Healthwatch Lincolnshire

Rooms 33-35,
The Len Medlock Centre
St George's Road,
BOSTON
Lincolnshire
PE21 8YB

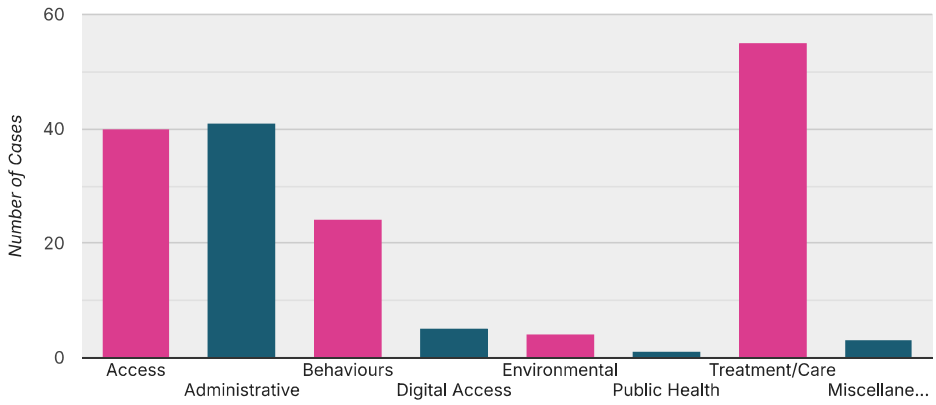
Healthwatch Lincolnshire Patient experiences: September 2026

Statistics

Total cases: 70

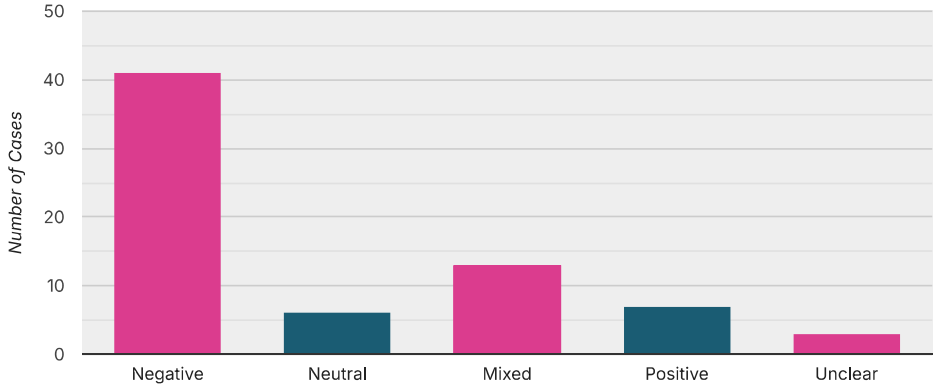
Cases responded to within 3 days: 70 out of 70 (100%)

Theme Areas



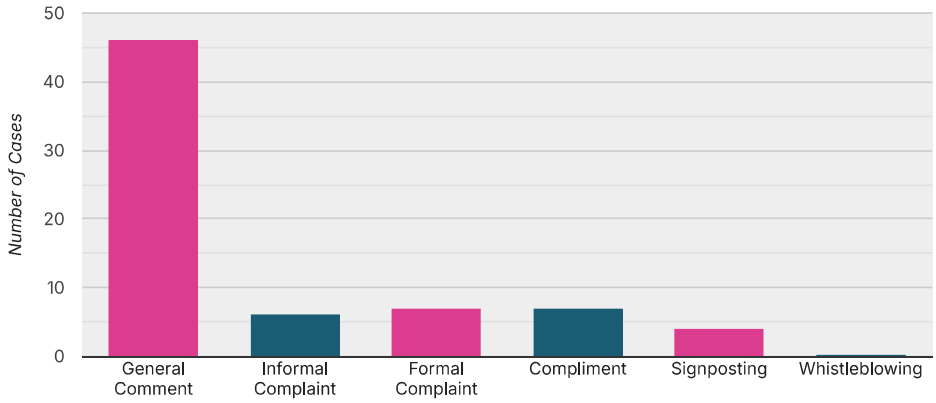
Theme Areas	Cases
Access	40
Administrative	41
Behaviours	24
Digital Access	5
Environmental	4
Public Health	1
Treatment/Care	55
Miscellaneous	3

Sentiments



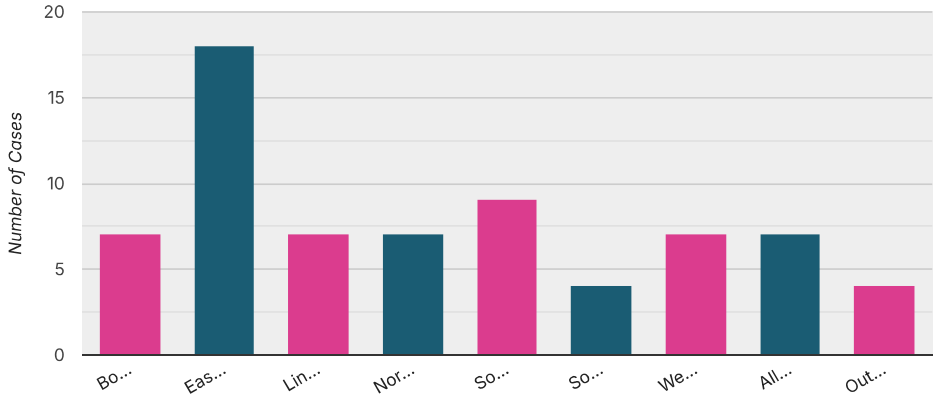
Sentiments	Cases
Negative	41
Neutral	6
Mixed	13
Positive	7
Unclear	3

