS Pilgrim, Practice Manager at GP. Signposted to Adult Social Care, ACIS Support, Age UK. Healthwatch asks about the knock on effect of care that not providing GP with EDD (Electronic Discharge Document) in a timely manner can cause, particularly with the experience that the patient shared.

Provider Response

PALS response- Thank you for your email, I'm afraid we will need to contact patient directly and gain consent to take this forward. Once I have gained consent and if they are happy, I will escalate their concerns and then come back to you with the outcome.

Practice Manager at GP Surgery response- I am sure you are aware of the GP Collaborative Action. This is a classic case of why we are having to do this. We have not received a discharge letter yet so can not advise on the plan for this patient. Usually the EDD will tell us the plan for follow-up and what medication the patient has been prescribed. The patient has spoken to a GP who advised how to take their new medication even though the hospital should have done this. If the patient had any questions about the hospital prescription they should have spoken to the hospital ward. Without the EDD the GP would be taking the patients word why they have been put on antibiotics etc. and would explain the generic dosage. The dosage should be on the medication issued and the patient should have been issued enough medication for 28 days. If the patient took in their prescribed medication when they were admitted these should have been re-prescribed on discharge. I can see from their records that they obviously were not so we had to do a prescription for all their repeat medication during their GP consultation. More additional work for the GP that should not have been necessary. This is why the EDD's are so important. Without the information we cannot care for the patient appropriately.

6. Case 14000 (01-10-2024)

PCN: Meridian

Providers: Pilgrim Hospital, Tasburgh Lodge

For Information: Moorfields Eye Hospital - London

Parent has muscular degeneration and is part of the trial under Moorfields Eye Hospital in London. Has been well looked after by the hospital, it has been challenging though getting them down there for the treatment etc, but my employers have helped me to organise transport and allowed me to have time off around my shift pattern. The difficulty we have treatment is needed here in Lincolnshire, and they don't want to pay for or do it. Parent has lived in Lincolnshire for the past 30 years, needed a cataract operation but it was refused in Lincolnshire, Moorfield Hospital insisted that it was done and eventually was completed here. Follow ups that have been done at eye clinic in Pilgrim have been very good. Information via GP surgery not so good, expect parent to use AskMyGP when they can't do this as can't see and they don't have a smart phone or computer either. Feel the surgery are dismissing older/vulnerable people.

Notes / Questions

No patient details provided

7. Case 14043 (14-10-2024)

PCN: Meridian

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

Carer and next of kin concerned about a 93 year old, housebound elderly cared for person,. They are an Alzheimer sufferer who was in Pilgrim Hospital, initially on frailty ward, then ward 7A went into hospital with money in wallet, when arrived home money gone,£100, wallet empty. Was in discharge lounge for 30 hours, waiting for hospital transport, which had been cancelled at least 3 times.Eventually got hospital transport at 2am in the morning. Has been in contact with PALs, who suggested they contact the wards, on speaking with the wards, they suggested making contact with PALs to be provided with a form for compensation. Money not logged by any of the services, ambulance, A&E, wards etc. So carer going to check with the person who unpacked the patients bags.

Notes / Questions

Healthwatch asks - are all belongings logged when a person is admitted into the hospital or within an ambulance?

Provider Response

If patients are unable for any reason to safely manage their belongings then we can take it into our care for safekeeping. We strongly encourage all patients to not bring any valuables with them and certainly in the case of a cared for person who is vulnerable such as this, then to ensure carers and family take items home with them or not bring them in in the first place. If the ward has not been able to track this either through documenting or finding it then we would advise the family to go back to PALs and to formally seek a compensation claim.

8. Case 14097 (29-10-2024)

PCN: Boston

Providers: Pilgrim Hospital

Orthopaedics

I have been having trouble with my knee for a while, which has caused me to have to make major adjustments both at work and home. I was due to have a procedure beginning of October, but it's been cancelled twice already this year. Unfortunately, it has been cancelled again recently. I am in pain and it is limiting my mobility and what I can take part in, including not being able to drive at the moment.I live alone and have 2 dogs that I have had to book into kennels, arrange for a relative to take time off work to take me to and from hospital, rearrange shifts at work etc. I understand that there are issues at the trust but it is affecting me in a number of ways. I feel worn down by the pain and don't feel that they look at the impact of a cancellation has on the person. It is not just the cancellation but the wider impact on me both mentally and financially. On both occasions the kennels have charged me towards the bookings, after all they are a business and have been reasonably supportive. It is really getting me down at the moment. I have been told it could be another 3 months.

Notes / Questions

Provided PALs information

Provider Response

Patient has been in contact with Consultants Secretary.

ULHT - It is hoped the author contacted PALS and following contact with Secretary received a satisfactory outcome.

Informal Complaint

1. Case 14107 (31-10-2024)

Providers: Pilgrim Hospital

I contacted you in August about the lack of care and treatment my parent was receiving at Pilgrim Hospital. Sadly my parent passed away at the end of August and I feel that the health professionals failed my parent on so many levels. I am collecting all my information to send a complaint to the NHS but was just wondering if there is a certain format or do you have any advice on the best way to do this? As a family we need answers for the trauma that my parent went through and us having to watch our loved one go through it. Communication, treatment and care was all extremely poor and we were robbed of the opportunity to care for our loved one 24/7, treat them like a king, in a peaceful environment and have those personal conversations with them as we were not made aware of the severity of their health until the last minute, which is not right. We have so many unanswered questions and want to ensure no family goes through what we had to.

Notes / Questions

Signposted about how to make a complaint and the process involved. Contact details given for complaints Department at Pilgrim Hospital, Lincolnshire Integrated Care Board (LICB). Contact information given for Care Quality Commission (CQC), Parliamentary Health Ombudsman (PHSO) and NHS Advocacy Voiceability.

Provider Response

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

Formal Complaint

1. Case 14045 (15-10-2024)

PCN: East Lindsey

Providers: Lincoln County Hospital

For Information: Woodhall Spa New Surgery

This letter has been a long time coming and has taken a lot of deciding whether to write it or not but following a recent diagnosis I have decided this matter needs addressing.

I am aware there is a timeline for complaints and seeking compensation and as you read this letter you will see this case dates back a long time. However my diagnosis has only just come to my attention and it has been relayed to me that this was as result of the treatment I refer to in this letter. This has made me decide that something needs doing and I may also still be able to seek some justice and help. Perhaps justice is a strong word, but I am fairly sure that you will understand the sentiment as you read on.

So, I will start at the beginning. I do not have all the dates due to the amount of time that has passed and my memory is not what it was thanks to my health and a lot of powerful medication.

In 2011, I was a happy hard-working person working in Lincoln. I was the head service engineer. This all changed very quickly and to be honest the actions of those involved, I feel wrecked my life.

I am sure it was around April of 2011, I presented at Lincoln Accident and Emergency (A&E) with a lot of pain in my neck and weakness in my arms. This was a Saturday or Sunday afternoon. I was quickly diagnosed by a member of the A&E team with having a trapped nerve. This was diagnosed by them pressing a thumb against my neck! Not the most thorough form of diagnosis.

I was still in a lot of pain and needed help. So I arranged an appointment with my GP they also used this seemingly brilliant diagnosis tool! A thumb to my neck. Confirming what the A&E person diagnosed. I was prescribed pain relief and anti-inflammatory medication.

I returned to work although I was still in pain and struggling with my arms. Over the next few months I took time off work, made frequent visits to A&E in agony and to my GP both of which continued to insist it was nothing serious and continued to pump pain relief into me along with anti-inflammatory medication. By this point I was struggling to focus, I was in a lot of pain, my arms were weak, and I was suffering with dizzy spells. I was missing more time off work. I eventually managed to convince my GP to refer me to have an MRI. Six months after I had originally visited A&E I was in the MRI Scanner. After a short wait I got a call at work to tell me the MRI was showing I had a slipped disk and a compressed spinal cord! I was told I needed to stop all work and do nothing that could jolt, impact, twist or jar my neck as I could be paralysed from the neck down. I was collected from work and a letter was given to me to hand to work signing me off immediately pending a neck surgery.

Within a very short time frame I was meeting with a Doctor from the One Health group. I was told I needed surgery to decompress my spinal cord and that this would be happening in a private hospital in Sheffield. All the preparations were made, and I had the surgery successfully in the December of 2011. Sadly, though following the recovery period I continued to have a lot of pain in my neck and arms, and pins and needles in my fingers. I was seen again by the Dr and examined. I also had another MRI which showed the site of the operation. This was confirmed to be a success, and no visible damage was seen.

When I was able, I had physio, but the pain and discomfort including pins and needles did not leave me and I was still being signed off work. Eventually losing my job in June 2012. This was due to my now inability to do the work I was employed to do, and I had not been back to work since the previous November. I had now lost my Job and was still suffering from pain. I had examinations and no plausible explanation for pain I was in. One suggestion was psychological pain. I was even sent for a nerve block injection and nerve conduction study.

I then started to have worsening pain in my neck and back with the worst pains in my neck and lower back which then resulted in more MRI Scans showing yet more bulging discs in my lower spine and nerve block injections in my back. Over the following years I had several referrals to the Lincolnshire pain management team and several different treatments including nerve burning and lignocaine infusions. None of which offered any real relief for any time with the lignocaine infusions be totally unsuccessful. Eventually I was diagnosed with Fibromyalgia. This diagnosis was a tough pill to swallow as I was certain there was more to it and that Fibromyalgia was basically a diagnosis given because all other avenues were exhausted and there was no other explanation for the pain I was in.

For several years I then was left with no choice but to accept my fate and diagnosis. I was still in a great deal of pain and my body felt like it was failing me. I was gaining weight, lost my job, lost a lot of my independence. I was unable to drive for almost a year due to the amount of pain I was in. I was back and forth to the Doctor and A&E in increased pain. I had several different medications, and none seemed to be working. I was suffering with depression and feeling very useless as I could not provide for my family. I was put on anti-depressants and sent for counselling sessions.

Still, I was sure there was something more that was wrong. Every time I attended the Dr, or A&E I was told the same thing. *"You have a chronic pain condition you are on strong medication. You have to take the good days with the bad and try to adapt!"*

I had gone from a physically very active 16st person with good fitness and a very active lifestyle, to a physically broken 20st person with chronic pain and inability to do any of the things I used to do or would like to do. I used to do marathons, kayaking, hiking, hill walking and a lot of other fun activities.

I had basically lost everything I loved doing. Eventually moving away from Lincoln to the village of Bardney to get away from everything I had before and to try get my life sorted out. I was now registered at a different surgery, who took over my care and prescribed medication. I was still in a great deal of pain and now registered disabled and claiming PIP. Still depressed and feeling very low about myself and the inability to work to provide. I was spending more and more time in bed as I was not able to manage the pain and get up. Or spending days laid on the sofa struggling by. Depression and anxiety at its maximum. I had several more visits and discharges from pain clinic, talking therapy, online counselling and physiotherapy.

Fast forward to 2023 I was suffering new pain in my neck and severe weakness and pain in my left arm, my mobility had declined, and I was having more pain in my legs and lower back. I knew that very little could be done for the lower back as it was due to bulging disks, and a surgical intervention was not likely as there were too many risks involved. I was having concerns that I had been on strong pain meds for a long time and feeling very little benefit. But had been told by the doctors repeatedly I was on the max they could give me and there was nothing else I could have.

I went to see the GP who looked back over my history, scans, appointments, treatments and diagnosis. Then said the one thing that blew my world apart. The one thing I had been trying to say to doctors and surgeons for years that has always been denied. "The diagnosis of Fibromyalgia to explain all of my pain is not totally accurate. It applies to my lower back only and not my neck! The neck pain is nerve damage!"

I had been trying to say for a long time that given that I was left waiting 6 months for a real examination and diagnosis for a slipped disk it must have caused some damage. The disk was compressing my spinal cord for a long time. This had always been played down and denied. But now a GP was sat in-front of me telling me that the neck issues was in fact caused by nerve damage, and that the fibromyalgia was applied only to my lower back issue, although would cause pain in a much wider area. But the pains in my neck were nerve pain stemming from nerve damage. The GP arranged a new MRI to be done of my neck as my pain and physical condition had gotten worse. This MRI was conducted in December 2023 and showed that I had a narrow nerve canal, bone spurs and arthritis. I was being referred to Lincoln MSK. By this point my condition had caused the breakdown of my marriage.

MSK saw me and initially sent me for physio as they felt the issue could be resolved. Although again I was not happy and felt that I was being ignored. The clinician was not listening to me and only focused on my pins and needles which I had explained had been there since 2011. Several physio sessions later I was discharged in pain and no relief and referred me to the to MSK. I had another MRI in July 2024 after another visit to A&E due to being in excruciating pain and was then seen by another Consultant who told me that the nerve canal to my left arm was compromised and that I needed to see a surgeon who may suggest injections or surgery. I went to see the surgeon in Boston in September 2024 and was shocked to be told they could make no sense of the notes they had as they suggested I had entire arm pain, and they were expecting a slipped disk until they examined the MRI Scans.

When I saw them, I had to start from the beginning and explain for the millionth time that the issue was severe neck pain and upper arm pains. They went over the MRI with me and explained that the narrowed nerve canal and bone spurs were there but posed no significant risk and should no be causing the extreme pain I was in. Went onto explain that the pain I was in was in fact as a result of my delayed back surgery explaining that although the surgery had been successful my recovery had not and my body continued to experience the pain I had previously been in. There was no surgical procedure that could help me. The only thing that could help me was pain management and facet joint injections.

I had to explain that Lincolnshire pain management service now only offer a therapeutical services which I had already tried. Their approach now is to look to reduce dependency on medication and also offer an online talking therapy service where you are encouraged to manage your expectations and think your pain away with meditation. As you might imagine this ludicrous way to manage pain was unsuccessful and did not work for me. Lincolnshire Pain management is not offering facet joint injections and would not fund treatment out of the county either.

This now leaves me in pain with the only treatment that was suggested to me by a surgeon not available. This treatment would be something that I need long term as they are a short relief only treatment. I then find out that facet joint infusions are now not often offered for anything other than back pain and is not used commonly for neck pain due to a lack of evidence that they are effective. I am now left in a situation in early 40s, in constant often unbearable pain, taking a host of medication that I am told I can not have changed because I am on maximum doses. Unable to work, unable to do all the things I once enjoyed and depressed.

I feel that the initial doctors when I first approached A&E who examined me with the press the thumb into my neck process, did not undertake a thorough assessment of my condition and missed the opportunity to diagnose and treat quickly my compressed spine. It has taken me 13 years + to get a formal answer as to why I am now permanently in pain. I have been to various services over this time and there has always been countless swerves and dodges by Doctors telling me it was fibromyalgia and to just get on with it. I strongly feel that this has now identified fault with the that first team in A&E who missed the diagnosis of a compressed spine, delaying my treatment and now leaving me

with permanent pain. You will notice that I have made a complaint previously about my care, however I wish to pursue again with this new information. I feel my life has been stolen away, it has impacted every aspect of life and also ultimately caused the breakdown of my marriage. I am now virtually homeless and living in a caravan as I can not find or afford better accommodation.

As I am sure you can understand that this has had a severe impact on my life, I appreciate that time has passed and I am out of time to raise a complaint or approach legal support in making a claim for compensation but I would appreciate a response to my concerns based on the new information that has come to light.

Notes / Questions

Healthwatch provided Complaints and PHSO information

Provider Response

Patient consented for Healthwatch to send on their behalf to the complaints team in ULHT
ULHT - It is hoped the author has received a satisfactory outcome via Complaints and PHSO information.

2. Case 14012 (07-10-2024)

PCN: Solas

Providers: Out of area

Parent of adult child who now resides in Lincolnshire, requested information on how to make a complaint regarding 2 hospitals outside of Lincolnshire. Adult child has ADHD and on giving birth to their now 12 year old child in Aylesbury at Stoke Manderville Hospital, was pushing for 12 hours, rushed to theatre where child was breach, umbilical cord knotted. Never informed it was a breach birth, only just found out in the past 2-3 weeks as now has a copy of their medical records. Child is awaiting ADHD and autism assessments.

Second child born in John Radcliffe Oxford, was in labour for 12 hours then C-section, haemorrhaging and nearly died. Adult child is having counselling and unable to get over the births of both children. Parent feels that as no-one told them about the breach birth, things could have been very different.

Notes / Questions

Healthwatch provided Complaints information for both Hospitals, Connect to Support and LPCF information.

Compliment

1. Case 14020 (09-10-2024)

Providers: Community Diagnostic Centre, Grantham, United Lincolnshire Hospitals NHS Trust (ULHT)

We took the option of having a MRI Scan at Grantham recently rather than going to the hospital. The main reason was the waiting time for an appointment, at Grantham it was within 7 days, where as at hospital it was much longer, weeks. We combined it with shopping and meeting friends for lunch. The service was excellent, so easy to park with free parking, stress free experience. The unit is lovely, very calming, easily accessible. Within 5 minutes of checking in was called for my scan and within the hour on our way!

Great service and so much nicer than going to the hospital. It will be good when the Skegness one opens and will be accessible to many people without having to travel to Boston or Lincoln. Well done, the staff seemed so less stressed as well and had time to have proper conversations with you as the patient.

Provider Response

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

2. Case 14063 (17-10-2024)

Providers:

For Information: East Midlands Ambulance Service NHS Trust (EMAS), Pilgrim Hospital

Last week, relative had a fall in the garden and seemed to be okay at first but as time went on seemed to lose concentration. Spouse had just had a major operation and only got discharged home the day before. Called 999 an ambulance arrived about 2/3 hours after call. The relative was getting very confused. Neighbour was called while they waited for the ambulance. They were taken to hospital at Boston A&E and kept in until the next day when the neighbour collected them. They had a series of tests, x-rays, CT scan, blood, urine whilst there. Could not find anything wrong. Taken to a ward at the end of the corridor near A&E, SDEC ?Observations were done regularly and the following late morning was allowed to go home. Slight bruising to side of the face and arm. Probably slight concussion, but no lasting effects. Thinks they slipped on the wet paving slabs in the garden and bumped their head. They said they were well looked after at A&E and does not think they had to wait too long to be seen. Everyone was very good to them.

Notes / Questions

No contact details provided.

Provider Response

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

3. Case 14098 (29-10-2024)

PCN: Boston

Providers: Greyfriars Surgery, Lincolnshire Community Health Services NHS Trust (LCHS), Pilgrim Hospital

I suffered a fall in my garden early in the summer and after a few days of discomfort, and a number of painkillers I contacted my GP surgery to talk to someone. I was advised to go and get an x-ray. As I work in Spalding I went to the x-ray department at Johnsons Hospital. Within 45 minutes I had been seen and advised to contact my GP within 7 days.

GP made contact with me, within 3 days after the x-ray and referred me to have an MRI scan. I had an appointment the following week on a Sunday morning, which was great as I didn't need to take time off work. Parking at Pilgrim much better to find somewhere, staff at hospital were lovely. Being first in, it was very quiet. I have had my results back approximately 14 days after the scan and GP has booked an appointment for a face to face consultation this week, to discuss results.

Fabulous services all round.

Provider Response

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

4. Case 14067 (21-10-2024)

PCN: East Lindsey

Providers: Lincoln County Hospital

A&E Lincoln Stroke service

I took my spouse by car to A&E Lincoln as mid morning their left leg began to tingle and their speech was not quite as usual.

I wheeled them to the desk and they said we suspect a Stroke. We did not wait long as soon taken to be assessed by a consultant and matron.

Spouse was soon given a CT scan and some blood thinners. Was in A&E approximately 20 hours during which time they saw doctors had scans including MRI, ECG. The department appeared very professional, care was good, toilets were clean.

People were waiting many hours for beds. My spouse began to improve first with their speech and slowly their leg movement so was deemed fit to come home.

We were impressed and grateful for the care and felt sorry for those waiting for beds and for those members of staff who could do nothing about it.

Provider Response

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

Signposting

1. Case 14044 (15-10-2024)

PCN: Solas

Providers: The Surgery Stickney

I spoke to someone last week re scheduling a midwife apt. I've registered with Stickney surgery and scheduled a midwife session. Could someone call me as I need to discuss concerns raised by my GP

Notes / Questions

Healthwatch contacted the patient back and suggested they speak with their surgery

Provider Response

I have contacted the surgery and booked an appointment.

