

Healthwatch Lincolnshire Patient experiences: November 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 30 November 2024 where 65 comments were raised.

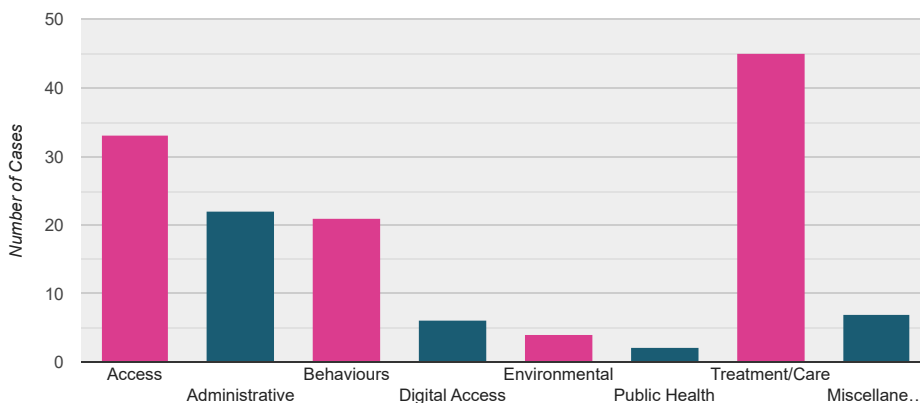
We note that all of these issues are taken at face value and there is sometimes limited detail and context to the feedback, however where a patient or loved one has taken the time to share their views or experiences with us we feel it is important, and indeed we have a duty to share these in the best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

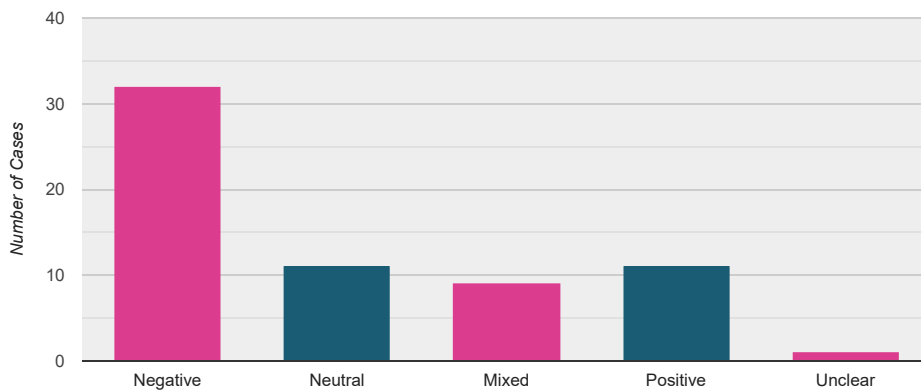
Total cases: 65

Theme Areas



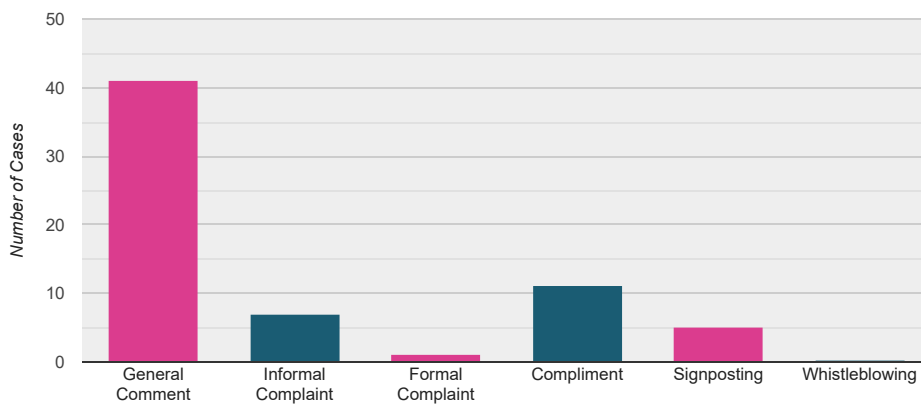
Theme Areas	Cases
Access	33
Administrative	22
Behaviours	21
Digital Access	6
Environmental	4
Public Health	2
Treatment/Care	45
Miscellaneous	7

Sentiments



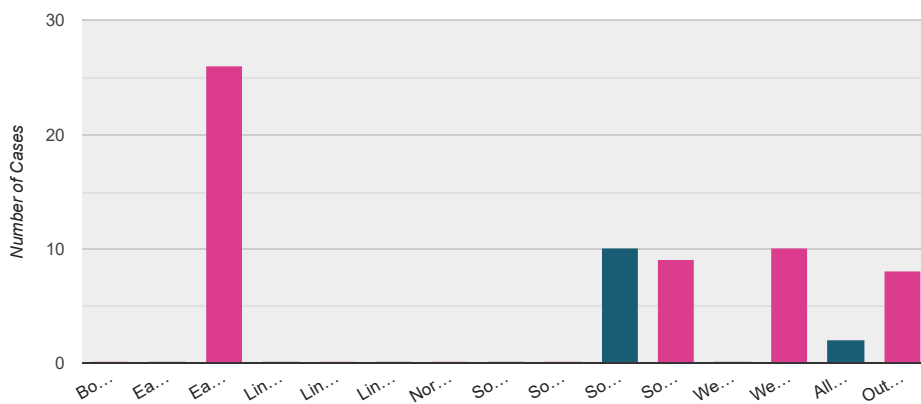
Sentiments	Cases
Negative	32
Neutral	11
Mixed	9
Positive	11
Unclear	1

Case Types



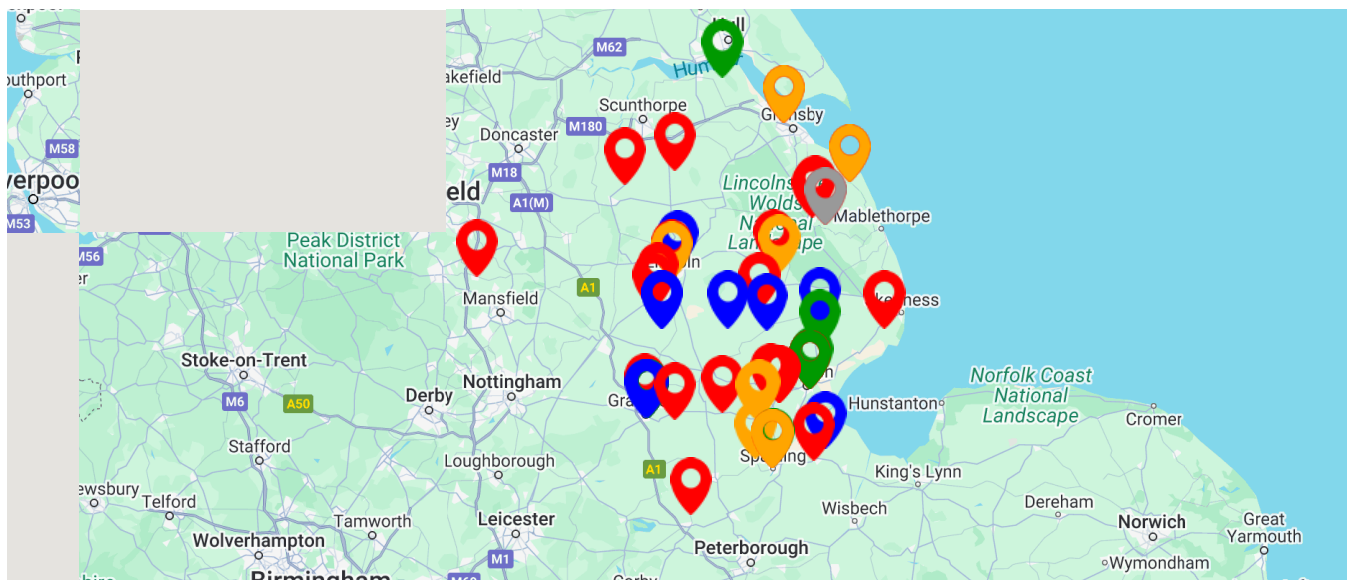
Case Types	Cases
General Comment	41
Informal Complaint	7
Formal Complaint	1
Compliment	11
Signposting	5
Whistleblowing	0

Areas



Areas	Cases
Boston District Council	0
East Lindsey District Council	0
East Locality	26
Lincoln City District Council	0
Lincolnshire CCG	0
Lincolnshire Integrated Care Services (ICS/ICB)	0
North Kesteven District Council	0
South Holland District Council	0
South Kesteven District Council	0
South Locality	10
South West Locality	9
West Lindsey District Council	0
West Locality	10
All Areas	2
Out of Area	8

Map



Cases

Community Health Services

Area	Case Details
<p>East Locality x 5</p> <ul style="list-style-type: none"> • 2 x General Comment • 1 x Informal Complaint • 1 x Compliment • 1 x Signposting 	<p>General Comment</p> <p>1. Case 14150 (18-11-2024)</p> <p>Providers: Lincolnshire Integrated Care Services (ICS/ICB) For Information: Lincolnshire Community Health Services NHS Trust (LCHS)</p> <p>For the past 12 months I have been trying to get my child (now 14) tested for dyspraxia. The GP won't refer them and the school have said that the community paediatrics do not cover dyspraxia. I'm looking to have to go private spend nearly £1000 on a test. The lack of support has clearly been going on for years.</p> <p>Notes / Questions</p> <p>Healthwatch also provided Liaise, LPCF, and CANadda</p> <p>Provider Response</p> <p><i>Previous response from ICB - provided to a parent</i></p> <p>Guidance from the National Institute for Clinical Excellence recommends referral to a community therapy service which is provided by Lincolnshire Community Services and its not clear from the contact whether this referral took place. Lincolnshire Community Services do provide physio support for CYP with Gross Motor Skills difficulties - however whilst we recognise that this service can offer some help and advice, it is not a specialist Dyspraxia service for fine motor skills and we have recognised that as a gap in service within Lincolnshire and LCHS are not commissioned to provide at the moment. Referral into a specialist service should be by a paediatrician, an occupational therapist/physiotherapist or an educational psychologist. If we receive such a referral within the ICB at present we would look to commission a private provider to meet the needs of the young person. We recognise that we need to do some significant work on getting this referral pathway right but also look at long term what local service we can provide to meet the numbers of referrals that are made. As such we have written this into our long-term transformation plans for children and young people and we will be working with our local NHS Trusts and Lincolnshire County Council to ensure there is smooth access into a service for Lincolnshire children and young people. We would strongly recommend looking at the LCHS webpage designed to support CYP and families understand and manage DCD and there is a great emphasis on working in partnership with the educational setting – I have provided the link below which I hope is useful.</p> <p>Developmental Coordination Difficulties/Movement difficulties (DCD) :: Lincolnshire Children's Therapy Services (lincolnshirechildrenstherapyservices.nhs.uk)</p>

2. Case 14172 (28-11-2024)

Providers: Lincolnshire Integrated Care Services (ICS/ICB)

I'm one of the volunteers supporting asylum seekers in Louth. This is a new development so local services are not up to speed. We have an issue with accessing free prescriptions for the group. They are entitled to full access to NHS services and free prescriptions as they have no funds. This has been refused because the patient did not have his HC2. This is issued by the NHS 21 days after their arrival. However, the individuals are being moved so quickly and without notice that this document is often not catching up with them. We need all pharmacies and GP practices and hospitals in the area to know that with or without the HC2, an asylum seeker is entitled to full NHS service and free prescriptions. They will always have an asylum ID card to prove eligibility. How can we quickly communicate this, for us, in the Louth area, but generally, across the county, as it will be occurring elsewhere?

This sudden dispersal of a large group of single asylum seekers to Louth (and others to other parts of the county) has taken services by surprise, and we all seem to be on a learning curve. I had a young person of 18 from Afghanistan who has arrived with a mental health crisis and was unable to access a prescription because they were asked to pay. The practice pharmacist was very helpful but clearly this issue was unknown, and both the practice pharmacy and Boots pharmacist insisted he had to show his HC2 before they would give the prescription free of charge. We paid in order to expedite, but it is of great concern to us as clearly these individuals have no funds beyond the £7 a day they receive for food, clothing, communications, transport, etc.

We learnt that the NHS should issue all incoming asylum seekers with an HC2 within 21 days of their arrival. These individuals mostly do not speak English, and are being moved about the country without notice and without knowing where they are, and it is not surprising that they neither understand this system, nor can they access the documentation, if ever the NHS tracked them to provide it. I believe proof of asylum status - all have an asylum ID card - should be taken as evidence that they are per se entitled to free prescriptions. Another individual told us he had been on Bibby Stockholm (barge housing asylum seekers) long enough to receive his HC2 and understood the system. He also told us the Co-op pharmacy had taken his asylum ID as evidence, so clearly some are more tuned in than others.

Notes / Questions

Healthwatch contacted LICB feedback and chief.officer@pharmacylincolnshire.org

Provider Response

Healthwatch had a meeting with Primary Care ICB in the first week of December 2024 - who would get some comms out to all the providers informing them that the Asylum ID should be evidence enough as issued from the home office, HC2 form is great, but if not got yet then the ID is sufficient. I asked for a timeframe, and it should be out either Thursday this week or Monday of next week at the latest.

Response from Chief Pharmacy Officer - As the representative body for community pharmacies in Lincolnshire whilst we do not performance manage or monitor the work of pharmacies, we are able to communicate information with them.

I will include the following in our newsletter next week, directing contractors to the guidance.

Reminder regarding prescription medications for Asylum Seekers

Asylum seekers in possession of a [HC2 certificate](#) are entitled to free NHS prescriptions. **If an individual seeking asylum requires an urgent prescription before receiving a HC2 certificate the NHSBSA should be contacted on 0300 330 1343.** If the application has been processed, then a certificate number will be available which can be used to obtain a free prescription prior to receiving the paper certificate. This must be done by the individual themselves for confidentiality.

HC2 certificates for asylum seekers normally last for 6 months (the expiry date is on the certificate) and a new application will need to be made at this point by filling in another HC1 form in advance of this date. If the asylum seeker is in receipt of section 95, the HC2 certificate will automatically be sent.

Informal Complaint

1. Case 14164 (28-11-2024)

Providers: Pilgrim Hospital

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

Hospital neglect of my parent. Healthwatch please can you help me. My parent who died end of September was neglected in Boston Hospital, they were admitted at the end of April, they got an injury the first week, no communication as to what happened even though I tried to speak with nursing team. Contracted breathing difficulties where relative was informed an infection, later turned into pneumonia. Parent was in the hospital for 5 weeks, then discharged and came home at 3am in the morning and the next day a Community Nurse came and after only being home for 8 hours they had to be admitted again because it was an unsafe discharge, this time to Grimsby Hospital. Had been discharged with wrist infection - Grimsby Hospital stated from the cannula site and still had pneumonia, was placed on intravenous antibiotics.

I can't grieve properly I feel I should have prevented them going back in but I didn't know what to do and I hadn't heard of Healthwatch until now, I can't bear all that parent went through and blame myself for not rescuing them, despite constantly trying to stick up for them and getting nowhere.

Notes / Questions

Signposted and information given about how to make a complaint, Patient Advice Liason Sevice (PALS) for Pilgrim Hospital, Princess Diana Hospital ,Grimsby. PALS information given for Lincolnshire Community Trust, and Lincolnshire Integrated Care Board. Contact information given about Care Quality Commission (CQC), Parliamentary Health Ombudsman (PHSO). Contact information given for bereavement organisations CRUSE and St Barnabas locally. Voiceability also provided.

Provider Response

ULHT response- emailed Clinical lead on CSSU at Lincoln 22.01+A4:E4 to see if they remember the patient.

Compliment

1. Case 14166 (28-11-2024)

Providers:

For Information: Butterfly Hospice

My parent was admitted to the Butterfly Hospice for end of life support. They were a "guest" for about 2 weeks before they died peacefully 2 weeks ago. The staff and service there was amazing and have been a joy to be amongst, at the most difficult times of my life. I can't fault what they always did for both the parent and me. There was always someone around to talk to, cry with or just sit quietly with a cuppa. They helped us both to come to terms with the part of the journey that we found ourselves on. They had looked after my parent a number of years ago with palliative care and their spouse then asked to go there rather than stay in the Care Home or Hospital. It was so peaceful. Thank you for your support and for such a great service.

Signposting

1. Case 14163 (26-11-2024)

Providers: North Hykeham CDS Clinic (Lincolnshire Community Health Service)

Oral Health Programme.

Person looked on the internet and made contact with Healthwatch under the impression that we could provide tubs to store toothbrushes in for their nursery.

Notes / Questions

Healthwatch with consent shared their information with CDS training who could provide the equipment.

Provider Response

Unfortunately, we do not provide this. We run our own supervised toothbrushing programme- Lincolnshire Smiles and we provide all resources to the schools involved with this, but we are not able to provide to others. We purchase our racks from AMS International- see this link [Racks](#)

Healthwatch forwarded this information to the Nursery Lead.

South Locality x 3

- 3 x General Comment

General Comment

1. Case 14114 (01-11-2024)

PCN: Four Counties

Providers: NHS 111 Service, Peterborough and Stamford Hospital

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

Veteran with long term health conditions and disability (including mental health issues and Post Traumatic Disorder). They became unwell, called NHS 111, was told that someone would call back within 2 hours. No one did. They got worse so relative called NHS 111 again, after waiting the 2 hours, to be told that they would send an ambulance. Patient was severely dehydrated and unable to tolerate fluids. Many hours later the ambulance was despatched and taken to Peterborough Hospital.