Case Types



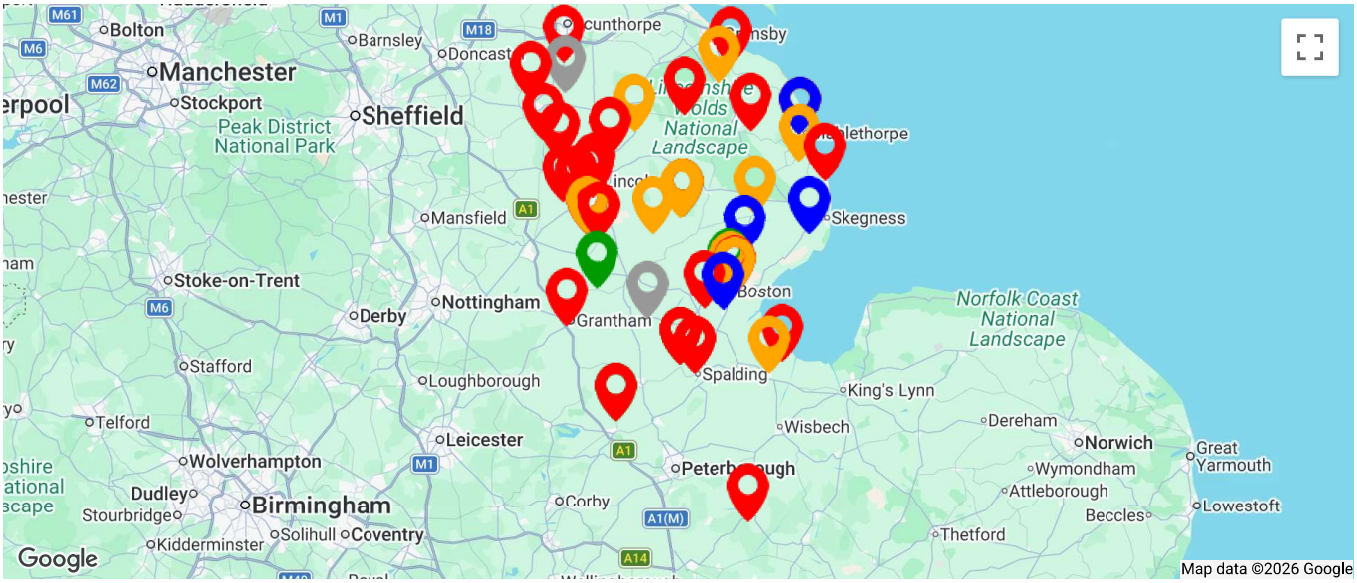
Case Types	Cases
General Comment	46
Informal Complaint	6
Formal Complaint	7
Compliment	7
Signposting	4
Whistleblowing	0

Areas



Areas	Cases
Boston District Council	7
East Lindsey District Council	18
Lincoln City District Council	7
North Kesteven District Council	7
South Holland District Council	9
South Kesteven District Council	4
West Lindsey District Council	7
All Areas	7
Out of Area	4

Map



Cases

Multiple Services

This section of the report includes cases that relate to multiple services.

Area	Case Details
Boston District Council x 3 • 1 x General Comment • 1 x Compliment • 1 x Signposting	**General Comment** 1. **Case 16929** *(25-09-2026)* **PCN:** Boston **Providers:** The Sidings ***Patient comments :*** Have had to make an appointment for myself and asked to see a female Doctor so consequently had to wait a bit longer. The Doctor was fine, referring me for an ultrasound but warned me it would probably take 5 months to get an appointment. Surely that is far too long ? My spouse has not been contacted for a PSA blood test which I knew was overdue , spoke to Reception and it was sorted quickly. Worried that they don't recall for blood tests that should be done annually. **Notes / Questions** **Healthwatch asks** : What is the waiting time for a routine ultrasound ? **Compliment** 1. **Case 16928** *(25-09-2026)* **PCN:** Boston **Providers:** Lincolnshire NHS Clinical Assessment and Treatments Service (LCATS), Parkside Surgery ***Patient comments about LCATS MSK Returns service :*** After initial GP referral to this Clinic I have steriod injections to my wrists. If I need further treatment within 12 months I can contact MSK directly for another appointment. No need to go back to my GP. Great service! **Signposting** 1. **Case 16871** *(02-09-2026)* **PCN:** Boston **Providers:** Kirton Medical Centre, Lincolnshire Sensory Services Patient is living with "none existent memory" so each day is always a new day due to a brain tumour when the patient was 7 years old. Their spouse died 2 years ago and has no close family or friends to support them on a daily basis. Patient has only just started to attend the Lincolnshire Sensory Services Boston Group (Coffe and Drop In) as they have macular degeneration and a hearing aid. They have been referred to the deaf / blind assessor via LSS and will be having an appointment The patient would like to be contacted in regard to a number of concerns they have including a financial assessment, social support such as befriending service. They are a patient at Kirton Medical Centre and would be happy for the Social Prescriber to make contact with them to support in getting involved in suitable activities etc. Feeling very isolated. **Notes / Questions** With consent and because of individuals sensory and memory loss patient consented to Healthwatch referring to Wellbeing service at Boston PCN.
East Lindsey District Council x 4 • 3 x General Comment • 1 x Signposting	**General Comment**

1. **Case 16903** *(11-09-2026)*

   PCN: First Coastal

   Providers: Beacon Medical Practice, East Midlands Ambulance Service NHS Trust (EMAS), Pilgrim Hospital
   For Information: Lincolnshire County Council - Adult Social Care

   Person attending The Storehouse, Skegness, friends shared their recent experience about care of their friend and their concerns

   The person has had contact with Healthwatch previously. Person had been unwell yesterday at The Storehouse and their friends had called an ambulance as the person was in pain, currently experiencing end of life care. The person was taken to Pilgrim Hospital, A&E yesterday but discharged home by the evening. Person's friends could not believe that they were discharged in such a state and so ill. That the conditions of their flat is not fit to live in, soiled mattress and everything everywhere. That they are concerned that their friend is very vulnerable and neighbours having been asking for money which the person has given them. That they have been unable to look after their cat which has had to be re-homed. Friends say that they have contacted Adult Social Care about the conditions the person is living in, and they feel that the person needs care and support 24 hours a day, but that they do not want to know. Though they did say that the person is stubborn and not in contact with their family in Wales. Healthwatch did discuss about capacity and that the person seemed to be able to make decisions at the moment about their care. A friend may accompany person today when goes to hospital.

   Ambulance assistance called again by friends while Healthwatch at The Storehouse. Person looked very unwell and in pain. Ambulance and paramedics arrived within 20 minutes which friends were very happy with. Paramedics kind and professional and took person to private place to make assessment. Paramedics still with person 2 hours later when Healthwatch leaving The Storehouse .

   Notes / Questions

   Healthwatch referred to Firstcoastal PCN Team with patients consent.

   Provider Response

   First Coastal Primary Care Network Care Coordinator Response : the original referral was indeed picked up. I can advise that the referral is being picked by Adult Community Team as they have been having ongoing involvement with this person, they have therefore been discharged from our service.

2. **Case 16913** *(16-09-2026)*

   PCN: East Lindsey

   Providers: The North Thoresby Surgery
   For Information: Castle Hill Hospital, Cottingham

   North Thoresby Surgery and Castle Hill referral

   Ongoing heart investigation but waiting time for heart specialist is too long when your quality of life is being affected .

   Notes / Questions

   No patient details provided

3. **Case 16887** *(07-09-2026)*

PCN: First Coastal

Providers: Lincolnshire Community Health Services NHS Trust (LCHS), Marisco Medical Practice
For Information: Lincoln County Hospital

I feel failed by NHS hospital and doctor

Patient shared their experience -

I fractured my ankle playing badminton back in April went straight to Louth Urgent Care where I had an x-ray and consultation. Part of that consultation they have to do a questionnaire to see whether you're likely to get a blood clot. I scored 0 on this questionnaire, to the Nurses response you don't need the injection then. Off I went on my crutches and boot... two weeks later I was so poorly I couldn't even speak to my spouse and children. My spouse rang 111, who where lovely and told me I needed to get seen at Louth with a suspected blood clot. Once we got there the same Nurse said to me that's because you've probably been wearing your boot this whole time, to my response this was the first day I could get it on because of swelling.

They did a finger prick test and said no its negative, but another Nurse wasn't happy when they felt my calf and the pain I was in and asked if I could go to Lincoln SDEC to rule it out. Off we went there to get confirmation, I had a blood clot in my calf. Started on Apixaban straight from the hospital. Marisco Medical then called me a few days later saying my tablets were ready for collection 128 (3 months worth) I took those and I had to chase the Doctors, as I couldn't get an appointment for over a week, so which would be a phone call. When my phone call came, I ask now I've finished this course of blood thinners, could I have a re-scan for piece of mind, to be told no you don't need one because of your age you are unlikely to get another clot. The pretty much ended that conversation.

So a week goes by and my calf isn't feeling right. I called 111 and explained and they asked if I could get to Skegness Urgent Care which I did. Absolutely amazing staff, I had a D-diamer test which showed a faint line and started on Rivaroxaban (£9.90 for 7 days of tablets) and the Nurse said I would need re-scanning which would be Boston on the Monday. I went to Boston SDEC again amazing staff, had a scan for it to be confirmed my clot is still there. They issued me with 2 weeks of Rivaroxaban 15mg twice a day (£9.90) and said before I finish these the Doctors will call me and put me on 20mg once a day.

As I was coming to the end of these tablets, I had to chase the Doctors who said that I would need to keep taking these for a further 3 months and issued me a prescription. I went to my Pharmacist to pick up the prescription to find they want me to have it in 3 separate months so a total charge of (29.70) I requested having them all on one prescription for 1 charge, like last time, the Pharmacist said I would need to contact prescription office so the next day I did the last was very rude and said they can only issue box of 28 which I stated that still wouldn't be enough because the next two months have 31 and 30 days in them they told me it was the NHS guidelines and they have to do that.

I then told them this can be over ruled by a Doctors request, and I found it unfair, I would have to pay 3 separate prescription charges for the same tablet. This is not going to be an ongoing problem as I'm hoping the clot will be gone after this course, I then had to put another triage request in for my Doctor and speak to the receptionist and I kept getting passed from pillar to post. This has taken 4 days and still not resolved the Pharmacist even went and asked for it to be red flagged for urgency as I need to start these tablets on Sunday (as my last tablet is taken Saturday morning) obviously the Doctors don't open at the weekend so now I'm going to be charged again. Financially this is going to cost me £49.50 which I simply can't afford. There is no point me having a pre-paid prescription because I don't have medication that often to warrant the cost.

I feel If someone over 18 has a broken/fractured bone and needs a cast or boot they should automatically get given the 'precaution blood clot injection' not follow a silly piece of paper and score 0.. clearly it shows even if you score 0 it can still happen as it has done to me.

Notes / Questions

Healthwatch provided Practice Manager information

Provider Response

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

Signposting

1. **Case 16902** *(11-09-2026)*

   PCN: First Coastal

   Providers: Beacon Medical Practice, United Lincolnshire Teaching Hospitals NHS Trust (ULTH) / ULHT

   For Information: Community Connectors Rough Sleeping Team

   Vulnerable person shared experience at Healthwatch Lincolnshire Outreach at The Storehouse, Skegness

   Person discussed that they have been living in a tent for the last 5 months in Skegness, originally from Leeds has moved around a lot, and has lived in Skegness before as a rough sleeper. Has got rheumatoid arthritis and FND (Functional Neurological Disorder) which is getting worse and affecting mobility, and does have episodes of collapse, is using a wheelchair. Is registered with Beacon Medical Practice, and has been referred to Neurology Consultant has been told at least a 3 month wait. Needing some more support re housing and health.

   Notes / Questions

   With consent HW contacted Community Connectors Rough Sleeping Team in East Lindsey and Wellbeing services at First Coastal PCN. Signposted to FNDlincs.org for further information and support.

   Provider Response

   Community Connector from Rough Sleeping Team has been in contact with person today and will meet up and discuss impact of health issues and current rough sleeping and access to housing.

   First Coastal PCN Team also be in touch with HW for further personal information so they can access person's records to see what services may be able to support them with.

   First Coastal PCN Team further response: The referral has been triaged by our Specialist Nurse Practitioner, who has advised the Neighbourhood team would be better suited to support them, we have requested that they pick this up.

   Response from Community Connector- East Lindsey (Rough Sleeping, Homelessness and temporary accommodation) - I went into the Storehouse and spoke to the person on Friday, just after receiving your email. I explained the support that I offer and gave advice around their next steps regarding rough sleeping and homelessness, however they declined any further help at this time. I gave the person my card and told them that they may contact me at any time if they change their mind.

Lincoln City District Council x 1

- 1 x General Comment

General Comment

1. **Case 16916** *(24-09-2026)*

   PCN: South Lincoln Healthcare

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

   Patient experience shared :

   Dermatology fast track, was seen very quickly ended up with two wide local excisions, MRI, CT scan , endoscopy all between September and December. However had to wait until April for an appointment with Nottingham Neurology Department.
   Attended A&E at Lincoln County Hospital with bleeding following wide local excision sole of foot, seen and redressed within 4 hours however had to dissuade the doctor from removing the stitched on pad holding the skin graft in place, the Nurse also disagreed with the Doctor.
   Went to surgery with a suspicious growth on foot in January, fobbed off by Pharmacist (no idea), Associate Practitioner said foot ulcer before being correctly diagnosed by GP in August.

   Notes / Questions

   No patient details provided

   Provider Response

   ULTH - Thank you for taking the time to share your experience. We are pleased to hear that your fast-track referral to Dermatology was managed promptly and that your wide local excisions, MRI scan, CT scan and endoscopy were all undertaken within a relatively short timeframe between September and December.

   However, we are sorry to learn that you then experienced a significant wait for your appointment with the Neurology Department in Nottingham, and we appreciate the frustration this may have caused. We were also concerned to read about your attendance at A&E following bleeding from the surgical site on your foot. Whilst we are pleased that you were assessed and treated within four hours, we understand your concerns regarding the proposed removal of the stitched dressing and note your comments that both you and the nurse felt this was not appropriate.

   We are particularly sorry to hear about the delays in reaching a diagnosis for the suspicious growth on your foot. We recognise how worrying this must have been and understand your concerns that the condition was initially thought to be something else before being correctly diagnosed by your GP several months later.
   Thank you for providing this feedback. We will ensure your comments are shared with the relevant teams so they can be considered as part of ongoing service improvement.

North Kesteven District Council x 3

- 3 x General Comment

General Comment

1. **Case 16937** *(28-09-2026)*

   PCN: K2 Healthcare Sleaford

   Providers: Lincoln County Hospital
   For Information: Billinghay Medical Practice

   Lincoln Hospital

   Very long waiting list to see neurology consultant, since Nov 2020.
   Very quick MRI scan once seen Dec 2025. Still waiting for MRI results and follow up appointment as neurologist retired (Lincoln)
   Very poor interaction from neurology secretaries.

   My GP excellent (Billinghay)

   Notes / Questions

   No patient details.

   Healthwatch asks - how long should patients wait for results of scans etc

   Provider Response

   ULTH - Firstly, I would like to offer my sincere and heartfelt apologies for the length of time you have been waiting for your neurology care and for the distress and frustration this has caused. We fully appreciate how worrying it must be to have undergone an MRI scan in December 2025 and still be awaiting both the results and a follow-up appointment. Unfortunately, following a recent service restructure, our administrative resources have become extremely limited and we no longer have dedicated medical secretaries supporting the neurology service.

   However, I would like to stress that this is not an excuse for the experience you have received or for any lack of communication. We recognise that patients should be kept informed about their care and we are sorry that this has not happened in your case. We are also aware that the retirement of your consultant has had an impact on the continuity of care for some patients, and I am sorry that this has contributed to the delay you have experienced. If you would be willing to provide your details, including your NHS number or date of birth, we would be happy to investigate the status of your MRI results and establish what follow-up arrangements are currently in place. We will do our best to provide you with an update and ensure that any outstanding actions are reviewed appropriately. Once again, please accept our sincere apologies for the poor experience you have had and thank you for bringing your concerns to our attention.

2. **Case 16940** *(29-09-2026)*

PCN: APEX

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

A&E / Discharge Lounge Lincoln County Hospital

Patient shared their experience - The end of June this year, patient fell down stairs. Seemed to be ok, but then subsequently had another further fall, where their ankle was at a right angle. Ambulance called, which was another experience, complaint has been made.

Whilst in A&E, which they had never been to before and was quite an experience, not one that they want to repeat. They were then placed in the discharge lounge in the early hours the following morning. If it wasn't for a named clinician they would have been sent home with no support. Was seen by an Occupational Therapist, who seemed to be in a hurry to get them out of the hospital. No reablement support, and was discharged at 5am in the morning. Formal complaint has been made.

Patient has urinary incontinence and although the D2A (discharge to assess) has been provided they do not provide personal care or support in making meals etc which would be beneficial. Patient is still waiting for a clinic letter from the end of July, when the patient asked, they were informed that they were 8 weeks behind.

During their stay in the hospital, there was a clear lack of communication, didn't know what fracture they had, until a few weeks later at the fracture clinic, spouse told by the OT to go out and buy a bed and get it delivered in 2 days.

Patient needs some support at home, but has been informed by Adult Social Care that they are unable to support due to the patient being acute and staff not trained in clinical needs.

Notes / Questions

Healthwatch provided information on Earlybird Care, Age UK and if they had looked at a call button for when on their own.

Provider Response

13/10/26 ULTH request to release details - info sent on same day to ULTH

Patient also commented - I emailed the senior complaints officer cc PALS a week ago and still haven't received a reply. Despite 6 phone calls to the hospital since July, and being told each time they would be sent, I am still waiting for the consultants' letters with detailed info following my treatment at the Fracture Clinic in July and August !

Update - 19/10/26 - patient still not heard anything from the department, request for Healthwatch to make contact with the complaints department.

Response - 19/10/26 - COMPLAINTS Dept - I have been on annual leave and have now caught up with my full inbox and replied to this patient and will open another complaint file to deal with their concerns.

ULTH - Thank the author for their comments and assure them that their details have been shared with complaints.

3. **Case 16878** *(04-09-2026)*

Providers: North Hykeham Community Health Clinic
For Information: Lincolnshire Integrated Care Services (ICS/ICB)

Patient comments following having a Vasectomy.

Surgery seemed fine. Analysis and communication have been awful since. I was told I would hear within a week. I finally heard after nearly 3 weeks and I have rung to chase 3 times to be told I need another sample with no further clarity. Awful communication and I don't believe it's been analysed well or within the time limit I was told to take my sample to andrology otherwise why would it take so long.

Notes / Questions

No patient details provided

West Lindsey District Council x 4

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

General Comment

1. **Case 16908** *(14-09-2026)*

   PCN: Imp

   Providers: Birmingham Children's Hospital
   For Information: Welton Family Health Centre

   Parent shared their experience - Our GP Practice have been fantastic and cannot fault them, also the QMC in Nottingham where my 13 year old child was referred in January. QMC did loads of tests and kept us, as the parents informed along the way. Referred in April to Birmingham Royal Orthopaedic Hospital and Birmingham Children's Hospital as it required specialist treatment and then things stopped, poor communication and my child has not been seen face to face yet.

   At present we are not sure what is happening with regards to my child's treatment and when this will happen. We are left in limbo, even more so for my child.

   They are unable to play football; do sports at school and wear the clothes they want to wear due to the lump on their right fibula. Since January, we had moved forward in leaps and bounds with the support of our GP (Welton Family Practice) and Queens Medical Centre in Nottingham, however since being referred to Birmingham Hospitals things seem to have come to a standstill.

   My child's mental health is suffering due to their inability to join in with the other children at school, which for a 13-year-old is detrimental for their social activities and peers. They are in constant pain, swelling and bruising causing embarrassment for them.

   I am of the understanding that my child is in need of RFA (Radio Frequency Ablation) & biopsy? or just the RFA. However, to date we have not seen anyone face to face to assess what would be best for them.

   We have put everything as a family on hold as we were informed in April it would be 3 months, as the 3 months were up in July, we cancelled our holiday and we are still waiting for any indication of dates to be seen.

   Notes / Questions

   Healthwatch provided PALs information and supported on what to put in the correspondence to PALs

   Provider Response

   Parent Update - I have had a call from BCH today and my child has their operation booked in for beginning of October.

   I just can't thank you enough for all your help. I am so pleased that I was put in touch with you. My child is absolutely made up!

2. **Case 16938** *(28-09-2026)*

   PCN: Imp

   Providers: Lincoln Co-op Chemists Ltd (Cherry Willingham), Lincoln County Hospital
   For Information: Nettleham Medical Practice

   Patient commented - When I moved here six years ago the Pharmacy wait was 48 hours for medications and they sent me a text message when it was ready. Today it is seven working days, no text, and delivery is split between the Pharmacy and the local Hospital Pharmacy, resulting in incomplete deliveries. No-one talks to each other.

   Notes / Questions

   No patient details provided

   Provider Response

   Lincolnshire Customer Care Co-ordinator has recorded feedback as anonymous on their system.

   ULTH - Thank you for taking the time to share your experience. We are sorry to hear about the difficulties you have encountered with obtaining your medications. We appreciate your comparison with the service you received six years ago and understand your frustration regarding the increase in waiting times, the discontinuation of text message notifications, and the apparent lack of coordination between the pharmacy services involved in supplying your medication. We recognise that receiving incomplete deliveries and having to follow up on missing items can be inconvenient and concerning. Thank you again for bringing these matters to our attention. Patient feedback is invaluable in helping us understand where improvements may be needed and in supporting ongoing service development.

Informal Complaint

1. **Case 16922** *(24-09-2026)*

   Providers: Ancora Medical Practice, Scunthorpe, Hull Royal Infirmary, Lincolnshire Community Health Services NHS Trust (LCHS), NHS 111 Service, North Lincolnshire and Goole Services, United Lincolnshire Teaching Hospitals NHS Trust (ULTH) / ULHT

   Patient shared experience referred to Healthwatch by Citizens Advice :

   That they had an accident at work last year where they sustained an injury to their leg. They took advice of NHS 111 still able to weight bear told if not resolved to access GP referred for X-ray at Scunthorpe Hospital. Report went to GP Practice registered at Ancora Medical Practice though has a West Lindsey, Lincolnshire post code. Still not resolving so went to UTC Gainsborough and referred to Specialist Orthopaedic Nurse at Lincoln had MRI . Then referred to various providers Spire Hospital who were not good. Still did not have diagnosis and symptoms remained the same unable to weight bear on leg, very stressful. It has taken until the last week of August when was seen and operated on by Surgeon at Hull Royal Infirmary who could not believe that it has taken so long to get to this point where patient has had to have donor tendon transplanted to the back of the knee where there was a definite rupture of quadricep muscle which should have been diagnosed by x-ray and Clinicians at the beginning of these symptoms occurring. So patient now facing a difficult recovery and may not get full function back of leg and is very upset about this. Has contacted Scunthorpe Hospital PALs who did not want to know. Wants to know how to make a complaint and which organisations to complain to.

   Notes / Questions

   Signposted in the first instance to Lincolnshire Integrated Care Board (DLN Cluster) as has Lincolnshire postcode, CQC, PHSO, NLAG ICB, NLAG PALs

   Provider Response

   LCHS - Information shared to the team.

   ULTH - North Lincolnshire patient re ULTH experience. It is hoped the author contacted the services provided and received a satisfactory outcome.

Formal Complaint

1. **Case 16925** *(25-09-2026)*

   PCN: Trent Care Network

   Providers: Lincoln County Hospital, Lincolnshire Integrated Care Services (ICS/ICB)
   For Information: Caskgate Street Surgery

   Relative and carer shared negative experience of their parents care and treatment

   I'm contacting you following reports this week that Chief Executive leading the NHS Integrated Care Boards across Lincolnshire, Nottinghamshire and Derbyshire, is receiving remuneration of £312,500 – reportedly around 40% higher than for their previous role.

   I understand the NHS's explanation that this isn't simply a 40% pay award for doing the same job. The Chief Executive has taken on a significantly enlarged leadership role covering three ICBs and more than three million people and the salary has been justified on the basis of increased scale, complexity and accountability.

   But having spent this week sitting beside my seriously ill parent in Lincoln County Hospital A&E for 32 hours before they were moved to a ward, that word – accountability – is precisely what I think deserves investigation.

   My parent had already been assessed by their GP on Monday morning, who was sufficiently concerned that they could be having another stroke that they sent us directly to A&E with a letter requesting urgent assessment.

   My parents symptoms weren't typical and initially it felt the medical team didn't believe they were having another stroke. But we know my parent and knew something was seriously wrong. I repeatedly raised the possibility of a new stroke, asked about access to the Stroke Team, pushed for an MRI as I knew a CT wouldn't show it and sought updates because these didn't come until you asked.

   We subsequently discovered that they had indeed suffered another stroke.

   But what I witnessed around us during those hours disturbed me almost as much as what was happening to my parent.

   We initially spent approximately 12 hours in the main A&E waiting area before being moved into a much smaller waiting room containing around ten patients where we spent another 20 hours.

   Among the people around us was a 95 year old person experiencing breathing difficulties, accompanied by their 90 year-old spouse (in A&E for 30+ hours); someone with broken ribs (had been in A&E for 16 hours when we left for the ward); a person we understood was being investigated for suspected sepsis (was in A&E for 12+ hours when we left for the ward) they had previously undergone knee replacement surgery and couldn't walk independently. I witnessed staff struggling to transfer them between a chair and wheelchair and they were dropped during the process. There was also a person in their late 80's who had been sitting on a drip in the same chair for 30+ hours and was still there when we left for the ward - they had been told at 9pm they were 4th on the list for getting a bed by 5pm the next day they were still sat there.

   There was also a young person who told us they had been in A&E for more than 50 hours. We understood that a bleed on their brain had initially been identified and subsequently a second bleed was found before they were eventually admitted. For two nights I saw them trying to sleep on hard A&E chairs with one blanket.

   My parent was sitting amongst these patients while having a stroke.

   The environment itself was filthy. My chair (a footstool) was pushed up against a waste bin because there was so little space. The sink in the room dripped continuously throughout the day and night. There was old food smudged into the floor, discarded medicine cups thrown under chairs. Regardless of this, one person tried to make a bed for themselves with their own coat next to the wall and curled up like a cat on the dirty floor as it was better than being in pain on the seats in the room.

   The women's toilet sink in the main A&E serving all A&E patients wasn't functioning, meaning there was no running water available to wash our hands. I had to ask staff to add hand sanitiser so we could at least clean our hands.

   My seriously ill parent wasn't offered a blanket even though they were freezing cold. I had to ask for a pillow and felt as though I was being a nuisance simply for requesting one. In fact, a person visiting another patient overheard the conversation. They happened to be an off duty member of the hospital team, knew where to find a pillow and went to get one for my parent themselves.

   Around us, people were vomiting, passing out, crying and screaming in pain.

   Back in the main A&E waiting room, there were elderly patients sitting for hour after hour some attached to drips. When they needed the toilet, they had to call out for somebody to help them. Some were wearing only night clothes and had already been there longer than we had.

   The staff appeared so stretched that there simply wasn't capacity for someone to regularly walk around the waiting room checking on people's basic welfare.

   Something extraordinary started to happen as a result.

   Patients and relatives began creating our own little communities, looking out for one another. We held seats and spaces when somebody was called for blood tests, scans or an update from a

doctor. We watched one another's bags and belongings and reassured people that they wouldn't lose their chair and have to fight for another one when they returned.

We filled water bottles for people who weren't mobile or were simply too weak to do it themselves. We went to the nurses' station to ask questions on behalf of people who couldn't get up or who had been unable to catch the attention of a member of staff rushing past.

People who had arrived as complete strangers were effectively looking after one another and in small but important ways helping to care for the most vulnerable people around us.

I saw people repeatedly reduced to tears, frightened, exhausted and frustrated by the situation they found themselves in. The whole situation just felt so undignified.

Nobody goes to A&E because they feel well. People arrive frightened, in pain and often at their most vulnerable. Yet it felt as though in addition to being ill patients were being asked to demonstrate an extraordinary level of endurance and resilience simply to remain there long enough to receive the care they needed.

At approximately 2am, we were told there were still around 200 people in A&E, that the department was understaffed and that we needed to bear with them.

We were also repeatedly told that the wait for a hospital bed was at least 38 hours and effectively not to expect one before then.

I want to emphasise that I am not writing this to attack the frontline doctors and nurses. Many appeared to be working in extraordinarily difficult circumstances within a system that was overwhelmed.

That is precisely why I think this warrants investigation.

I am a senior business leader myself, so perhaps inevitably I look at what I witnessed through a strategic and organisational lens.

If a private or public organisation appointed a CEO to lead a major transformation and justified significant executive remuneration on the basis of increased scale, complexity and accountability, I would expect there to be absolute clarity about the outcomes that person had been appointed to deliver.

So what does accountability mean here?

The CEO has been leading the clustered ICB arrangements since 2025. What did their first 90 days tell them about the most significant problems across these healthcare systems? What immediate interventions followed? What has demonstrably improved since?

What are their personal objectives and measurable KPIs? Who sets them and who holds them accountable for achieving them?

What are the baselines and targets for urgent and emergency care waiting times, ambulance handovers, diagnostics, bed availability, patient safety, patient experience, workforce and financial performance?

What is the strategy for addressing the immediate operational pressures patients are experiencing today alongside the longer-term transformation of the system?

And how does the senior leadership team obtain genuine, unfiltered insight into what is happening on the frontline?

When did the Chief Executive or relevant executive directors last spend an unannounced night in an A&E department across Lincolnshire, Nottinghamshire or Derbyshire – not on an organised executive visit but experiencing what patients and frontline staff experience when the system is under maximum pressure? What did they learn and what changed as a result?

I would also like to understand what role patient experience actually plays in executive decision making. How are experiences like ours captured, aggregated and reported to the Board? What thresholds trigger intervention? And how can the Board know whether the lived experience of patients matches what its performance dashboards tell it?

There are practical questions too.

If patients are routinely spending 24, 38 or even 50+ hours within emergency departments, what analysis has been undertaken to understand the constraints causing those waits?

What diagnostic capability operates overnight? Could additional CT/MRI, diagnostic, clinical or patient-flow capacity overnight materially reduce waiting times and improve utilisation of the hospital over a full 24 hour period and what about weekends?

If patients continue to arrive and hundreds remain within A&E overnight, what happens to staffing and diagnostic capacity after normal daytime hours? Does capacity reduce overnight and if so, why? Is there a case for operating a fuller night shift across diagnostics, clinical assessment and patient flow so that tests, decisions, admissions and discharges continue throughout the night rather than patients simply accumulating in the system?

How frequently is Lincoln County Hospital operating with the level of demand and staffing pressure we witnessed? Was having around 200 people in A&E that night exceptional or is it increasingly normal?

And when basic facilities such as a sink in the women's toilet don't provide running water, who is responsible for ensuring basic standards of infection control, dignity and patient experience are maintained?

I recognise an important distinction: the ICB commissions and strategically plans healthcare while the hospital provider is responsible for the day to day operation of Lincoln County Hospital. I don't want to inaccurately attribute an operational failure to the wrong organisation.

But I think that distinction creates another legitimate question.

If the ICB is responsible for strategically commissioning healthcare and improving health outcomes across Lincolnshire, what happens when the services being experienced by patients reach conditions like these? Who sees the whole picture, who intervenes and who is ultimately accountable for improving it?

That is why for me this isn't really a story about whether one NHS executive should earn £312,500.

It is about what taxpayers and patients should reasonably expect in return for leadership at that level.

If increased remuneration is justified by increased responsibility and accountability, then surely the public should be able to clearly understand what that accountability consists of: what are the Chief Executive's personal objectives and KPIs for this significantly expanded role; what were the baselines when they took responsibility; what measurable targets and timescales have been set; what interventions are being made and ultimately, what results are they personally being held accountable for delivering?

There are strategies, performance measures and Board reporting available publicly but can a patient or taxpayer clearly see how those measures translate into the specific objectives against which the Chief Executive's performance and the success of this new leadership structure will be judged?

My parents experience puts a human face on those questions. They weren't a statistic on a performance dashboard. They were in a filthy waiting room, having another stroke, while I repeatedly tried to tell people that something was seriously wrong.

And around them were other vulnerable and seriously ill people apparently enduring the same overwhelmed system.

I would like someone to investigate whether what we witnessed at Lincoln County Hospital this week was an exceptional event or whether this is what emergency healthcare has quietly become for patients throughout the UK.

I am contacting Channel 4 specifically because I respect the depth of your journalism and investigations. I don't want to sensationalise what happened to my parent or simply contribute another story about NHS waiting times or executive pay. I want to understand what is driving these conditions, where accountability sits and most importantly, what is actually going to change.

Notes / Questions

Signposted to Complaints at Lincoln County Hospital and PHSO. Information also shared with CQC, with consent.

Signposted and information given about the responsibility for the "whole patient " medically and complex care coordinator and Trent PCN details given.

Provider Response

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

All Areas x 1

- 1 x General Comment

General Comment

1. **Case 16879** *(04-09-2026)*

   Providers: East Midlands Ambulance Service NHS Trust (EMAS), Queen's Medical Centre (Nottingham)

   Relative shares experience

   Ambulance crew were brilliant. Admission to QMC hospital and hospital stay awful. My relative was left for days without fluids or food, unable to move as broken bones in neck and collar bone. Just left. Absolute disgrace. Even after asking and asking no one came to help them. No one told us what was happening, absolutely awful service. No care whatsoever. Glad when they were discharged to a different hospital in Lincolnshire.

   Notes / Questions

   No patient details provided

Out of Area x 1

- 1 x Formal Complaint

Formal Complaint

1. **Case 16915** *(18-09-2026)*

   Providers: Grantham + District Hospital, Leicester, Leicestershire, Rutland ICB, Market Overton GP Practice , Rutland

   A patient called regarding their spouse and their treatment by their GP practice. Spouse is quite distressed as spouse has been banned from the GP practice and removed from the GP list. They gave the following history.

   In the first week of September spouse experienced severe fronto-temporal head pain particularly associated with chewing. Attended the UTC in Grantham and despite not being able to get a good blood sample the Doctor thought the patient may have Giant Cell Arteritis and felt the patient should be referred urgently for a CT scan of their head. Doctor advised they would request this from their GP.

   On second week of September patient attended the GP practice to request an appointment on an urgent basis but was told none were available at that time. They were offered an appointment the following day,

   Three days later patient re attended the UTC Grantham later that day and bloods were taken again. Despite these being near normal, the Doctor still felt the CT scan should be done urgently.

   Spouse made another appointment at GP Practice, spouse stated that the patient was late to the appointment on this occasion due to the head pain and the queue at the reception.The patient was refused their appointment due to lateness. Patient then refused to leave the Surgery until they had been referred for the CT scan.They eventually were asked to leave, or the Police would be called. They requested a refusal letter from the surgery regarding their missed appointment and was duly given this by the Practice Manager.

   They then left the Surgery voluntarily. The following day ? they received a letter stating the patient had been violent and aggressive and abusive and was banned from the surgery and removed from the GP practice list.

   They made a formal complaint to the practice. Outcome unknown. They also made a complaint to the ICB and have yet to receive a response. They then report receiving a letter from NHSE confirming that the patient had been removed from the GP Practice list and was considered an "SAS" patient and could not be registered with any GP practice. Spouse then contacted HWLincs today quite distressed and would like some support.

   I advised if the patient is still in acute head pain that they attend the nearest A&E rather than UTC as it will have access to scanning if it is clinically required. I advised that they should give the ICB time to respond to their complaint. If after that they are still unhappy with the service and ICB response they should contact the PHSO (ombudsman). I then rang and spoke to a colleague for further advice. Colleague queried if they had complained to the right ICB as the GP practice is in Rutland (Market Overton). It is registered with NHS Leicestershire. They have complained to Leicestershire ICB.

   Notes / Questions

   Signposted to nearest A&E if still experiencing symptoms, ICB Leicestershire, NHS advocacy Voiceability, Adult social care, Carers First, PHSO

   Provider Response

   Rutland Market Overton GP Practice, out of Lincolnshire area. Shared with Healthwatch Rutland.

Primary Care Services

Area	Case Details
Boston District Council x 2 • 1 x General Comment • 1 x Informal Complaint	General Comment

1. **Case 16869** *(01-09-2026)*

   PCN: Boston

   Providers: Swineshead Medical Group

   Patient comments :

   My spouse (90) was discharged from Pilgrim Hospital and a form with their diagnosis & treatment was sent to their GP. Details of medication to be ordered and old medication to be stopped. Although I ordered in the usually efficient method, no medication arrived for 3 weeks . I phoned the surgery about this delay and was passed to several people eventually receiving my medication, not my spouse's. I had quoted the discharge form they were sent. Next time, the pharmacy, on receiving the order from the GP, sent all my spouse's former prescriptions, but not the new recommended ones, none! Finally after more than 3 weeks I spoke to a Doctor and the correct pills arrived.
   When a surgery has difficulties, priority should be given to reading hospital reports and instructions about the discharged patient's needs. I found all the people I spoke to at the surgery very nice but generally bewildered.

   Notes / Questions

   Healthwatch provided Practice Manager information

Informal Complaint

1. **Case 16914** *(16-09-2026)*

   PCN: Boston

   Providers: Liquorpond Surgery

   Patient commented - I have type one diabetes and was recently hospitalised with diabetic ketoacidosis. