



State of Health and Care in Lincolnshire

August 2026

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Executive Summary

Context

In 2025, Healthwatch Lincolnshire, as the independent champion for people who use health and social care services, launched the State of Health and Care Survey. The survey aimed to capture a baseline measurement of the state of health and care in Lincolnshire, asking residents to reflect on their experiences of a range of services from GP services, hospital care, mental health, and social care over the past 12 months.

Methodology

The survey was voluntary, open to all Lincolnshire residents and could be completed online, via the phone or by paper copy, with our team engaging with residents in their communities. Data collection took place between October 2025 and March 2026.

**Over 2,500
people shared
their views.**

The report presents the key trends and themes that were present across the system as well as broad service-level findings, rather than assessing individual providers.

Key findings

- **Residents prefer to share their experiences of care through an independent body.** Furthermore, it is crucial that individuals can share their feedback in a variety of formats including both digital and non-digital methods.

Across the system

- Regardless of service, there appeared to be several interrelated factors that were key to residents' experiences and satisfaction:

What impacts satisfaction?



- Access appeared to be a key challenge across the system; once able to access care, however, residents often praised the interactions they had with staff and the care received.

Executive Summary

Service-level findings

Service	Key findings
GP	- Access appears to be the greatest challenge, although compared to our '<u>Access to GP Services Survey</u>' conducted in early January 2025, the '8am scramble' appears to be less of an issue.¹ The number of appointments and capacity appeared to be the problem instead - When available, people valued being able to book appointments in advance, having choice in how they book, the type of appointment they have, and the call back system - Once able to access an appointment, staff were generally praised for listening, whilst being kind, caring and compassionate - Continuity of care, communication, and follow-up could all be improved
Dental	- Access to NHS care remains a key challenge; with ease of access varying throughout the county - Consequently, some pay privately; however, this is a difficult decision often coming at a sacrifice (e.g. less money for petrol or food) - For others, particularly those on lower incomes, paying was simply not a feasible option; results included being in pain, rotting teeth, serious infection, and some pulling their own teeth out - When able to access NHS care, experiences tended to be positive
Pharmacy	- Awareness and willingness to use services provided by pharmacies was high. Experiences and satisfaction of such services were positive (e.g. pharmacy first) - Pharmacies were valued for being local, accessible with a choice of locations, and offering a range of services - Staff were praised for being knowledgeable, friendly, and helpful - Extended opening hours were valued, but could be expanded to more locations. Privacy and stock availability could be improved
Community	- People valued being able to access care closer to home - Staff were praised for being kind, helpful and knowledgeable - Improvements focused on increasing capacity
CDC	- Highly praised for being accessible geographically with short waiting times and good parking - Staff praised for being friendly, caring, professional with good communication - People hoped provision and offering would expand

Executive Summary

Service-level findings

Service	Key findings
Hospital services	• Long waiting times and delays dominated experiences (outpatients) • Capacity, hospital discharge, and waiting times to be admitted from A&E were areas where improvement could be made (inpatient) • Communication between departments and to patients could be improved • Once able to access care, staff were praised for providing good quality care whilst being kind, professional, and caring
Ambulance	• Efficient, caring, understanding staff who listened and explained, providing reassurance • Capacity and response times could be improved
Emergency care	• UTCs – Highly praised for being accessible with kind and helpful staff providing good quality, timely care • A&E – Long waits, overcrowding, and poor waiting conditions
Mental Health	• Experiences varied in terms of responsiveness, waiting times and perceptions about the quality of care provided. • Preferences for care to be provided face to face, opposed to online • Better ongoing and follow-up support needed • Neurodiversity – Long waiting times to be diagnosed, poorly understood and limited support available
Social Care	• Experiences varied considerably • Access challenging due to waiting times, complex systems, being unsure of how or which services to access • Coordination and communication between all parties could be improved
Wellbeing	• Positive outcomes reported (e.g. smoke-free and exercising regularly) • Kind, non-judgemental staff providing holistic and personalised care • Services should be better promoted and eligibility criteria expanded • Ongoing and follow-up support would be beneficial
VCFSE	• Services were often a lifeline, facilitating social connection, with peer support being invaluable • Services provided tailored support (e.g. for carers or dementia related support) • Provision should be sustained and expanded for specific health conditions, age groups, and genders

Executive Summary

As the health and care system continues to evolve it is crucial, that public voice remains at the heart of services.

Based on the intelligence gathered, a series of evidenced-based recommendations to improve experiences of health and care services can be proposed and broadly focus on:

Ensuring public voice remains at the heart of services

Continue to use an independent body, residents' preferred way to feedback, to gather experiences of health and care services through a variety of digital and non-digital methods. Ensure services clearly communicate how their voice has informed decisions and shaped services.

Supporting meaningful patient choice

Ensure the public understand the choices available to them and are given accessible information to make informed decisions. Preserve patient choice by offering both digital and traditional ways to access and receive care.

Continuing to bring care closer to home

Continue the development and implementation of Neighbourhood Working to support the integration of services and bringing care closer to home, ensuring residents are made aware of the services and support available within their communities. Monitoring experiences of Neighbourhood Working to understand how the changes are impacting on experiences of care.

Strengthening relationships between residents and services

Continue embedding the principles of Our Shared Agreement across health and care services; promoting a culture of listening and person-centred care and encouraging conversations that view people and their care holistically.²

Improve awareness, communication, information and support throughout people's care journeys

Promote through a variety of channels, the services available across the system and equip healthcare professionals to be able to signpost to services. Empower and support people to be able to manage their own health where appropriate through clear, accessible information about prevention, self-care, and when to seek further help. Expand on waiting well approaches.

Acronyms

Community Diagnostic Centres – CDCs

Provide planned services such as blood tests, X-rays, ECGs, MRI or ultrasound, away from main hospitals.

Urgent Treatment Centres – UTCs

Provide medical help for none life-threatening emergencies, e.g. suspected broken limbs, minor scalds and burns, eye problems and feverish illnesses.

Voluntary, Community, Faith and Social Enterprise – VCFSE

Provide a range of services and support in local communities.

Acknowledgements

We would like to thank everyone who took the time to share their experiences with us.

Disclaimer

This report provides a snapshot of over 2,500 residents experiences across the health and care system in the past 12 months. As participation was voluntary, the findings may not fully represent all experiences of services in the past 12 months. Nonetheless, the experiences shared provided invaluable insight; highlighting recurring key themes, strengths and challenges across the system.

Please note: this research sought to understand residents' experiences more broadly across the health and care system, rather than assess the performance of individual providers.



Introduction

Healthwatch Lincolnshire, delivered by [HWLincs](#), is the independent champion for people who use health and care services. We gather feedback from local people to understand their experiences and ensure this intelligence is placed at the heart of service planning, delivery and evaluation.

In 2025, we launched our State of Health and Care Survey, aiming to capture a snapshot of the state of health and care in Lincolnshire. The countywide survey asked residents to reflect on their experiences of a range of services from GP services, hospital care, social care, and support from Voluntary, Community, Faith and Social Enterprise (VCFSE) organisations over the past 12 months.

The launch of the survey followed the release of the UK Government's '[10 Year Health Plan for England: fit for the future](#)' which outlines three key shifts for the NHS: hospital to community, analogue to digital, and sickness to prevention. Ending the 8am scramble for GP services, increasing the role of community pharmacy, improving access to NHS dentistry, and delivering more urgent care in the community are just a few examples of what the plan aims to achieve.³

Our 2025 State of Health and Care Survey would provide a baseline of residents' experiences; with the hope of repeating the survey in the future to enable us to monitor how experiences are changing over time.

The health and care landscape is ever-changing; during this evolution, it is crucial that residents' voices remain at the heart of services, ensuring they meet the changing needs of local communities. Regularly collecting this intelligence through an independent body provides an honest, impartial, and up-to-date account of residents' experiences. Furthermore, as reiterated through this survey, feeding back through an independent body is the preferred choice. This report presents the findings from the baseline survey.



About the survey and methodology

Survey development

As it is common for people to receive care from multiple services, it was crucial to take a system-wide approach to the survey, allowing residents to feedback on all elements of health and care. This survey was developed collaboratively with partners, structured to facilitate the identification of good practice and challenges.

Respondents were asked to rate their experience of a service across six dimensions:



Access



Relationships with staff



Clarity of communication



Feeling listened to and respected



Quality of care and support



Overall satisfaction

These measures were identified from our existing intelligence and were reaffirmed as what residents value most about their care. In the survey, residents were also provided the opportunity to share more in-depth feedback through open-ended questions, providing richer understanding, bringing experience to life beyond percentages. A series of demographic questions were also included in the survey to better understand who shared their views and differences in experience; however, providing this information was voluntary.

Data collection

The survey was open to all Lincolnshire residents and could be completed online, via the phone, or by paper copy. Our team engaged with residents directly in their neighbourhoods to better understand their experiences. The importance of providing multiple ways to share experiences was also restated throughout the survey. The survey became an additional way for people to share their experiences with us, in conjunction with our existing feedback mechanisms. Participating in the survey was voluntary.

The survey was open from October 2025 to March 2026



About the survey and methodology

The dataset



As respondents could provide feedback on multiple services, the number of individual service experiences gathered exceeds the total number of respondents.

The final dataset included responses submitted through the survey as well as feedback gathered through our other channels during this same time period, providing a more detailed understanding of residents' experiences of services.

Data analysis

- The quantitative measures were analysed using descriptive statistics, no statistical significance testing was undertaken.
- Thematic analysis was used to identify the key themes from the free-text responses.
- In Lincolnshire, for some services, it can be common for residents to receive care outside of the county. Therefore, for example, ratings for hospital services include experiences both within and beyond the county's borders, reflecting the reality of resident's care journey, which can cross geographical and organisational boundaries.
- Furthermore, where appropriate findings have been grouped into broader service area (e.g. community health, social care and mental health services) rather than being reported for individual services or providers. This reflects the focus of the research which sought to understand residents' experiences more broadly across the health and care system, rather than assess the performance of individual providers. Additionally, providing the name of the service or hospital accessed was voluntary; therefore, providing an aggregated view of services, ensures these individuals' experiences are still represented.

Report structure

The findings are presented in two sections:

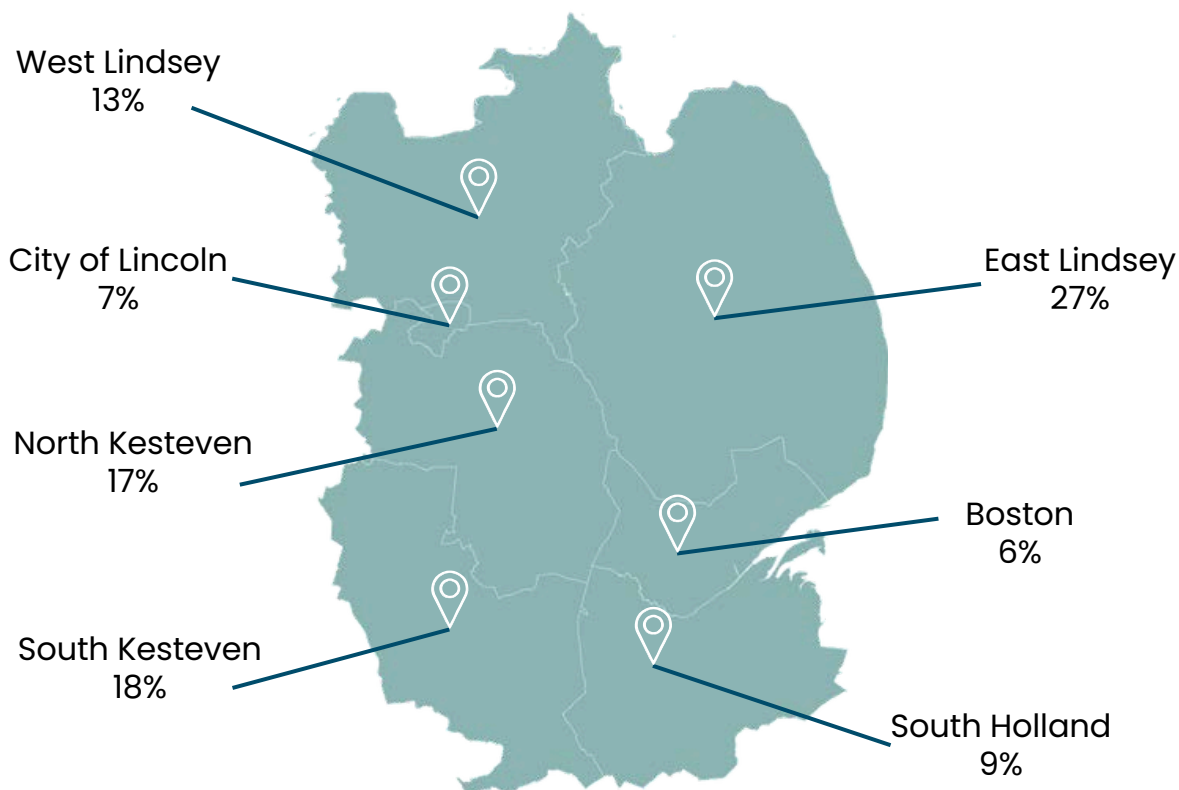
Section one – Overall key findings across the system

Section two – Service-level findings e.g. pharmacy, inpatient, and social care

Who shared their views?

Respondents throughout the county shared their experiences, representing a range of ages and different demographics (e.g. carers, those with a long term health condition, and those with a disability). Please note providing demographic information was optional. Among those who provided this information, the breakdown was as follows:

Where did respondents live?



The remaining percentage included those who selected 'prefer not to say'.

"I have a long-term health condition(s)"
45%

"I have a disability"
20%

"I am a carer"
14%

"I am a veteran"
9%

"English is not my first language"
3%

"I am neurodiverse"
6%

"I am digitally excluded"
7%



Who shared their views?

Among those that shared demographic information, people aged over 60 and those from East Lindsey were more strongly represented among respondents, compared to Lincolnshire's wider population. The findings, therefore, may not be fully representative of the population as a whole, but they still provide invaluable insight into experiences of health and care services.

The reason for East Lindsey being more representative could be attributed to the fact we were carrying out additional council commissioned work in this area at the time, exploring [Accessible Places](#).⁴ In the future, to ensure we are hearing from younger people in Lincolnshire we are exploring the possibility of conducting a State of Health and Care Survey specifically for younger people.





Findings

Section 1: Overall key findings across the system

This section presents the key findings and themes from the survey. The themes discussed spanned multiple, if not all, services and appear to be key to satisfaction.

Section 2 explores services individually.

Key overall headlines



It was clear that an independent body was the preferred way to give feedback on care.

Residents wanted more opportunities to share their views in a variety of ways to meet their needs and preferences. Whilst 70% of respondents preferred online surveys, non-digital methods were still important and the preference for some. The latter included one-to-one chats, either via the phone or in person, as well as focus groups. Therefore, to ensure inclusive and accessible participation, it is crucial that there is a variety of ways for residents to share their experiences.

To reduce apathy, it is crucial that services continue to both and act on feedback, and communicate the resultant changes and impact.

"They [Healthwatch Lincolnshire] are a crucial service and provide a voice for residents."



Key overall headlines

People use a variety of sources to find information about health, care, or wellbeing; from physical and digital resources to healthcare professionals, family, and friends. This highlights the importance of individuals being able to access information in a variety of formats to meet their needs and preferences, allowing them to make informed decisions.

Where do people look for information about health, care or wellbeing?

Over 55% selected:



NHS
website



Healthcare
professionals

This highlights the value of ensuring professionals are not only aware of the services and support available, but are equipped and supported to be able to signpost individuals effectively.

Another three sources were selected by over 20% including:



Books, leaflets or
printed materials



Friends or
family



Other official health
related websites

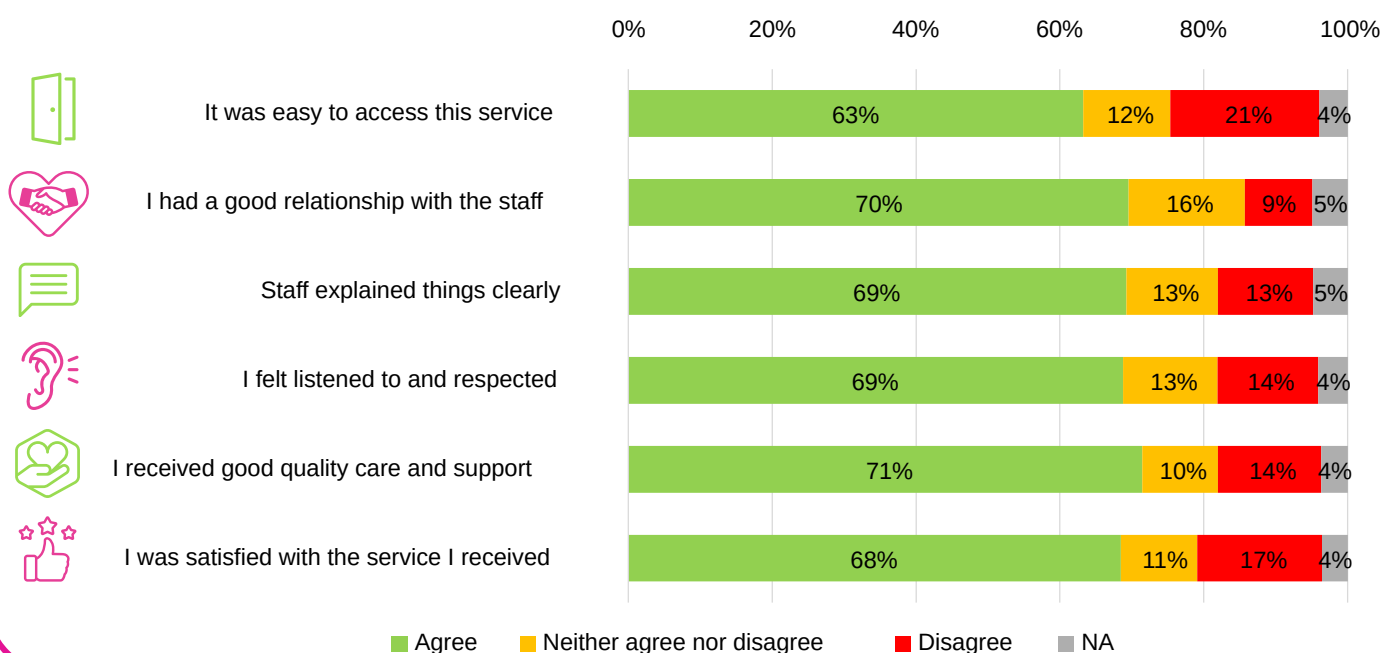
Overview across all services

Overall, on average across all services, residents reported positive experiences across several aspects of care. Over 70% agreed they received good quality care and support, with just under 70% agreeing that they both felt listened to and respected, and that staff explained things clearly (Graph 1).

Whilst the average perception of the quality of care received was high, that alone did not seem to fully determine satisfaction; indeed, access (including perceptions and expectations) was also important.

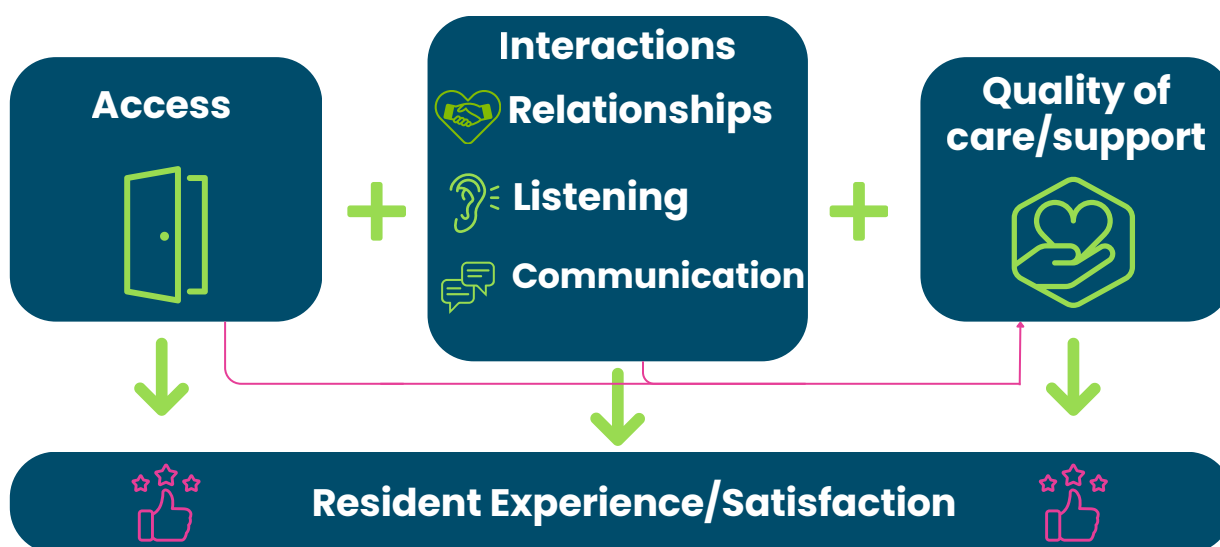
Ratings for ease of access saw the greatest variation; over 1 in 5 disagreed that services were easy to access. At the service level, access was frequently the lowest scoring aspect of care and often perceived as requiring improvement.

Graph 1: Overall experiences ratings across all services



Graph 1 presents the overall average score for each aspect of care, across all services. Individual scores for each broader service (e.g. mental health and planned care) are presented and discussed in section 2.

It was clear that regardless of the service, there were five factors, often interlinked, which were key to resident experience and satisfaction; three of these factors could be grouped into a broader theme called interactions.



Access

Whilst experiences of access varied considerably by service, what was important to residents regarding access did not.



Access

Getting an appointment

Difficulty obtaining an appointment or referral was often the first barrier many residents faced when it came to accessing care, preventing them from either starting or progressing on their care journey. For many services, when asked what could be improved, residents highlighted the need for more appointments and greater provision.

Booking appointments

Residents valued having choice in how they booked their appointment (e.g. some wanted to book online, whereas others preferred to do this via the phone). Clear lines of communication with services were also important for access. For example, experiences were shared where individuals struggled to get through to the relevant services for appointment enquiries, being passed from one person to another, often hitting long telephone queues or voicemails.

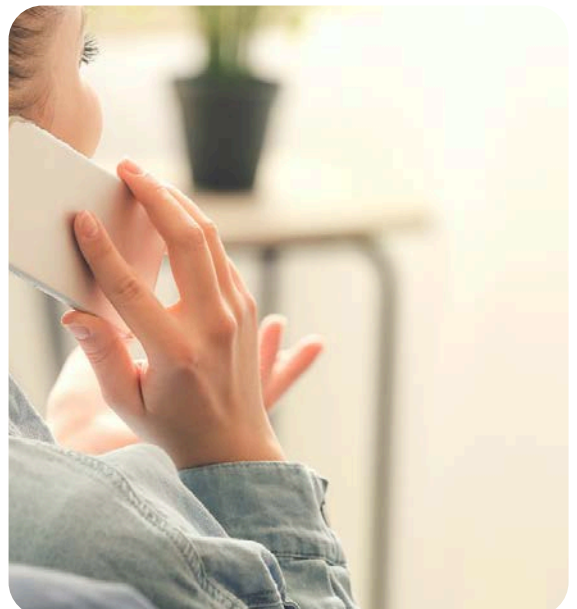
Waiting times

By far the most discussed and important factor to residents was waiting times. In fact, waiting times tended to dominate discussions, and included both waiting for an appointment as well as waiting for the appointment on the day. Residents frequently discussed long waiting times for appointments, tests, or treatment, with concerns around the impact of long waits for care.

“I lost a tooth, I had an abscess and as I couldn't get a NHS appointment it was left too long and I had to have a private extraction.” – Dental care

When asked what could be improved: “Being able to get ANY appointment within 14 days.”
– GP services

“Clearly it has to be the situation with waiting lists. I waited about a year for appointment/planned surgery and eye sight deteriorated further during this wait resulting in my day to day life being affected. I can understand it is worse for many others. There has been some reduction in waiting lists nationally. I would like to see more information regarding waiting lists in our area and beyond to help patients make decisions about going elsewhere more quickly if possible.”
– Planned care



Location, Transport and Rurality

The location of services and clinics also played a key role in access, especially given the geography of Lincolnshire as a county, coupled with often poor public transport links. It is common for individuals to have to travel considerable distances to access services, especially for specialist care, which often requires travelling outside of the county. Therefore, being able to access care close to home was appreciated, wherever possible.

Parking

Access also related to the provision of parking. Good practice included ample, wide spaces, close to services that was either free or affordable.

“We don't want to travel miles away for treatment. People can't afford to pay for fuel, take a whole day off work for a 10 min appointment because its over an hour each way of travel. Who wants to go miles when they are ill.” – General comment

“Lots of free parking, easy to find, not kept waiting for my appointment.”
– Community Diagnostic Centre (CDC)

“Varied locations to allow accessibility at a time that fits around my full time job.” – Pharmacy



For some services, residents acknowledged that rising demand and limited resources were constraints on access.

Access appeared to be a key challenge across the system; once able to access care, however, residents often praised the interactions they had with staff and the care received.

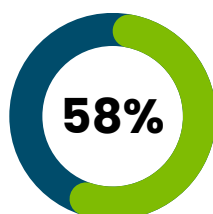
“Once you're over the hurdle of appointment and in the system they're excellent.”



Interactions with professionals

Interactions related to three interlinked factors: having a good relationship with staff, being listened to and respected, and staff explaining things clearly. There was less variation in these three measures, suggesting greater consistency and equity in experiences across the system.

When reflecting on their most recent health, care, or wellbeing conversation:



felt the **relationship** with the person they spoke to **'was what they hoped for'**



What does a good relationship mean to people?

Over 570

people shared what makes a relationship good. Regardless of the service accessed, the same factors defined a good relationship:



Being listened to (by far the most important factor)



Staff attitudes – friendly, caring, empathetic, patient, respectful, understanding, and professional



Communication and explanation



Time to talk



Knowledgeable staff

An absence of some or all of these factors tended to result in more negative experiences.

The sentiments shared about what makes a relationship good overlaps with the foundations of Our Shared Agreement² especially:

- Foundation 2: 'Understanding what matters to ourselves and each other'
- Foundation 4: 'Conversations with and not about people'



A good relationship was associated with both being listened to and respected, with good communication and explanation. Both of these aspects of care were often rated highly by residents, even when access was a challenge. Furthermore, the scores for being listened to and respected, and staff explaining things clearly were generally similar suggesting these two aspects of care are closely aligned.

Being listened to and respected

More positive experiences detailed being given time to talk about their concerns, being taken seriously, and wishes being valued and respected. In contrast, negative experiences were often the opposite, with individuals feeling rushed, dismissed, and not involved in decisions.

Staff explained things clearly

Being given relevant information by health and care professionals, taking care to use clear accessible language in a timely manner throughout the care journey, was also important. Some individuals may have additional needs when it comes to information and communication, it is crucial that these needs are respected under the Accessible Information Standard (AIS).

"The surgeon was excellent and explained all details very well. In the ward, most staff were friendly and caring."
– Inpatient care

Staff during the procedure were very kind, compassionate and thorough. They were organised and took their time to explain everything well."
– Planned care

"Really lovely staff, told me what they were going to do before they did it and generally talked to me as an equal."
– Urgent Treatment Centre (UTC)

"I was told what to expect by kind friendly staff who were extremely empathic to my wellbeing and helped me through the procedure."
– CDC

Good quality care and support

Whilst being listened to, good communication and explanation, and knowledgeable staff were essential to having a good relationship with care providers, they were also key to what residents felt was good quality care. Regardless of service once more, what residents felt to be good quality care was consistent.

What does good quality care and support look like?



Being listened to
and respected



Good
communication
and explanation



Knowledgeable
staff



Tailored
and holistic



Continuity



Follow-up and
ongoing care

Provided by kind, caring, helpful & empathetic staff

“Tailored and gentle exercise. Trained staff who can adapt exercise for personal availability.” – VCFSE support

“They visited regularly and provided appropriate care and support, including onward referrals for equipment.” – Social care

“The support and treatment I received for my prostate cancer was first class, as is the follow-up treatment.” – Planned care

“Easy to talk to, listened to and now is smoke free.” – Wellbeing and lifestyle services



Similar to interactions, quality of care often scored more highly than access. This suggests that, once able to access care, the majority felt the care they received was good quality. However, despite this and the often positive interactions with staff, access remained a key factor in shaping overall satisfaction.



Findings

Section 2: Service-level

This section presents each service individually (e.g. planned care, NHS dental services, and inpatient care). The scores for each service across the six dimensions of care are presented followed by what residents felt was working well and what could be improved. Across many services, the qualitative feedback reflected the patterns seen in the ratings.

This section seeks to showcase residents' experiences broadly across services, rather than assess the performance of individual providers, hospitals, and specialities.

GP services

Over **1000** people shared their experiences of GP services

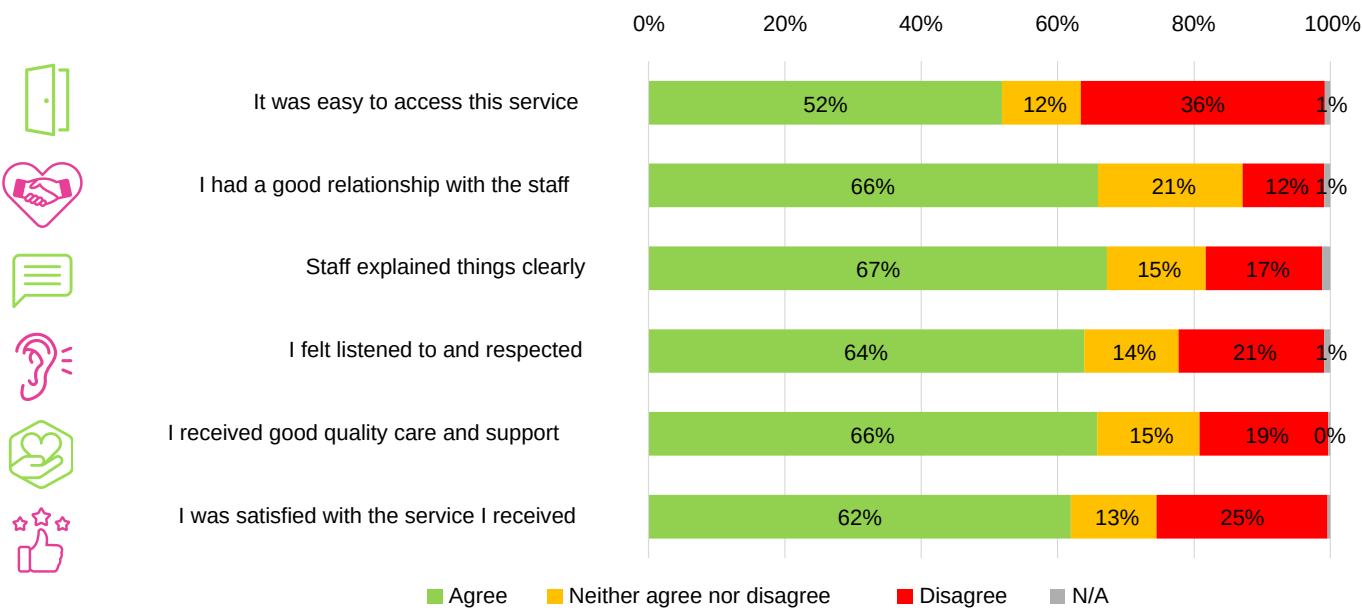
When discussing GP services, this means all the services and care provided at a practice often by a range of healthcare professionals (e.g. practice nurse, paramedic, and not just GPs).

Over half shared their appointment was with a GP, followed by just under 30% being with a practice nurse. The two most common reasons for visiting their GP practice were to get advice or treatment from a healthcare professional for:

- An existing health issue (35%)
- A new health issue (32%)

Ease of access varied considerably with just over half agreeing their practice was easy to access, while over a third disagreed (Graph 2). Access was the lowest scoring aspect of care for GP services. However, similar to the trend often seen across the system, once able to access GP services, experiences of the care received tended to be more positive. This observation was also echoed nationally in [Healthwatch England State of health and social care report](#).⁵

Graph 2: How people rated their experience of GP services



GP services

What works well?

Staff were frequently praised for listening to concerns, and being kind and caring. When available residents valued:

- Being able to prebook appointments
- Choice in how they book appointments
- Online systems (for those who are able and want to use them)
- The call-back system

These factors were also highlighted as being valued by residents in our 2025 'Access to GP Services Survey Report'; their reiteration a year later further reaffirms their importance.¹

"When using Ask My GP, they respond quickly and appropriately. If I need advice, it is given and if I need a face to face, I get one with options for choices of appointments at my convenience."

"All staff are helpful which makes an enormous difference when you or a loved one are ill."

What could be improved?

Access appears to remain the greatest challenge in Lincolnshire, although, this is not a challenge unique to Lincolnshire and is reflected nationally as seen in Healthwatch England's report.⁵

In Lincolnshire, compared to our 'Access to GP services survey' conducted in early 2025, the '8am scramble' now appears to be less of an issue.¹

GP Services – Our Impact – Positive Change

Feb – Apr 2025

We ran a snap survey exploring access to GP services

"8 am scramble" – **biggest issue**



We highlighted the issue to the ICB, ahead of the new GP contract commencing in October



Oct – Mar 2026

We ran our State of Health and Care survey

"8 am scramble" – **barely mentioned**

Access issues now appeared to relate to waiting times for appointments and the need for greater provision.

GP services

Other improvements focused on ensuring choice around appointment preferences (e.g. those who prefer face to face) is respected whenever possible, with a view to improving care continuity and also communication (both between services and with patients, e.g. regarding test results).

“Communicating test results – on this occasion and others, I have heard nothing back from them regarding blood tests and I have either had to decipher information through the app or call the practice myself.”

“Be able to get a face to face appointment with a doctor My husband has had very poor service, has had to wait over a month for an appointment.”

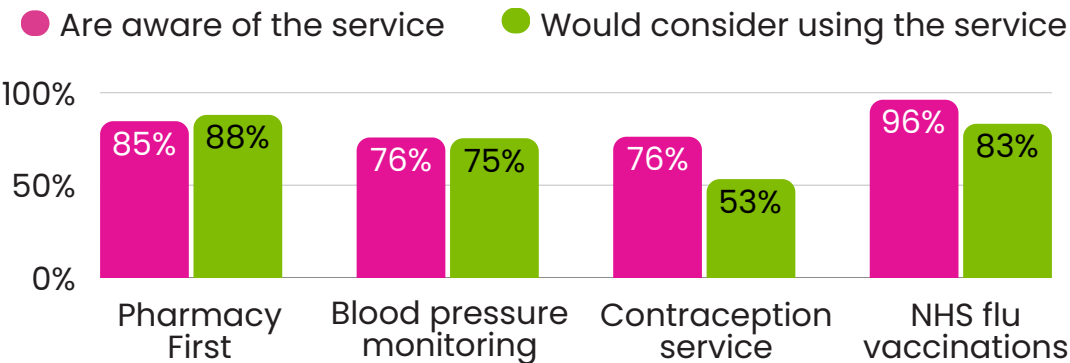


Pharmacy services

Over **1000** people shared their experiences of pharmacy services

The main reason for visiting a pharmacy was to collect a prescription, selected by over 80% of respondents; with a quarter visiting for a vaccination. Just over 1 in 5 visited to buy medicine or for over-the-counter purchases.

Awareness of and willingness to use services provided by pharmacies was high



Reason for not considering to use these services included: being too old or having no need (contraception service), already monitoring their own blood pressure at home, vaccine hesitancy and access services via their GP practice (which is often closer).

Experiences of these services were very positive

% rating their experience as good

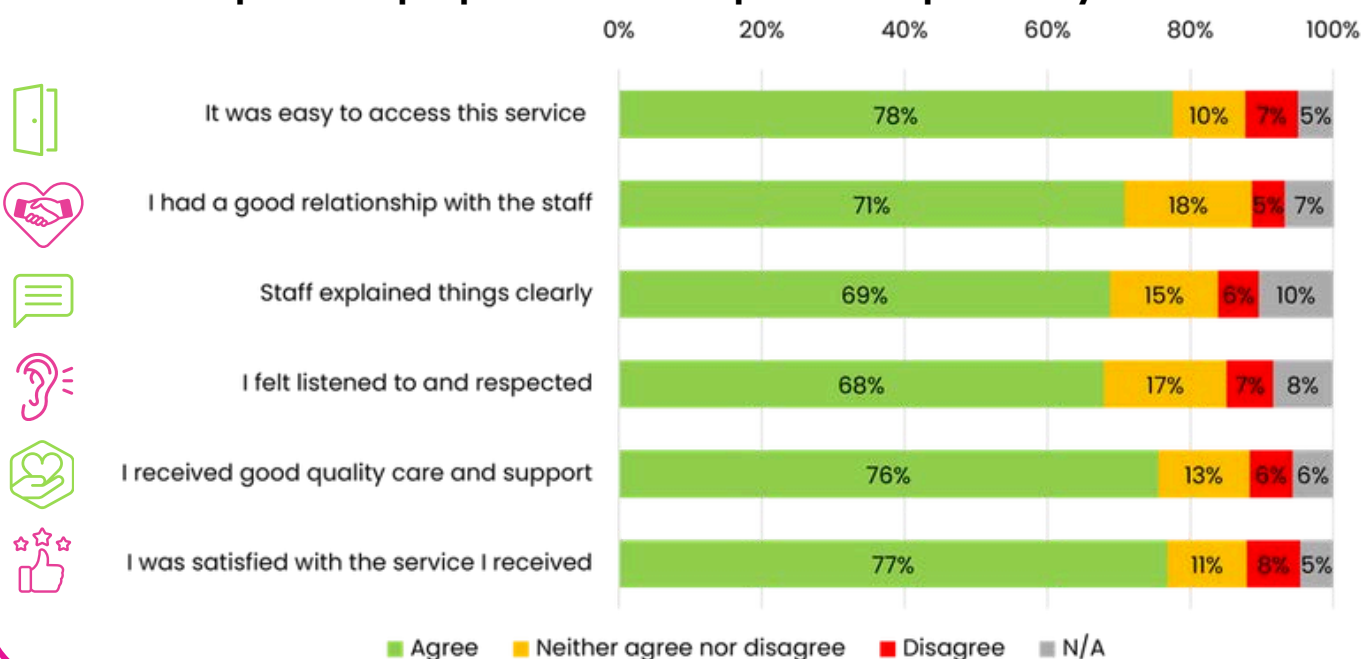


*24 people shared their experiences

Pharmacy services

Feedback on pharmacy services was consistently positive across all aspects of care, often scoring more highly than average; this was especially true for access. Pharmacies appeared to be one of the most accessible services, with just 80% agreeing they were easy to access (Graph 3). Additionally, 77% agreed they were satisfied with the service they received, praising the quality of care provided from knowledgeable, kind and helpful staff. Residents' comments reiterated this sentiment.

Graph 3: How people rated their experience of pharmacy services



What works well?

Pharmacies were highly praised for being accessible in the local community, with a choice of locations. Furthermore, residents appreciated extended opening hours when available, enabling them to access services outside of standard working hours. The range of services offered by pharmacies including minor ailments, repeat prescriptions, vaccinations, and pharmacy were also valued.

"Varied locations to allow accessibility at a time that fits around my full time job."

"I was able to obtain advice from the pharmacy regarding treatment for a burn on my grandson's hand. This happened on a Saturday when the GP practice was closed, and my alternative would have been a long wait at an urgent treatment centre."

Pharmacy services

What could be improved?

Improvements covered expanding opening hours to cover more pharmacies, decreasing dispensing waiting times, and improving stock levels. Staffing pressures were also acknowledged along with sometimes the need for more privacy when discussing issues, especially in smaller pharmacies. Others had confidentiality concerns about having to say their address or name out loud, in front of others, to collect their prescription.

“Having my repeat prescription filled in the 48 hours advised and not having to wait for 7 to 10 days making me run out of medication.”

“Improvements to confidentiality regarding the sharing of personal identity details when there are other people waiting in the queue behind you.”

The areas working well and suggestions for how pharmacy services could be improved echo the findings from our [2024 Community Pharmacy Report](#).⁶



NHS dental services

31% shared they see a private dentist, with over half of these individuals seeking private care due to being unable to access NHS care.

For those able to access NHS care, 67% had an NHS check up in the last 12 months. However, just under a quarter hadn't had an NHS dental check-up for over 4 years.

In the past 12 months, 66% of respondents shared they had needed to see an NHS dentist in the past 12 months. However, 1 in 3 were unable to access care.

Ease of access varied throughout the county, with access appearing easier in North Kesteven and hardest in South Kesteven. As a result of being unable to access NHS care, some paid privately. However, this was not an easy decision, often coming with a sacrifice (e.g. less money for food or fuel). Some even sought treatment abroad.

"I had to use disability money on private dentist so no petrol for 2 months."

"I had to sacrifice money from my household utilities and food budget to pay for dental care."

However, for many, particularly those on lower incomes, paying was simply not a feasible option.

Consequently, dental problems went untreated, as a result people were left in pain, with rotting teeth, serious infection, and some pulling their own teeth.

"Suffered with pain until tooth fell out."

"Self help – took above recommended amount of pain relief and bought antibiotics from the web."



18%

**turned to private provider
due to lack of NHS access**



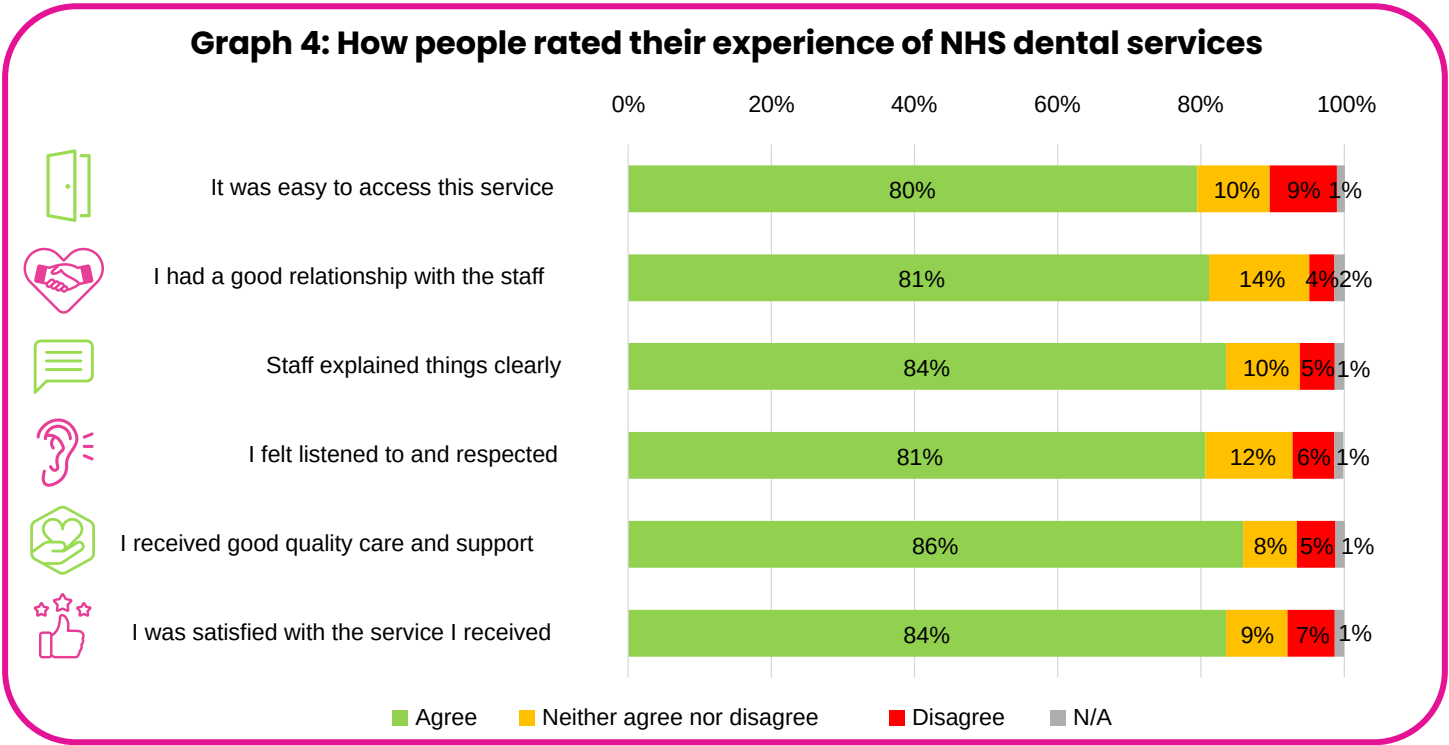
1 in 3

unable to access NHS care

NHS dental services

Over **550** people shared their experiences of NHS dental services

For those able to access NHS dental care in the past 12 months, experiences were overwhelmingly positive across all aspects of care (Graph 4). 86% agreed they received good quality and support, with all measures having an agreement level of at least 80%. This shows once able to access NHS care, residents praise the service provided and this sentiment was echoed further through residents’ comments.



What works well?

Many appeared to be just happy, grateful, and felt lucky that they could access NHS dental care. There was relief for some who after trying for months, were finally able to access NHS care. People praised timely access to emergency appointments, valued regular check-ups, and appointment reminders.

“Very fortunate to be registered with a caring, professional dentist.”

“For me the service has been everything I could wish for, regular appointments made, provision for emergency situations...really good.”

NHS dental services

"I am fortunate to have a dentist in the village but I know that is quite rare."

"Works ok for me. But a lot of people have no access to NHS Dentist. My wife being one !!!!"

"I am fortunate to still have access to an NHS dentist but acutely aware from friends and neighbours that this is not the case for everyone."

"Provided you are already an NHS patient, you get a good service, otherwise you'll be lucky to find an appointment anywhere or get treatment unless you go private."

What could be improved?

Inequalities in access and the poor NHS provision dominated discussions around improvements. There was unanimous agreement that there needed to be more NHS dentists, to ensure everyone was able to access care when needed.

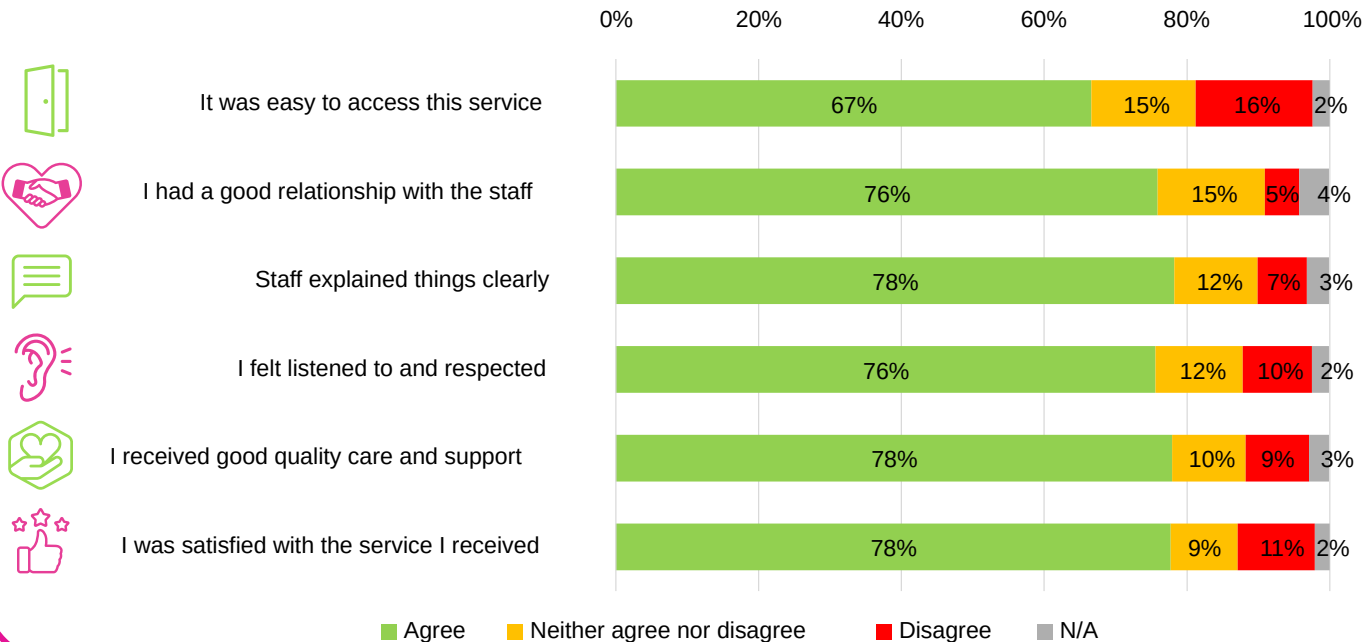


Community health services

Over **300** people shared their experiences of community health services

Residents shared their experiences of blood tests, physiotherapy, diabetes support, and community nursing. Overall, experiences tended to be positive across all aspects of care across community health services (Graph 5). Experiences reflected the broad trends seen across the system, that once able to access the care residents praised the interactions with professionals and the quality of care received.

Graph 5: How people rated their experience of community health services



What works well?

Being able to access services in the community was highly valued. People highlighted that it was easy to book appointments for blood tests and you could get tests in a timely manner (e.g. a couple of days or sometimes same day). Staff were praised for being kind, caring, professional, and taking the time to listen and explain treatment plans. Furthermore, positive outcomes from accessing community health services were also reported including people feeling more confident and informed to manage their health condition.

“You can book the blood tests on line and you don’t have to wait too long to be seen.”

“Mobile eye screening came to the village I live in so need for taxi /travel to and from nominated clinic.”

Community health services

“The speciality nurse and staff were excellent and clearly understood what the patients needed to give them the reassurance to get back to good health.”

“Pulmonary rehab was brilliant for improving my physical health. The community respiratory team always explain well and discuss results in depth. We discuss care going forward and respect my decision regarding treatment.”

“Timely blood tests, easy parking, friendly team, early appointments.”

“Made me understand my condition better, also felt better as know there is someone I can contact.”

What improvements could be made?

Improvements focused on increasing capacity to meet demand, and bringing more services into the community. Expanding appointment times for blood tests would also be beneficial (e.g. earlier in the morning or later in the evening for those at work).

“Access earlier around working hours.”

“Inevitably expansion of service if possible to meet ever increasing demands.”

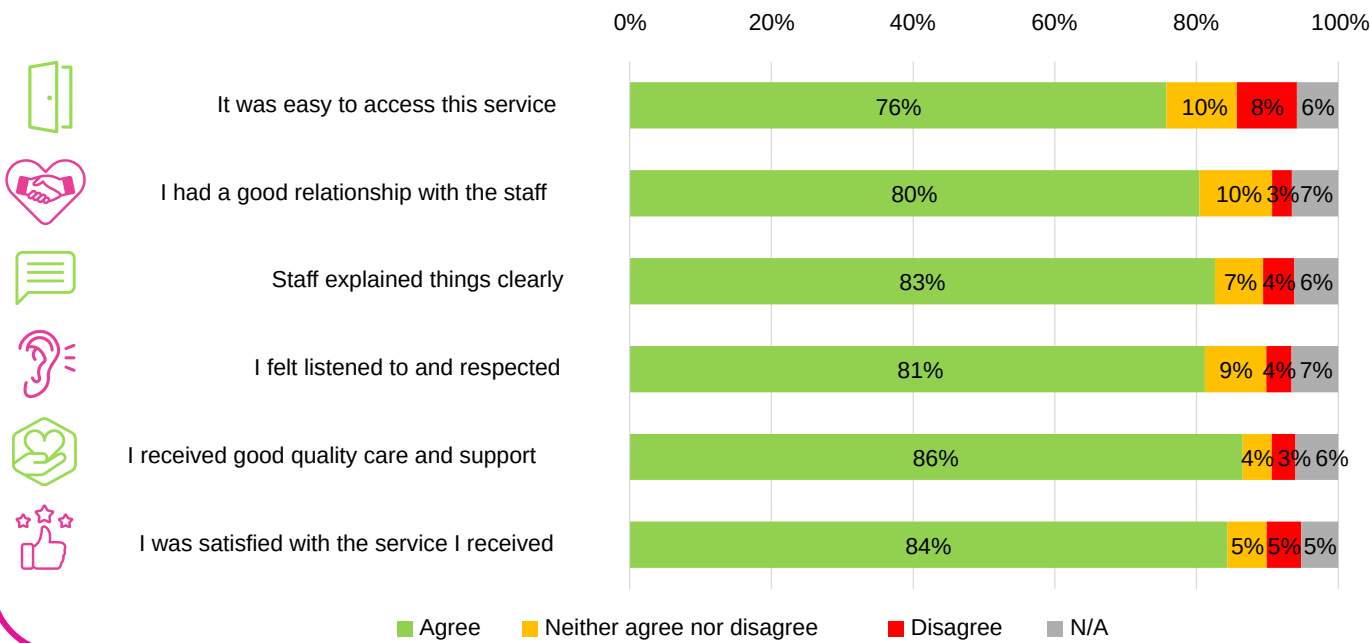


Community diagnostic centres (CDCs)

Over **550** people shared their experiences of community diagnostic centres (CDCs)

Lincolnshire has three CDCs, located at Grantham, Skegness, and Lincoln. Residents were referred to CDCs through three main pathways via GP services, planned hospital care, and emergency services. Experiences of CDCs were resoundingly positive across all aspects of care, including access (Graph 6). Over 85% agreed they received good quality care and support. CDCs consistently scored above average for all measures of care, often being one of the highest rated services.

Graph 6: How people rated their experience of community diagnostic centres



What works well?

CDCs were praised for being accessible in the local community, with good parking. People highlighted timely access to care, mentioning short waiting times both for appointments and on the day, with services frequently described as efficient. Staff took their time to explain procedures and were reassuring, consistently praised for being friendly, caring, and professional. These findings echo that of our 2024 Enter and View Visit to Grantham CDC; to read more about this [click here](#).⁷

“Good because it is near home and the service has good parking and service very quick.”

“MRI scan everything was explained was reassured when I had a moment of fear and got through the scan well. Friendly and kind.”

Community diagnostic centres (CDCs)

“Fantastic service. Got appointment quickly, easy to access, nice and clean environment and received results within days. Excellent. How you'd want the rest of the NHS to be.”

“Local so didn't have to travel which is difficult for me.”

What could be improved?

Many felt services needed no improvements; wishing there were more CDCs in the county and they would extend their services.

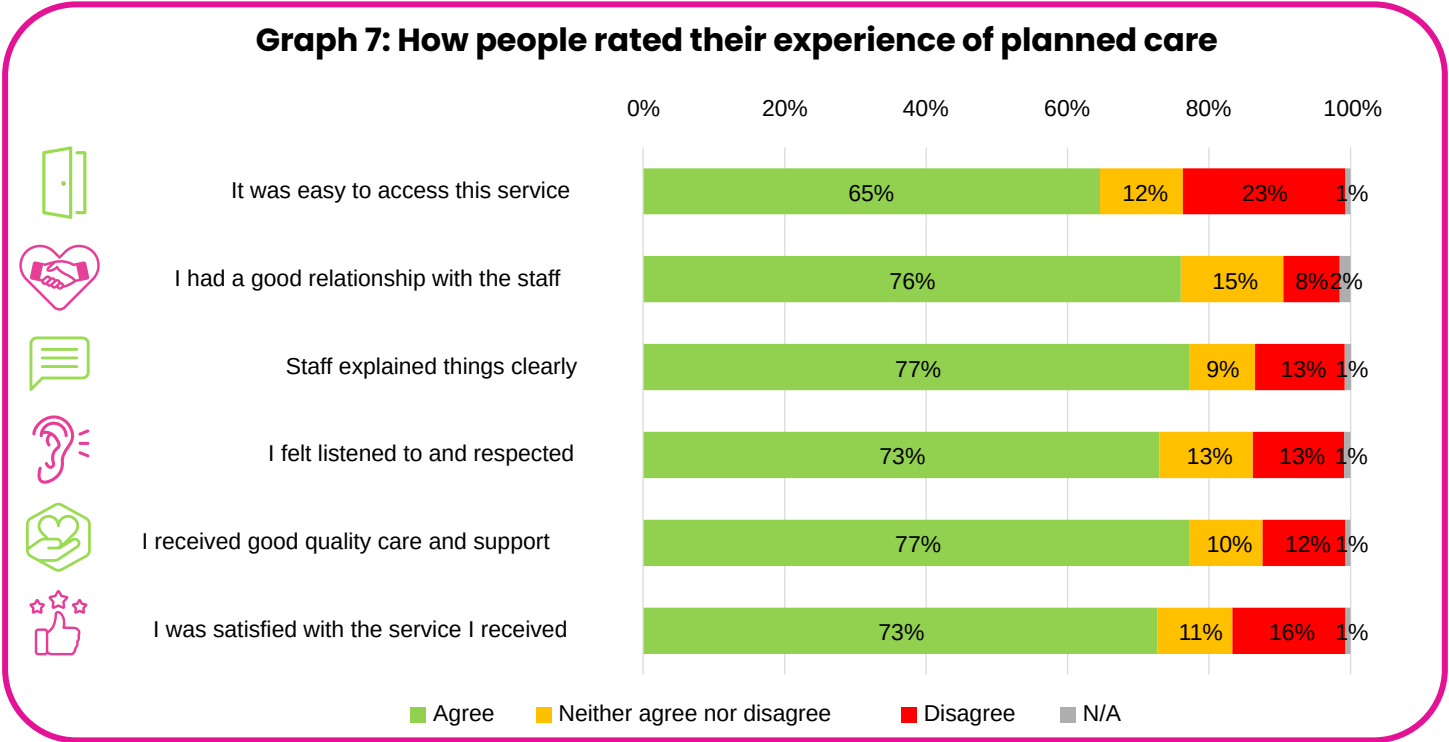


Planned care

Over **550** people shared their experiences of planned care

Planned care, also known as elective care, includes outpatients appointments, cancer treatment, surgery, or an appointment with a consultant planned in advance. Residents shared their experiences of care from a range of specialities, most commonly orthopaedics, cardiology, and ophthalmology. Around 1 in 5 accessed planned care outside of Lincolnshire. Regardless of the speciality or where the care was received, there were several commonalities in experiences.

Residents scored many aspects of planned care highly, including communication from staff during their appointments, alongside the quality of care and support provided (Graph 7). However, similar to trends seen across the system, access appeared to be the biggest barrier with just under a quarter disagreeing that services were easy to access. This contrast was mirrored in the sentiment of residents’ comments.



Ratings reflect residents’ overall experience of planned care and are not presented by individual hospital or speciality. To read more about this please visit the methodology section of this report.

What works well?

Similar to trends seen across the system, when able to access care, the quality of care received was praised along with staff compassion and professionalism. Examples of good practice were shared around communication between staff and patients during appointments with staff listening to concerns and explaining procedures and options.

Planned care

"I was dealt with by the Functional Bowel Nurses, who were extremely knowledgeable about my condition. They provided me with advice and listened to my history with interest and interaction."

"I knew what to expect and was happy to be at Louth Hospital, local for me. Staff were extremely helpful and informed me at every step. I even knew their names. Good post procedure information explained."

"The optometrist was very good, personable and explained things clearly. Showed compassion and a caring attitude."

"They give me reassurance by offering follow up appointments after successful past cancer treatment."

What could be improved?

Waiting times dominated discussions when reflecting on experiences and related to both the long waits for appointments, as well as waiting and delays on the day.

Communication about appointments could be improved, including providing interim updates whilst on a waiting list, timely communication about appointments, and cancellations. It would also be beneficial to review and streamline how residents can contact departments for enquiries. Currently, experiences discussed facing long queues on the phone, being passed from department to department, or reaching voicemails. Furthermore, it is vital communication preference around appointment letters are respected (e.g. large print).

Choice of where they access care is also important to residents, with some wanting to access care closer to home but others were happy to travel to access care if it meant being seen quicker. Improving follow-up and increasing capacity to meet demand were also identified areas of improvement.

"Closer to home as had to travel to Gainsborough from Theddlethorpe on Lincs coast."

"Quicker resolutions not 12 – 18 months waiting lists."

"Better communication with the patient in the time before an operation. I have waited 9 months for hip replacement with no contact whatsoever. The waiting list line is never answered. Leaving a message is pointless as it is never returned. Ever."

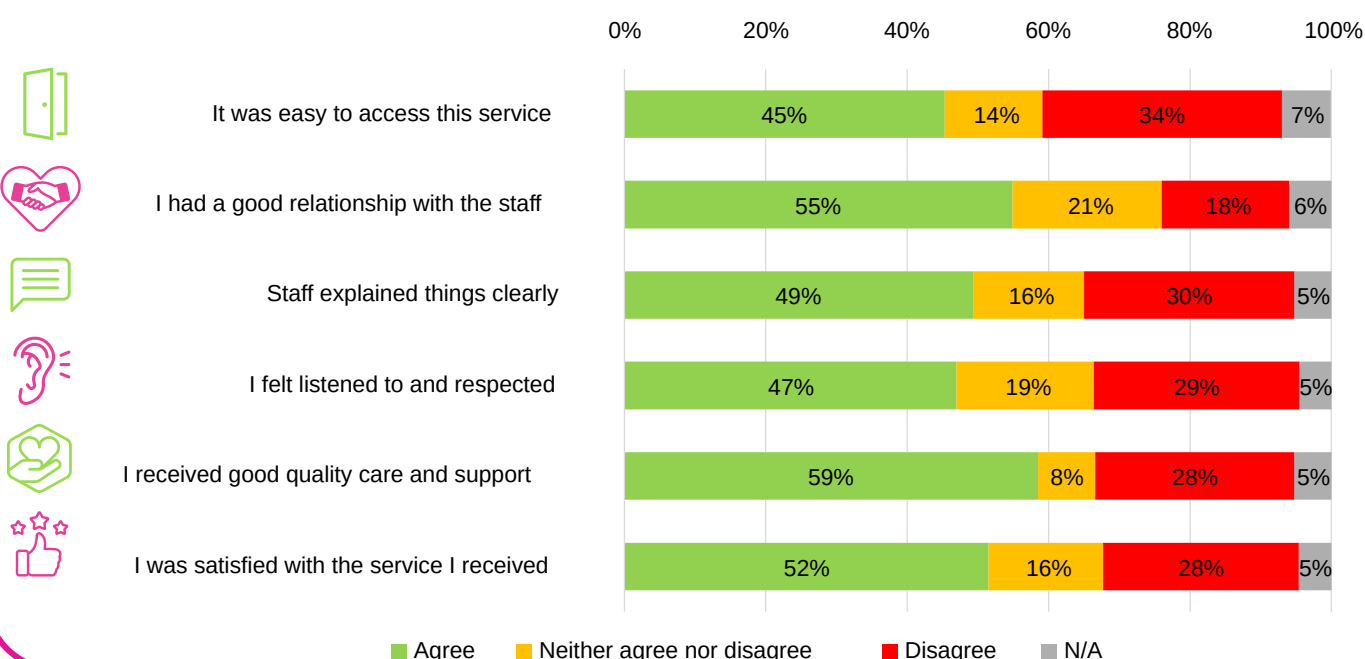
Inpatient care

Over **100** people shared their experiences of inpatient care

The experiences shared related to care received both in and out of county for a range of specialities including orthopaedics, cardiology, and general surgery. Just under 30% received care in hospitals outside of Lincolnshire. Regardless of the speciality or where the care received there was again several commonalities in experiences.

Similar to the trend seen across the system, access appeared to be this biggest barrier with 34% disagreeing that inpatient care was easy to access (Graph 8). However, after access, experiences of other aspects of care varied considerably. More negative experiences did not appear to be linked to a particular hospital or speciality.

Graph 8: How people rated their experience of inpatient care



Ratings reflect residents' overall experience of planned care and are not presented by individual hospital or speciality. To read more about this please visit the methodology section of this report.

What works well?

Experiences varied considerably. Some praised timely access to caring staff who were reassuring, taking the time to explain procedures. It is important that this good practice is expanded to ensure equitable experiences of care.

Inpatient care

"I received excellent personal care when I needed it most."

"Clear explanations given throughout investigations and procedure. Friendly staff and clean environment."

What could be improved?

A need to increase staff capacity, rely less on locums, and decrease waiting times to be admitted from A&E was identified. Some shared they were waiting over 24 hours to be admitted to a ward. Communication between departments and to patients was also an area identified as needing improvements with individuals not being made aware of what was happening with their care, often having to repeat their story.

Hospital discharge was also an area identified as requiring improvements, including address the long waits on the day of discharge and ensuring all paperwork is completed before leaving. Nationally, hospital discharge was an area identified as needing reform.⁵

"53 hour wait in A&E, this needs to be sorted out."

"Communication was poor throughout my experience. I was not informed that I had been admitted from A&E, I was moved wards with very little prior notice, I had to tell 'my story' numerous times to different staff, my medications were changed without explanation as to why."

"The discharge lounge process is horrendous- people are moved up from their ward to a bleak cold holding centre for hours to sit in uncomfortable chairs waiting for notes to be written up & drugs to be prescribed. We were sat there for 6 hours with no food or drink offered and no updates given."

Emergency and urgent care

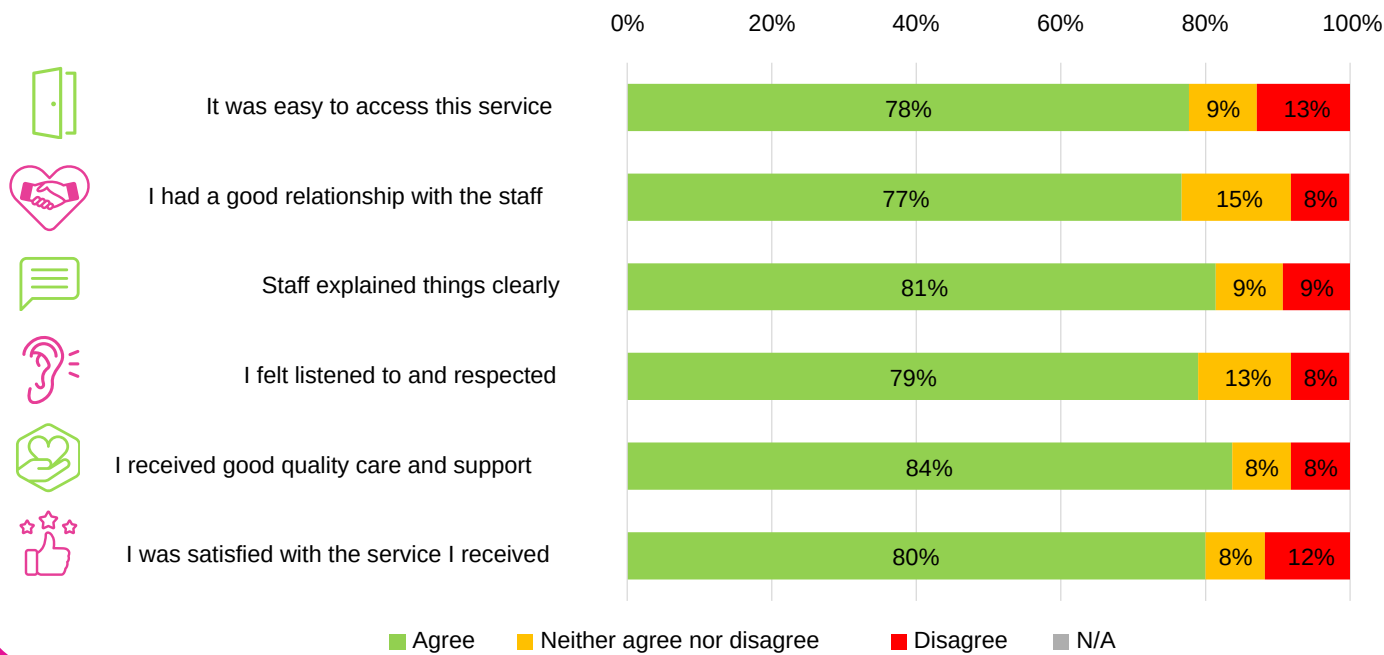
Over **300** people shared their experiences of emergency and urgent care

- Just under a third of experiences related to urgent treatment centres (UTCs), all in Lincolnshire.
- With the remaining 69% discussing experiences of A&E, 86% of these individuals, attended an A&E in Lincolnshire, with the remaining 14% presenting at Peterborough.

Urgent Treatment Centres (UTCs)

For UTCs, feedback was highly positive across all aspects of care, even for access (Graph 9). 84% agreed they received good quality care and support, with 80% being satisfied with the service received. UTCs consistently scored above average, often being one of the best scoring services across each aspect of care.

Graph 9: How people rated their experience of UTCs



What works well?

UTCs were praised for being accessible in the community providing timely treatment. The speed of treatment dominated praise along with staff attitudes.

“The accessibility of the urgent treatment centre at Gainsborough. It is absolutely brilliant and the staff from receptionist to triage nurse, who sorted me were amazing.”

Emergency and urgent care

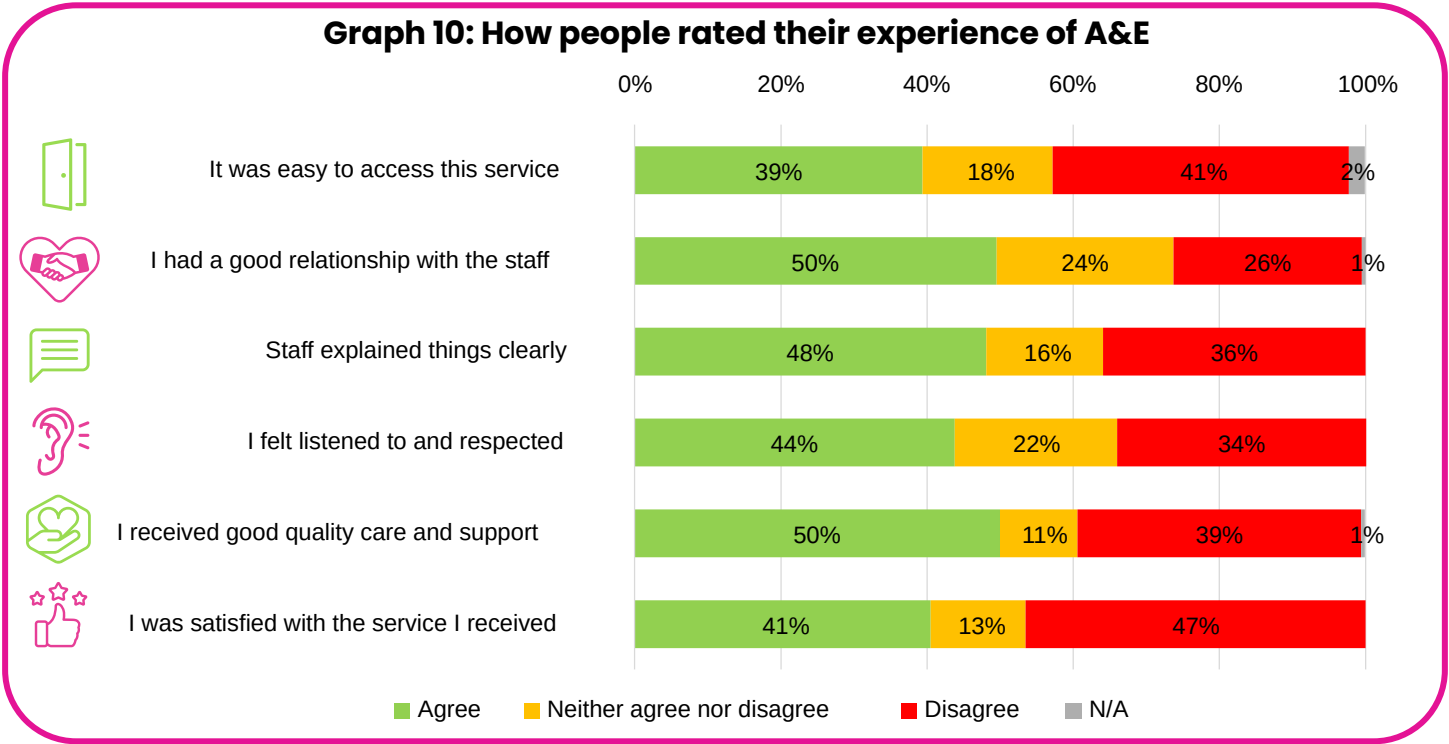
“The UTC was helpful and the nurses carrying out the procedure was professional, very capable and friendly and kind. Also seen within the hour which is just so helpful and important.”

What could be improved?

Increasing capacity was the main focus of suggested improvements.

A&E

Experiences of A&E varied considerably and appeared to be more challenged with agreement levels varying from 39% to 50% (Graph 10). Access appeared to be the greatest challenge for A&E, which is consistent with known pressures and rising demand; this in turn is likely to negatively impact interactions.



What works well?

There were examples of pockets of good practice, where individuals were seen in a timely manner, by staff who listened and reassured. It is important that this is expanded to ensure equitable experiences. Many also acknowledged the pressures the service faces.

“Staff were friendly, listened to what I said and treated me with respect.”

“The treatment I got. The tests, the care and efficiency of all the staff.”

Emergency and urgent care

What could be improved?

Increasing staff capacity and reducing waiting times were the main focus of suggested improvements for A&E care. Some also felt individuals needed to be more closely monitored and supported whilst waiting, including reviewing perceived overcrowding and poor waiting conditions.

“Although I was there for 12 hours I did feel cared for even though it was like a war zone.”

“It seems to be acceptable to have to wait in A&E for 2 days before being admitted. No hot food, inadequate care by over worked nurses.”

“Bigger facilities, more staff, more beds available for admissions. Comfortable furniture to be stuck on for 15–+ hours.”

“Support for those that are admitted without a friend or family. It can be a frightening time and little things like being helped to the toilet or being offered a drink or snack would help.”

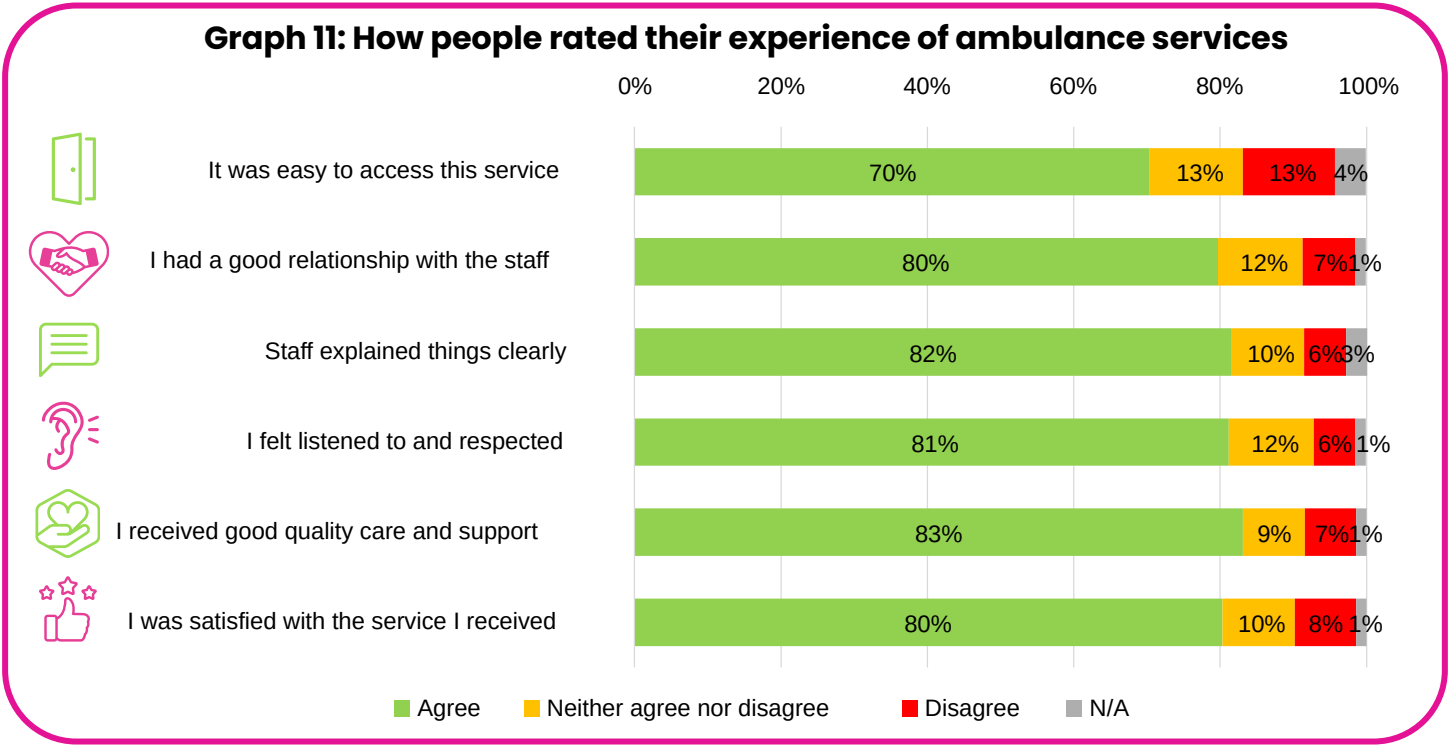


Accident and Emergency

Ambulance

Just under **100** people shared their experiences of ambulance services

Feedback for ambulance services was overwhelmingly positive across all aspects of care; exceeding the overall average for all measures (Graph 11). 83% agreed they received good quality care and support, the highest scoring measures. The service also scored highly across all measures assessing interactions, showing individuals felt listened to a respected and that staff explained things well and this sentiment especially was reflected in residents’ comments.



What works well?
The qualitative data illustrated the positive interactions with staff. Individuals praised staff for being caring, understanding, and reassuring, taking the time to listen and explain particularly in worrying times. Staff were also described as being efficient.

“Excellent, caring and knowledge ambulance staff. Arrived promptly, very very supportive and reassuring.”

“Very quick service, lovely people, superb care and understanding.”

Ambulance

“Ambulance came promptly. Ambulance staff were knowledgeable and performed initial checks before explaining which I needed to go to hospital. Ensured my son knew where to go and kept me informed of what was happening. I was in shock and they were so reassuring and kind.”

What could be improved?

When asked how services could be improved, suggestions focused on reducing response times and increasing capacity.

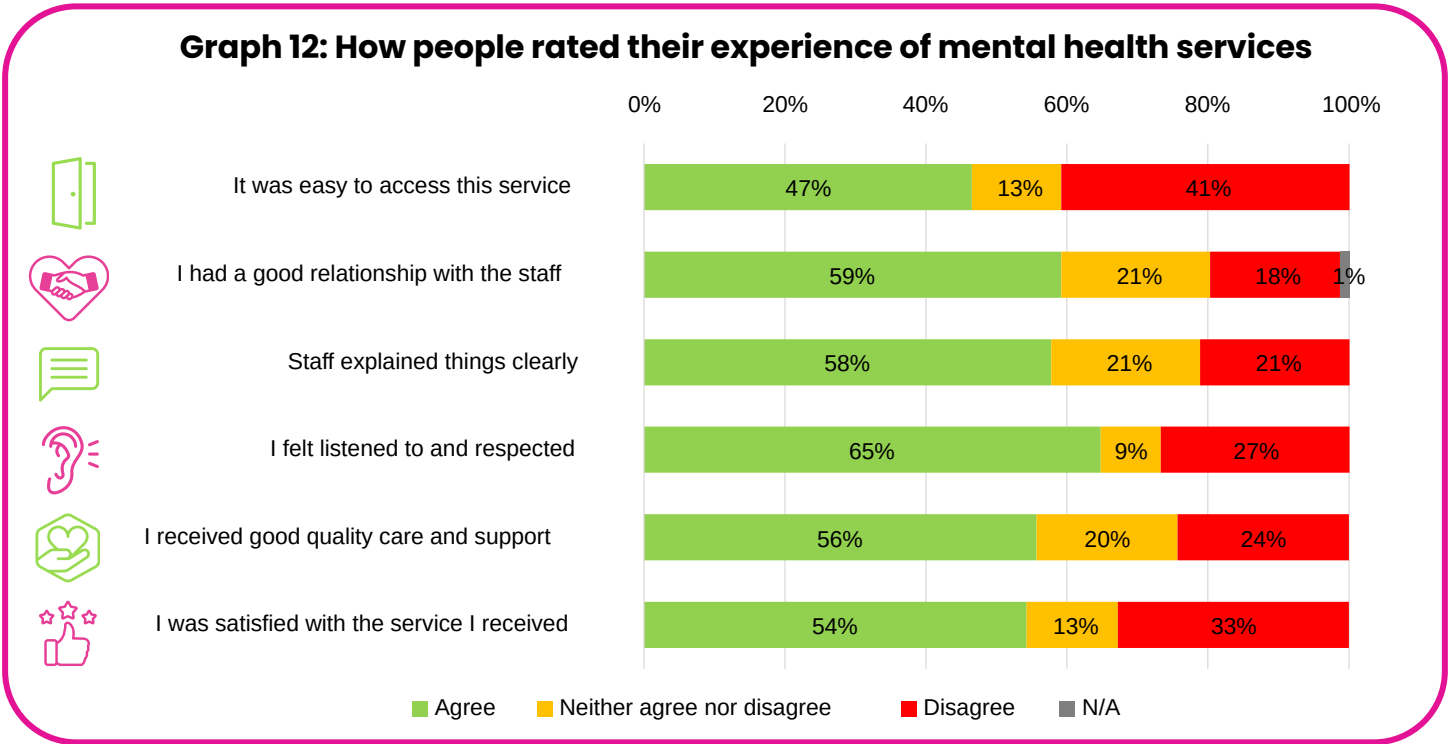


Mental health services

Over **100** people shared their experiences of mental health

Child and Adolescent Mental Health Services (CAMHS), Talking Therapies and, Community Mental Health Teams (CMHTs) are a few examples of the services commented on by respondents.

Overall experiences of mental health services varied considerably across all aspects of care and this sentiment was reflected further in residents’ comments. Access saw the greatest variation and appeared to be the biggest challenge, with 47% agreeing access was easy but 41% disagreeing (Graph 12). Once able to access care, as seen with wider trends across the system, experiences tended to be more positive; for example, 65% felt they were listened to and respected.



Ratings are presented for mental health services overall, rather than by specific service or provider to show key themes of services more broadly. To read more about this please visit the methodology section of this report.

What works well?

Experiences of support varied considerably and it was unclear why this was the case. Some residents’ praised timely access to care, with a variety of support available from supportive and professional staff. It is important that this good practice is expanded to ensure equitable experiences of services.

Mental Health Services

“The quickness of access to the service and the professionalism of the counsellors.”

“Really knowledgeable worker who explained OCD clearly and core values etc. which significantly reduced symptoms”

What could be improved?

In addition to improving timely access to support, other specific improvements focused on ensuring care is provided face-to-face as much as possible, whilst providing more ongoing and follow-up support. Some did acknowledge the demand and pressure these services are facing and felt capacity should be increased.

“Face to face appointments are invaluable. Online and phone consultations are fine in some areas but in this section face to face as much as possible please.”

“Follow-up support when discharged.”

A closer look: Neurodiversity support

This related to both mental health services but also systems and services as a whole. Respondents highlighted the following:

- A lack of understanding of neurodiversity
- Long waiting times for a diagnosis and support
- Limited support available
- Adjustments not being made during appointments



“More provision overall. Mental health is now more prevalent in our community and I often hear people saying that they are unable to access support. My son has been waiting for ADHD/Autism assessment and has been told it will be over 1 year waiting. This is simply unacceptable for school aged children to wait so long as they are in their developing stage and things could change dramatically in that time.”

These findings also echo those of our [2025 mental health report](#) which focused on new fathers, military families, veterans and those working in farming.⁸ They too highlighted mixed experiences but also the need for more face-to-face and ongoing support. Similarly, the findings, especially around long waiting times, mirror the national trends suggesting this issue not just isolated to Lincolnshire.⁵

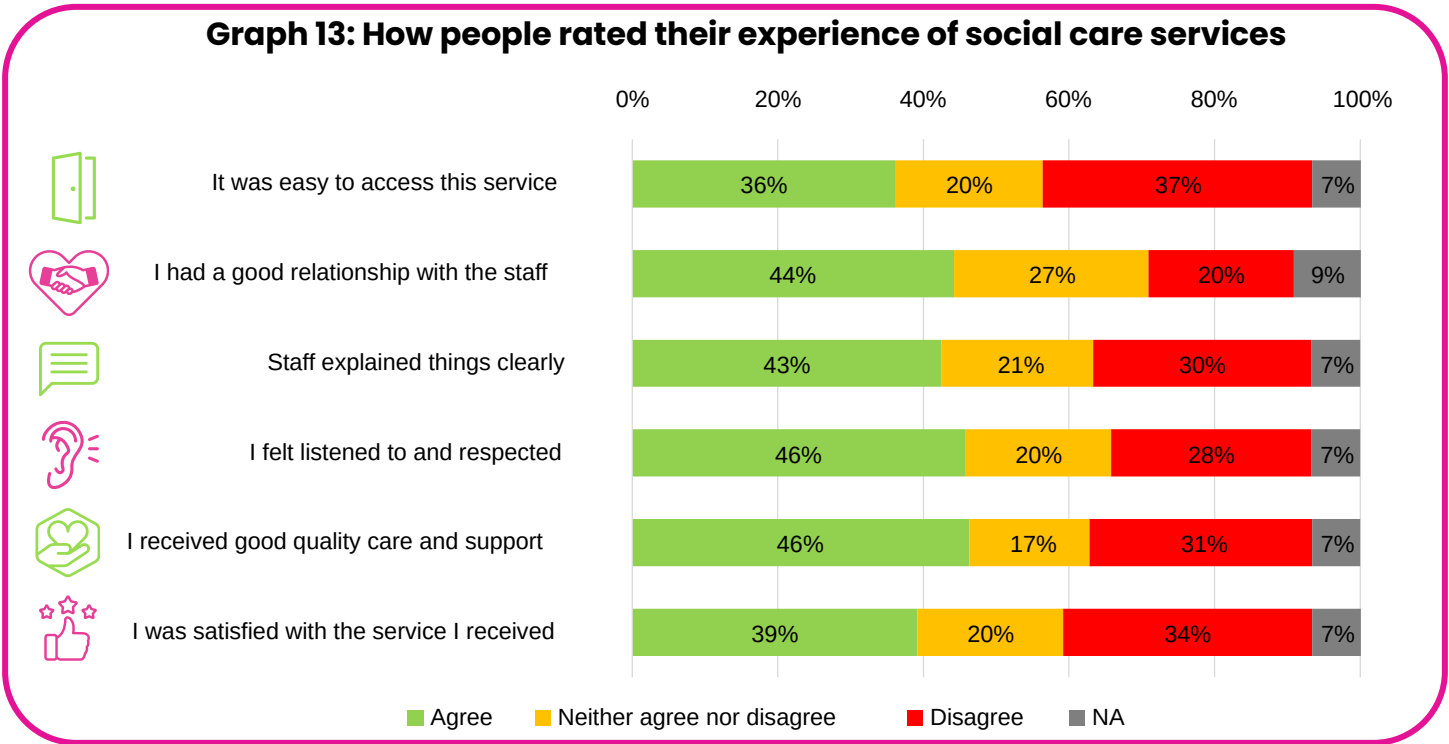
Social care

Over **110** people shared their experiences of social care services

The experiences shared related to a range of services and support including:

- Care/Nursing/Residential homes
- Equipment including wheelchairs
- Financial support
- Home adaptations
- Home care
- Occupational Health and Therapy
- Care after hospital discharge
- Social workers

Feedback overall on social care services was mixed (Graph 13). The strongest scoring metrics, were being listened to and respected, and receiving good quality care, with 46% of respondents agreeing with these measures. In contrast, access appeared to be the greatest challenge once more, with 36% agreeing that services were easy to access, whilst in contrast 37% disagreed with this. This split again suggests variation in experiences.



Ratings are presented for social care services overall, rather than by specific service or provider to show key themes of services more broadly. To read more about this please visit the methodology section of this report.

Social care

What is working well?

Residents' comments further highlighted variation in experiences. There were examples of good practice where individuals were able to access care in a timely manner, from kind, caring and helpful staff and where support was provided to meet their needs. It is important this good practice is expanded and equitable – sentiment like “some of the care staff are excellent” was common.

“We were supplied with all the aids he needs to make his life more comfortable and improve the quality of his life.”

“The lady was so understanding, I felt like I didn't have to fight.”

What could be improved?

Improvements related to a range of areas including:

- Increasing awareness of the system and the services available
- Quicker and easier access to services
- Better communication and coordination with all parties
- Reducing the complexity of the system
- Ensuring consistency, equitable experiences, and continuity of care
 - From the data, collected the reasons for this variation were unclear; it did not appear to depend on, for example, location in the county or age. Instead, experiences appeared to be more of a lottery; a finding echoed nationally through [Healthwatch England's report](#).⁵
- These suggestions were also raised during our social care project, exploring what is it like to be a carer in Lincolnshire. To read more about this report and how the council intend to act on the issues raised, [click here](#).⁹

“Communication through the relentless departments that clearly to do work together.”

“Accessing the right support requires understanding the system location. not easy.”

“I would like people to be more aware of what is available to them. There is not enough discussion about social care in general and people still stigmatise 'social care' as being a bad thing.”

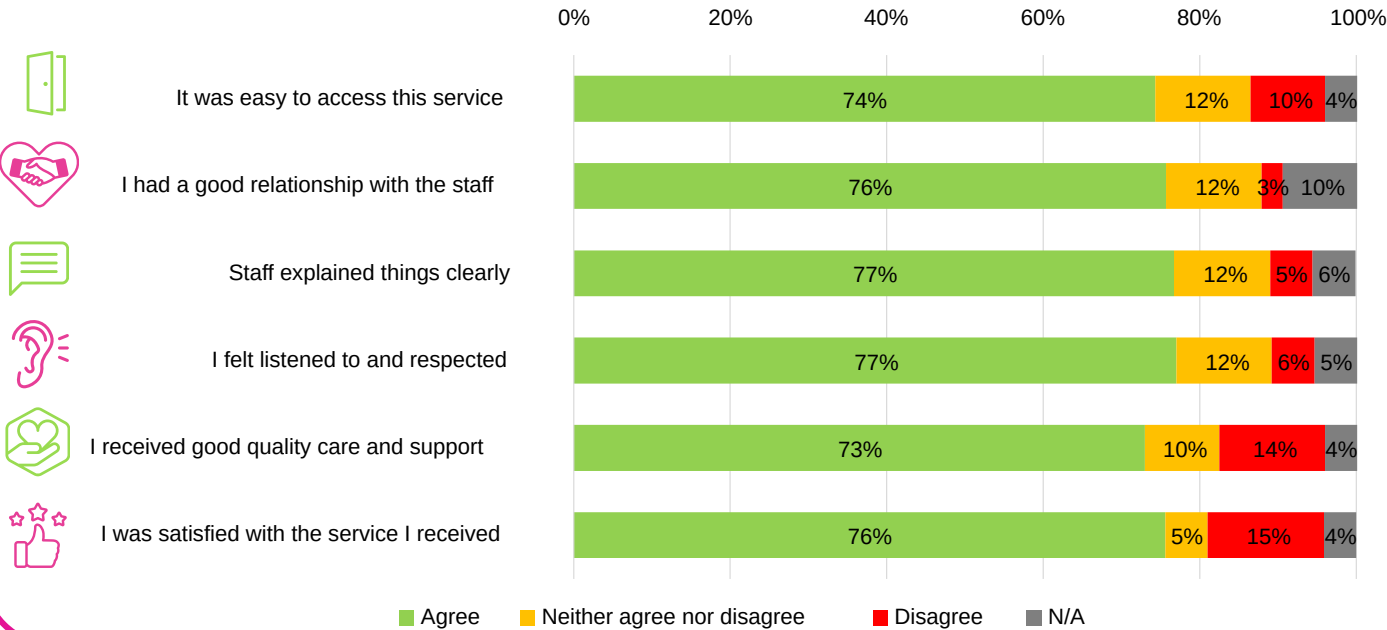
Wellbeing and Lifestyle Services

Just under **80** people shared their experiences of wellbeing and lifestyle services

One You Lincolnshire was the most commonly accessed wellbeing and lifestyle service by respondents; including their weight management, strength and balance, and smoking cessation programmes. Other wellbeing and lifestyle services accessed included wellbeing support through GP practices and community connectors.

Overall experiences of wellbeing and lifestyle services were overwhelmingly positive, scoring above average across all domains of care. The scores for each domain were largely consistent, with the percentage agreeing with each domain being within a 4% range, suggesting consistency across all aspects of care.

Graph 14: How people rated their experience of wellbeing and lifestyle services



What is working well?

77% agreed that they felt listened to and respected, with more in detailed insight provided by respondents reiterating this point. Respondents praised kind, friendly, non-judgmental staff who helped them develop personalised plans, which they valued, and achieve positive outcomes. These outcomes included being smoke-free, regularly exercising, and feeling more confident.

Wellbeing and Lifestyle Services

“The health advisor was kind, knowledgeable and supportive. He 'got' me and offered sensible, practical advice in a non-judgemental way.”

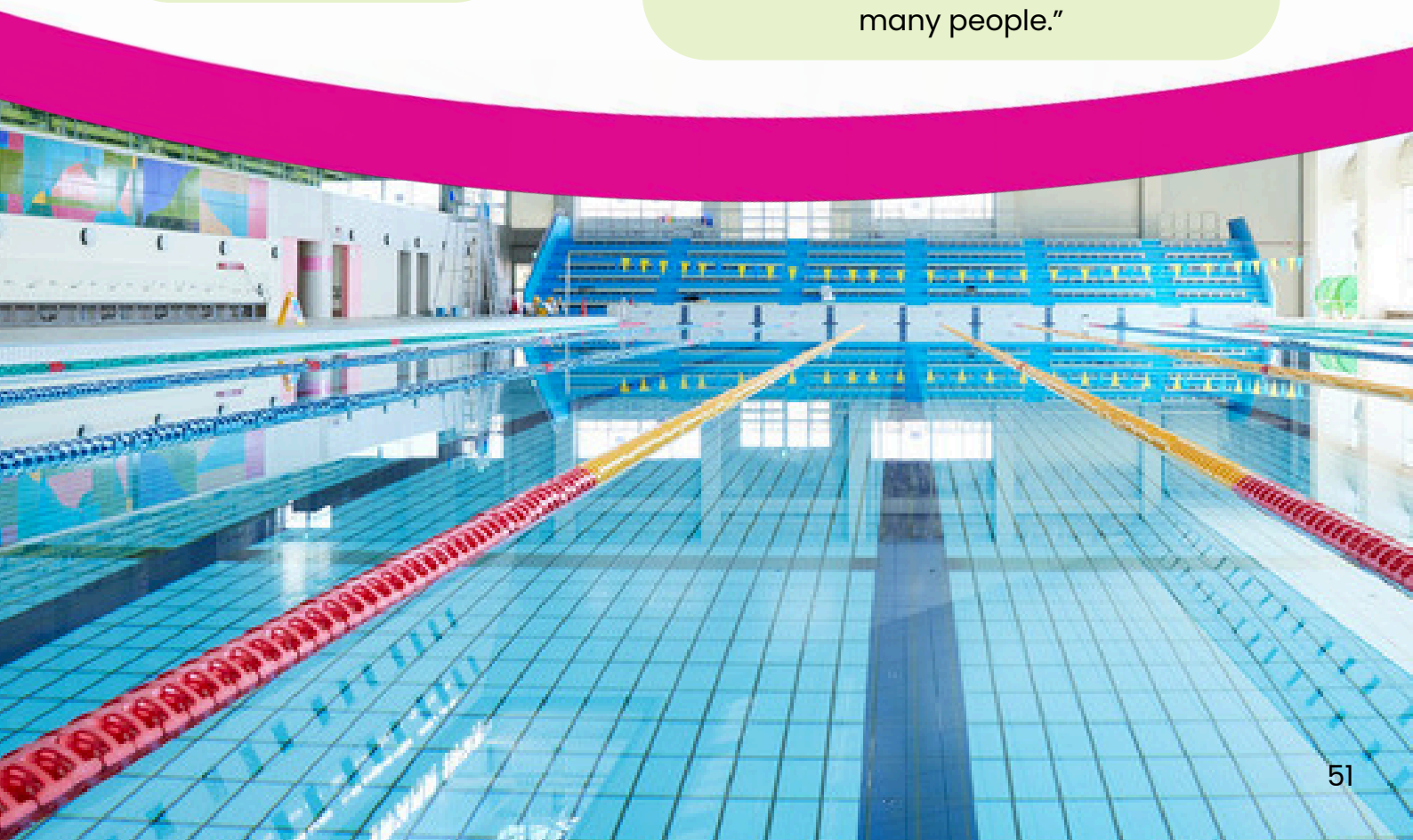
“It was very easy to access the exercise on prescription and I now exercise 5 times a week at the leisure centre. The staff help, encourage and make you feel at ease, which as a 58 year old female who didn't exercise before the program was brilliant.”

What could be improved?

Rather than the services being difficult to access and having long waiting times, improvements relating to access focused on raising awareness of what is on offer and expanding the eligibility criteria. Other suggestions included greater variation in the activities offered and greater long-term support to help achieve and sustain positive outcomes.

“Cheaper access once the free sessions have finished.”

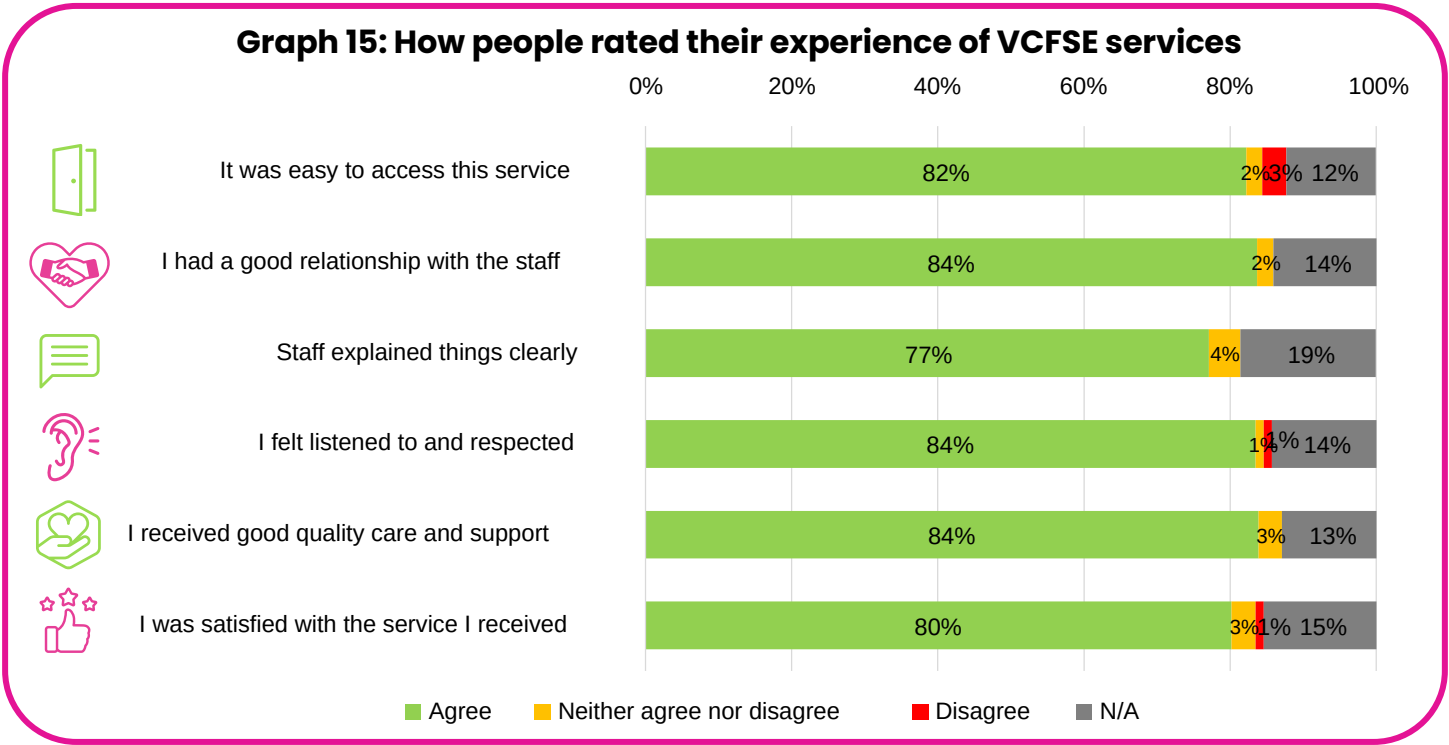
“I would like to see it better advertised. I found it through a message sent from my GP practice but I haven't seen it advertised anywhere. It is a service that would be of value to a great many people.”



Voluntary, Community, Faith and Social Enterprise (VCFSE) services

Over 100 people shared their experiences of VCFSE services

The experiences shared related to a range of services including Fighting Fit, support for carers, hospice care, and condition specific groups. When looking at VCFSE services as a whole, experiences of all aspects of care provided by VCFSE organisations were extremely positive, consistently outscoring the overall average if not being the highest scoring service. It is important to note that VCFSE services had the highest proportion of individuals selecting 'N/A', often exceeding 12%. This may be due to the types of services provided by the sector, along with how people interact and experience them; for example, people might attend a peer support group or access information via a website.



What is working well?

Residents’ comments provided additional insight into their experiences of such services, revealing VCFSE support is often a lifeline, facilitating social connection with peer support being invaluable. Services provided tailored support, filling gaps in care (e.g. for carers or dementia related support). Many highlighted that the loss of this support would be detrimental to their mental health and make them feel isolated.

What is working well?

“It would mean our daughter would have nowhere to go outside school for social and mental wellbeing.”

“It is really important to be able to talk to other patients with the same/similar conditions and share lived experiences and get the kind of support the NHS is just too busy to provide.”

“It would impact on both my physical and mental health. It has helped me get muscles back that wasted away in hospital. It also gave me a reason to get out of the house and people to socialise with and to learn from others with similar experiences.”

“The activities I attend include a knitting club and an art class. This allows me to socialize with people, be in a warm space for a bit. (I dare not turn my heating on in my house for fear of the cost) There are also food donations there that we can use which gives me an extra meal or two. I have explained to staff about my chronic illness and they are happy to help me out if needed. This is so lovely of them.”

What could be improved?

Suggestions related to sustaining and expanding provision, exploring additional support for specific health conditions, age groups, and genders. Also, improving awareness of the services and support available was important.

“Just support all organisations financially that provide free help and support.”

“Wish there was more places for people to go to with their mental health, especially young people, like youth clubs.”

Conclusion

This report presents the findings from Healthwatch Lincolnshire's 2025 State of Health and Care survey, reflecting on over 2,500 individual's experiences of health and care services in the past 12 months, providing invaluable insight.

It was clear that residents' preferred way to share their experiences was through an independent body, and more opportunities to provide feedback on services in a variety of ways would be welcomed.

Regardless of service, there appeared to be several interrelated factors that were key to residents' experiences and satisfaction. The consistency of these factors highlights their importance and they should act as key foundations across the system.

What impacts satisfaction?



Across the system, access was often the main challenge for services; once able to access care, however, residents frequently praised the interactions they had with staff, (who were caring and helpful), and the quality of care received. Despite the latter, access often appeared to dominate experiences and be a key influence on overall satisfaction.

In conjunction with these common themes, the insight gathered highlighted service specific areas of good practice and challenges, providing a comprehensive understanding of experiences.

Healthwatch Lincolnshire will continue to use this feedback to ensure residents' experiences remain central to service improvements, delivery, and future planning. However, as the health and care system continues to evolve, it is crucial that public voice remains at the heart of services.

Recommendations

Based on the intelligence gathered, a series of evidenced-based recommendations to improve experiences of health and care services are proposed. We recognise that responsibility for the implementation of these recommendations often span multiple organisations, and are relevant to the system as a whole both locally and nationally.

Ensure public voice remains at the heart of services

- **Evidence from the report:**

- In this time of considerable change across the system, it is critical that residents' voices and experiences remain at the heart of service design, delivery and improvements.
- It was clear that residents' preferred way to feedback on their care was through an independent body. More opportunities to share experiences would also be welcomed; however, there must be a variety of ways to do this including both digital and non-digital methods to ensure inclusive participation (p.14).
- To address apathy, it is crucial to close the feedback loop, services need to continue to listen, communicate, and show how feedback is acted upon (p.14).

- **Potential solutions**

- Capture feedback through an independent body which was residents' preferred way to share their experiences
- Continue to utilise HWLinCs, as an independent body, to collect public feedback, which is shared with partners to ensure the system (and its services) meets the needs of those it supports
- Provide a variety of ways both non-digital and digital methods to feedback on care facilitating inclusive participation
- Reach into, engage and build relationships with communities, as an embedded trusted and respected community anchor, especially with those whose voices are often not heard in decision making, actively seeking-out feedback from those less likely to engage
- Ensure a system-wide approach to feedback, as it is common for people to receive care from multiple services. The plan to use the NHS App to collect feedback could lead to feedback being siloed, focusing on specific services individually, therefore potentially missing vital information and understanding on how services work together and the impact on the individual as a whole, especially as services continue to integrate and evolve
- Repeat this State of Health and Care survey at regular intervals, to understand how changes such as bringing care closer to home and the digital transformation are translating into improvements in experiences of care
- Establish clear channels of communication to showcase to the public how their voice has informed decisions and shaped services to close the feedback loop

Recommendations

Support meaningful patient choice

- **Evidence from the report:**

- Residents value choice and being able to make informed decisions about their care. These choices and decisions are highly personal and priorities will vary considerably from person to person. Residents appreciated choice in how they booked their appointments, their appointment type, and where they could access care (p.21, 25, 26, 28 & 38). They also valued choice in how they share their experiences of care (p.14).

- **Potential solutions**

The 10 Year Plan outlines a commitment to giving patients greater choice, in part through establishing a patient choice charter as well as through the expansion of digital tools and platforms.³ We recommend:

- Ensuring the public is made aware of the choices available to them, through a range of channels and partners, and given clear, accessible information to support them to make informed decisions
- Developing digital tools that clearly inform patients about available services and how to access them. Ensuring those who are unable to or do not want to use digital services are provided with the same opportunities to stay informed and make decisions about their care
- Ensuring the digital choice does not become the only choice, and that those who are unable to use digital platforms are not disadvantaged. It is crucial that equivalent and accessible non-digital routes remain available to meet needs and preferences, particularly in Lincolnshire where the lack of infrastructure, including limited or slow connectivity, poses additional barriers
- Providing support to residents who wish to use digital platforms ensuring they have the skills and confidence to do so
- Collecting feedback to understand whether people are being given the opportunity and support to make informed choice, and understand whether digitisation is improving choice and access

Recommendations

Continue to bring care closer to home

- **Evidence from the report:**

- Being able to access care closer to home was consistently valued (p.27, 32, 34, 37 & 40), especially in the context of Lincolnshire where, for specialist care in particular, individuals often have to travel considerable distances to receive care, in some cases outside of the county. This, coupled with the rural nature of Lincolnshire in conjunction with often limited public transport services, can make accessing services challenging (p.18, 32, 33 & 37).

- **Potential solutions**

The government's 10 Year Health Plan recognises the importance of bringing care into local communities through a Neighbourhood Health Service "to provide continuous, accessible and integrated care"³. In Lincolnshire, the system is working towards Neighbourhood Working through Integrated Place-Based Teams (IPBT) which "promote self-sufficiency through a person-centred approach, and also bridge the gap between voluntary, health, and social care"¹⁰. Based on this and the evidence gathered through this report, we recommend:

- Continuing the development and implementation of Neighbourhood Working to support the integration of services and bringing care closer to home
- Considering travel-time, rurality, and transport availability when deciding the location of and access to services
- Ensuring residents are made aware of the services and support available within their communities and how to access them
- Balancing the plans towards bringing care closer to home with patient choice, recognising that some may prefer to travel further if it means they are able to access care that better meets their timescales, needs, or other preferences
- Continuing to involve residents voice in the design and development of Neighbourhood Working to ensure it meets the needs of communities
- Work with HWLincs to monitor residents' experiences of Neighbourhood Working to understand how the changes are impacting on experiences of care

Recommendations

Strengthen relationships between residents and services

- **Evidence from the report:**

- Across the system, there was evidence of positive relationships between residents and professionals (p.26, 29, 34, 36, 39, 42, 43 & 45). Being listened to, good communication, and care provided by knowledgeable, caring, friendly staff were essential to these relationships (p.21 & 22); the latter were also part of how residents defined good quality care (p.23). Therefore, as services continue to evolve, it is critical that these relationships continued to be strengthened and remain at the heart of care.

- **Potential solutions**

These findings echo the principles outlined in Our Shared Agreement, particularly foundations two and four.² We therefore recommend:

- Continuing to embed the principles of Our Shared Agreement across health and care services, promoting a culture of listening and person-centred care
- Encouraging conversations that view people and their care holistically
- Ensuring people and their carers are invited and supported to actively be involved in making informed decisions about their care
- Continuing to collect independent feedback from residents to ensure we maintain an up-to-date understanding of what a good relationship means and what matters most to them
- Identifying and sharing examples of good practice across the system to support the development of equitable experiences

Recommendations

Improving awareness, communication, information and support throughout people's care journeys

There is a need to recognise the importance of helping people to wait well as part of their care journey. People waiting for assessment, treatment or follow-up should receive clear and timely information about what to expect, what they can do to support their health and wellbeing while they wait, and where they can access further advice or support if their needs change.

- **Evidence from the report:**

- Access was the most consistent challenge identified across the system (p.20, 26 & 31) and related specifically to:
 - Long waiting times (p.19, 31, 39, 41 & 44)
 - Appointment availability (p.27 & 33)
 - Navigation and awareness of services (p.19, 50, 52 & 54)
- Most commonly residents sought information about health and wellbeing from healthcare professionals and the NHS website (p.16).

- **Potential solutions**

It is vital that patients are kept fully informed about the services available and how to access them. We recommend:

- Using digital services, where and when appropriate, to provide early or interim access to less generic support, including triage tools and support while waiting for appointments. However, it is critical that those who are unable to access digital services, should be provided with an equivalent resource to ensure equity
- Whilst addressing waiting times requires national action, to support residents locally, there could be greater promotion, through a variety of channels, of the services available across the system, including those from VCFSE organisations
- Equipping and supporting healthcare professionals and VCFSE workforce to be able to signpost individuals to appropriate services and resources
- Ensuring local NHS websites are kept up-to-date providing the latest information on waiting times and services available
- Empowering and supporting people to be able to manage their own health where appropriate through clear, accessible information about prevention, self-care, and when and where to seek further help
- Promoting and expanding on waiting well approaches such as 'My Planned Care'
- Talking to individuals about their experiences of waiting for care, to understand what information was useful and how it could be improved

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