They spent 6 hours in an Ambulance, assessed, no fluids given, eventually put in a wheelchair and sent to "fit to sit" area. Felt that the Nurse did not want them there. Then sent to a dirty side room. Many hours later was told that antibiotics would be given intravenously. No results shared.

Sent home with no follow up and with catheter still in situ. Told to deal with the catheter themselves when they got home. Told that would be referred to Urology. Seen by District Nurses who said that patient had a serious Urinary Tract Infection. They remain in a lot of pain. They were also told that they needed to see a Neurologist. No appointments yet sent through. Has made a complaint via Peterborough Hospital PALS, to be told that they can't do anything. Patient does have mental health issues and feels that the GP Practice, and the NHS are not interested in helping them.

Notes / Questions

Patient has been referred by Veteran Support to Op Courage for support.

2. Case 14168 (28-11-2024)

PCN: Spalding

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

Comments from Welland Senior Group.

- Community Diagnostic Centre (CDC) a fab resource! Used by a relative who was seen within 5 minutes of arrival, free parking and home within the hour. So smooth and stress free. Is there going to be one in the Spalding area?
- Lack of Specialist services in Lincolnshire. Patients having to travel out of county for treatment.

Provider Response

ULHT response- Response from Sarah Brinkworth ICB: There isn't one being planned at Spalding unfortunately. At the beginning of the CDC programme in 2021 the national programme expected each county to develop 3 CDCs. Following feedback from the national Clinical Lead we actually worked up 4 potential locations as we were advised that due to our geography we could apply for an additional site. The suggested locations took into account local population size, health inequalities, access and travel considerations and availability of existing services. The agreement of these locations and the priority order we would apply for national funding were approved by system leaders. We have now built CDCs in Skegness and Lincoln (as well as Grantham) and are waiting confirmation on available funding for 25/26 to see if we are able to progress with our 4th location in Boston. We are aware of CDCs in Wisbech and Peterborough which are being developed through Cambridgeshire and Peterborough ICS.

3. Case 14174 (29-11-2024)

Providers: United Lincolnshire Hospitals NHS Trust (ULHT)

Hospital Outpatients appointments. Skegness and District Hospital - Dermatology Department. After 2 cancelled appointments and a delay of eight months I eventually had an appointment at the end of November 24. I was seen by the Doctor for my original issue which they diagnosed within 30 seconds as non threatening and not needing treatment. I pointed out that as eight months had passed since my first contact with my GP two more lesions had appeared and could they have a quick look at them, they tutted, looked very aggravated and said 'each appointment is only 5 minutes'.

They did reluctantly look at them and gave me the all clear, however I was not at all comfortable with the experience and they made me feel like I was a nuisance. Finally the whole session did only last their prescribed 5 minutes so I think their attitude was very off-putting and unsettling.

Notes / Questions

Signposted to Patient Advice and Liaison Service at United Lincolnshire Hospitals Trust (ULHT) and at Lincolnshire Integrated Care Board. Care Quality Commission (CQC) and Parliamentary Health Ombudsman (PHSO) information given.

Provider Response

ULHT response- We hope this person made contact with PALS and have received a response.

South West Locality x 3

- 1 x General Comment
- 1 x Formal Complaint

General Comment

- 1 x Compliment

1. Case 14124 (07-11-2024)

PCN: K2 Healthcare Grantham and Rural

Providers: Lincolnshire Integrated Care Services (ICS/ICB)

Patient commented about a lack of communication to GP practices and to the public about where they go to get sutures removed or wounds dressed. This patient lives in the Grantham area. They have been given the SPA number and found it difficult to get through and are worried about the older population having to travel and the impact of cost for this ?They are wanting to know an exact location of these services. The other question that they ask is why was this not communicated to the public and GPs before it was implemented. They have been in contact with the ICB about this matter previously and did not get a satisfactory response.

Notes / Questions

Integrated Care Board (ICB) contacted as requested by the patient.

Patients questions raised with the ICB-

I would like the address of the Treatment Room / wounds Clinic. Still seems a secret to me? Why is this not published for the general public? Why has the ICB done this ,what savings has been achieved if any?

Provider Response

Integrated Care Board (ICB)response- I am seeking advice from my colleagues in the ICB, please can I ask for further information to ensure that your patients concerns are progressed appropriately and I will be in contact again as soon as possible. I would require full name, contact address and their GP practice.

Contact gained from patient to share personal information.

ICB response- Thank you for the further information, I have shared this with our Primary Care Team for their response. I will be in contact again as soon as possible.

ICB contacted HW- Thank you kindly for sending across patients email address, for your information so you can update your records we have sent our response this morning.

Formal Complaint

1. Case 14155 (20-11-2024)

PCN: K2 Healthcare Grantham and Rural

Providers: East Midlands Ambulance Service NHS Trust (EMAS), Lincoln County Hospital

Healthwatch Lincolnshire copied into letter of complaint, also sent to PALS at United Lincolnshire Hospitals Trust, Complaints Facilitator, PALS at East Midlands Ambulance Service (EMAS), Patient Experience Facilitator and Local MP.

Follow up on Complaint regarding Emergency Treatment of severe croup in infants in Lincolnshire, sent 27/7/24.

We write further to our letter of complaint sent to Pals at ULHT and EMAS in July of this year. We understand that the emergency care of infants with croup requires a joined up pathway with a variety of different disciplines, each with their speciality. We thank Complaints Facilitator at Pals ULHT for organising a meeting Accident and Emergency (A&E) Matron (no doctor) in September. It was unfortunate that EMAS would not attend, however an email response from EMAS was received in October.

We really do appreciate the NHS is under great strain. However croup in babies is common and can be very serious. The care our grandchild received in Lincolnshire was vastly different when compared with the 3 episodes that they now have experienced in Cambridge. It must be possible to do better for babies in Lincolnshire. Our grandchild will not be able to visit us until we can be sure things have improved.

Having been through the meeting recording, read the EMAS response and discussed the experience with our grandchild's parents we have worked to put a summary of the care our grandchild received on that night in July, acknowledging the times recorded by attending staff:

Important to note here that the current preferred steroid for croup is Dexamethasone (Dex). We are informed it takes 2+ hours to react and so must be administered as soon as possible.

21.58: 999 call. Disposition 2 (aim 18 min, 9/10 within 40 min response). Told 2 hour response. High demand so Clinical Safety Plan implemented at 3. However reviewed...

22.20: Ambulance staffed by technicians arrived, no Dex on board. Technicians do not have the required training to administer anyway. On the road child deteriorated. They were very distressed and repeatedly vomited on the journey. The technician appeared to be messaging for back up. **Oxygen saturation 83-85% so oxygen given (duration approximately 20-30 mins).**

23.22: Grandchild booked into Lincoln A&E. No record of the information at the transfer was shown to us/available.

23.30: Triage by Paediatric Competent Nurse 8 minutes after booking in. Records show P Score=0, oxygen saturation 99%, fast heart rate, high respiratory rate (34). Grandchild's parents report that their breathing was laboured with indications of tracheal tug. However the P Score of 0 suggests child was stable at the time of the triage. There was no continuous monitoring of oxygen saturation to ascertain that child remained stable they **were only seen by a doctor 55 minutes after they were booked in.** We were told an unstable assessment would have meant Dex administration within 15-30 minutes. Why wait until child was unstable? When they arrived at Addenbrookes hospital they were in a less distressed state but was immediately given Dex and placed under the supervision of a registrar and consultant with continuous monitoring.

Grandchild's parents took several videos to demonstrate child's symptoms to successive doctors. After child was triaged and in the waiting room a video was taken. There was no continuous monitoring despite repeated requests by Alec's parents.

WAS THE P SCORE GIVEN WITHOUT FACTORING IN THAT CHILD HAD RECEIVED OXYGEN ON THE JOURNEY SO AFFECTING THEIR OXYGEN SATURATION?

0.17: Doctor administered 1.5mg oral Dex (records double checked).

Other than oxygen in the ambulance, this was the first treatment given to the infant: 2 hours 17 mins after the 999 call. Indeed it took this long for a doctor to even examine them.

This was despite grandchild's parents bringing 2 x Addenbrookes Hospital discharge papers showing repeated episodes of severe croup, all required repeated administration of Dex (and adrenaline).

2.30: P Score=1, oxygen saturation 94% (first record of monitoring following Dex). Not continuous monitoring.

2.52: Adrenalin nebuliser administered. P Score=3, oxygen saturation 91%. Grandchild's parents ask whether it is recorded in the notes that oxygen was given before adrenaline as, once continuing monitoring was provided, child's oxygen levels had dropped and they needed to give oxygen before the adrenaline?

3.24: P Score=2, oxygen saturation 96% (in A&E)

6.24: oxygen saturation 95% (on the ward), breathing is still laboured

We assume grandchild was admitted and, in the end, had 4 doses of Dex because the first dose of Dex was so delayed. The first hour or so of delay because the ambulance did not carry Dex or have access to a paramedic. The second hour of delay because the initial triage made did not mean they were seen by a doctor promptly. They were not even monitored during the 55 minute wait to be seen by a doctor.

We really hope that EMAS and other disciplines can use our complaint to look at their relevant protocols to improve emergency treatment, and hopefully this will result in more paramedics, more ambulances, more money. We hope EMAS and ULHT will check and improve ambulance handover information transfer and look at staff training/supervision. In addition, that ULHT can use the complaints (made by us and our Grandchild's parents concerning the paediatric A&E area) to get improvements in space, patient pathways, staffing and cleanliness.

We further request answers to the following questions:

- 1 Are all EMAS vehicles now supplied with Dex and that staff trained in administering Dex are available?
- 2 Please confirm that ambulance handover information protocols have been checked and improved.
- 3 Please confirm that Grantham Hospital UTC+ has Dex, Adrenalin nebuliser and Paediatric Competent Nurses available 24/7.
- 4 Please confirm that it is possible to state (when calling 999) that an ambulance with Paramedic and Dex is required in a case of severe croup. If that cannot be provided promptly then there should be an alternative course of action protocol eg. Take the infant to the nearest NHS facility that can administer Dex etc. There the infant can be stabilised before being transferred by ambulance to Lincoln/Boston/Peterborough direct to paediatric ward (avoiding A&E).
- 5 Please explain why an ambulance arriving with Dex but no paramedic cannot go straight to the nearest UTC/UTC+ to stabilise the infant before immediate transfer to an A&E.
- 6 We understand it to be EMAS protocol that an ambulance cannot go to a UTC. However if the ambulance does not have Dex and/or does not have a paramedic, it would seem logical that an infant with croup be taken to the nearest facility with Dex and then transferred to an A&E. In our case Grantham UTC+ is 10-15 minutes away. Lincoln Hospital is over an hour away.
- 7 It was mentioned by Matron for A&E that Lincoln Hospital was seeking 'better pathways' for sick infants, especially at night. Please can you explain what plans/procedures are proposed or now in place to prevent the paediatric area being overwhelmed, in particular at night.

We hope and expect that we will receive answers, and again, thank all those involved in trying to improve emergency care.

ULHT (questions 2,3,4,6)

EMAS (questions 1,2,4,5)

Notes / Questions

Healthwatch Lincolnshire copied into letter of complaint, which was sent to PALS at United Lincolnshire Hospitals Trust, Complaints Facilitator, PALS at East Midlands Ambulance Service (EMAS), Patient Experience Facilitator and local MP. This was following a meeting with the Trust and is a follow up complaint and questions.

Provider Response

ULHT response- As this has been sent through to PALs and complaints teams we will await their response.

Compliment

1. Case 14113 (01-11-2024)

Providers: Lincolnshire Community Health Services NHS Trust (LCHS)

Veteran took their young child to Urgent Treatment Centre (UTC) in Grantham.

This was because they had a fall during half term holidays. Once checked in waited in total about 90 minutes before child was seen. Nothing was broken but it was a very bad sprain. All staff were very good at dealing with a stressed child and helped to calm them down so that they could be x-rayed. (A sweet and a sticker helped !).

In total were there for 2 hours. The service was very good and all was well. Parent was told what to look for over the next 24 hours and not to hesitate in bringing the child back if anything changed. Parent reassured and happy.

Notes / Questions

No personal information provided.

Primary Care services

Area	Case Details
<p>East Locality x 11</p> <ul style="list-style-type: none"> • 6 x General Comment • 3 x Informal Complaint • 2 x Compliment 	<p>General Comment</p>

1. Case 14123 (07-11-2024)

PCN: First Coastal

Providers: Beacon Medical Practice

Elderly resident has difficulty getting GP appointment tries to ring, gives up as long queue, or all appointments gone. Ends up going to queue for an appointment as soon as surgery opens, has mobility problems, and uses walking aid. Has no access to mobile phone or internet.

Notes / Questions

No patient details provided

2. Case 14118 (06-11-2024)

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

Relative /Carer contacted Healthwatch Lincolnshire as had come across on facebook the Respiratory Survey that has been carried out ,and unfortunately did not complete this for their elderly parent. Their parent is in their 80s has been struggling with a condition for many years and their GP put it down to asthma and later diagnosed with Chronisc Obstructive Pulmonary Disease(COPD).

Following many appointments and medication a hospital appointment confirmed that their relative had been misdiagnosed and was not suffering from a respiratory condition but had a heart condition which, had this been found sooner the correct treatment and medication could have made their life so much easier. Carer would like to make the suggestion that an assessment of the heart could be made to all patients with a respiratory condition.

Notes / Questions

No information on which GP provider.

Patients carer asks : Carer would like to make the suggestion that an assessment of the heart could be made to all patients with a respiratory condition.

Provider Response

ULHT response- This appears to have been a misdiagnosis at the GP appointment that was subsequently identified at the hospital, we have however passed this feedback onto our teams.

3. Case 14172 (28-11-2024)

Providers: Lincolnshire Integrated Care Services (ICS/ICB)

I'm one of the volunteers supporting asylum seekers in Louth. This is a new development so local services are not up to speed. We have an issue with accessing free prescriptions for the group. They are entitled to full access to NHS services and free prescriptions as they have no funds. This has been refused because the patient did not have his HC2. This is issued by the NHS 21 days after their arrival. However, the individuals are being moved so quickly and without notice that this document is often not catching up with them. We need all pharmacies and GP practices and hospitals in the area to know that with or without the HC2, an asylum seeker is entitled to full NHS service and free prescriptions. They will always have an asylum ID card to prove eligibility. How can we quickly communicate this, for us, in the Louth area, but generally, across the county, as it will be occurring elsewhere?

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4. Case 14135 (13-11-2024)

PCN: Meridian

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

My dependent's consultant wrote to their GP and asked them to issue them with a certain medication, however, their GP Surgery have said it is up to the consultant to prescribe it and that they have written back to them to tell them that. Meanwhile, my dependent is waiting for this medication and only has enough left for a week and a half. My dependent was previously issued with the same medication at their GPs, so why are they being so stubborn about it now by not wanting to give it to them.

If my dependent runs out of their medication there is a chance they will become unwell again. I thought that duty of care was a legal obligation to provide a reasonable standard of care to patients and to act in ways that protect their safety. It applies to healthcare professionals, organisations, and other individuals who are responsible for the safety and wellbeing of others so why are they arguing about who is to issue their medication.

Notes / Questions

This information was copied into Healthwatch, original to LPFT PALs.

Provider Response

Parent received a response that medication was supplied by our GP, dependent was sent the medication and it's now been applied to their repeat prescription

5. Case 14162 (26-11-2024)

PCN: East Lindsey

Providers: The New Coningsby Surgery

Patient raised concerns that a neighbour had taken a letter into the surgery first thing in the morning for the attention of GP, handed over to the receptionist, who then proceeded to open the letter without looking at the envelope.

BP very high for 42 years, when going into a clinical setting blood pressure goes up, query white coat syndrome, request to do home readings, were ok, now getting high readings due to anxiety in having to do it. Medication reviews usually annually.

Notes / Questions

Healthwatch explained the process that reception would need to take to pass the letter onto a GP or appropriate person in the surgery.

Provider Response

GP Practice response- Duty GP will call back this evening at some point. - if not heard anything by Friday to call Healthwatch back.

Patient confirmed had received contact and all sorted now.

6. Case 14153 (20-11-2024)

PCN: East Lindsey

Providers: Woodhall Spa New Surgery

Elderly resident having negative experiences of Woodhall Spa New Surgery. This recently has been in relation to providing a medical summary from their GP for a blue badge. Have been on NHS App feels that some of the communication, emails deleted. Only can see on the App codes relating to medical conditions. Feels that this is too tricky for them to navigate, patients have no idea what the codes are. When asked at the GP Surgery was told to do this themselves. Also has had difficulty getting blood results when rang for the results of bloods that were taken 4 weeks ago were told that a GP had not reviewed them yet. Very difficult to get face to face appointments.

Notes / Questions

Signposted to Practice Manager at the Surgery in the first instance. To come back to Healthwatch Lincolnshire if they feel they require further signposting information.

Provider Response

We are very sorry that if this patient has experienced difficulties when trying to contact us but it is very difficult to make a correct response without knowing who the patient is. Patients request a Blue Badge through the county council and we are able to provide them with a printout of their medication, summary and allergies so that they can attach this to their application. This document gives their main medical conditions, it is not a printout of their medical records. It simply states the medical diagnosis with the computer code in brackets beside it, so patients should have no problem reading the document and the county council are usually very happy to accept this document as confirmation that the patient needs a blue badge. With regards to the delay in getting the results of a blood test, we would expect to respond to urgent blood test results within 24-48 hours, a routine blood test would be dealt with within 7-10 working days. As before, it is very difficult to be to respond appropriately without knowing the specific circumstances. Our digital consultation system means that patients are able to have conversations with the doctor through AskMyGP, on the telephone or, if the doctor feels it is appropriate, a face-to-face consultation can be arranged. If the patient cannot raise a query online themselves, they can telephone the surgery, our reception staff will take the details and raise the query on the patient's behalf.

Information passed to the patient.

Informal Complaint

1. Case 14128 (08-11-2024)

Providers: Integrated Care Board Dental, My Dentist - Louth

Patient rang that had treatment at their registered NHS dentist in Louth. They were unhappy and felt that they had not received good treatment or care. They felt that they had an unnecessary filling, that was done without x-rays, caused pain when treatment carried out, dentist stopped by patient when this was being carried out. After this still in pain, and tongue was cut by uneven filling. Did go back to Practice Manager at Dentist to complain. Seen by another Dentist at Practice who did x-ray the tooth with filling, was told that the filling was too deep and now would need root canal treatment, did smooth off filling. Has lost confidence in this Dental Practice and does not want to go back there for root canal treatment and would like to make a complaint about this Practice.

Notes / Questions

Signposted to complaints with provider, local Emergency dentist, NHS111 urgent/emergency dentist, LICB (Lincolnshire Integrated Care Board) Customer Care and Complaints Team.

Provider Response

5/2/25 - patient update, made a complaint, has received a letter in response which they are not satisfied with.

Healthwatch suggested either to go back to the practice, or to get in contact with the ICB, also provided PHSO information.

2. Case 14127 (08-11-2024)

PCN: Boston

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

Patient registered at Swineshead Surgery has got in contact with Healthwatch. Has had negative experiences with the practice for sometime. Has had contact with Practice Manager but feels that there was no resolution to concerns and issues raised, and they remain ongoing. Most recent issue has been that the patient has been seen at the practice because of increasing hair loss which they are concerned about. Did have a telephone consultation that they were happy with, as told to go and have blood taken. As patient was due to have bloods done the following week for another condition.

Clinician said that they could be done with pre-existing bloods. When went to get bloods done asked what bloods being done, thyroid function was the only different blood test ordered. Patient expected other blood tests to be done for hair loss, feels that was not taken seriously. Have had ongoing issues with the practice about their diabetes care and follow up. They are a Type 1 Diabetic and have been for many years and see a Consultant in Nottingham, this Consultant has also raised concerns about the practice's ongoing treatment and care of their diabetes. They have issues with prescriptions for insulin, diabetic reviews and correct bloods and treatments being carried out. They do not feel that the professionals they have seen in relation to their diabetes have the correct knowledge and skills in relation to diabetes. They find this very worrying for their own health or anyone other patient with diabetes. They give examples as not the correct blood tests being ordered, injection sites not being checked, not having any knowledge of dexcom devices and management, insulin prescriptions and management of diabetics wound and injuries. Also feel not following Diabetes UK guidelines.

Notes / Questions

Signposted back to the Practice Manager in first instance, LICB complaints team, CQC, PHSO

3. Case 14125 (07-11-2024)

PCN: Boston

Providers: Swineshead Medical Group

My relative has an assistance dog due to their loss of hearing. On attending the GP Practice, they were told by the receptionist that they could not take the dog into the Consulting room. As you can imagine this was distressing for them. The dog goes everywhere with them and was wearing their assistance dog coat. In the end, they had waited 3 weeks for a face to face appointment, as they cannot access telephone appointments. They left the surgery and they were very upset. I called the Surgery on their behalf and spoke eventually with the Practice Manager (I have permission from my relative to do this.)

The Practice Manager called back to say that there had been a "misunderstanding" between the receptionist and my relative. Having missed their consultation that day, they offered my relative another appointment in 2 weeks. We insisted on an earlier appointment as they were waiting for urgent results of urine and blood tests prior to attending an appointment with a Specialist Consultant.

Managed to get another appointment booked before the Consultant appointment which resulted in both of us having to take extra time off work to attend with my relative. I went with my relative as they felt let down and not listened to by the practice. They are a very independent young person.

Notes / Questions

No patient details provided, so unable to signpost accordingly.

Provider Response

Response from GP Practice Manager- We received the HealthWatch Nov 24 complaints but cannot work out the above case. It states that they spoke to the practice manager yet neither myself or my deputy know anything about this. I have spoken to my reception staff and none of them know anything about telling the patient they cannot take their assistance dog into the consulting room. Can you check you have the right practice please.

HW Response to GP Practice Manager- Thank you for your email. This feedback was given by a patient attending an engagement event. They did not leave their personal information. They did state their registered GP was Swineshead Surgery

Compliment

1. Case 14170 (28-11-2024)

PCN: Boston

Providers: Lincoln County Hospital, Pilgrim Hospital

For Information: Greyfriars Surgery

8 weeks ago had a hip replacement. Everything went really well throughout the operation at Lincoln County Hospital. Staff on the ward were lovely and looked after me. I was able to manage my own pain relief and although I had a bit of a scare with my blood pressure. I was able to go home within a couple of days. Follow up physio was good and the Community Car Scheme was amazing supporting my journey from Boston. Everything has gone very well with good movement and free from pain. The last few days I have been experiencing some minor issues.

I saw the GP who sent me for an x-ray at Pilgrim Hospital. Thought that it might be an infection. No problem getting through to Greyfriars on the phone, did not need to go into the Surgery an x-ray was booked for me. Waited around for 30 minutes in the x-ray department on a Friday morning and was told that the results would be with my GP in a few days. Monday around 9am was called by the Surgery and an appointment given to see GP for Wednesday pm to discuss the results. Fantastic service all round.

Though did have to wait over 18 months for the operation. At the 12 month period was given a date and then cancelled a few days before.

Provider Response

ULHT response- Thank you so much for your feedback and we are pleased that you are recovering well.

2. Case 14171 (28-11-2024)

PCN: Solas

Providers:

For Information: The Surgery Stickney

I am registered with Stickney Surgery and used the NHS App to reorder my prescription. Within 24 hours had a text message from the Surgery to say I could collect my prescription. Great service.

South Locality x 6

- 4 x General Comment
- 1 x Compliment
- 1 x Signposting

General Comment

1. Case 14167 (28-11-2024)

PCN: Spalding

Providers: Beechfield Medical Centre, Lincolnshire Integrated Care Services (ICS/ICB), Munro Medical Centre

Comments from Welland Senior Forum.

- Lack of face to face appointments at GP Surgery. Difficult to get through on the telephone and an expectation that you will go online.
- Lack of communication between GPs and Hospitals. Patients experiencing no joined up approach. Simple tests having to be repeated such as blood tests/x-rays as information not being shared.
- Booking blood tests if not at Surgery. Maybe slightly longer wait. Not able to "turn up" and have one done so resulting in 2 trips to a Unit. GP Practices don't need to be booked.
- When telephone calls with time slot offered by local practices, works very well.
- Communication- many expressed that sometimes the Doctor who calls you back is hard to understand due to English not being their first language/accents. Clinicians need to be able to speak clearly on the telephone to patients so that the patient can understand about what is being said.
- Lack of empathy towards older patients. Some had experienced the attitude "What do you expect you are old". GPs in particular have done this.
- NHS App - many have been introduced to this via family and friends and find this very straight forward to use. Really useful for people who want to order prescriptions when complicated medication not involved. Munro and Beechfield Surgery staff and volunteers have been helpful in assisting setting up.

Notes / Questions

Unfortunately Healthwatch were not provided with which surgery these comments each related to other than the individual ones named

2. Case 14114 (01-11-2024)

PCN: Four Counties

Providers: NHS 111 Service, Peterborough and Stamford Hospital

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

Veteran with long term health conditions and disability (including mental health issues and Post Traumatic Disorder). They became unwell, called NHS 111, was told that someone would call back within 2 hours. No one did. They got worse so relative called NHS 111 again, after waiting the 2 hours, to be told that they would send an ambulance. Patient was severely dehydrated and unable to tolerate fluids. Many hours later the ambulance was despatched and taken to Peterborough Hospital.

They spent 6 hours in an Ambulance, assessed, no fluids given, eventually put in a wheelchair and sent to "fit to sit " area. Felt that the Nurse did not want them there. Then sent to a dirty side room. Many hours later was told that antibiotics would be given intravenously. No results shared.

Sent home with no follow up and with catheter still in situ. Told to deal with the catheter themselves when they got home. Told that would be referred to Urology. Seen by District Nurses who said that patient had a serious Urinary Tract Infection. They remain in a lot of pain. They were also told that they needed to see a Neurologist. No appointments yet sent through. Has made a complaint via Peterborough Hospital PALS, to be told that they can't do anything. Patient does have mental health issues and feels that the GP Practice, and the NHS are not interested in helping them.

Notes / Questions

Patient has been referred by Veteran Support to Op Courage for support.

3. Case 14169 (28-11-2024)

PCN: Spalding

Providers: Integrated Care Board Dental

Comment from Welland Senior Group.

Lack of NHS Dental Services . When you do manage to get an appointment, you have to travel so much further than previously.

4. Case 14145 (14-11-2024)

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

My partner has been having lots of periods of low mood over the last few years. Initially it was decided it was to do with grief. Spoke with GP and was told they would be referred. Did not hear anything for at least 6 months even though we kept going back to GP. Wanted to put them on antidepressants but they did not want to do that. Told that they could use the Talking Therapy Service. Waited months before we realised that they could self-refer into the service, not informed of this previously.

Once they had made contact it took another 4 months to get any help. By which time they were becoming less engaged and not looking after themselves. This has affected them so they have not been able to keep their job due to sickness record. It has also affected me as my job is shift work as a Healthcare Professional, I never know what I am coming home to. Life is very stressful at the moment. They did not really engage with Talking Therapy and I am worried about them. A few weeks ago I took them to Accident and Emergency at Pilgrim Hospital and asked if the Mental Health Liaison Team could see them. After a long wait (more than 6 hours from checking in) someone saw them and was able to put a plan in place. They were admitted to hospital and is still currently there. Hopefully they will get the support they need to come to terms with their grief and the new person that they have become. I want my fun loving partner back or at least someone who can spend their time starting to enjoy their life again. They are only 26 !

Provider Response

ULHT response - What a hard story to read but thank you for sharing - we are pleased that your partner is now getting the help that they need and that soon you will both be more settled.

Compliment

1. Case 14119 (06-11-2024)

Providers: Fen house Dental Practice (Spalding), Integrated Care Board Dental

Healthwatch contacted by parent of 3 siblings, part of a family of 6 children who all have orthodontic braces fitted, that now are falling off and bands unstable. These were fitted by Dentist in Northampton, where the children had excellent service and care.

Our family are NHS patients at Fen House dental surgery in Spalding. I am making you aware of how the Dentist are there, the children's dentist has gone above and beyond over the last 4 years for our family and 6 children. 4 of our children have required braces and 2 have had long term issues with getting tongue tie repairs. The Dentist has always contacted us personally to feedback (or occasional through their assistants) on how they have chased providers to ensure that our children have received the best care and been seen by the professionals needed. When our twins finally meet the maxillofacial surgeon for their repairs on the tongue tie, they said it was of a most severe grading.

Up until joining this Dentist Surgery we had been passed from pillar to post through the system and fobbed off by a GP, despite a Dentist raising it as an issue 5 years prior (and telling me off for not noting or dealing with it sooner as they said it affected the jaw growth) The Dentist has fought our corner and we wanted to highlight to the commissioning body how they and their practice have gone above and beyond.

Hopefully they will get the funding they need from yourselves in order to operate viably as a business and retain and maintain NHS patients going forward.

Notes / Questions

Healthwatch copied in to email sent to ICB feedback Team.

Provider Response

Response from ICB to patients email- Thank you for your email received by the NHS Lincolnshire Integrated Care Board (ICB) Complaints and Customer Care Team , please accept our thanks for taking the time to share your experience and your compliments for the Dentist and Fen House Dental Practice Team . I am so delighted to hear that your children have received the care they need. I will share your kind comments with our East Midlands Primary Care Team. Once again, please accept our thanks for taking the time to write your kind words.

Signposting

1. Case 14138 (13-11-2024)

PCN: South Lincolnshire Rural

Providers:

For Information: Holbeach Medical Centre, Lincolnshire Integrated Care Services (ICS/ICB)

My elderly parent was assessed by a Court of Protection Special Visitor in May this year to have lost capacity to manage their property and financial affairs, however their bank have requested that they have an assessment carried out to confirm the Court of Protection assessment. Are you able to advise whether there are any GP surgeries within the Holbeach area that carry out mental capacity assessments for financial and property affairs.

Notes / Questions

Signposted to Practice Manager in first instance. Contact details given for Age Care Advice.

South West Locality x 3

- 2 x General Comment
- 1 x Compliment

General Comment

1. Case 14115 (01-11-2024)

Providers:

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

Experiences shared by Veterans at Engagement Event about medication and the NHS.

A number of Veterans mentioned the confusion in relation to medication and charges.

A Veteran had their cancer drugs free of charge and could get free delivery, but all other medication had to be paid for. Expressed how difficult it can be to find information.

Notes / Questions

Signposted to NHS UK website for information about eligibility for free prescriptions , pre- payment plans, and how to claim costs back.

2. Case 14116 (01-11-2024)

Providers: Lincolnshire Integrated Care Services (ICS/ICB)

Medical discharge for 2 Veterans felt like they were "military on Friday" and a "civilian on the Monday" with no preparation. Found the civilian world very dysfunctional and finding information for housing/registration with GP/Dentist etc very disorganised and had to go to so many different organisations to get help.

This veteran went to the British Legion and was assigned to an Assessment Officer but was homeless for more than 6 weeks before anyone physically helped them. They spent this time in their car moving from one car park to another.

Notes / Questions

No patient details provided

Compliment

1. Case 14117 (01-11-2024)

Providers:

For Information: Lincolnshire Integrated Care Services (ICS/ICB), Lincolnshire Partnership NHS Foundation Trust LPFT (Mental Health)

Individual served in the Army for 22 years and is now living with Post Traumatic Stress Disorder (PTSD). Most of the time they are able to keep well and has support from GP and Mental Health Services. Was referred to Op Courage last year and the Senior Nurse was amazing at getting things sorted out and coordinated for them. Currently in a very good place.

Has been working in the NHS for the last 4 years as a Armed Forces Champion and encourages employment of Veterans into a wide range of roles. Local Mental Health Trust has been very supportive to them and in the last 4 years has utilised their skills. Frustrated that the NHS does not work more efficiently and takes so long to adapt to change. Too many managers and layers of red tape and not enough "doing", making changes and improving and this impacts patient care. Too many promotions to people who do not have the right skills. Culture change needs to happen, less silo working and more "doing". A lot of duplication in services . Restrictions on budgets etc.

Notes / Questions

No personal information provided.

West Locality x 7

- 6 x General Comment
- 1 x Signposting

General Comment

1. Case 14151 (18-11-2024)

PCN: South Lincolnshire Rural

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

Parent who had been to an event (not sure where) but had spoken with an ADHD Nurse who was not from this area but had advised the parent to contact their GP to get a Right to Choose ADHD assessment for their 16 year old child. PSICON was the only one parent could find that could assess a child of 16 on the NHS.

They spoke to their GP who passed onto the secretary, who then passed it onto the ICB (Integrated Care Board). Parent is now awaiting information on where they are with this. Parent was under the impression that the Right to Choose process was a simple one but feels are making things very difficult for them. However, on Healthwatch speaking with the parent, and mentioned ADHD 360 which is recognised NHS approved pathway in Lincolnshire, parent wasn't aware of this and would be happy to go down the Right to Choose pathway for ADHD 360.

Notes / Questions

Parent requested that Healthwatch make contact with the ICB as they do not know what is going on, no mention of ADHD 360 to them, happy to go there as recognised NHS provider and closer.

Healthwatch also made contact with the surgery.

Provider Response

Parent response to Healthwatch- You have been more than helpful today, and it is very much appreciated. You clearly love what you do, and you are credit to the organisation you are working for.

November 2024-Parent and child need to complete forms, return then can be processed to provider. Parent had previously been informed of this, however not completed these as yet.

November 2024-Healthwatch - contacted the parent to request collection of forms, complete and return to surgery, parent did this and will complete today and return tomorrow.

November 2024 - forms completed and returned - request to know where the forms have been sent to. Healthwatch asked the surgery.

Response from surgery after individual provider report being sent out - At the time the patient's carer contacted the surgery – the correct pathway was followed. That is, asking the patient to complete the requested forms and sending them to the ICB single point of access. We were not allowed to refer directly through the right to choose pathway. I am led to understand that this has now been changed by the ICB.

December 2024 - Parent not heard anything and wondered if we could look into this, Healthwatch made contact with ICB

3/2/25 - Parent update - I just wanted to let you know that child had their assessment on Friday afternoon. We only had to wait 8 weeks. Was diagnosed with combined ADHD. We are going to pay for private CBT sessions and continue with the supplements. As they are only 16 years old and still growing and developing, I don't want to put them on strong medication. They will now get the support going forward to accommodate the challenges they face with having ADHD.

I just wanted to thank you for all your help, without you we wouldn't have got anywhere.

2. Case 14132 (11-11-2024)

Providers: Brant Road Surgery

Carer for a parent who has a diagnosis of Vascular and Alzheimer Dementia, diabetes and kidney problems. Carer and the relative both have Power of Attorney (Unsure if patient has capacity at present due to diagnosis) however they are trying to get the cared for moved into a warden controlled place, but the council will not listen to them until they can provide a supporting letter from the GP surgery stating these health conditions, then the council will send out someone to do an assessment.

Relative has been into the surgery and informed no longer provide letters, a summary of their parents record has been provided, but this information is not sufficient as it only states, blood test results, when they had a hysterectomy etc and not very relevant for their needs.

Unfortunately parent is unable to get further support from the council in relation to warden-controlled accommodation until a letter from the surgery has been provided. Parent gets muddled frequently, worried they will go outside and get lost, as the disease progresses, and these conditions do not get better only worsens.

If the surgery is unable to provide a letter how do patients provide this kind of information to other providers if it is required.

Notes / Questions

Carer request for Healthwatch to make contact with surgery.

Provider Response

Unfortunately we don't provide letters in support of housing matters or confirmation of diagnosis. These kind of letters fall outside of our NHS contract and are classed as private work. Due to the high work currently expected of GP's the partners decided to cease providing any housing letters as well a few other elements of private work. We get a lot of requests for housing letters each week and as you can imagine it is very time consuming for the doctors.

Whilst we appreciate it's difficult for patients we do provide the evidence from their medical records to help. This is either in the form of a patient summary or release of their medical records online so they can retrieve the information themselves.

I think the summary that relative was given may not have had all the information in, we have so many options to choose from and I'd think reception may have printed a simple summary rather than the more detailed summary. I've had a look through parents records and printed a more detailed extract including a few relevant consultations which detail the dementia problems. I'll leave this at reception if they want to nip by and collect it. - **Healthwatch passed the information onto the carers, who collected the summary, unsure if this will be suffice for the council, but they will try.**

3. Case 14176 (29-11-2024)

Providers: City Medical Practice (Portland), Lincolnshire Integrated Care Services (ICS/ICB)

Comments made by members of L.E.A.N (Lincoln Embracing All Nations) Organisation.

- Patients who have English as an additional language experience a variety of access issues especially if their spoken English is not very good. Not all are comfortable using technology.
- Some of the group use "AskMyGP " and are very comfortable with it, getting information or appointments in a timely manner.
- Portland Surgery mentioned for helpful staff.
- When making telephone calls, not everyone can keep calling back, due to caring responsibilities (children and older relatives). Many find it hard if they go into the Surgery and not sure how to ask for an appointment with the right person.
- GPs do not always explain what they are doing during an appointment or procedure. Not enough good, meaningful conversation taking place.
- From a GP point of view , patients are very demanding and it becomes a juggling act to balance expectations and reality.
- Many of the people from the diverse community do not always understand our UK system. Having a named GP. For example people from the Polish/Lithuanian /Latvian/ Romanian Communities in their own country see a named Doctor.

Notes / Questions

Organisation asks:

- How is the ICB/GP Practices sharing their knowledge about the basics eg access at Primary Care level with the Community leaders ?
- It was mentioned that GP Practices were part of a National Pilot to look at /review/improve engagement with a more diverse community ? What is this and how will it improve access to services ?
- How are they going to do this if they do not involve key people from the Communities ?

4. Case 14157 (25-11-2024)

PCN: Lincoln Healthcare Partnerships

Providers: Newark Road Surgery

Patient concerned that on looking at their electronic medical notes over the weekend, that their named GP has changed. Suffered previously with Mental Health and commented that they had not been informed of the change, would this make a difference on who they see? Has always seen a particular GP who is very good and would like to continue with them.

Also would like to join the PPG, was previously on this, but has tried to find out if this is still running, where and when the next meeting will be, just informed that they will be informed, but this has been going on for sometime now.

Notes / Questions

Healthwatch reassured the patient that even though named GP has changed, they could request their preferred GP depending on availability.

Healthwatch also asked the question regarding PPG to the practice.

Provider Response

Yes still having PPG meetings and consent to pass on their email address to the patient.

Healthwatch passed this information on to the patient.

5. Case 14152 (18-11-2024)

Providers: Sleaford Medical Group

Sleaford Medical Group had a lot of issues, they made improvements about 6 to 8 months ago, but have slipped back by failing to text when medication is ready to be picked up and mistakes being made, issues with the AskMyGP, asking for appointments and they don't get back to you, lots of people posting complaints on social media.

6. Case 14158 (26-11-2024)

PCN: South Lincoln Healthcare

Providers: The Branston and Heighington Family Practice

I have been given your details by the dept for health and social security .

I would like to speak to someone or have a contact email for someone to discuss my late spouse's treatment by my then GP Branston surgery in Lincoln

Notes / Questions

Healthwatch made contact with the person, to date no further contact has been received.

Signposting

1. Case 14130 (11-11-2024)

PCN: Lincoln Healthcare Partnerships

Providers: City Medical Practice (Portland)

Patient registered with Portland Street GP Surgery, has seen GP this morning who confirmed they are 8 weeks pregnant, informed to register with midwife. Does not know how to do this, so made contact with Healthwatch Lincolnshire.

Notes / Questions

Healthwatch made contact with practice to see if they were going to register the patient. Also provided betterbirths website and form for completion.

Provider Response

I can confirm that we do not register patients with the midwife, it is a self-referral service and this patient has been sent a link, via text message, to register with a midwife.

Out of Area x 3

- 1 x General Comment
- 2 x Compliment

General Comment

1. Case 14159 (26-11-2024)

Providers: Out of area

Patient registered with Hibaldstow GP surgery. Referred by Citizens Advice

Partner is an HGV driver for a living, previously suffered with seizures so DVLA require annually a health assessment. These were done by their GP Practice over the phone.

- DVLA - took HGV off spouse due to information provided by GP
- Spouse made contact with the surgery; another GP stated that the previous one had ticked the incorrect box
- Letter from GP surgery to DVLA to confirm spouse was okay to drive and that HGV should be reinstated.

There was 23 working days during this period that spouse was unable to work due to licence being taken off them. Spouse made contact with the Practice Manager who stated they needed to go to MDU. MDU stated they do not comply and to go to small claims court.

Small claims court stated they had not followed correct procedures, and the spouse was then threatened that they would be taken to court if they did not retract from small claims by 22 November - this they have done now.

Spouse has asked the surgery if they have a PALS they can go to as it was initially the GP who incorrectly completed the forms which has caused this, they said 'sort of' but no information has been provided.

Spouse would like to know how they can get compensation for this and who from.

Notes / Questions

Healthwatch Lincolnshire provided their local Healthwatch contact details and patient consented to share with the local Healthwatch.

Compliment

1. Case 14129 (11-11-2024)

Providers: Out of area

Goxhill Pharmacy - North Lincolnshire

No problem. I dropped in without an appointment. 3 people in front of me and I was seen and dealt within 20 mins.

Notes / Questions

Healthwatch Lincolnshire sent this onto North Lincolnshire Healthwatch as this provider is in their area.

2. Case 14146 (15-11-2024)

Providers: Out of area

Weelsby View Medical Centre contacted me by SMS message regarding Flu and Covid Vaccines. Able to make appointment online, turned up early on day appointment booked for. I was seen almost immediately.

Notes / Questions

Forwarded to North East Lincolnshire Healthwatch.

Area	Case Details
<p>East Locality x 12</p> <ul style="list-style-type: none"> • 8 x General Comment • 2 x Informal Complaint • 2 x Compliment 	<p>General Comment</p> <p>1. Case 14156 (21-11-2024)</p> <p>PCN: Boston</p> <p>Providers: East Midlands Ambulance Service NHS Trust (EMAS) For Information: Lincoln County Hospital, Pilgrim Hospital</p> <p>A relative was a referee at local walking football match played at Haven High School in Boston last week. One of the players who is in their seventies, collapsed on the pitch and was having a cardiac arrest. An ambulance was called by ringing 999 and stated that individual had collapsed and having a cardiac arrest. One player started CPR and chest compressions at this point the individual was not breathing and did not have a pulse.</p> <p>Two other members of the team went to find the defibrillator (defib) that was situated in the school. They maintained contact with ambulance control, they found the defibrillator, they were given 5 wrong codes by ambulance control that did not open the door to the defibrillator. They ended up smashing the door to gain access to the defibrillator, injuring one of them in the process, the defibrillator was taken to the pitch side.</p> <p>This cost a valuable 10 minutes when they were trying to save someone's life. The individual was shocked with the defib and this did resuscitate them. The ambulance team was still not present, from making the call to them arriving on site this took 20 minutes. The ambulance crew were also hampered by the fact that they had difficulty gaining access to pitch side when they arrived. The individual was taken to Accident and Emergency at Pilgrim Hospital stabilised and then taken to Cardiac Unit at Lincoln County Hospital. They are still recovering in hospital.</p> <p>Notes / Questions</p> <p>Healthwatch asks- that giving the wrong codes for the defibrillator caused delay in emergency treatment to the individual who had collapsed and ultimately could have led to their death. This also caused panic and distress to the individuals who were trying to gain access to the Defibrillator. How can this process of giving codes for defibrillators be improved?</p> <p>Provider Response</p> <p>ULHT Response- We hope this patient has now recovered and doing well.</p> <p>2. Case 14137 (13-11-2024)</p> <p>Providers: Lincoln County Hospital</p> <p>My spouse was admitted to Lincoln County as a result of another episode. They were visited there by a Consultant Neurologist, the first time in all of this that they have been seen face to face.</p> <p>None of the following is by any means an adverse comment aimed at the Consultant at Lincoln County, on the contrary we are extremely grateful to them for giving us a lot of information that had never before emerged and a lot of confidence that something is at last being done. It was more than fortuitous that I was present when the Consultant came to visit because it soon became clear that they had absolutely no knowledge of or means of referring to my spouses notes and records regarding the background to their seizures. Luckily I was there and able to fill the gaps that are obviously going to be present in my spouses memory, given their illness.</p> <p>We were shocked, to say the least, that in this day and age there is no means of referring to a patient's notes and records between the various branches of the service. There is no excuse that this is adequate for that sort of shortcoming.</p> <p>To what extent that lack of background information would have hampered the treatment of their illness does not bear contemplation - and all because of some idiotic and archaic operating procedures that should have been resolved decades ago.</p> <p>We cannot fault the people who actually deliver the service. We have been amazed, heart-warmed, humbled even, by the show of care and diligence with which they perform their job.</p> <p>On the other hand, the organisation and admin side of the NHS is a shambles and recognised as such in all quarters - but it needs someone to sort this shambles out and get rid of the unproductive wood that has been allowed to accumulate and infect it.</p> <p>Provider Response</p> <p>ULHT response- Thank you for sharing this with us; we are really pleased to hear that your spouse is now getting the care they need. We are also pleased to be able to reassure you that we are well down the road of implementing an Electronic Patient Record that will hopefully in time resolve the issues you have raised.</p>

3. Case 14118 (06-11-2024)

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

Relative /Carer contacted Healthwatch Lincolnshire as had come across on facebook the Respiratory Survey that has been carried out ,and unfortunately did not complete this for their elderly parent. Their parent is in their 80s has been struggling with a condition for many years and their GP put it down to asthma and later diagnosed with Chronisc Obstructive Pulmonary Disease(COPD).

Following many appointments and medication a hospital appointment confirmed that their relative had been misdiagnosed and was not suffering from a respiratory condition but had a heart condition which, had this been found sooner the correct treatment and medication could have made their life so much easier. Carer would like to make the suggestion that an assessment of the heart could be made to all patients with a respiratory condition.

Notes / Questions

No information on which GP provider.

Patients carer asks : Carer would like to make the suggestion that an assessment of the heart could be made to all patients with a respiratory condition.

Provider Response

ULHT response- This appears to have been a misdiagnosis at the GP appointment that was subsequently identified at the hospital, we have however passed this feedback onto our teams.

4. Case 14172 (28-11-2024)

Providers: Lincolnshire Integrated Care Services (ICS/ICB)

I'm one of the volunteers supporting asylum seekers in Louth. This is a new development so local services are not up to speed. We have an issue with accessing free prescriptions for the group. They are entitled to full access to NHS services and free prescriptions as they have no funds. This has been refused because the patient did not have his HC2. This is issued by the NHS 21 days after their arrival. However, the individuals are being moved so quickly and without notice that this document is often not catching up with them. We need all pharmacies and GP practices and hospitals in the area to know that with or without the HC2, an asylum seeker is entitled to full NHS service and free prescriptions. They will always have an asylum ID card to prove eligibility. How can we quickly communicate this, for us, in the Louth area, but generally, across the county, as it will be occurring elsewhere?

This sudden dispersal of a large group of single asylum seekers to Louth (and others to other parts of the county) has taken services by surprise, and we all seem to be on a learning curve. I had a young person of 18 from Afghanistan who has arrived with a mental health crisis and was unable to access a prescription because they were asked to pay. The practice pharmacist was very helpful but clearly this issue was unknown, and both the practice pharmacy and Boots pharmacist insisted he had to show his HC2 before they would give the prescription free of charge. We paid in order to expedite, but it is of great concern to us as clearly these individuals have no funds beyond the £7 a day they receive for food, clothing, communications, transport, etc.

We learnt that the NHS should issue all incoming asylum seekers with an HC2 within 21 days of their arrival. These individuals mostly do not speak English, and are being moved about the country without notice and without knowing where they are, and it is not surprising that they neither understand this system, nor can they access the documentation, if ever the NHS tracked them to provide it. I believe proof of asylum status - all have an asylum ID card - should be taken as evidence that they are per se entitled to free prescriptions. Another individual told us he had been on Bibby Stockholm (barge housing asylum seekers) long enough to receive his HC2 and understood the system. He also told us the Co-op pharmacy had taken his asylum ID as evidence, so clearly some are more tuned in than others.

Notes / Questions

Healthwatch contacted LICB feedback and chief.officer@pharmacylincolnshire.org

Provider Response

Healthwatch had a meeting with Primary Care ICB in the first week of December 2024 - who would get some comms out to all the providers informing them that the Asylum ID should be evidence enough as issued from the home office, HC2 form is great, but if not got yet then the ID is sufficient. I asked for a timeframe, and it should be out either Thursday this week or Monday of next week at the latest.

Response from Chief Pharmacy Officer - As the representative body for community pharmacies in Lincolnshire whilst we do not performance manage or monitor the work of pharmacies, we are able to communicate information with them.

I will include the following in our newsletter next week, directing contractors to the guidance.

Reminder regarding prescription medications for Asylum Seekers

Asylum seekers in possession of a [HC2 certificate](#) are entitled to free NHS prescriptions. **If an individual seeking asylum requires an urgent prescription before receiving a HC2 certificate the NHSBSA should be contacted on 0300 330 1343.** If the application has been processed, then a certificate number will be available which can be used to obtain a free prescription prior to receiving the paper certificate. This must be done by the individual themselves for confidentiality.

HC2 certificates for asylum seekers normally last for 6 months (the expiry date is on the certificate) and a new application will need to be made at this point by filling in another HC1 form in advance of this date. If the asylum seeker is in receipt of section 95, the HC2 certificate will automatically be sent.

5. Case 14175 (29-11-2024)

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

Individual contacted Healthwatch wanting to share relative's experience of admission to Accident and Emergency and planning for any hospital admission. Relative has Cerebral Palsy and complex Special Needs and resides in a Residential Care Home. When placed on trolley in Accident and Emergency because of their involuntary spasms of limbs injured themselves on the sides that were put up on the trolley they were on, because of the large gaps in the sides. Individual did have meetings with Patient Experience Team after the event and wants to know if recommendations are being implemented that buffers are available to place on the side of trolleys to cover these gaps if a patient with these needs is admitted? Also individual wanting to know if an individual with Special Needs/ Learning Difficulties/Complex physical needs/dementia admitted is this flagged on medical system and can a care plan with these needs be seen by all staff, relating to reasonable adjustments that need to be made to give personalised care?

Notes / Questions

- Individual asks have buffers for trolleys been implemented as per recommendations from previous Patient Experience Team meeting?
- If an individual with Special Needs/ Learning Difficulties/Complex physical needs/dementia is admitted is this flagged on medical system and can a care plan with these needs be seen by all staff who care for the patient relating to reasonable adjustments that need to be made to give personalised care?

Provider Response

Response from Patient Experience Team- I have checked back with matron who recalls the original concern. She has confirmed that we were unable to get suitable bumpers to fit the Stryker trolleys and I suspect that had we done so there would be a challenge in them being available at a specific time; they may be in use or being cleaned or being mislaid. The solution is that we nurse someone with these needs on a hospital bed which does have side bars and either bumpers or pillows are available and are used. In some cases patients are nursed on the floor on mattresses dependent on their needs.

So whilst the original proposal for bumpers has not been implemented there is a clear approach to supporting patients who are at risk of injuring themselves.

ULHT response- I have checked back with matron who recalls the original concern. She has confirmed that we were unable to get suitable bumpers to fit the Stryker trolleys and I suspect that had we done so there would be a challenge in them being available at a specific time; they may be in use or being cleaned or being mislaid. The solution is that we nurse someone with these needs on a hospital bed which does have side bars and either bumpers or pillows are available and are used. In some cases patients are nursed on the floor on mattresses dependent on their needs.

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6. Case 14111 (01-11-2024)

Providers: Pilgrim Hospital

Hydrotherapy unit at Pilgrim Hospital

Boston has been closed since pre-COVID. It is an important service that has not restarted. Only hydrotherapy unit is Grantham which is difficult to access if living in some parts of the county.

Notes / Questions

Healthwatch asks - is this being looked into to provide this service in other hospitals?

Provider Response

ULHT response- The Therapies management team have looked at the viability of reopening the pool with Estates colleagues and an options appraisal paper so that the executive team have the information to make a decision as to what to do. No decision made as yet.

7. Case 14154 (20-11-2024)

PCN: Boston

Providers: Pilgrim Hospital

Parent / carer of a dependent who has Learning Difficulties is in independent living in Boston concerned as dependent was in Pilgrim Hospital last year with suspected sepsis, informed needed an echo-cardiogram an appointment would be sent to them and they are still waiting. Dependent was discharged in October 2023, so has been waiting for over a year.

Notes / Questions

Healthwatch provided PALS information

Provider Response

Update - The middle of January 2025 - parent made contact with PALS as discussed with Healthwatch, patient had the echo cardiogram in late November. Now has no results, has tried to get some, but just informed has been discharged, GP surgery not provided with any information either. Parent requested Healthwatch make contact with provider.

Response PALS this was the same day that parent made contact with Health watch - There is no letter yet, but can see that it has been moved to the top of Dr Asuquo's admin to action spreadsheet for a letter to be done. I will chase them again.

Information shared with parent on same day, if nothing by next week to come back to us. Parent mentioned it has been over 7 weeks since the test took place, thought would have had something by now!

End of January 2025 - parent still has heard nothing, and neither has the GP surgery. Healthwatch made contact with PALS again

End of January 2025 Patient contacted HW as no contact from PALS

End of January 2025- HW made contact with PALS again to see if a letter had been sorted. - PALS have been chasing this for the parent.

ULHT response- We hope this person made contact with PALS and have received a satisfactory response.

30/01/25 ULHT further response- Sorted and scan arranged and completed

8. Case 14160 (26-11-2024)

PCN: Solas

Providers: Pilgrim Hospital

Car Parking

I have been speaking with a disabled patient and they would like it raised at Patient Panel to highlight the parking for not only the disabled access but for all really, if they go into the current allocated area and no spaces then it is very difficult to keep going round looking for a space - has scooter in the rear of their vehicle.

Why is it in this particular area? why can't disabled access be at the front and all other cars be on the field area on the way out? make a very large car park over there for those who are able - as over-spill. Is this being looked into by the trust.

Notes / Questions

Healthwatch to raise this at Patient Panel

Provider Response

ULHT response- The estates team are attending Patient Panel in March and there will be a discussion about car parking as part of this - we will ensure this is raised.

Informal Complaint

1. Case 14136 (13-11-2024)

Providers: Diana, Princess of Wales Hospital (Grimsby)

Hospital Outpatients appointments at Grimsby Diana Princess of Wales (DPOW)/Hull University Teaching Hospitals (HUTH).

Utterly chaotic in terms of organisation and management. My spouse had a seizure in early August. Accident and Emergency Department DPOW looked after them, a CT scan was done but no MRI and no EEG. They were not contacted again for another month and that was no more than a telephone call. A seizure that should have been fully diagnosed within a few weeks took from early August until early November to get an answer. A MRI and EEG were ordered by the Neurologist following the telephone call and eventually carried out in early September, followed by an EEG a few weeks later in late September.

Inaccurate instructions were given for the MRI appointment and never followed up by either email, or letter (see later) and that led to attendance at the wrong MRI unit. An EEG was eventually performed but the results were uncovered only because my spouse looked at their records following an appointment with a Nurse to assess patient suitability for URGENT surgery on an unidentified skin growth. That operation is outstanding, as is another to rectify torn shoulder ligaments.

The Neurology diagnosis was obviously inadequate because shortly after receiving the diagnosis letter from Neurology, the patient had another seizure. That is now being dealt with at Lincoln County - and only because I personally took my spouse to Louth Urgent Treatment Centre (UTC) to get some action. Until being taken to Lincoln County Hospital, the patient has only ever received a telephone call from the DPOW associated Neurology Department.

With regard to letters: A letter was dictated by the DPOW/HUTH Neurology after a prod from the Surgery Team at DPOW. The dictation date was 17th October, not typed up until 24th October and not delivered until 7th November. Two weeks to get a simple letter out? It would have been more efficient to send a horse and cart to Hull!

Notes / Questions

Signposted and information given about how to make a complaint via PALS at Princess Diana Hospital, Grimsby. Contact details given for Integrated Care Board (ICB) feedback, Humber and North Yorkshire ICB. Contact information given for Care Quality Commission (CQC), and Parliamentary Health Ombudsman (PHSO).

2. Case 14164 (28-11-2024)

Providers: Pilgrim Hospital

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

Hospital neglect of my parent. Healthwatch please can you help me. My parent who died end of September was neglected in Boston Hospital, they were admitted at the end of April, they got an injury the first week, no communication as to what happened even though I tried to speak with nursing team. Contracted breathing difficulties where relative was informed an infection, later turned into pneumonia. Parent was in the hospital for 5 weeks, then discharged and came home at 3am in the morning and the next day a Community Nurse came and after only being home for 8 hours they had to be admitted again because it was an unsafe discharge, this time to Grimsby Hospital. Had been discharged with wrist infection - Grimsby Hospital stated from the cannula site and still had pneumonia, was placed on intravenous antibiotics.

I can't grieve properly I feel I should have prevented them going back in but I didn't know what to do and I hadn't heard of Healthwatch until now, I can't bear all that parent went through and blame myself for not rescuing them, despite constantly trying to stick up for them and getting nowhere.

Notes / Questions

Signposted and information given about how to make a complaint, Patient Advice Liaison Service (PALS) for Pilgrim Hospital, Princess Diana Hospital, Grimsby. PALS information given for Lincolnshire Community Trust, and Lincolnshire Integrated Care Board. Contact information given about Care Quality Commission (CQC), Parliamentary Health Ombudsman (PHSO). Contact information given for bereavement organisations CRUSE and St Barnabas locally. Voiceability also provided.

Provider Response

ULHT response- emailed Clinical lead on CSSU at Lincoln 22.01+A4:E4 to see if they remember the patient.

Compliment

1. Case 14170 (28-11-2024)

PCN: Boston

Providers: Lincoln County Hospital, Pilgrim Hospital

For Information: Greyfriars Surgery

8 weeks ago had a hip replacement. Everything went really well throughout the operation at Lincoln County Hospital. Staff on the ward were lovely and looked after me. I was able to manage my own pain relief and although I had a bit of a scare with my blood pressure. I was able to go home within a couple of days. Follow up physio was good and the Community Car Scheme was amazing supporting my journey from Boston. Everything has gone very well with good movement and free from pain. The last few days I have been experiencing some minor issues.

I saw the GP who sent me for an x-ray at Pilgrim Hospital. Thought that it might be an infection. No problem getting through to Greyfriars on the phone, did not need to go into the Surgery an x-ray was booked for me. Waited around for 30 minutes in the x-ray department on a Friday morning and was told that the results would be with my GP in a few days. Monday around 9am was called by the Surgery and an appointment given to see GP for Wednesday pm to discuss the results. Fantastic service all round.

Though did have to wait over 18 months for the operation. At the 12 month period was given a date and then cancelled a few days before.

Provider Response

ULHT response- Thank you so much for your feedback and we are pleased that you are recovering well.

2. Case 14165 (28-11-2024)

Providers:

For Information: Pilgrim Hospital

Taking my young child to school 4 weeks ago, I went over on my ankle. I heard a "crack" and was expecting/fearing the worse. My friend took me to Accident and Emergency at Pilgrim Hospital, arriving at 9.30am. Once triaged, I had to wait about 2 hours for an x-ray and then another one and a half hours for the result. I was told that I had not broken my ankle but had suffered a nasty sprain. I was given advice by the Doctor on what to do to bring the swelling down and some strong pain killers to numb the pain. I went home and applied an ice pack every 2/3 hours and kept my foot elevated for the next 24 hours as much as possible. I was able to put weight back on it within about 72 hours. Staff at the hospital were lovely and supportive even though they were very busy!

Provider Response

ULHT response- We are pleased that you are now recovering, thank you for sharing this feedback which we will share with the team.

South Locality x 7

- 7 x General Comment

General Comment

1. Case 14167 (28-11-2024)

PCN: Spalding

Providers: Beechfield Medical Centre, Lincolnshire Integrated Care Services (ICS/ICB), Munro Medical Centre

Comments from Welland Senior Forum.

- Lack of face to face appointments at GP Surgery. Difficult to get through on the telephone and an expectation that you will go online.
- Lack of communication between GPs and Hospitals. Patients experiencing no joined up approach. Simple tests having to be repeated such as blood tests/x-rays as information not being shared.
- Booking blood tests if not at Surgery. Maybe slightly longer wait. Not able to "turn up" and have one done so resulting in 2 trips to a Unit. GP Practices don't need to be booked.
- When telephone calls with time slot offered by local practices, works very well.
- Communication- many expressed that sometimes the Doctor who calls you back is hard to understand due to English not being their first language/accents. Clinicians need to be able to speak clearly on the telephone to patients so that the patient can understand about what is being said.
- Lack of empathy towards older patients. Some had experienced the attitude "What do you expect you are old". GPs in particular have done this.
- NHS App - many have been introduced to this via family and friends and find this very straight forward to use. Really useful for people who want to order prescriptions when complicated medication not involved. Munro and Beechfield Surgery staff and volunteers have been helpful in assisting setting up.

Notes / Questions

Unfortunately Healthwatch were not provided with which surgery these comments each related to other than the individual ones named

2. Case 14114 (01-11-2024)

PCN: Four Counties

Providers: NHS 111 Service, Peterborough and Stamford Hospital

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

Veteran with long term health conditions and disability (including mental health issues and Post Traumatic Disorder). They became unwell, called NHS 111, was told that someone would call back within 2 hours. No one did. They got worse so relative called NHS 111 again, after waiting the 2 hours, to be told that they would send an ambulance. Patient was severely dehydrated and unable to tolerate fluids. Many hours later the ambulance was despatched and taken to Peterborough Hospital.

They spent 6 hours in an Ambulance, assessed, no fluids given, eventually put in a wheelchair and sent to "fit to sit" area. Felt that the Nurse did not want them there. Then sent to a dirty side room. Many hours later was told that antibiotics would be given intravenously. No results shared.

Sent home with no follow up and with catheter still in situ. Told to deal with the catheter themselves when they got home. Told that would be referred to Urology. Seen by District Nurses who said that patient had a serious Urinary Tract Infection. They remain in a lot of pain. They were also told that they needed to see a Neurologist. No appointments yet sent through. Has made a complaint via Peterborough Hospital PALS, to be told that they can't do anything. Patient does have mental health issues and feels that the GP Practice, and the NHS are not interested in helping them.

Notes / Questions

Patient has been referred by Veteran Support to Op Courage for support.

3. Case 14143 (14-11-2024)

Providers: Lincoln County Hospital

For Information: Lincolnshire County Council - Adult Social Care

My spouse and I are long term unpaid carers for for my elderly parent. They are an amazing parent, but following a fall last year is unable to live on there own. As a family, we made the decision that they should come and live with us. We have never asked for help, funding converting part of the house to ensure suitable accomodation for them and us. The fall has left them feeling very isolated, vulnerable and that their dementia seems to have changed over the last 12 months.

Going into Lincoln County Hospital and staying for nearly 3 weeks took a toll on parent and we noticed where before they could do daily tasks for themselves, the hospital admission has triggered this rapid decline. They were not encouraged to do things for themselves especially things that we knew they could do like brushing their hair or teeth and choosing an outfit. Having conversations and interactions. We visited them everyday and spent time with them, but they became very low during the admission. Speaking with the Nurses and Doctors we were told on a number of occasions not to worry, they do not have dementia , this happens ! We are saddened that we saw such a change in such a short time . We had tried to them independent for so long and they were doing well until that admission.

We feel that care was okay but their wellbeing was not addressed.

Notes / Questions

No contact details provided

Provider Response

ULHT response- We are sorry that this deterioration and recognise how unsettling a hospital admission can be particularly with someone who has dementia. Staff do try to maintain independence but this can be very difficult in a busy ward environment. There are a couple of things that may help should a further admission be required; as carers you can stay on the ward as long as you wish and be involved as much as you wish or are able - please speak to a member of staff about our carers badge and how they can help. Also it may be helpful to complete an 'All About Me' booklet which enables you to detail the care and needs of your parent, how they like things, what they like to do or not etc and staff can then know how best to meet their needs - if you ask to speak to the Dementia Practitioner they can help you with this and also to support you and your parent if they come back in. I hope they are well and recovering.

4. Case 14168 (28-11-2024)

PCN: Spalding

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

Comments from Welland Senior Group.

- Community Diagnostic Centre (CDC) a fab resource! Used by a relative who was seen within 5 minutes of arrival, free parking and home within the hour. So smooth and stress free. Is there going to be one in the Spalding area?
- Lack of Specialist services in Lincolnshire. Patients having to travel out of county for treatment.

Provider Response

ULHT response- Response from Sarah Brinkworth ICB: There isn't one being planned at Spalding unfortunately. At the beginning of the CDC programme in 2021 the national programme expected each county to develop 3 CDCs. Following feedback from the national Clinical Lead we actually worked up 4 potential locations as we were advised that due to our geography we could apply for an additional site. The suggested locations took into account local population size, health inequalities, access and travel considerations and availability of existing services. The agreement of these locations and the priority order we would apply for national funding were approved by system leaders. We have now built CDCs in Skegness and Lincoln (as well as Grantham) and are waiting confirmation on available funding for 25/26 to see if we are able to progress with our 4th location in Boston. We are aware of CDCs in Wisbech and Peterborough which are being developed through Cambridgeshire and Peterborough ICS.

5. Case 14145 (14-11-2024)

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

My partner has been having lots of periods of low mood over the last few years. Initially it was decided it was to do with grief. Spoke with GP and was told they would be referred. Did not hear anything for at least 6 months even though we kept going back to GP. Wanted to put them on antidepressants but they did not want to do that. Told that they could use the Talking Therapy Service. Waited months before we realised that they could self-refer into the service, not informed of this previously.

Once they had made contact it took another 4 months to get any help. By which time they were becoming less engaged and not looking after themselves. This has affected them so they have not been able to keep their job due to sickness record. It has also affected me as my job is shift work as a Healthcare Professional, I never know what I am coming home to. Life is very stressful at the moment. They did not really engage with Talking Therapy and I am worried about them. A few weeks ago I took them to Accident and Emergency at Pilgrim Hospital and asked if the Mental Health Liaison Team could see them. After a long wait (more than 6 hours from checking in) someone saw them and was able to put a plan in place. They were admitted to hospital and is still currently there. Hopefully they will get the support they need to come to terms with their grief and the new person that they have become. I want my fun loving partner back or at least someone who can spend their time starting to enjoy their life again. They are only 26 !

Provider Response

ULHT response - What a hard story to read but thank you for sharing - we are pleased that your partner is now getting the help that they need and that soon you will both be more settled.

6. Case 14144 (14-11-2024)

Providers: Pilgrim Hospital

My parent who is in their 70s was diagnosed with blood cancer in early 2023. This is the first time that they have been unwell. A shock for all. They have been doing well with treatment, but following a recent infection a few months ago has become extremely unwell. Kings Lynn let my parent down recently so I have managed to get them transferred to Pilgrim Hospital. They became very unwell 2 weeks ago, we called NHS 111 and they sent an ambulance. It was decided that they needed urgent medical treatment. Following a 6 hour wait in the ambulance they were transferred to Accident and Emergency at Pilgrim Hospital and was in the Department for 36 hours, in a chair, in great pain and discomfort.

Little communication with us to update us. Though the team who were extremely busy were kind and checked on parent regularly, we were waiting for a bed. They were admitted and are still in hospital. Chemotherapy can not be started as they are unwell with the infection, but it is so hard when you know that the chemotherapy will help to fight the cancer long term. It seems a vicious cycle at the moment and we just want them to have a good quality of life. They have been placed in a single room to help them rest and to try and build their strength up.

Notes / Questions

No contact details provided

Provider Response

ULHT response- We are sorry that this has been such a worrying time and that delays waiting for a bed added to this. We are pleased that this patient went to the necessary ward and was isolated to manage their infection and hope that once the infection settled the chemotherapy went well and that they are now more settled and feeling better.

7. Case 14174 (29-11-2024)

Providers: United Lincolnshire Hospitals NHS Trust (ULHT)

Hospital Outpatients appointments. Skegness and District Hospital - Dermatology Department. After 2 cancelled appointments and a delay of eight months I eventually had an appointment at the end of November 24. I was seen by the Doctor for my original issue which they diagnosed within 30 seconds as non threatening and not needing treatment. I pointed out that as eight months had passed since my first contact with my GP two more lesions had appeared and could they have a quick look at them, they tutted, looked very aggravated and said 'each appointment is only 5 minutes'.

They did reluctantly look at them and gave me the all clear, however I was not at all comfortable with the experience and they made me feel like I was a nuisance. Finally the whole session did only last their prescribed 5 minutes so I think their attitude was very off-putting and unsettling.

Notes / Questions

Signposted to Patient Advice and Liaison Service at United Lincolnshire Hospitals Trust (ULHT) and at Lincolnshire Integrated Care Board. Care Quality Commission (CQC) and Parliamentary Health Ombudsman (PHSO) information given.

Provider Response

ULHT response- We hope this person made contact with PALs and have received a response.

South West Locality x 2

- 1 x Formal Complaint
- 1 x Compliment

Formal Complaint

1. Case 14155 (20-11-2024)

PCN: K2 Healthcare Grantham and Rural

Providers: East Midlands Ambulance Service NHS Trust (EMAS), Lincoln County Hospital

Healthwatch Lincolnshire copied into letter of complaint, also sent to PALS at United Lincolnshire Hospitals Trust, Complaints Facilitator, PALS at East Midlands Ambulance Service (EMAS), Patient Experience Facilitator and Local MP.

Follow up on Complaint regarding Emergency Treatment of severe croup in infants in Lincolnshire, sent 27/7/24.

We write further to our letter of complaint sent to Pals at ULHT and EMAS in July of this year. We understand that the emergency care of infants with croup requires a joined up pathway with a variety of different disciplines, each with their speciality. We thank Complaints Facilitator at Pals ULHT for organising a meeting Accident and Emergency (A&E) Matron (no doctor) in September. It was unfortunate that EMAS would not attend, however an email response from EMAS was received in October.

We really do appreciate the NHS is under great strain. However croup in babies is common and can be very serious. The care our grandchild received in Lincolnshire was vastly different when compared with the 3 episodes that they now have experienced in Cambridge. It must be possible to do better for babies in Lincolnshire. Our grandchild will not be able to visit us until we can be sure things have improved.

Having been through the meeting recording, read the EMAS response and discussed the experience with our grandchild's parents we have worked to put a summary of the care our grandchild received on that night in July, acknowledging the times recorded by attending staff:

Important to note here that the current preferred steroid for croup is Dexamethasone (Dex). We are informed it takes 2+ hours to react and so must be administered as soon as possible.

21.58: 999 call. Disposition 2 (aim 18 min, 9/10 within 40 min response). Told 2 hour response. High demand so Clinical Safety Plan implemented at 3. However reviewed...

22.20: Ambulance staffed by technicians arrived, no Dex on board. Technicians do not have the required training to administer anyway. On the road child deteriorated. They were very distressed and repeatedly vomited on the journey. The technician appeared to be messaging for back up. **Oxygen saturation 83-85% so oxygen given (duration approximately 20-30 mins).**

23.22: Grandchild booked into Lincoln A&E. No record of the information at the transfer was shown to us/available.

23.30: Triage by Paediatric Competent Nurse 8 minutes after booking in. Records show P Score=0, oxygen saturation 99%, fast heart rate, high respiratory rate (34). Grandchild's parents report that their breathing was laboured with indications of tracheal tug. However the P Score of 0 suggests child was stable at the time of the triage. There was no continuous monitoring of oxygen saturation to ascertain that child remained stable they **were only seen by a doctor 55 minutes after they were booked in.** We were told an unstable assessment would have meant Dex administration within 15-30 minutes. Why wait until child was unstable? When they arrived at Addenbrookes hospital they were in a less distressed state but was immediately given Dex and placed under the supervision of a registrar and consultant with continuous monitoring.

Grandchild's parents took several videos to demonstrate child's symptoms to successive doctors. After child was triaged and in the waiting room a video was taken. There was no continuous monitoring despite repeated requests by Alec's parents.

WAS THE P SCORE GIVEN WITHOUT FACTORING IN THAT CHILD HAD RECEIVED OXYGEN ON THE JOURNEY SO AFFECTING THEIR OXYGEN SATURATION?

0.17: Doctor administered 1.5mg oral Dex (records double checked).

Other than oxygen in the ambulance, this was the first treatment given to the infant: 2 hours 17 mins after the 999 call. Indeed it took this long for a doctor to even examine them.

This was despite grandchild's parents bringing 2 x Addenbrookes Hospital discharge papers showing repeated episodes of severe croup, all required repeated administration of Dex (and adrenaline).

2.30: P Score=1, oxygen saturation 94% (first record of monitoring following Dex). Not continuous monitoring.

2.52: Adrenalin nebuliser administered. P Score=3, oxygen saturation 91%. Grandchild's parents ask whether it is recorded in the notes that oxygen was given before adrenaline as, once continuing monitoring was provided, child's oxygen levels had dropped and they needed to give oxygen before the adrenaline?

3.24: P Score=2, oxygen saturation 96% (in A&E)

6.24: oxygen saturation 95% (on the ward), breathing is still laboured

We assume grandchild was admitted and, in the end, had 4 doses of Dex because the first dose of Dex was so delayed. The first hour or so of delay because the ambulance did not carry Dex or have access to a paramedic. The second hour of delay because the initial triage made did not mean they were seen by a doctor promptly. They were not even monitored during the 55 minute wait to be seen by a doctor.

We really hope that EMAS and other disciplines can use our complaint to look at their relevant protocols to improve emergency treatment, and hopefully this will result in more paramedics, more ambulances, more money. We hope EMAS and ULHT will check and improve ambulance handover information transfer and look at staff training/supervision. In addition, that ULHT can use the complaints (made by us and our Grandchild's parents concerning the paediatric A&E area) to get improvements in space, patient pathways, staffing and cleanliness.

We further request answers to the following questions:

- 1 Are all EMAS vehicles now supplied with Dex and that staff trained in administering Dex are available?
- 2 Please confirm that ambulance handover information protocols have been checked and improved.
- 3 Please confirm that Grantham Hospital UTC+ has Dex, Adrenalin nebuliser and Paediatric Competent Nurses available 24/7.
- 4 Please confirm that it is possible to state (when calling 999) that an ambulance with Paramedic and Dex is required in a case of severe croup. If that cannot be provided promptly then there should be an alternative course of action protocol eg. Take the infant to the nearest NHS facility that can administer Dex etc. There the infant can be stabilised before being transferred by ambulance to Lincoln/Boston/Peterborough direct to paediatric ward (avoiding A&E).
- 5 Please explain why an ambulance arriving with Dex but no paramedic cannot go straight to the nearest UTC/UTC+ to stabilise the infant before immediate transfer to an A&E.
- 6 We understand it to be EMAS protocol that an ambulance cannot go to a UTC. However if the ambulance does not have Dex and/or does not have a paramedic, it would seem logical that an infant with croup be taken to the nearest facility with Dex and then transferred to an A&E. In our case Grantham UTC+ is 10-15 minutes away. Lincoln Hospital is over an hour away.
- 7 It was mentioned by Matron for A&E that Lincoln Hospital was seeking 'better pathways' for sick infants, especially at night. Please can you explain what plans/procedures are proposed or now in place to prevent the paediatric area being overwhelmed, in particular at night.

We hope and expect that we will receive answers, and again, thank all those involved in trying to improve emergency care.

ULHT (questions 2,3,4,6)

EMAS (questions 1,2,4,5)

Notes / Questions

Healthwatch Lincolnshire copied into letter of complaint, which was sent to PALS at United Lincolnshire Hospitals Trust, Complaints Facilitator, PALS at East Midlands Ambulance Service (EMAS), Patient Experience Facilitator and local MP. This was following a meeting with the Trust and is a follow up complaint and questions.

Provider Response

ULHT response- As this has been sent through to PALs and complaints teams we will await their response.

Compliment

1. Case 14120 (06-11-2024)

Providers:

For Information: Lincoln County Hospital, Lincolnshire County Council - Adult Social Care

Healthwatch Lincolnshire contacted parent/carer of young adult with complex severe Learning Disabilities, epilepsy, and a degenerative heart condition. This was following being in contact with involvement officer at Veteran Event. Discussed long term impact on Carers providing 24 hour care for their young adult. Do have good provision at present in the daytime with them attending College in Peterborough 3 days a week, this will end when reaches 25 years old, and 2 days a week at Serenity Day Care. Have had good care and treatment at Lincoln County Hospital from the Cardiology Department and young adults needs and reasonable adjustments made. Finding it difficult to think about impact of carers getting older and if they get unwell, and the 24 hour care of their young adult. Have Adult Social Worker and discuss at next meeting.

Notes / Questions

Signposted back to Social Worker, Carers First, ULHT for Carers Passport .

Provider Response

ULHT response- Thank you for this - we hope this family got the care & support they need.

West Locality x 2

- 2 x General Comment

General Comment

1. Case 14131 (11-11-2024)

Providers: Lincoln County Hospital

As a volunteer with ULH I have raised the issue of not having access to water in the main reception unless you buy bottles. I think this has been highlighted by the CQC and no action been taken. Can we insist on this for visitors patients and staff please?

Notes / Questions

Healthwatch have asked ULHT the question

Provider Response

ULHT response- This was recently discussed at Patient Panel and the volunteer updated that there is a new approach to water fountains as stipulated by our Infection Control Teams. Some areas can have them but if there is available tap drinking water then a water fountain will not be provided.

2. Case 14133 (12-11-2024)

PCN: APEX

Providers: Lincoln County Hospital

Endocrinology

Spouse raised concerns of patient who had a tumour removed from their pituitary gland in 2005, moved to Lincolnshire about 14 years ago and from then they have had to administer a growth hormone, by injection, on a daily basis. They receive the growth hormone from Lincoln County and the needles they collect from local Lloyds pharmacy hub.

Spouse is desperate as patient has run out of needles, they phoned Lloyds to request more needles, and they said that they couldn't have any as the patient has been taken off the list????

Spouse then phoned Lincoln County to advise that they have enough of the hormone but no needles to administer and the pharmacy will not release any more because the patient's name has been removed from the list.

Spouse was told that they needed to phone Lloyds back and ask why the patient had been taken off the list. They phoned Lloyds and they again said that they couldn't have any more needles as it was Lincoln Hospital who had contacted them to have the patient removed from the list and so they would have to call the hospital back to find out why.

Spouse contacted the hospital again who said they would look into it and get back to them - not heard anything for over a week and is running out of needles. Patient gets very stressed about the situation, hence why spouse was trying to get it sorted.

Summary - why would someone from Lincoln Endocrinology or other department state that the needles are no longer required and cancel them off with the pharmacy?

Patient only has a couple left and is getting anxious. Patient and spouse would appreciate this being looked into so they can get the needles so desperately needed reinstated, as being pushed from pillar to post with no outcome.

Notes / Questions

Patient requested Healthwatch contact PALs

Provider Response

PALs - They are aware that I am dealing with the case and they have my telephone number. I will be back to them as soon as I receive the response from the endocrinology management.

Patient update - middle of November 2024 - has now spoken with the Consultant as the growth hormone is now no longer available, was again pushed from pillar to post in trying to access this, then Consultant called the patient to say they would contact their GP to request a different one, but may be slightly more expensive so would require GP to approve. Still waiting. But thank you so much for getting involved and for the contact made to PALs, who have also been most helpful.

Beginning of December - still no needles or pen to administer the hormone has been provided - Healthwatch went back to PALs

ULHT response- This is being investigated and we will update once we hear more.

ULHT response- Logged and resolved

Out of Area x 4

- 3 x General Comment
- 1 x Informal Complaint

General Comment

1. Case 14140 (14-11-2024)

Providers: Diana, Princess of Wales Hospital (Grimsby)

Accident and Emergency/minor injury units. I was overlooked, probably 15-20 people came and went while I hadn't even had observations done. I realise some people were at the Primary Care Centre instead of Accident and Emergency as I was, but most people were in and out in 45 minutes to an hour. I was there over 4 hours. After 2 hours I went to reception where 4 nurses were sat chatting. They totally ignored me until I got upset. I said I've had shooting pains down my left arm, chest pain and upper back pain for 9 hours now. They then rushed me through for observations and to see the Dr not long afterwards. I was there for over 4 hours!

Notes / Questions

No contact details provided. Experience passed onto Healthwatch North East Lincolnshire.

2. Case 14141 (14-11-2024)

Providers: Glenfield Hospital - Leicester

I've waited for 18 weeks for major heart surgery I've been cancelled 3 times already and now another date given which will take my waiting time to 21 weeks I'm suffering now my immune system is low and I'm feeling like they are playing Russian roulette with my life, what's left of it, as I'm not able to carry out tasks or work anymore because of symptoms! I've still not been treated it's inhumane.

Notes / Questions

No contact details provided. Experience passed to Healthwatch North East Lincolnshire where postcode of patient lives in.

3. Case 14134 (12-11-2024)

Providers: Hull Royal Infirmary

I have been in Gainsborough today for an outreach clinic and spoke to a relative of a patient who is registered with Kirton Lindsey/Scotter GP Surgery, which out of our area.

Patient had a couple of toes amputated in Hull Royal infirmary due to diabetes (type 2) on left foot, in early on in 2024 had rest of toes amputated then a few weeks later was back in to remove half their foot in May 24. due to an infection that was left too long, was being dressed every other day by district nurses. Infection was contracted in hospital of VRE (Vancomycin Resistant Enterococci) and has now been in for removal of lower leg, just below the knee.

Patient was on Ward 7 and at the end near the exit in a cubicle. Didn't always get a meal and often would have to go down to the cafe to buy some food, not offered a menu during their admission and often heard the trolley going into other rooms, but not to theirs. Being a diabetic needed to eat. Whilst going down to the cafe, someone had been in their cubicle and taken the foods that family had taken in!

Feels that there was a severe lack of communication, not only to the patient but to the family who were not kept informed. Only heard that they had tested positive for this infection after a few days, apparently there had to be a deep clean due to this infection.

On discharge early November back home, informed do not require a care plan you can manage - adult social care not informed of discharge so no care has been put in place. Patient is now in a wheelchair, waiting for physiotherapy and is unable to manage at home on their own. Prior to hospital admission had carers in twice a day, now this has stopped as informed from the care agency that the hospital would do a care plan and get this sorted quicker than they could.

Notes / Questions

I have provided them with Voiceability for Advocacy, complaints information and how to get a copy of their medical records (this was requested).

Family member has been in contact with Adult Social Care Team and trying to get this part sorted. I have also informed them that should they make the complaint, if the response is unsatisfactory then the next step is PHSO.

Healthwatch Lincolnshire sent this information to North Lincs Healthwatch

Informal Complaint

1. Case 14147 (18-11-2024)

Providers: Diana, Princess of Wales Hospital (Grimsby)

Diana Princess of Wales Hospital Grimsby.

My relative was admitted to Diana Princess of Wales Hospital in Grimsby just over a year ago. They were admitted with breathing difficulties and pain in the left side of their chest and shoulder. They were already disabled but had to sit in a recliner for over 18 hours until they got a bed. Had an MRI, it said no obvious malignancy. They eventually were transferred to Castle Hill Hospital (thank God) where they later died of cancer, they were an open and shut case when surgery was attempted as their chest was riddled with cancer. The same chest that apparently was free from malignancies a week or so earlier! We struggled to get the medical care (guided chest drain) due to the lack of a suitable radiographer until I started to get PALS involved. There is so much more I could say about this and other occurrences at Diana Princess of Wales Hospital, some good but mostly bad.

Notes / Questions

Information shared with relevant North East Lincolnshire Healthwatch

Mental Health and Learning Disabilities

Area	Case Details
<p>East Locality x 2</p> <ul style="list-style-type: none">• 2 x General Comment	<p>General Comment</p> <p>1. Case 14175 (29-11-2024)</p> <p>Providers: Lincolnshire Integrated Care Services (ICS/ICB), United Lincolnshire Hospitals NHS Trust (ULHT)</p> <p>Individual contacted Healthwatch wanting to share relatives experience of admission to Accident and Emergency and planning for any hospital admission. Relative has Cerebral Palsy and complex Special Needs and resides in a Residential Care Home. When placed on trolley in Accident and Emergency because of their involuntary spasms of limbs injured themselves on the sides that were put up on the trolley they were on, because of the large gaps in the sides. Individual did have meetings with Patient Experience Team after the event and wants to know if recommendations are being implemented that buffers are available to place on the side of trolleys to cover these gaps if a patient with these needs is admitted ? Also individual wanting to know if an individual with Special Needs/ Learning Difficulties/Complex physical needs/dementia admitted is this flagged on medical system and can a care plan with these needs be seen by all staff , relating to reasonable adjustments that need to be made to give personalised care?</p> <p>Notes / Questions</p> <ul style="list-style-type: none">• Individual asks have buffers for trolleys been implemented as per recommendations from previous Patient Experience Team meeting ?• If an individual with Special Needs/ Learning Difficulties/Complex physical needs/dementia is admitted is this flagged on medical system and can a care plan with these needs be seen by all staff who care for the patient relating to reasonable adjustments that need to be made to give personalised care? <p>Provider Response</p> <p>Response from Patient Experience Team- I have checked back with matron who recalls the original concern. She has confirmed that we were unable to get suitable bumpers to fit the Stryker trolleys and I suspect that had we done so there would be a challenge in them being available at a specific time; they may be in use or being cleaned or being mislaid. The solution is that we nurse someone with these needs on a hospital bed which does have side bars and either bumpers or pillows are available and are used. In some cases patients are nursed on the floor on mattresses dependent on their needs.</p> <p>So whilst the original proposal for bumpers has not been implemented there is a clear approach to supporting patients who are at risk of injuring themselves.</p> <p>ULHT response- I have checked back with matron who recalls the original concern. She has confirmed that we were unable to get suitable bumpers to fit the Stryker trolleys and I suspect that had we done so there would be a challenge in them being available at a specific time; they may be in use or being cleaned or being mislaid. The solution is that we nurse someone with these needs on a hospital bed which does have side bars and either bumpers or pillows are available and are used. In some cases patients are nursed on the floor on mattresses dependent on their needs.</p> <p>So whilst the original proposal for bumpers has not been implemented there is a clear approach to supporting patients who are at risk of injuring themselves.</p>

	<p>2. Case 14135 (13-11-2024)</p> <p>PCN: Meridian</p> <p>Providers: Lincolnshire Partnership NHS Foundation Trust LPFT (Mental Health), Marsh Medical Practice</p> <p>My dependent's consultant wrote to their GP and asked them to issue them with a certain medication, however, their GP Surgery have said it is up to the consultant to prescribe it and that they have written back to them to tell them that. Meanwhile, my dependent is waiting for this medication and only has enough left for a week and a half. My dependent was previously issued with the same medication at their GPs, so why are they being so stubborn about it now by not wanting to give it to them.</p> <p>If my dependent runs out of their medication there is a chance they will become unwell again. I thought that duty of care was a legal obligation to provide a reasonable standard of care to patients and to act in ways that protect their safety. It applies to healthcare professionals, organisations, and other individuals who are responsible for the safety and wellbeing of others so why are they arguing about who is to issue their medication.</p> <p>Notes / Questions</p> <p>This information was copied into Healthwatch, original to LPFT PALs.</p> <p>Provider Response</p> <p>Parent received a response that medication was supplied by our GP, dependent was sent the medication and it's now been applied to their repeat prescription</p>
<p>South Locality x 1</p> <ul style="list-style-type: none"> 1 x General Comment 	<p>General Comment</p> <p>1. Case 14145 (14-11-2024)</p> <p>Providers: Lincolnshire Partnership NHS Foundation Trust LPFT (Mental Health), Pilgrim Hospital</p> <p>My partner has been having lots of periods of low mood over the last few years. Initially it was decided it was to do with grief. Spoke with GP and was told they would be referred. Did not hear anything for at least 6 months even though we kept going back to GP. Wanted to put them on antidepressants but they did not want to do that. Told that they could use the Talking Therapy Service. Waited months before we realised that they could self-refer into the service, not informed of this previously.</p> <p>Once they had made contact it took another 4 months to get any help. By which time they were becoming less engaged and not looking after themselves. This has affected them so they have not been able to keep their job due to sickness record. It has also affected me as my job is shift work as a Healthcare Professional, I never know what I am coming home to. Life is very stressful at the moment. They did not really engage with Talking Therapy and I am worried about them. A few weeks ago I took them to Accident and Emergency at Pilgrim Hospital and asked if the Mental Health Liaison Team could see them. After a long wait (more than 6 hours from checking in) someone saw them and was able to put a plan in place. They were admitted to hospital and is still currently there. Hopefully they will get the support they need to come to terms with their grief and the new person that they have become. I want my fun loving partner back or at least someone who can spend their time starting to enjoy their life again. They are only 26 !</p> <p>Provider Response</p> <p>ULHT response - What a hard story to read but thank you for sharing - we are pleased that your partner is now getting the help that they need and that soon you will both be more settled.</p>
<p>South West Locality x 1</p> <ul style="list-style-type: none"> 1 x Compliment 	<p>Compliment</p> <p>1. Case 14117 (01-11-2024)</p> <p>Providers:</p> <p>For Information: Lincolnshire Integrated Care Services (ICS/ICB), Lincolnshire Partnership NHS Foundation Trust LPFT (Mental Health)</p> <p>Individual served in the Army for 22 years and is now living with Post Traumatic Stress Disorder (PTSD). Most of the time they are able to keep well and has support from GP and Mental Health Services. Was referred to Op Courage last year and the Senior Nurse was amazing at getting things sorted out and coordinated for them. Currently in a very good place.</p> <p>Has been working in the NHS for the last 4 years as a Armed Forces Champion and encourages employment of Veterans into a wide range of roles. Local Mental Health Trust has been very supportive to them and in the last 4 years has utilised their skills. Frustrated that the NHS does not work more efficiently and takes so long to adapt to change. Too many managers and layers of red tape and not enough "doing", making changes and improving and this impacts patient care. Too many promotions to people who do not have the right skills. Culture change needs to happen, less silo working and more "doing". A lot of duplication in services . Restrictions on budgets etc.</p> <p>Notes / Questions</p> <p>No personal information provided.</p>

West Locality x 2

- 2 x General Comment

General Comment

1. Case 14151 (18-11-2024)

PCN: South Lincolnshire Rural

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

Parent who had been to an event (not sure where) but had spoken with an ADHD Nurse who was not from this area but had advised the parent to contact their GP to get a Right to Choose ADHD assessment for their 16 year old child. PSICON was the only one parent could find that could assess a child of 16 on the NHS.

They spoke to their GP who passed onto the secretary, who then passed it onto the ICB (Integrated Care Board). Parent is now awaiting information on where they are with this. Parent was under the impression that the Right to Choose process was a simple one but feels are making things very difficult for them. However, on Healthwatch speaking with the parent, and mentioned ADHD 360 which is recognised NHS approved pathway in Lincolnshire, parent wasn't aware of this and would be happy to go down the Right to Choose pathway for ADHD 360.

Notes / Questions

Parent requested that Healthwatch make contact with the ICB as they do not know what is going on, no mention of ADHD 360 to them, happy to go there as recognised NHS provider and closer.

Healthwatch also made contact with the surgery.

Provider Response

Parent response to Healthwatch- You have been more than helpful today, and it is very much appreciated. You clearly love what you do, and you are credit to the organisation you are working for.

November 2024-Parent and child need to complete forms, return then can be processed to provider. Parent had previously been informed of this, however not completed these as yet.

November 2024-Healthwatch - contacted the parent to request collection of forms, complete and return to surgery, parent did this and will complete today and return tomorrow.

November 2024 - forms completed and returned - request to know where the forms have been sent to. Healthwatch asked the surgery.

Response from surgery after individual provider report being sent out - At the time the patient's carer contacted the surgery - the correct pathway was followed. That is, asking the patient to complete the requested forms and sending them to the ICB single point of access. We were not allowed to refer directly through the right to choose pathway. I am led to understand that this has now been changed by the ICB.

December 2024 - Parent not heard anything and wondered if we could look into this, Healthwatch made contact with ICB

3/2/25 - Parent update - I just wanted to let you know that child had their assessment on Friday afternoon. We only had to wait 8 weeks. Was diagnosed with combined ADHD. We are going to pay for private CBT sessions and continue with the supplements. As they are only 16 years old and still growing and developing, I don't want to put them on strong medication. They will now get the support going forward to accommodate the challenges they face with having ADHD.

I just wanted to thank you for all your help, without you we wouldn't have got anywhere.

2. Case 14161 (26-11-2024)

PCN: Imp

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

Patient who I believe has raised a complaint.

However, I am a little concerned that this patient has been referred to the eating disorder service over 3 months ago, now been informed it will be another 2 months at least (could be longer).

Patient is not doing very well, with binge, purge anorexia, is on the wait list support, but feels this is not substantial or constructive and are getting worse.

GP Practice are unable to help more than they have done, and it is causing more appointments for them. Surgery frustrated as felt the patient should have been seen by now.

Patient is exhausted in trying to cope/ manage and wonders why they bother.

Notes / Questions

Patient request for Healthwatch to make contact with the provider

Provider Response

We understand the team coordinator of the eating disorders team has met with the patient today and they wish to proceed with pursuing a complaint.

The patient was referred to the eating disorders team in early October, was assessed on 21st October and is currently on the waiting list for CBT. Has been receiving waiting list support but has recently declined this, including an offer of an alternative practitioner. The patient has been told today that the service are unable to give a definitive timescale for being seen, but 2 months is an estimate based upon current team capacity. However, the patient is open to other community mental health teams and the EDS team coordinator has contacted them today to check if they have any updates or concerns about their emotional wellbeing that may influence their position on the waiting list.

Patient informed of the response.

Patient Transport

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

1. Case 14148 (18-11-2024)

PCN: Boston

Providers: East Midlands Ambulance Service NHS Trust (EMAS)

East Midlands Ambulance Service

I would like to raise serious concerns about response times when calling East Midlands Ambulance Service with regard to my parent and their breathing difficulties. We are in the process of making a formal complaint through PALS.

On a Sunday in late July, I telephoned 999 as my parent developed breathing difficulties at home (as a result of radiotherapy treatment and cancer). I was advised that it would take up to **two hours** for an ambulance to attend. I was, on that occasion, able to take my parent to Lincoln County Hospital with the support of a friend. On arrival at the hospital, my parent was taken immediately through to rhesus. Sadly, a couple of days later, they required an emergency tracheostomy. They still have a tracheotomy to this day.

They have had blocked/partially blocked tracheostomy tubes during their subsequent lengthy stay in hospital following the tracheostomy operation. I would therefore argue that they are at risk of further breathing difficulties in the future.

My parent is now in a nursing home and on Sunday mid November, they developed another stridor. The nursing home, called for an ambulance at approximately 3pm and was advised that one would arrive within a window of four hours. I was with my parent but the option of taking them to hospital myself was not available nor indeed was the option of the home staff taking them to hospital at this time.

To try and help with the stridor whilst waiting for the ambulance, my parent was on back to back nebulisation. The nebuliser runs off mains electricity and it seemed the safest option, indeed the only option to keep them on this. Fortunately, the nebuliser cleared the mucus plug that was blocking my parent's tracheostomy on this occasion. The home cancelled the ambulance at approximately 6.45pm. I also note here that the window of four hours was nearly up.

My concern is around around waiting times on both occasions for something as serious as a breathing difficulty. A breathing difficulty in itself and now a breathing difficulty in a person with a tracheostomy should be of the highest clinical priority.

A pressing concern for me now is whether anything can be done to ensure an ambulance attends my parent in their nursing home in an urgent and far more timely manner should they develop further breathing difficulties. I am talking about alerts on their name or if the home telephone in relation to them, or any other risk management strategies East Midlands Ambulance Service may be able to put in place. The consequences of an ambulance not attending to my parent in a timely manner could be potentially fatal for them.

Notes / Questions

Healthwatch provided EMAS Patient Experience details.

Relative asks - my concern generally is about the response times and also I am concerned about the particular vulnerabilities of people with tracheostomies for whom there is no alternative airway option. What are these types patients categorised as, when life threatening?

2. Case 14156 (21-11-2024)

PCN: Boston

Providers: East Midlands Ambulance Service NHS Trust (EMAS)

For Information: Lincoln County Hospital, Pilgrim Hospital

A relative was a referee at local walking football match played at Haven High School in Boston last week. One of the players who is in their seventies, collapsed on the pitch and was having a cardiac arrest. An ambulance was called by ringing 999 and stated that individual had collapsed and having a cardiac arrest. One player started CPR and chest compressions at this point the individual was not breathing and did not have a pulse.

Two other members of the team went to find the defibrillator (defib) that was situated in the school. They maintained contact with ambulance control, they found the defibrillator, they were given 5 wrong codes by ambulance control that did not open the door to the defibrillator. They ended up smashing the door to gain access to the defibrillator, injuring one of them in the process, the defibrillator was taken to the pitch side.

This cost a valuable 10 minutes when they were trying to save someone's life. The individual was shocked with the defib and this did resuscitate them. The ambulance team was still not present, from making the call to them arriving on site this took 20 minutes. The ambulance crew were also hampered by the fact that they had difficulty gaining access to pitch side when they arrived. The individual was taken to Accident and Emergency at Pilgrim Hospital stabilised and then taken to Cardiac Unit at Lincoln County Hospital. They are still recovering in hospital.

Notes / Questions

Healthwatch asks- that giving the wrong codes for the defibrillator caused delay in emergency treatment to the individual who had collapsed and ultimately could have led to their death. This also caused panic and distress to the individuals who were trying to gain access to the Defibrillator. How can this process of giving codes for defibrillators be improved?

Provider Response

ULHT Response- We hope this patient has now recovered and doing well.

3. Case 14160 (26-11-2024)

PCN: Solas

Providers: Pilgrim Hospital

Car Parking

I have been speaking with a disabled patient and they would like it raised at Patient Panel to highlight the parking for not only the disabled access but for all really, if they go into the current allocated area and no spaces then it is very difficult to keep going round looking for a space - has scooter in the rear of their vehicle.

Why is it in this particular area? why can't disabled access be at the front and all other cars be on the field area on the way out? make a very large car park over there for those who are able - as over-spill. Is this being looked into by the trust.

Notes / Questions

Healthwatch to raise this at Patient Panel

Provider Response

ULHT response- The estates team are attending Patient Panel in March and there will be a discussion about car parking as part of this - we will ensure this is raised.

Informal Complaint

1. Case 14173 (28-11-2024)

Providers: Non-Emergency Hospital Transport (NEPTS) EMAS

Healthwatch contacted by individual who is a wheelchair user, unable to mobilise without it. They also have autism and ADHD, have anxiety and have trauma responses to hospital settings. They have had a negative experience recently of using Non Emergency Patient Transport (NEPT) for transporting them to cardiology appointments at Lincoln County Hospital. This is around being transported in their own wheelchair on the Ambulance and if they do transfer to a seat while being transported, own wheelchair unable to go with them, then having to use a hospital wheelchair that they can not self propel or move out of if they are waiting for appointments.

This means that they cannot go to the toilet on their own or move around on their own. EMAS have stated that that legislation changed last June and only wheelchairs that have been crash tested can be used to transport patients. Patient feels like that this is like " an ambulatory patient being transported without their legs". These experiences have impacted the patients anxiety and mental health. Though at the end of October was transported crew had to double check. This week did book transport themselves and stated issues with wheelchair, problems on the way back from appointment, felt crew were dismissive of their concerns and issues. Does not want this to happen to another disabled person.

Notes / Questions

Patient requested HW make contact with EMAS.

Provider Response

Response from EMAS :We do not convey anyone in a non-crash tested wheelchair. This is policy and is related to patient safety. If the vehicle was involved in an RTC the wheelchair could collapse on impact. There have been previous deaths related to this nationally (not EMAS) in previous years. The patient may need support in identifying a new chair for themselves for travel to and from the hospital if they utilise the NEPTS service. I have included named staff personal, to contact the patient to advise them and talk through options. Also, so they can review which crews have previously transported them in their wheelchair as they should not be doing that and can provide re-education regarding this.

Signposting

1. Case 14122 (07-11-2024)

Providers:

For Information: Community Volunteer Car Service

Friend of elderly person, who is actually their postman who keeps an eye on the local community, contacted Healthwatch Lincolnshire as friend had been quoted £600 for a taxi to Sheffield for a Hospital appointment, looking for other options.

Notes / Questions

Signposted to Community car service. Contact details given

South Locality x 1

- 1 x General Comment

General Comment

1. Case 14114 (01-11-2024)

PCN: Four Counties

Providers: NHS 111 Service, Peterborough and Stamford Hospital

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

Veteran with long term health conditions and disability (including mental health issues and Post Traumatic Disorder). They became unwell, called NHS 111, was told that someone would call back within 2 hours. No one did. They got worse so relative called NHS 111 again, after waiting the 2 hours, to be told that they would send an ambulance. Patient was severely dehydrated and unable to tolerate fluids. Many hours later the ambulance was despatched and taken to Peterborough Hospital.

They spent 6 hours in an Ambulance, assessed, no fluids given, eventually put in a wheelchair and sent to "fit to sit " area. Felt that the Nurse did not want them there. Then sent to a dirty side room. Many hours later was told that antibiotics would be given intravenously. No results shared.

Sent home with no follow up and with catheter still in situ. Told to deal with the catheter themselves when they got home. Told that would be referred to Urology. Seen by District Nurses who said that patient had a serious Urinary Tract Infection. They remain in a lot of pain. They were also told that they needed to see a Neurologist. No appointments yet sent through. Has made a complaint via Peterborough Hospital PALS, to be told that they can't do anything. Patient does have mental health issues and feels that the GP Practice, and the NHS are not interested in helping them.

Notes / Questions

Patient has been referred by Veteran Support to Op Courage for support.

South West Locality x 2

- 1 x General Comment

General Comment

- 1 x Formal Complaint

1. Case 14149 (18-11-2024)

PCN: K2 Healthcare Grantham and Rural

Providers: Lincolnshire South West Area Locality

Patient lost their job, split up with spouse and children who now live in London, has to be out of their house in a weeks time, no where to go, has a hospital appointment tomorrow and don't know how to get to Pilgrim for this appointment in Rheumatology.

Notes / Questions

Citizens Advice supporting with housing, Healthwatch made contact with Community Volunteer Car scheme who would see if they are able to take the patient to their hospital appointment tomorrow.

Formal Complaint

1. Case 14155 (20-11-2024)

PCN: K2 Healthcare Grantham and Rural

Providers: East Midlands Ambulance Service NHS Trust (EMAS), Lincoln County Hospital

Healthwatch Lincolnshire copied into letter of complaint, also sent to PALS at United Lincolnshire Hospitals Trust, Complaints Facilitator, PALS at East Midlands Ambulance Service (EMAS), Patient Experience Facilitator and Local MP.

Follow up on Complaint regarding Emergency Treatment of severe croup in infants in Lincolnshire, sent 27/7/24.

We write further to our letter of complaint sent to Pals at ULHT and EMAS in July of this year. We understand that the emergency care of infants with croup requires a joined up pathway with a variety of different disciplines, each with their speciality. We thank Complaints Facilitator at Pals ULHT for organising a meeting Accident and Emergency (A&E) Matron (no doctor) in September. It was unfortunate that EMAS would not attend, however an email response from EMAS was received in October.

We really do appreciate the NHS is under great strain. However croup in babies is common and can be very serious. The care our grandchild received in Lincolnshire was vastly different when compared with the 3 episodes that they now have experienced in Cambridge. It must be possible to do better for babies in Lincolnshire. Our grandchild will not be able to visit us until we can be sure things have improved.

Having been through the meeting recording, read the EMAS response and discussed the experience with our grandchild's parents we have worked to put a summary of the care our grandchild received on that night in July, acknowledging the times recorded by attending staff:

Important to note here that the current preferred steroid for croup is Dexamethasone (Dex). We are informed it takes 2+ hours to react and so must be administered as soon as possible.

21.58: 999 call. Disposition 2 (aim 18 min, 9/10 within 40 min response). Told 2 hour response. High demand so Clinical Safety Plan implemented at 3. However reviewed...

22.20: Ambulance staffed by technicians arrived, no Dex on board. Technicians do not have the required training to administer anyway. On the road child deteriorated. They were very distressed and repeatedly vomited on the journey. The technician appeared to be messaging for back up. **Oxygen saturation 83-85% so oxygen given (duration approximately 20-30 mins).**

23.22: Grandchild booked into Lincoln A&E. No record of the information at the transfer was shown to us/available.

23.30: Triage by Paediatric Competent Nurse 8 minutes after booking in. Records show P Score=0, oxygen saturation 99%, fast heart rate, high respiratory rate (34). Grandchild's parents report that their breathing was laboured with indications of tracheal tug. However the P Score of 0 suggests child was stable at the time of the triage. There was no continuous monitoring of oxygen saturation to ascertain that child remained stable they **were only seen by a doctor 55 minutes after they were booked in.** We were told an unstable assessment would have meant Dex administration within 15-30 minutes. Why wait until child was unstable? When they arrived at Addenbrookes hospital they were in a less distressed state but was immediately given Dex and placed under the supervision of a registrar and consultant with continuous monitoring.

Grandchild's parents took several videos to demonstrate child's symptoms to successive doctors. After child was triaged and in the waiting room a video was taken. There was no continuous monitoring despite repeated requests by Alec's parents.

WAS THE P SCORE GIVEN WITHOUT FACTORING IN THAT CHILD HAD RECEIVED OXYGEN ON THE JOURNEY SO AFFECTING THEIR OXYGEN SATURATION?

0.17: Doctor administered 1.5mg oral Dex (records double checked).

Other than oxygen in the ambulance, this was the first treatment given to the infant: 2 hours 17 mins after the 999 call. Indeed it took this long for a doctor to even examine them.

This was despite grandchild's parents bringing 2 x Addenbrookes Hospital discharge papers showing repeated episodes of severe croup, all required repeated administration of Dex (and adrenaline).

2.30: P Score=1, oxygen saturation 94% (first record of monitoring following Dex). Not continuous monitoring.

2.52: Adrenalin nebuliser administered. P Score=3, oxygen saturation 91%. Grandchild's parents ask whether it is recorded in the notes that oxygen was given before adrenaline as, once continuing monitoring was provided, child's oxygen levels had dropped and they needed to give oxygen before the adrenaline?

3.24: P Score=2, oxygen saturation 96% (in A&E)

6.24: oxygen saturation 95% (on the ward), breathing is still laboured

We assume grandchild was admitted and, in the end, had 4 doses of Dex because the first dose of Dex was so delayed. The first hour or so of delay because the ambulance did not carry Dex or have access to a paramedic. The second hour of delay because the initial triage made did not mean they were seen by a doctor promptly. They were not even monitored during the 55 minute wait to be seen by a doctor.

We really hope that EMAS and other disciplines can use our complaint to look at their relevant protocols to improve emergency treatment, and hopefully this will result in more paramedics, more ambulances, more money. We hope EMAS and ULHT will check and improve ambulance handover information transfer and look at staff training/supervision. In addition, that ULHT can use the complaints (made by us and our Grandchild's parents concerning the paediatric A&E area) to get improvements in space, patient pathways, staffing and cleanliness.

We further request answers to the following questions:

- 1 Are all EMAS vehicles now supplied with Dex and that staff trained in administering Dex are available?
- 2 Please confirm that ambulance handover information protocols have been checked and improved.
- 3 Please confirm that Grantham Hospital UTC+ has Dex, Adrenalin nebuliser and Paediatric Competent Nurses available 24/7.
- 4 Please confirm that it is possible to state (when calling 999) that an ambulance with Paramedic and Dex is required in a case of severe croup. If that cannot be provided promptly then there should be an alternative course of action protocol eg. Take the infant to the nearest NHS facility that can administer Dex etc. There the infant can be stabilised before being transferred by ambulance to Lincoln/Boston/Peterborough direct to paediatric ward (avoiding A&E).
- 5 Please explain why an ambulance arriving with Dex but no paramedic cannot go straight to the nearest UTC/UTC+ to stabilise the infant before immediate transfer to an A&E.
- 6 We understand it to be EMAS protocol that an ambulance cannot go to a UTC. However if the ambulance does not have Dex and/or does not have a paramedic, it would seem logical that an infant with croup be taken to the nearest facility with Dex and then transferred to an A&E. In our case Grantham UTC+ is 10-15 minutes away. Lincoln Hospital is over an hour away.
- 7 It was mentioned by Matron for A&E that Lincoln Hospital was seeking 'better pathways' for sick infants, especially at night. Please can you explain what plans/procedures are proposed or now in place to prevent the paediatric area being overwhelmed, in particular at night.

We hope and expect that we will receive answers, and again, thank all those involved in trying to improve emergency care.

ULHT (questions 2,3,4,6)

EMAS (questions 1,2,4,5)

Notes / Questions

Healthwatch Lincolnshire copied into letter of complaint, which was sent to PALS at United Lincolnshire Hospitals Trust, Complaints Facilitator, PALS at East Midlands Ambulance Service (EMAS), Patient Experience Facilitator and local MP. This was following a meeting with the Trust and is a follow up complaint and questions.

Provider Response

ULHT response- As this has been sent through to PALs and complaints teams we will await their response.

Social Care Services

Area	Case Details
<p>South Locality x 1</p> <ul style="list-style-type: none"> • 1 x General Comment 	<p>General Comment</p>

1. Case 14143 (14-11-2024)

Providers: Lincoln County Hospital

For Information: Lincolnshire County Council - Adult Social Care

My spouse and I are long term unpaid carers for for my elderly parent. They are an amazing parent, but following a fall last year is unable to live on there own. As a family, we made the decision that they should come and live with us. We have never asked for help, funding converting part of the house to ensure suitable accomodation for them and us. The fall has left them feeling very isolated, vulnerable and that their dementia seems to have changed over the last 12 months.

Going into Lincoln County Hospital and staying for nearly 3 weeks took a toll on parent and we noticed where before they could do daily tasks for themselves, the hospital admission has triggered this rapid decline. They were not encouraged to do things for themselves especially things that we knew they could do like brushing their hair or teeth and choosing an outfit. Having conversations and interactions. We visited them everyday and spent time with them, but they became very low during the admission. Speaking with the Nurses and Doctors we were told on a number of occasions not to worry, they do not have dementia , this happens ! We are saddened that we saw such a change in such a short time . We had tried to them independent for so long and they were doing well until that admission.

We feel that care was okay but their wellbeing was not addressed.

Notes / Questions

No contact details provided

Provider Response

ULHT response- We are sorry that this deterioration and recognise how unsettling a hospital admission can be particularly with someone who has dementia. Staff do try to maintain independence but this can be very difficult in a busy ward environment. There are a couple of things that may help should a further admission be required; as carers you can stay on the ward as long as you wish and be involved as much as you wish or are able - please speak to a member of staff about our carers badge and how they can help. Also it may be helpful to complete an 'All About Me' booklet which enables you to detail the care and needs of your parent, how they like things, what they like to do or not etc and staff can then know how best to meet their needs - if you ask to speak to the Dementia Practitioner they can help you with this and also to support you and your parent if they come back in. I hope they are well and recovering.

South West Locality x 2

- 2 x Compliment

Compliment

1. Case 14120 (06-11-2024)

Providers:

For Information: Lincoln County Hospital, Lincolnshire County Council - Adult Social Care

Healthwatch Lincolnshire contacted parent/carer of young adult with complex severe Learning Disabilities, epilepsy, and a degenerative heart condition. This was following being in contact with involvement officer at Veteran Event. Discussed long term impact on Carers providing 24 hour care for their young adult. Do have good provision at present in the daytime with them attending College in Peterborough 3 days a week, this will end when reaches 25 years old, and 2 days a week at Serenity Day Care. Have had good care and treatment at Lincoln County Hospital from the Cardiology Department and young adults needs and reasonable adjustments made. Finding it difficult to think about impact of carers getting older and if they get unwell, and the 24 hour care of their young adult. Have Adult Social Worker and discuss at next meeting.

Notes / Questions

Signposted back to Social Worker, Carers First, ULHT for Carers Passport .

Provider Response

ULHT response- Thank you for this - we hope this family got the care & support they need.

2. Case 14112 (01-11-2024)

Providers: Lincolnshire County Council - Adult Social Care

Veteran is caring for an elderly parent who has early onset dementia. They also have hearing loss. Parent is not able to fully stay independent, so is being supported by the Veteran and partner, but they both work full time and finding it a struggle. Found the wellbeing service very useful and they were about to link them to other services. Elderly parent has carers coming in three times a day currently. Need information on Respite Care.

Notes / Questions

No personal details provided.

Signposted on the day to Adult Social Care, Age UK , Connect to support, Carers First, Lincolnshire Sensory Loss Service. Healthwatch supported Veteran with referral via the Local Primary Care Network for Memory assessment and dementia support.

Area	Case Details
<p>East Locality x 1</p> <ul style="list-style-type: none"> • 1 x Signposting 	<p>Signposting</p> <p>1. Case 14163 (26-11-2024)</p> <p>Providers: North Hykeham CDS Clinic (Lincolnshire Community Health Service) Oral Health Programme.</p> <p>Person looked on the internet and made contact with Healthwatch under the impression that we could provide tubs to store toothbrushes in for their nursery.</p> <p>Notes / Questions</p> <p>Healthwatch with consent shared their information with CDS training who could provide the equipment.</p> <p>Provider Response</p> <p>Unfortunately, we do not provide this. We run our own supervised toothbrushing programme- Lincolnshire Smiles and we provide all resources to the schools involved with this, but we are not able to provide to others. We purchase our racks from AMS International- see this link Racks</p> <p>Healthwatch forwarded this information to the Nursery Lead.</p>
<p>South West Locality x 2</p> <ul style="list-style-type: none"> • 2 x General Comment 	<p>General Comment</p> <p>1. Case 14116 (01-11-2024)</p> <p>Providers: Lincolnshire Integrated Care Services (ICS/ICB)</p> <p>Medical discharge for 2 Veterans felt like they were "military on Friday" and a "civilian on the Monday" with no preparation. Found the civilian world very dysfunctional and finding information for housing/registration with GP/Dentist etc very disorganised and had to go to so many different organisations to get help.</p> <p>This veteran went to the British Legion and was assigned to an Assessment Officer but was homeless for more than 6 weeks before anyone physically helped them. They spent this time in their car moving from one car park to another.</p> <p>Notes / Questions</p> <p>No patient details provided</p> <p>2. Case 14149 (18-11-2024)</p> <p>PCN: K2 Healthcare Grantham and Rural</p> <p>Providers: Lincolnshire South West Area Locality</p> <p>Patient lost their job, split up with spouse and children who now live in London, has to be out of their house in a weeks time, no where to go, has a hospital appointment tomorrow and don't know how to get to Pilgrim for this appointment in Rheumatology.</p> <p>Notes / Questions</p> <p>Citizens Advice supporting with housing, Healthwatch made contact with Community Volunteer Car scheme who would see if they are able to take the patient to their hospital appointment tomorrow.</p>
<p>West Locality x 1</p> <ul style="list-style-type: none"> • 1 x General Comment 	<p>General Comment</p>

1. Case 14151 (18-11-2024)

PCN: South Lincolnshire Rural

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

Parent who had been to an event (not sure where) but had spoken with an ADHD Nurse who was not from this area but had advised the parent to contact their GP to get a Right to Choose ADHD assessment for their 16 year old child. PSICON was the only one parent could find that could assess a child of 16 on the NHS.

They spoke to their GP who passed onto the secretary, who then passed it onto the ICB (Integrated Care Board). Parent is now awaiting information on where they are with this. Parent was under the impression that the Right to Choose process was a simple one but feels are making things very difficult for them. However, on Healthwatch speaking with the parent, and mentioned ADHD 360 which is recognised NHS approved pathway in Lincolnshire, parent wasn't aware of this and would be happy to go down the Right to Choose pathway for ADHD 360.

Notes / Questions

Parent requested that Healthwatch make contact with the ICB as they do not know what is going on, no mention of ADHD 360 to them, happy to go there as recognised NHS provider and closer.

Healthwatch also made contact with the surgery.

Provider Response

Parent response to Healthwatch- You have been more than helpful today, and it is very much appreciated. You clearly love what you do, and you are credit to the organisation you are working for.

November 2024-Parent and child need to complete forms, return then can be processed to provider. Parent had previously been informed of this, however not completed these as yet.

November 2024-Healthwatch - contacted the parent to request collection of forms, complete and return to surgery, parent did this and will complete today and return tomorrow.

November 2024 - forms completed and returned - request to know where the forms have been sent to. Healthwatch asked the surgery.

Response from surgery after individual provider report being sent out - At the time the patient's carer contacted the surgery – the correct pathway was followed. That is, asking the patient to complete the requested forms and sending them to the ICB single point of access. We were not allowed to refer directly through the right to choose pathway. I am led to understand that this has now been changed by the ICB.

December 2024 - Parent not heard anything and wondered if we could look into this, Healthwatch made contact with ICB

3/2/25 - Parent update - I just wanted to let you know that child had their assessment on Friday afternoon. We only had to wait 8 weeks. Was diagnosed with combined ADHD. We are going to pay for private CBT sessions and continue with the supplements. As they are only 16 years old and still growing and developing, I don't want to put them on strong medication. They will now get the support going forward to accommodate the challenges they face with having ADHD.

I just wanted to thank you for all your help, without you we wouldn't have got anywhere.

All Areas x 1

- 1 x General Comment

General Comment

1. Case 14142 (14-11-2024)

Providers: Lincolnshire Integrated Care Services (ICS/ICB), Practice Plus Group MSK & Spinal Service, Lincolnshire

Because I have had a bad knee since January and have found it difficult to navigate "the pathway", I have been doing a bit of research. Have looked up information on the ICB (integrated Care Board) website and saw that an engagement on "MSK pathway for hip and knee services" was opened on 8 June 2023 and closed on 31 August 2023 - a very short time. At my local PPG which I attended last night was told that ICB are proposing changes to physiotherapy services provided by AQPs. I have looked at "knee pathways" provided by other commissioning groups in different areas. I have found the whole thing confusing and arbitrary.

Notes / Questions

What is the knee pathway for Lincolnshire patients? and how do they find this information?

Provider Response

MSK - With regards to your specific questions about Lincolnshire's knee pathway I would suggest the Lincolnshire ICB are best positioned to answer this.

Our service, Practice Plus Group MSK & Spinal Service, Lincolnshire, offer a musculoskeletal assessment and treatment service in the East of Lincolnshire, where we would see patients with knee pain following a referral from their GP practice.

Out of Area x 1

General Comment

<ul style="list-style-type: none"> • 1 x General Comment 	<p>1. Case 14139 (13-11-2024)</p> <p>Providers: Out of area</p> <p>I have been speaking with a person who works in Grantham but actually lives in Bolsover registered with Castle Street Medical Centre Bolsover, Chesterfield, S44 6PP.</p> <p>The person has been in the UK for a few years, spouse was abducted in home country a couple of years ago, hence the move to the UK with the family, all done through the relevant services.</p> <p>Spouse has been treated for PTSD and things seemed to be getting back on track. More recently at their address in Bolsover there have been people outside of their home with what they thought could be a sniper as light targeted and shining towards the house. Second time this happened they made contact with the police.</p> <p>Police looked into it and suggested it was a laser light and nothing else - however this has triggered spouse and spiralled into PTSD again - is being treated again, however youngest child, aged 8 has started to self-harm. GP surgery have made a referral to CAMHS and Childrens social workers - to date neither have been in contact.</p> <p>Person wants to get the family moved to Grantham and can only do this is there is a reasonable reason - which they felt they had, however the council have spoken with the police who stated there was no issues with safety. Professionals of hospital and other clinicians feel a move would be beneficial.</p> <p>Person has spoken again with the police, and they have said if the council made contact with them again, they could inform them of the facts of what had happened as they previously had not given the council this information. With some prompting is in the process of making contact with the Police and Council again.</p> <p>Notes / Questions</p> <p>Healthwatch Lincolnshire have provided the patient with:- CAMHS and Children's social care contact details in the Derbyshire area. Also gained consent to share with Derbyshire Healthwatch who is their local Healthwatch.</p>
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Not Specified

Area	Case Details
<p>All Areas x 1</p> <ul style="list-style-type: none"> • 1 x Signposting 	<p>Signposting</p> <p>1. Case 14121 (07-11-2024)</p> <p>Providers:</p> <p>Individual requesting further information and signposting following completing online mental health survey.</p> <p>Notes / Questions</p> <p>Contact details given for Healthwatch Lincolnshire</p>