South Locality x 8

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

General Comment

1. Case 14071 (21-10-2024)

PCN: Spalding

Providers: Pilgrim Hospital

For Information: Lincolnshire County Council - Adult Social Care

Ward 8b

Relative concerned as elderly parent (90) in Pilgrim Hospital currently, was initially admitted due to high blood pressure mid September. Over the course of a couple of weeks parent seemed to be more irrational, distressed and disorientated, relative queried a UTI (urinary tract infection) and pushed for this to be tested. Once looked in the patients notes it seemed on admittance it had highlighted the UTI but no treatment had been given for this. Antibiotics then prescribed and things seem to be getting much better. Waiting for parent to be discharged home, under the impression that reablement service would be the preferred provider, relatives not happy with this service as parent has had this previously and was not suitable, but parent will require home care at least 4 times a day, family have sourced night care and would have liked the day care provision to be the same providers, however the agency used in the parents area is Atlas Care, although they are having difficulties in getting this provision sourced. Family are paying for overnight care with Lincolnshire Homecare services, who are their preferred providers, if this could be an option. Parent also had an MRI where relatives had been informed that all was ok, then a few days later another clinician informed relatives that dementia was seen, so now the relatives are not sure if their parent has or has not got dementia.

Notes / Questions

Healthwatch with relatives consent made contact with the discharge team, who were going to speak with the social worker and look into the MRI. Would go back to the relatives.

Provider Response

Healthwatch contacted the relative to explain what had been said and that no actual diagnosis of dementia had been made, this would need to go through the GP to make referrals to specialists for assessment. That the social worker or discharge team would look into things and go back to the relatives.

2. Case 14030 (10-10-2024)

PCN: Spalding

Providers: Pilgrim Hospital

Moved here 3 years ago. Cares for spouse who has dementia at home, goes to The Meadows Day Centre every day. Supported by Carers first. Did have a bad experience of care when spouse had to go to hospital with a broken leg, where they were dropped 4 times.

Notes / Questions

No contact details provided. Signposted to PALS at ULHT

Provider Response

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

Informal Complaint

1. Case 14086 (28-10-2024)

Providers: Peterborough and Stamford Hospital

Family member left a message for a callback, in-law was having treatment for stage 3 prostate cancer at Peterborough Hospital. Chemotherapy delayed and often cancelled at the last minute. More recently was in A&E where they had a long wait on a chair, was sent due to suspected sepsis, waited for a bed for 3 days and only when a kind nurse intervened they managed to get a bed sorted. Complaint was put in and recently the patient has now been informed that it is palliative care at home only, the family feel that this is due to them making a complaint that no further treatment is offered, is in constant pain.

Whilst in hospital there was no dignity and respect, patient was 'told' to sign a respect form in a very abrupt manner and no other options have been provided. Unsure of which GP surgery registered with, whether it is in Lincolnshire or not, relative unable to confirm.

Notes / Questions

Healthwatch suggested hospital PALs, complaints, McMillan Nurse, GP surgery to discuss a way forward. CQC information also provided.

Provider Response

Family member - refused hospital PALs and complaints information as within the hospital

2. Case 14078 (24-10-2024)

Providers: Queen's Medical Centre (Nottingham), United Lincolnshire Hospitals NHS Trust (ULHT)

Patient experience shared by parent of young adult child. Parent and child have been in UK for last 17 years living and working. Came from Poland, Parent said that has no faith in the NHS in the UK and as a system it does not work. The care received by their child was not good enough and very angry about this poor care. The care received in Poland has cost £35,000 to date which has now meant that they have financial hardship and debt and that is why they are at CAB seeking help and support. Their young adult child was diagnosed with a brain tumour last year had scans and Neurology reviews at Boston, Lincoln and Queens Medical Centre in Nottingham. Was having 4 monthly scans and Doctors were saying that tumour was not growing so that there was no need for any further intervention. Took their adult child to Poland for a second opinion and saw a Professor of Neurology who scanned them and said that the tumour was growing and enlarged and needed an operation as soon as possible, and that there was a second tumour in the brain that needed to be removed. This operation has been done and now their young adult child needs 24 hour care and rehabilitation cannot walk, talk, read or write. The Polish Consultant has said if this operation had not been done they would have died. The parent stated that their young adult child will never come back to the UK as they do not think services are good enough or exist to support their young adult child.

Notes / Questions

HW discussed with parent about making a complaint very angry about the NHS care received. Given contact details for Healthwatch Lincolnshire if wants to make complaint and needs any further support.

Provider Response

ULHT - Response from Clinical Service Manager - We offer our apologies that the author feels that their care was substandard and can they contact us/complaints team with their details so we can look into it for them. Whilst we may not be able to change things for their child now, we need to learn from this as a service.

Contact details provided and sent to the patient.

Compliment

1. Case 14024 (10-10-2024)

PCN: South Lincolnshire Rural

Providers: Community Volunteer Car Service, Gosberton Medical Centre, Grantham + District Hospital

Patient wanted to give positive feedback about Gosberton Surgery and in particular one of the GP's there who had gone above and beyond, as had rang them at 8pm with results of tests. Reception staff at practice were also very good.

Wanted to give positive feedback about the Community Volunteer Car Service that they use on a regular basis and is excellent.

That they also had gone to Grantham Hospital for a routine procedure and had a heart attack on the table. That staff had delivered this shocking news very well and they were reassured that care was good.

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 14057 (17-10-2024)

Providers: East Midlands Ambulance Service NHS Trust (EMAS), Lincoln County Hospital, Lincolnshire Community Health Services NHS Trust (LCHS), Pilgrim Hospital, Skegness Hospital

My relative who is a very fit and active 86 year old (looks like they are in their 60's !). Slipped while out jogging a month ago. They managed to get home this was about 5 minutes away from where they fell, and rang 999. They were in a lot of pain. Waited about 45 minutes for an ambulance, it was their first job of the shift! They were taken to Pilgrim A&E where they found that they had broken their femur. They were transferred to Lincoln County Hospital and had an operation within 24 hours. All went well and they were up and about out of bed within 24 hours of the operation. The only bed available was on an elderly persons ward which did not help their recovery as they could not sleep. Physiotherapy went well but after a conversation with the Physio, they were transferred to Skegness Hospital to rehabilitate. They stayed for 3 weeks there as they live on their own and needed some support to recover. Treatment from start to finish was very good and they felt that they were looked after. Staff at Skegness were lovely and really supportive in their recovery. Now a month later they are still out and about and loving life again. They would like to thank them all for helping them in their recovery. All staff from 999 call handler, paramedics, A&E, theatre, ward staff were brilliant.

Notes / Questions

No contact details given

Provider Response

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

3. Case 14023 (10-10-2024)

PCN: Spalding

Providers: Peterborough and Stamford Hospital

Patient has had pacemaker fitted 2 years ago at Peterborough Hospital. Wanted to give feedback that this was a good experience and very grateful as is now 90 years old and is in good health and able to get about and able to live independently.

Notes / Questions

No contact details provided.

Signposting

1. Case 14077 (24-10-2024)

Providers:

CAB advisor signposted a client to Healthwatch Lincolnshire to make contact. This elderly person has received a recent Cancer diagnosis has multiple other health conditions. There was a significant delay in getting results of tests and investigations that may have effected the treatment that they are now receiving. Obviously shocked and upset with diagnosis and prognosis. Feel very upset about the whole experience and do now have questions about there treatment and diagnosis.

Notes / Questions

CAB advisor signposted client to Healthwatch Lincolnshire, awaiting contact

South West Locality x 10

- 8 x General Comment
- 2 x Compliment

General Comment

1. Case 14076 (24-10-2024)

Providers: Grantham + District Hospital

Patient rang Healthwatch following having facial surgery procedure on Monday at the Maxillo Facial Department (Max Fax) at Grantham Hospital on Monday. Nurse who discharged them stated that needed facial sutures removed on 31/10/24 back at Grantham Hospital. They noticed on discharge that the Reception at the Max Fax Department was closed and not in use. They have been trying to get through on the number given by the Nurse and it states that this is unobtainable. Have tried to ring Grantham Hospital and have not been successful at getting through to make appointment. Finding this frustrating as wanting to make plans for her spouse that they care for who has dementia. They did ask a friend to ring PALS but they have not had any luck either. They are aware that they cannot go to the GP to have this done.

Notes / Questions

Patient requested that HW contact PALS at Grantham.

Provider Response

PALS response- The appointment has been made and a letter sent, I will call the patient tomorrow.

2. Case 14032 (10-10-2024)

PCN: K2 Healthcare Sleaford

Providers: Lincoln County Hospital, Queen's Medical Centre (Nottingham)

Patient who has multiple health issues with their liver and has a stoma shared a poor experience they had at Lincoln County Hospital in relation to their care and particularly cleanliness of the ward. They avoid going there now and uses specialised Unit at QMC for liver and stoma care, more staff to ratio of patients and cleaner .

Notes / Questions

No contact details given.

Provider Response

ULHT - We are sorry that this person now chooses to have their care elsewhere and would ask them to please contact our PALs team with more details of their previous experience so we can look into it and hopefully reassure them. However we are pleased too that they are receiving care at a specialist centre and hope all is going well.

3. Case 14038 (11-10-2024)

Providers: Lincoln County Hospital

Contact with individual who had shared previous negative experience of Lincoln County Hospital and who now is seen at specialised unit at QMC. Discussed that they were invited last week to go to Lincoln County Hospital to listening event where patients , clinical staff, physio, Nurse discussed patients feedback. Thinks they were invited off the back of negative experience in ICU at Lincoln. Issues discussed were concerns by patients about ward cleanliness, items and furniture were not moved when wards cleaned. That the same staff who cleaned the ward daily then gave out meals. That sandwiches were seen of all varieties mixed up together even if they had fillings with strong odours, covered with cling film. That the last food to be served on the ward was at 4.30pm and then snacks and sandwiches difficult to get. Particularly important if you are diabetic, as this individual is, and having a hypoglycaemic episode. The Diabetic Nurse also made a comment about this. That when the individual was in ITU , has multiple health conditions , and always even when unwell continued to have very slim ankles , even when had swelling every where else, worsening condition missed because of this. That individuals may present differently when their condition deteriorates, not everyone is the same. Clinical staff and physio at this meeting agreed that important for holistic personalised care.

Individual felt that these listening events really important to share experiences with clinical staff . Felt listened to and hope this can influence change.

Provider Response

ULHT - sent a detailed response.

4. Case 14110 (31-10-2024)

PCN: K2 Healthcare Sleaford

Providers: Lincoln County Hospital, Ruskington Medical Practice

Patient made contact following being given Healthwatch Lincolnshire card by a friend at choir they attend. They have had Multiple Sclerosis (MS) for the last 24 years. This condition is now deteriorating and recently they have had falls when they are not able to get up. They have also had spinal surgery which has limited their mobility. They live alone having a grown up child who lives away. They had to call an ambulance last time they fell. They were admitted to Accident and Emergency (A&E) at Lincoln County. They did not like this experience and did not want to go but followed the advice of the Ambulance Crew. They also take tegretol medication for trigeminal neuralgia which they did tell the medical staff about. At this admission they were found to have a chest infection and prescribed amoxicillin. They took this medication when they got home and woke up with terrible pain unable to move. They have subsequently found out that taking tegretol and amoxicillin is contraindicated. They are surprised that medical staff that prescribed the medication were unaware of this. They do see a Neurologist at Lincoln County and have an appointment in December, but feel that this Neurologist is not an expert in MS, but will tell them about their condition getting worse as they now feel that they will need medication. Is registered at Ruskington Medical Centre but does find it difficult to get an appointment and is not " tech savvy". Thinks that GP Practice has recently referred them back to Occupational Therapy for home assessment. Feel like they now need further help and support.

Notes / Questions

Signposted to Practice Manager at GP Surgery. Adult Social Care, Age UK. Patient gave consent for Healthwatch Lincolnshire to contact the Neighbourhood and Community Care Coordinator for Ruskington Practice.

Provider Response

ULHT - It is hoped the author with the assistance of Healthwatch has received a satisfactory outcome.

5. Case 14088 (28-10-2024)

PCN: K2 Healthcare Sleaford

Providers: Lincolnshire Integrated Care Services (ICS/ICB)

Often poor patient experience of gaps between services, presenting non joined-up services, whether between healthcare sectors (primary; community; secondary; mental health and social care) between providers or between services within an organisation.

Whilst staff can be experts in their own field and have experience and knowledge of their own service, they do not experience the patient journey and all its pitfalls across services and organisations, often resulting in poor communications, lack of information, inability to act on the patients behalf and poor outcomes. Service gaps and poor patient experience and how to improve joined up services are a major challenge for providing integrated care. Do not look at the whole picture, holsitic approach.

6. Case 14037 (10-10-2024)

PCN: K2 Healthcare Sleaford

Providers: Pilgrim Hospital

Having been seen by out of hours Doctor in Pilgrim who carried out extensive physical examination but wanted blood tests, referred then to A&E. The same tests were carried out 4 more times, but not documented. Before discharge a 5th time of tests were suggested. I pointed out how many times they had been done. Doctor checked and no documented evidence of these tests.

Notes / Questions

No contact information provided

Provider Response

We are unable to look into this to understand what happened without further details of the patient. If they would like to contact PALS they may be able to help.

7. Case 14036 (10-10-2024)

PCN: K2 Healthcare Sleaford

Providers: United Lincolnshire Hospitals NHS Trust (ULHT)

Even with a letter from my GP who asked for me to be dealt with as soon as possible. It was 4 to 5 hours before I was triaged. Then it was a further 24 hours before I was admitted to the ward. During this time I was offered refreshments after 24 hours.

Notes / Questions

No contact details provided.

Provider Response

We are very sorry for the long wait this person experienced which is reflective of the current pressures in our emergency departments. There are a number of improvement programmes in place that are aiming to reduce these pressures and also to be sure that any patients who are waiting know what is happening and why and still receive the care they need whilst they wait.

8. Case 14066 (18-10-2024)

PCN: K2 Healthcare Grantham and Rural

Providers: United Lincolnshire Hospitals NHS Trust (ULHT)

Patient contacted Healthwatch and shared experience. That their elderly spouse who is 81 years old and started to have Transient Ischaemic Attacks in 2019 health has gone down hill and has started to have falls. Have a care coordinator who has helped with walking aids and other household aids. Have referred to Neurology by GP in June and have been told that this is up to a years wait. Relative feels that this is not satisfactory and that by then their relative could have had a major stroke, fallen and cost the NHS much more than a preventative Neurology Consultation. Had just spoken to PALS who had logged the experience and are dealing with the concern. Wanting to emphasise early prevention and assessment of theses individuals in the population would be a more cost effective way of care. Than waiting for a major event to happen, stroke, fall with fracture that would cost the NHS much more.

Notes / Questions

HW contacted PALS at ULHT as requested by patient about spouses neurology appointment.

Provider Response

It is hoped that following contact with PALS the author received a satisfactory outcome.

Compliment

1. Case 14083 (28-10-2024)

PCN: K2 Healthcare Sleaford

Providers: United Lincolnshire Hospitals NHS Trust (ULHT)

Rheumatology Outpatients - Johnson Hospital

Dr and Senior Registered Nurse, were very helpful, gave loads of advice and some ideas to help my mobility and condition, advice on mental health and avoiding isolation. The hospital was spotless throughout, staff were upbeat, professional and lovely. Toilets were clean, seating areas were clean and comfortable. I had a little difficulty finding the disabled parking as I got confused and turned into the general car parking area twice before I realised I had to go past the main car park entrance.

The prices of the cafe were very high I felt, as did other patients and staff also mentioned this.

I was reminded of my appointment as I have memory problems. Named Dr worked with my GP to pause my medication to allow me onto medical research for PTSD.

Notes / Questions

Healthwatch asks - is the disabled parking signage easy to be seen on entry?

Provider Response

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

2. Case 14093 (28-10-2024)

Providers: United Lincolnshire Hospitals NHS Trust (ULHT)

Grantham Community Diagnostic Centre (CDC)

I was sent an appointment to have my yearly diabetic eye check at Grantham Community Diagnostic Centre, it was a good experience attending here as no car parking issues, free and lots of spaces. Checked in and within 5 minutes was called to be seen. The unit was lovely, very clean, uncluttered and non clinical in feel. Staff are very friendly and seem to be very happy in their roles/surroundings. The signage was very clear and the waiting room is very spacious.

Had my eye drops put in and went back to waiting room until I was recalled. Very pleasant and stress-free appointment. Didn't need to take extra time for the appointment as everything worked really smoothly.

Well done. A great resource and no need to go to the hospital for this.

Provider Response

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

West Locality x 6

- 6 x General Comment

General Comment

1. Case 14106 (30-10-2024)

Providers:

For Information: Better Births - Lincolnshire Maternity & Neonatal, United Lincolnshire Hospitals NHS Trust (ULHT)

Patient contacted Healthwatch Lincolnshire as had self referred to the online portal as 5 weeks pregnant last week and had not heard anything.

Notes / Questions

Signposted to Better births information and contact number for Lincoln Community Midwives.

Provider Response

It is hoped the author received a satisfactory outcome from resources provided.

2. Case 14070 (21-10-2024)

PCN: Trent

Providers: Cleveland Surgery, Lincoln County Hospital

Over the last few years, since 2018, I have suffered from a gall bladder issue, resulting in three hospital stays with acute/chronic cholecystitis and several minor attacks where an ambulance had to be called but did not result in being taken to hospital.

The first stay in 2018 was in Lincoln Hospital where it was decided not to remove my gall bladder but to wait and see. In 2021 I was admitted again to Lincoln, where they initially misdiagnosed another bout as a heart attack. I had a few lesser bouts then in July 2023 I was admitted to Scunthorpe Hospital who were vastly more thorough than Lincoln running tests and scans for both heart function and lower abdomen and concluded I was having another acute attack of cholecystitis. They decided that the gall bladder had to come out but for some reason did not operate straight away while I was an inpatient (I was on a ward for 6 days), but sent me home and put me on the waiting list. In Feb 2024 I was called in for my Pre-op assessment, but was not called in promptly enough and had another attack in May resulting in another 6 day stay. I was taken in on Sunday and after scans etc was scheduled for surgery on the Friday. However my Consultant came to me on Thursday evening and told me that according to the scan I had been left too long and the gall bladder had collapsed rendering it inoperable. Since then I have had two more minor attacks (non hospitalisation) and two clinic appointments with the Consultant where they have confirmed that pain killers are working and this is my safest options. If I have a bad attack I sweat profusely, become immobile, incoherent and the pain is indescribable.

I really don't feel that my current quality of life is worth much. If I had an old fashioned GP who was aware of my history and knew me as a person and not as a statistic I would go to my GP, but as we don't I'm asking you, if you don't mind, how do I get a second opinion. I had to go out of county to have a Prostatic Artery Embolization (PAE) on my prostate as no one in Lincolnshire had heard of it at the time, so there may be something elsewhere that could be done eg ultrasonics on the stone that the gallbladder has collapsed around so there is nothing there for it to rub on, causing the inflammation that gives me the pain and subsequent secondary symptoms???

Notes / Questions

Advised to contact surgery for 2nd opinion options

Provider Response

ULHT - It is hoped the author has received satisfactory 2nd opinion options.

3. Case 14003 (01-10-2024)

PCN: South Lincolnshire Rural

Providers: Lincoln County Hospital

Greetwell Ward

Fall at home, taken to Lincoln County Hospital A&E. Arrived about 9.30am, got a bed at 3.30am the following morning, sitting in A&E for this period. Patient in hospital for one week, but was transferred to five different wards during this time.

However, on being discharged at 12.30pm, patient had to wait for one item of medication, and was sat there until 7pm that evening. Patient had to wait on the ward as discharge lounge was full, therefore blocking a bed.

Notes / Questions

No patient details provided

Provider Response

We are sorry for the number of ward moves this patient had and for the delays before discharge; we absolutely acknowledge that this is a poor patient experience but please be assured that the work we are doing to improve patient flow and optimising discharge take these sorts of experiences into account. Sadly the pressures on our services and reliance on other services to enable a patient to be discharged does mean that beds are 'blocked' at times and this means the flow through the hospital can be significantly impeded. We thank the patient for sharing their story as it clearly shows how much our current work is needed.

4. Case 14004 (02-10-2024)

Providers: Lincoln County Hospital

Support with communicating autism-related needs in care plan

I am currently a patient in the Dixon Ward at Lincoln County Hospital. I am seeking support in communicating my needs, as I feel that my autism is not being fully understood in relation to my eating habits and choices, while I am also receiving care for an eating disorder, I feel that the impact of my autism on my eating and preferences is being overlooked.

I would like assistance from someone who understands autism and can advocate for my needs, particularly in relation to my diet and care plan, so that my multidisciplinary team can better understand how my autism affects my recovery. I am also hoping that this support could help facilitate my discharge as soon as it is safe to do so.

Notes / Questions

Healthwatch made contact with the safeguarding adults with autism who would liaise with the ward and the patient.

Provider Response

Just to update you from our telephone conversation last week. The patient is being supported by my colleague with regards to communication and reasonable adjustments whilst they are in Hospital.

5. Case 14015 (08-10-2024)

PCN: APEX

Providers: Lincoln County Hospital

Patient who was discharged from Lincoln County Hospital a couple of weeks ago. During their admittance they had been informed they would be having an Endoscopy, however this did not take place, is there an appointment in the offing at all?

Also, colonoscopy required, informed should be in 4 weeks which is this week, not heard anything. It was also highlighted that referrals to Vascular and Neurology were being done by the hospital, again not heard anything. Patient is still suffering from dizziness, severe abdominal pain, losing weight, not sleeping due to stress and not eating due to pain.

Patient also commented that a number of their medical notes were not present in a number of departments.

Notes / Questions

Patient request for Healthwatch to contact PALs regarding referrals. Healthwatch provided Complaints and Advocacy information for missing notes.

Provider Response

Thank you for your e-mail and I called the patient to get their consent but they asked me to contact them directly when I will have a resolution to their concerns.

6. Case 14075 (22-10-2024)

PCN: Imp

Providers: Lincoln County Hospital, Nettleham Medical Practice

Patient contacted Healthwatch to ask for how they could get answers around a "diagnosis / non diagnosis / lack of communication with a long term medical condition.

Has a diagnosis of fibromyalgia and maybe Lupus SLE. Is under the rheumatology department at Lincoln County since 2019. The Consultants have been sending letters to the GP but patient has not received any of this information.

Definition from NHS: **Lupus**

Lupus (systemic lupus erythematosus) is a long-term condition that causes joint pain, skin rashes and tiredness. There's no cure, but symptoms can improve if treatment starts early.

Has been on medication since 2019. On a recent visit to their GP, the patient was informed that the Lupus is not on their medical records, doesn't know what to do as feels no-one is listening to them.

Notes / Questions

Healthwatch suggested making contact with Consultants Secretary or PALs so information could be sent to their GP surgery

Provider Response

It is hoped the author contacted Consultants secretary and PALs, receiving a satisfactory outcome.

Area	Case Details
<p>East Locality x 5</p> <ul style="list-style-type: none"> 5 x General Comment 	<p>General Comment</p> <p>1. Case 14042 (14-10-2024)</p> <p>PCN: First Coastal</p> <p>Providers: Beacon Medical Practice, Lincolnshire Partnership NHS Foundation Trust LPFT (Mental Health)</p> <p>I have been speaking to a quite distressed patient, who rang our services yesterday evening (Sunday), stating they felt suicidal. On contacting them this morning, I asked if they still felt this way, and they said, 'I say it but won't do anything' however I am concerned about the patients welfare, often saying this morning 'lost the will to live'.</p> <p>Has carers 4 x a day by Walnut Care - who are now giving the patient their medications and it is locked away.</p> <p>The patient mentioned they lost their spouse - thinks in 2020, has had depression previously, never had treatment, is on depression medication now, but feels it's not working. Has been on a psychiatric ward a number of years ago for 9 weeks, nothing has changed. Has tried bereavement counselling previously, made no difference. Unable to control temper, bursts into tears all the time, has mobility issues.</p> <p>Healthwatch did try to provide the 24/7 Mental Health helpline number, but they didn't have anything to write with, as in the bedroom and if I sent it via text, were unable to get it. Patient mentioned they had a new phone and that they felt someone was tapping into this. Patient thought they had been referred to Mental Health a while ago, but not heard anything, feels they need a review of medications, anti-depressants not working.</p> <p>Notes / Questions</p> <p>At patients request, Healthwatch made contact with LPFT and GP Surgery.</p> <p>Provider Response</p> <p><i>I have checked records and although the patient is not currently open to Lincolnshire Partnership Foundation Trust (LPFT) there has been contact in early October when they attended Boston Accident and Emergency (A&E) for physical health and was referred to Mental Health Liaison Service (MHLS) whilst there. MHLS assessed and advised them to attend their scheduled GP appointment this week to discuss effectiveness of prescribed medication, possible physio for mobility issues.</i></p> <p><i>MHLS are referring them to LTT (Lincolnshire talking therapies) for depression management, Lincolnshire Wellbeing for community support and the patient was aware of and provided with the relevant contact numbers for MH support should they need further.</i></p> <p><i>The patient did say they had received one session of bereavement support and did not attend further, agreeing this may have helped if they had continued. We would advise the patient to discuss further bereavement support via their GP Practice - I have tried to contact the patient with no answer I have asked them to contact the surgery. I have also made an appointment with one of our Mental Health (MH) practitioners, but this is not until the end of October. I will try to ring them again in the meantime.</i></p> <p><i>GP Practice update - I have just spoken with the patient who has agreed, to accept a telephone call back from our GP tomorrow.</i></p> <p><i>GP update - I arranged a telephone appointment for mid November, the GP tried 3 times but there was no reply. (I have changed their mobile number to the new one). This patient will be discussed at our next meeting.</i></p>

2. Case 14022 (10-10-2024)

PCN: Boston

Providers: Cedar House, Lincolnshire County Council - Adult Social Care

Made contact with carer following Healthwatch being contacted by support worker from Carers First. Carer has an adult child who has Learning Disabilities, autism, medically induced dystonia, Reynard's disease. They attend Cedar House in Spalding for respite care once a month from a Friday to a Monday. The carer has ongoing issues with staff about the handling of medication unhygienically, single tablets are often counted out and tipped onto paperwork on a surface without the use of gloves or non touch technique. Concerned about infection risk. A tray had been sourced, but is only used sporadically. Carers have brought in a plastic box with a lid, funnel, and knife so that tablets can be counted and given by a non touch technique.

Staff have had to be reminded by the carer to use them. Carer has voiced concerns to members of staff about this. At present do not have a named social worker, as they are on long term sick leave, though carer has escalated to duty team concerns about medication procedures. Adult Social Care review is now outstanding this should have been done a month ago. Carer also contacted duty social worker about 3 weeks ago, as person cared for had made a comment that there was someone they did not like because they had been angry with them, could not say who this was or where it was. Carer has no concerns with the staff at Cedars attitude, or care of their adult child. But following reporting this to Adult Social Care when they next went to the Cedars they were met by 5 members of staff at the Cedars, instead of the usual one person, they thought this was unusual and quite intimidating. A new staff member had been allocated to look after their relative. The cared for person likes going to The Cedars, and has been going there for a long time.

Notes / Questions

Carer requests that HW make contact with ASC to ensure concerns listened to and actioned. Gives consent to share personal information. Does not want to make formal complaint at present as happy with level of care received, other than this.

Provider Response

ASC response- Thank you for contacting Adult Social Care. The information will be screened by our advisers. If you have provided us with enough information and the request is appropriate for Adult Care ie the customer has care and support needs the following action will be taken, this could be either. An initial conversation with the customer or their representative to understand the situation and how we can help them with their current difficulties. Or We will raise a Safeguarding Concern.

3. Case 14060 (17-10-2024)

PCN: Solas

Providers: Child and Adolescent Mental Health (CAMHS) LPFT, The Spilsby Surgery

Parent of 14 year old child living with anxiety has found the surgery very useful when their child was having meltdowns and getting someone to see their child. Sometimes this has meant a home visit as teenager would not go to the Surgery. Teenager has recently been experiencing bullying at school which has triggered an episode. Teenager has been referred to Holly Lodge at Skegness to be seen by someone. Teenager waiting to be seen by someone in the Childhood Adolescent Mental Health Service(CAMHS) team. Do not know how long they will have to wait and what they might be like. In the meantime teenager is not able to attend school and is finding everything overwhelming. The Practice are doing their best but are not mental health specialists. Teenager is trying to use self help but is finding the situation very difficult themselves and it is a real struggle. Parent is finding the situation very difficult themselves, as they have a younger child with autism.

Notes / Questions

No contact details provided, so unable to signpost.

4. Case 14091 (28-10-2024)

PCN: First Coastal

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

Patient had an appointment with Dr end of August beginning of September, which is a 6 monthly appointment. Another person was in the room taking notes. Patient received a copy of the records which stated ' person still believes they are being followed by a paedophile gang' patient has never said this and would like it corrected with the right information. Has tried to go through PALs who have said to wait for the next appointment which is in Feb/March 2025. Patient feels this information needs to be corrected prior to this appointment as it is important information. Is not challenging, would just like the right information with their records.

Notes / Questions

Patient requested Healthwatch make contact with PALs

Provider Response

PALs - It sits with our records dept as there is misinformation on the report and I duly sent it through to them. They sent the patient a challenge to records form I think via email that was in September, as they did say that the patient could not fill in the form electronically. I spoke to my colleague from records last week and they have sent a further form to them by post.

Patient update - has been in contact with the secretary and has now been resolved.

5. Case 14101 (30-10-2024)

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

The Vales; Castle Ward; Ash Villa.

Absolutely appalling, three years of the most restrictive imprisonment ever experienced under Mental Health. My close relative kept a virtual prisoner without any leave. No way are they too complex a case to be in the community.

The capacity assessments are not completed properly. Care needs provision locally, not out of area.

Proper assessments need to be given via neurology under correct tesla 3 scanners, which Lincolnshire do not have. As a family member I do not feel listened to and disregarded.

South Locality x 1

- 1 x General Comment

General Comment

1. Case 14014 (08-10-2024)

PCN: Spalding

Providers: Lincolnshire Partnership NHS Foundation Trust LPFT (Mental Health), Munro Medical Centre

I was diagnosed with Bipolar in 2022 and I have always had a good network of support around me, however I am currently on the receiving end of a communication breakdown between the hospital and my GP surgery. One year ago, I was discharged from the community mental health team at Johnson Hospital in Spalding, as I was stable on my medication. I have since been told by a mental health nurse at Munro Medical Centre (Spalding) that my medication is toxic and I should stop taking them. I do not fully understand their reasoning behind this. I have been off my medication for 4 months and feel as though I am waiting for a fallout. My anxiety has increased due to this, as I felt stable on medication - the "not knowing" of being off it has proven incredibly difficult for me. I have attempted to contact the hospital for an appointment, however they have told me that they will not see me unless my GP refers me to them. My GP is refusing to refer me to the hospital, because from their perspective, I am stable enough. I have previously been labelled as psychotic and the thought of returning to this is scary. I felt as though I was stable and enjoying my life whilst on medication, I do not fully understand the reasoning behind that being taken away from me and the decision and lack of communication is detrimental to my overall wellbeing.

Notes / Questions

Healthwatch provided PALs information

South West Locality x 2

- 2 x General Comment

General Comment

	<p>1. Case 14088 (28-10-2024) PCN: K2 Healthcare Sleaford Providers: Lincolnshire Integrated Care Services (ICS/ICB)</p> <p>Often poor patient experience of gaps between services, presenting non joined-up services, whether between healthcare sectors (primary; community; secondary; mental health and social care) between providers or between services within an organisation.</p> <p>Whilst staff can be experts in their own field and have experience and knowledge of their own service, they do not experience the patient journey and all its pitfalls across services and organisations, often resulting in poor communications, lack of information, inability to act on the patients behalf and poor outcomes. Service gaps and poor patient experience and how to improve joined up services are a major challenge for providing integrated care. Do not look at the whole picture, holsitic approach.</p> <p>2. Case 14084 (28-10-2024) PCN: K2 Healthcare Sleaford Providers: Lincolnshire Partnership NHS Foundation Trust LPFT (Mental Health)</p> <p>Neuropsychology - The Willows Sleaford</p> <p>The Willows was clean with nice toilets. Water dispenser nice and cold. I was given regular reminders of the appointment due to my memory issues. My injury is a vaccine booster, which wiped my memory and left me unable to look after myself, cook, clean, pay bills, sign in to anything, but this was disregarded immediately and any other possibilities were focused on. I didn't like this and felt it was a political or financial response.</p> <p>The consultant and the lady I saw were both very nice but I felt the testing they did was not relevant to my condition and the baseline they set as my average was not representative of my abilities of IQ/brain processing and the speed I did work at prior to the vaccine.</p>
<p>West Locality x 2</p> <ul style="list-style-type: none"> • 2 x General Comment 	<p>General Comment</p> <p>1. Case 14054 (17-10-2024) PCN: K2 Healthcare Sleaford Providers: Child and Adolescent Mental Health (CAMHS) LPFT, Sleaford Medical Group</p> <p>Parent of teenager who is very anxious had issues getting a face to face appointment with a GP at the Surgery.They eventually got one and was told that the child would need to be seen. Referred to the CAMHS Team. When asked how long the wait was, was informed it could be up to 12 months ! What do they do in the meantime? School are being supportive about the appointment and parent has asked for their support too. In the meantime , they have found out about online services for children but very little info given by GP.</p> <p>Notes / Questions Signposted to Healthy Minds and SHOUT</p> <p>2. Case 14069 (21-10-2024) Providers: Child and Adolescent Mental Health (CAMHS) LPFT</p> <p>Parent looking for support with writing a complaints letter to CEO of CAMHS. Stated child had been let down by the services since the age of 4, is now a teenager and has had no referral to psychology which would have helped. Has not received appropriate support and wants to make a formal complaint. Has now got a private psychologist in place and Beacon funding some of this.</p> <p>A team have been doing a risk assessment, but parent was not informed this was being done, why, where it goes etc, has a meeting tomorrow to speak with this team. A safety plan has been put in place for parent should they need it. Police involvement in a case. Child is a complex case, but feels the service have not helped child. Has social worker involvement.</p> <p>Notes / Questions Healthwatch provided Advocacy information to support with writing letter of complaint.</p>

Patient Transport

Area	Case Details
<p>East Locality x 4</p> <ul style="list-style-type: none"> • 1 x General Comment • 1 x Informal Complaint • 2 x Compliment 	<p>General Comment</p>

1. Case 14043 (14-10-2024)

PCN: Meridian

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

Carer and next of kin concerned about a 93 year old, housebound elderly cared for person,. They are an Alzheimer sufferer who was in Pilgrim Hospital, initially on frailty ward, then ward 7A went into hospital with money in wallet, when arrived home money gone,£100, wallet empty. Was in discharge lounge for 30 hours, waiting for hospital transport, which had been cancelled at least 3 times.Eventually got hospital transport at 2am in the morning. Has been in contact with PALs, who suggested they contact the wards, on speaking with the wards, they suggested making contact with PALs to be provided with a form for compensation. Money not logged by any of the services, ambulance, A&E, wards etc. So carer going to check with the person who unpacked the patients bags.

Notes / Questions

Healthwatch asks - are all belongings logged when a person is admitted into the hospital or within an ambulance?

Provider Response

If patients are unable for any reason to safely manage their belongings then we can take it into our care for safekeeping. We strongly encourage all patients to not bring any valuables with them and certainly in the case of a cared for person who is vulnerable such as this, then to ensure carers and family take items home with them or not bring them in in the first place. If the ward has not been able to track this either through documenting or finding it then we would advise the family to go back to PALs and to formally seek a compensation claim.

Informal Complaint

1. Case 14050 (17-10-2024)

Providers: Non-Emergency Hospital Transport (NEPTS) EMAS

My elderly relative lives in Fotherby near Louth. They have severe mobility problems such that they need ambulance transfer when attending important appointments at Grimsby Hospital. Spouse is unable to do the transfer themselves. They have had several occasions of a very poor service from the EMAS patient transfer service, exacerbated by the stress that the system provides of only being able to book an ambulance transfer to appointments. Their most recent difficulty regarded an urgent appointment -which took close on 3 weeks to be arranged by the hospital following the GP's urgent referral. This appointment, on 10 Sept, needed to be cancelled around an hour before its time because EMAS couldn't fulfill the appointment.The appointment was again cancelled last week, again within an hour of the due time because of EMAS not having an available vehicle.The appointment has been rearranged for next week, late October. Remember, this is an urgent appointment from mid August. Is there anything you can do to intervene with EMAS to ensure that they fulfill the transfer this time please? My parents are desperate.

I will happily give some further evidence/examples if you also wish to raise the systemic issues with ICB as the commissioner.

Notes / Questions

HW contacted NEPT at EMAS at carers request. Contact for PALs at EMAS given and LICB feedback.

HW contacted PALs at EMAS as have had no response about their ongoing complaint..

HW contacted ICB at patients request.

Provider Response

NEPT response- Thank you for sending this over, I have passed this to the team in Lincolnshire to ensure the journey is flagged within the system and for them to make contact with the family.

NEPT response-the team have spoken with the patients carer.

PALS EMAS response- Thank you for contacting East Midlands Ambulance Service NHS Trust. The case that was raised in April was raised by their MP. The response was sent to Victoria Atkins at the end of July who should then have shared the report.You will have to contact the MP to state that this was not received if that is the case. Their reference number for the case was XXXXXX

ICB response - Thank you for your complaint received by NHS Lincolnshire Integrated Care Board (ICB) Complaints and Customer Care Team via Healthwatch. I am sorry to note the concerns you raise in relation to the Non-Emergency Patient Transport Services (NEPTS) managed by East Midlands Ambulance Service (EMAS). I do note from the information provided that this has been raised directly with EMAS and they are managing this via their complaints process, which is the correct way for this to be progressed. I will share these concerns with my senior colleagues in the ICB however, so they can share with EMAS we would need your consent. This can be provided by return email. If I could please ask for confirmation of your address, I would be grateful.

LICB latest response to EMAS issues - I am so sorry to hear that, for a third time, patient transport failed to arrive. I have escalated this to my senior colleague who will be in contact with EMAS.

EMAS response- Just to advise for completeness we are able to share the MP response. I have asked the Divisional manager who has been in touch with the patients relative to share a copy with them.

Compliment

1. Case 14063 (17-10-2024)

Providers:

For Information: East Midlands Ambulance Service NHS Trust (EMAS), Pilgrim Hospital

Last week, relative had a fall in the garden and seemed to be okay at first but as time went on seemed to lose concentration. Spouse had just had a major operation and only got discharged home the day before. Called 999 an ambulance arrived about 2/3 hours after call. The relative was getting very confused. Neighbour was called while they waited for the ambulance. They were taken to hospital at Boston A&E and kept in until the next day when the neighbour collected them. They had a series of tests, x-rays, CT scan, blood, urine whilst there. Could not find anything wrong. Taken to a ward at the end of the corridor near A&E, SDEC ?Observations were done regularly and the following late morning was allowed to go home. Slight bruising to side of the face and arm. Probably slight concussion, but no lasting effects. Thinks they slipped on the wet paving slabs in the garden and bumped their head. They said they were well looked after at A&E and does not think they had to wait too long to be seen. Everyone was very good to them.

Notes / Questions

No contact details provided.

Provider Response

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

2. Case 14100 (30-10-2024)

PCN: Boston

Providers: East Midlands Ambulance Service NHS Trust (EMAS)

Paramedics and LIVES team

I care for someone who experiences weakness on their right hand side from a stroke and has vascular dementia. This causes panic, anxiety and insomnia. One morning on getting up, but due to their poor mobility and balance they fell against the bedside cabinet. The paramedics came to complete checks on them, while a doctor and clinician from LIVES team arrived to clean and attend the wound.

It was decided that due to the dementia it was inappropriate to take them into hospital for further tests, which I felt was sensible. The LIVES team made me aware of the 'respect form' which my GP surgery had failed to do so.

I feel the team considered the personal situation of the patient.

South Locality x 3

- 1 x General Comment
- 2 x Compliment

General Comment

1. Case 14079 (24-10-2024)

Providers: Pilgrim Hospital

Patient experience shared that they had visited Pilgrim Hospital to visit a relative recently who was very unwell. They are elderly and not very mobile and they were very worried about their relative. So unknowingly they did not enter the correct number plate on the car parking payment machine, it was incorrect by one digit. They consequently have received a parking fine and think this is very unfair.

Notes / Questions

Signposted to PALS ULHT. No contact details provided.

Provider Response

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

Compliment

	<p>1. Case 14024 (10-10-2024)</p> <p>PCN: South Lincolnshire Rural</p> <p>Providers: Community Volunteer Car Service, Gosberton Medical Centre, Grantham + District Hospital</p> <p>Patient wanted to give positive feedback about Gosberton Surgery and in particular one of the GP's there who had gone above and beyond, as had rang them at 8pm with results of tests. Reception staff at practice were also very good.</p> <p>Wanted to give positive feedback about the Community Volunteer Car Service that they use on a regular basis and is excellent.</p> <p>That they also had gone to Grantham Hospital for a routine procedure and had a heart attack on the table. That staff had delivered this shocking news very well and they were reassured that care was good.</p> <p>Notes / Questions</p> <p>No contact details provided.</p> <p>Provider Response</p> <p>Thank the responder for their feedback and assure them that the information has been passed onto the relevant teams.</p> <p>2. Case 14057 (17-10-2024)</p> <p>Providers: East Midlands Ambulance Service NHS Trust (EMAS), Lincoln County Hospital, Lincolnshire Community Health Services NHS Trust (LCHS), Pilgrim Hospital, Skegness Hospital</p> <p>My relative who is a very fit and active 86 year old (looks like they are in their 60's !). Slipped while out jogging a month ago. They managed to get home this was about 5 minutes away from where they fell, and rang 999. They were in a lot of pain. Waited about 45 minutes for an ambulance, it was their first job of the shift! They were taken to Pilgrim A&E where they found that they had broken their femur. They were transferred to Lincoln County Hospital and had an operation within 24 hours. All went well and they were up and about out of bed within 24 hours of the operation. The only bed available was on an elderly persons ward which did not help their recovery as they could not sleep. Physiotherapy went well but after a conversation with the Physio, they were transferred to Skegness Hospital to rehabilitate. They stayed for 3 weeks there as they live on their own and needed some support to recover. Treatment from start to finish was very good and they felt that they were looked after. Staff at Skegness were lovely and really supportive in their recovery. Now a month later they are still out and about and loving life again. They would like to thank them all for helping them in their recovery. All staff from 999 call handler, paramedics, A&E, theatre, ward staff were brilliant.</p> <p>Notes / Questions</p> <p>No contact details given</p> <p>Provider Response</p> <p>ULHT - Thank the responder for their feedback and assure them that the information has been passed onto the relevant teams.</p>
<p>South West Locality x 1</p> <ul style="list-style-type: none"> • 1 x Signposting 	<p>Signposting</p> <p>1. Case 14081 (25-10-2024)</p> <p>Providers:</p> <p>For Information: Community Volunteer Car Service, Non-Emergency Hospital Transport (NEPTS) EMAS</p> <p>I am due for exploratory op on 20/11/24 7.30 a.m., following three cancellations at Grantham Hospital. This is to decide why op on my left shoulder has failed ?due to infection. I am 80 years of age, had two hip replacements, left shoulder op and having investigations on right shoulder, plus left knee. I also have osteoarthritis in lower back. All this means I have very limited mobility. Would you kindly be able to help me by providing transport to and back to my home in Harlaxton, Grantham?</p> <p>Many thanks</p> <p>Notes / Questions</p> <p>Signposted to Non Emergency Transport and local Community car schemes.</p>
<p>Out of Area x 1</p> <ul style="list-style-type: none"> • 1 x Signposting 	<p>Signposting</p>

1. Case 14008 (07-10-2024)

Providers: Out of area

Please could you let me know the cost and possibility of transporting an elderly wheelchair-bound man from Wexham Park Hospital in Slough SL2 4HL to Louth Manor Carehome in Louth LN11 8ES? It will be on Thursday 10th October.

Notes / Questions

Healthwatch provided Local Healthwatch information and Louth Community Car scheme

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 14022 (10-10-2024)</p> <p>PCN: Boston</p> <p>Providers: Cedar House, Lincolnshire County Council - Adult Social Care</p> <p>Made contact with carer following Healthwatch being contacted by support worker from Carers First. Carer has an adult child who has Learning Disabilities, autism, medically induced dystonia, Reynard's disease. They attend Cedar House in Spalding for respite care once a month from a Friday to a Monday. The carer has ongoing issues with staff about the handling of medication unhygienically, single tablets are often counted out and tipped onto paperwork on a surface without the use of gloves or non touch technique. Concerned about infection risk. A tray had been sourced, but is only used sporadically. Carers have brought in a plastic box with a lid, funnel, and knife so that tablets can be counted and given by a non touch technique.</p> <p>Staff have had to be reminded by the carer to use them. Carer has voiced concerns to members of staff about this. At present do not have a named social worker, as they are on long term sick leave, though carer has escalated to duty team concerns about medication procedures. Adult Social Care review is now outstanding this should have been done a month ago. Carer also contacted duty social worker about 3 weeks ago, as person cared for had made a comment that there was someone they did not like because they had been angry with them, could not say who this was or where it was. Carer has no concerns with the staff at Cedars attitude, or care of their adult child. But following reporting this to Adult Social Care when they next went to the Cedars they were met by 5 members of staff at the Cedars, instead of the usual one person, they thought this was unusual and quite intimidating. A new staff member had been allocated to look after their relative. The cared for person likes going to The Cedars, and has been going there for a long time.</p> <p>Notes / Questions</p> <p>Carer requests that HW make contact with ASC to ensure concerns listened to and actioned. Gives consent to share personal information. Does not want to make formal complaint at present as happy with level of care received, other than this.</p> <p>Provider Response</p> <p>ASC response- Thank you for contacting Adult Social Care.The information will be screened by our advisers. If you have provided us with enough information and the request is appropriate for Adult Care ie the customer has care and support needs the following action will be taken, this could be either. An initial conversation with the customer or their representative to understand the situation and how we can help them with their current difficulties.Or We will raise a Safeguarding Concern.</p>
<p>South Locality x 2</p> <ul style="list-style-type: none">• 2 x General Comment	<p>General Comment</p> <p>1. Case 14025 (10-10-2024)</p> <p>Providers: Glenholme Halmer Court Care Home, Spalding, Lincolnshire County Council - Adult Social Care</p> <p>Carer who had previously shared the experience that their spouse received having respite care in a Care Home in the area. That was a very negative experience, care was poor with lots of issues. Did escalate to Social Worker and Healthwatch Lincolnshire raised a poor practice concern. Since then sadly their spouse has passed away. But in the last months of their life they had respite care at Glenholme care home. Their spouse felt well cared for, at home, alert and staff were interactive.</p>

	<p>2. Case 14080 (24-10-2024)</p> <p>Providers: Lincolnshire County Council - Adult Social Care</p> <p>Experience shared by client at CAB. That their elderly parent had to go into residential care in Lincolnshire as unable to look after themselves at home because of dementia . The Residential Care Home was in Lincolnshire near relatives. Their parent was very settled and doing well in this Care Home. Relatives were able to visit easily and on a regular basis. Out of the blue , relatives were contacted by the Care Home to say that their would have to be moved as soon as possible and it would be in the next 24 hours to a Care Home in Hull. Relatives were very upset and distraught and said if this happened it would kill their elderly parent. Within a short time their parent had fallen in this home, taken to hospital and had sustained a serious fracture, they did die a short time later because of complications of this fall and an infection.</p> <p>Notes / Questions</p> <p>No contact details provided. CAB Signposted to Healthwatch Lincolnshire. Contact Adult Social care.</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 14088 (28-10-2024)</p> <p>PCN: K2 Healthcare Sleaford</p> <p>Providers: Lincolnshire Integrated Care Services (ICS/ICB)</p> <p>Often poor patient experience of gaps between services, presenting non joined-up services, whether between healthcare sectors (primary; community; secondary; mental health and social care) between providers or between services within an organisation.</p> <p>Whilst staff can be experts in their own field and have experience and knowledge of their own service, they do not experience the patient journey and all its pitfalls across services and organisations, often resulting in poor communications, lack of information, inability to act on the patients behalf and poor outcomes. Service gaps and poor patient experience and how to improve joined up services are a major challenge for providing integrated care. Do not look at the whole picture, holsitic approach.</p>
<p>West Locality x 1</p> <ul style="list-style-type: none"> • 1 x General Comment 	<p>General Comment</p> <p>1. Case 14010 (07-10-2024)</p> <p>Providers: Continuing HealthCare, OSJCT Beckside</p> <p>For Information: Lincolnshire County Council - Adult Social Care</p> <p>Resident who resides in Beckside Nursing Home recently had a meeting in the home to see if nursing or residential was what was needed. Team who took the meeting stated on the letter that the resident had dementia, resident had never been diagnosed nor tested for dementia as not necessary, would like this removed as it has gone to a number of places with the incorrect information on and very upset that this is the case. Also stated that the resident has schizophrenia, again this is not the diagnosis but has been diagnosed with psychotic depression. Has spoken with the home manager who states they are unable to get this changed but would try and support. Resident has a social worker, but do not know who they are or how to make contact. Has considered going down the legal route.</p> <p>Notes / Questions</p> <p>Resident request for Healthwatch to make contact with Social Worker and or services</p> <p>Provider Response</p> <p>Unable to get through to SW department, so made contact with ASC. Informed this was Continuing Healthcare (CHC). Healthwatch made contact with CHC.</p> <p>UPDATE - resident having a meeting tomorrow, would like some support at the meeting. Healthwatch provided Advocacy information.</p> <p>CHC update - Beckside Nursing Home emailed us on the 30th of September 2024 to inform us that the paperwork had the incorrect diagnosis. Unfortunately, it was someone new to our team who write the assessment up and mixed up the diagnosis. The corrections were made, and another set of paperwork has been sent out to the resident. I also made apologies about the incorrect diagnosis in an email which has been printed out and given to the resident and advised that when one of us was next visiting the care home that we would go and apologise in person. I received a further email from Beckside yesterday as the resident is now unhappy with other things that have been documented within their assessment, so I have arranged to go out to the home tomorrow and sit with the resident and make the adjustments that they wish to be made. While I am there, I will also give them the contact details of their social worker.</p> <p>Healthwatch spoke with the resident as the home and CHC seem to have this under control.</p>
<p>Out of Area x 1</p> <ul style="list-style-type: none"> • 1 x Informal Complaint 	<p>Informal Complaint</p>

1. Case 14090 (28-10-2024)

Providers: Out of area

I have taken a call from a parent who lives in Skegness area but it is in relation to her son (Shay) who lives in Cleethorpes and is registered with Beacon Medical Practice Cleethorpes so I am sorry he's in your area I'm afraid. Cloverleaf provided Mum with our contact information.

There is so much information, I probably haven't captured it all, but some of the more salient parts, so here goes:

Shay was previously sectioned under 117 Mental Health in Nottingham - and this is where the problem lies. Has diagnosis of:- schizophrenia; autism; depression; mild LD and dyslexia.

Shay was in several care homes in that area having 24/7 care in place, which worked very well and Shay had a full and busy life, Mum would go and visit often and was reassured that all was well and he was being looked after.

Then about 10 years ago it was decided (Mum disagreed) that Shay would benefit by living in the community. 30 hours a week home care in place, to help with daily tasks as cooking, cleaning, taking medications, general day to day activities. Unsuitable place, and unaffordable for him, moved again. Now in a bungalow in Cleethorpes, postcode - DN35 9HG. Over the time home care provision has got less and less, was down to 8 hours at one point a week, Mum has fought, and got it to 17 hours a week, but still not sufficient. Do not support with cooking, cleaning and going out in the community. Someone comes twice a day, morning and evening to give meds then leaves.

Shay's memory has deteriorated, did have an appointee from Notts however this is being lost, local council can do this but would cost Shay £86 per month. Benefits of PIP no longer, on little income does not have this kind of money, struggles as it is.

Mum would like to be just that, a Mum again and not have this fight for care for son, who was previously happy where they were in a care home facility. I asked if Shay has a social worker - not a named one (no capacity) in Notts, generic number and someone picks it up, could be anyone, but they don't know Shay.

Mum would like an independent assessment - has asked for this, but not happened.

The difficulties lie as Shay is still under Notts council for funding, lives in Cleethorpes and no (or very little) care in place to support his needs. I did mention here there is Social Prescribing that might support with going out and help with some elements, but by the sounds of it care package is not appropriate for his needs.

Notes / Questions

Healthwatch Lincolnshire, with consent shared information with Healthwatch North East Lincolnshire.

Provider Response

HWNE confirmed they would contact the family member back to discuss.

Other

Area	Case Details
<p>East Locality x 5</p> <ul style="list-style-type: none">• 3 x General Comment• 1 x Compliment• 1 x Signposting	<p>General Comment</p>

1. Case 14072 (22-10-2024)

PCN: First Coastal

Providers: East Lincolnshire Area Locality, Lincolnshire Integrated Care Services (ICS/ICB)

Sutton On Sea today at Tide Turners and have spoken with a member of the team here who raised concerns about a young (late 30's - early 40's) person who is sleeping rough near the GP surgery in Sutton on Sea.

The member speaks with this person from time to time, has provided them with some warm clothes from Tideturners which they placed in a bag, went walkabout for a couple of hours and when they returned the bag had been thrown away.

Has managed to get their first name only. This morning, they spoke with this person who mentioned that 'they wouldn't be here much longer' asked if they were moving on, response was yes, asked if anywhere nice - hell. The member questioned the person and they stated they were going to commit suicide.

Member made contact with the GP Surgery but they are not registered there, so would not assist. Spoke with me (Healthwatch) when I arrived and after speaking to a member of the East Lindsey Council this morning it was suggested I email the services.

I wonder if a wellbeing check could be done at all. Person does like a drink, is on their own, no phone that the member is aware of and feels they need some help and support. Is there anything that can be done at all please?

Notes / Questions

Healthwatch spoke with SPA who were unable to assist. Healthwatch spoke with local council rough sleepers.

Provider Response

Rough Sleeper team are aware of this person, has previously had support and keep a check on this person.

Thank you for your email. The rough sleeping team offer advice and support to all rough sleepers in the area. We regularly conduct outreach searches across the district during the early hours of the morning or late in the evenings, when people are most likely to be bedded down.

Unfortunately, there are occasions when people who are sleeping rough, will not engage with the service. However, we endeavour to continue to offer support regularly and provide regular wellbeing checks and offer advice.

Thank you for emailing your concerns regarding the person sleeping rough to us and we will contact them at the earliest opportunity.

Any concerns for safety of a person rough sleeping please report to 101. In regard to the specifics of this case if you feel the person is in immediate risk of suicide, please call 999.

Healthwatch provided this information to the person in TideTurners who raised this issue.

2. Case 13998 (01-10-2024)

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

I have been waiting since October 2023 for my severely disabled child's replacement headrest from the wheelchair service and tray that needs to be fitted with brackets. They fitted a new headrest but it was loose and we couldn't tighten it but they have now sorted that and the tray eventually got resolved after the fourth visit, instead of new brackets to keep it in place they re drilled the threads again which we were not happy with as it was supposed to be replaced as it had been drilled twice before, it is holding so fingers crossed it remains like that, the different engineers who came out were all told something different it was so frustrating.

Unfortunately our problems continue with NRS, I had a phone call from NRS last week to inform me that new brackets were going to be fitted to child's tray today, and their head rest looked at again as it loose. The engineer from NRS has been into see child at the Day Centre today and they haven't again been given the brackets for the tray and they have informed us also that the reason the headrest is loose is because it's the wrong headrest for my child's chair and the one that has been fitted has been boded up with spacers as screws were too long which is why it wobbles, it's a year this month since we requested the headrest to be sorted and over 5 weeks trying to get the replacement brackets for the tray, as I am sure you will understand the sheer frustration we are feeling with this on going saga, we have had 5 visit regarding the brackets up to now, engineers saying they are in stock but they don't bring them, I have again phoned NRS for an explanation but they don't have a clue what's going on and will look into it again.

Notes / Questions

Carer requests that Healthwatch make contact with NRS and Contract Lead again.

Provider Response

NRS - I can reassure you we are dealing with this and spoke to the parent this morning, we fitted the part that was outstanding from the transition of the service but it now looks like there is a further issue, we are awaiting our rehab tech to come back from their rounds this morning and I will update you later today with the outcome as they have actually been sent out again to try and resolve this.

Further update 02/10/24 - Just to confirm that a named person attended the school for child's chair and all issues are now resolved, also to confirm the Customer Service Manager has spoken directly to the parent and they are satisfied there is no further action.

3. Case 14019 (09-10-2024)

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

Having waited almost a year for a pressure cushion which was ordered through AJM last October, had to be reassessed by NRS which took place early August. Have complained to ICB and following a meeting with John Turner, I had a call from NRS a few days later. Now waiting for my cushion. I do have pressure sores that need to be treated. Not told by NRS how long I will have to wait. Have spoken with Healthwatch Lincolnshire rep about this.

Notes / Questions

Healthwatch contacted NRS as requested by patient

Provider Response

NRS response- The patient was seen in their home on the 15th by a clinician, their ROHO cushion was set up for them, the patient is only waiting for an item called a rigidizer now which has an EDD date of November 16th. Hope this helps. Information shared with the patient.

Compliment

1. Case 14021 (09-10-2024)

Providers: Lincolnshire Community Health Services NHS Trust (LCHS), NHS 111 Service

Took a slight tumble a few weeks ago in the Grantham area when visiting and fell and hurt my arm/wrist. I needed to be seen by someone but really did not want to go and sit in A&E for hours. As I was unable to drive and at that point my friend was not driving as had just had an operation, I did not know what to do. Called NHS 111 who advised that I did need to be seen and that I could go to UTC (Urgent Treatment Centre) at Grantham Hospital. I explained my travel predicament. They said they would arrange for a taxi to pick me up and that they would take me to UTC. About 20 minutes later a car arrived and took me to UTC. I was assessed and x-rayed. No bones broken, just a serious sprain. Within 2 hours I was ready to go home. My spouse picked me up from the UTC. A very good service by all involved.

Notes / Questions

No contact details provided.

Signposting

1. Case 14102 (30-10-2024)

Providers: East Lincolnshire Area Locality

Social Prescriber requested group information on local areas of Market Rasen, Caistor, Louth and Grimsby for those that are isolated in these areas and how to get to places.

Notes / Questions

Healthwatch provided Connect to Support and Grimsby Connect NEL information

Not Specified

Area	Case Details
<p>East Locality x 1</p> <ul style="list-style-type: none">• 1 x Signposting	<p>Signposting</p> <p>1. Case 14058 (17-10-2024)</p> <p>Providers:</p> <p>Patient who moved into the Spilsby area about 18 months ago and lives on their own. They are starting to feel a bit isolated and are not sure what to do or where to go. Due to their disability they are unable to continue to do their hobby of horse riding and at the weekend they had to make arrangements for their horse to go to a new home. They were feeling very low but knew that they needed to do the right thing. Their dog died about 6 months ago. They said that they were feeling lonely. They are medically retired about 18 months ago , hence moving to Spilsby to downsize. Lots of unplanned changes in their life in the last 18 months, that they do not know how to cope with the emotional changes . Just feeling a bit lost at the moment.</p> <p>Notes / Questions</p> <p>Signposted to Care Navigator/ Social Prescriber at Surgery, Age UK befriending service. Talking therapies.</p> <p>No contact information provided</p>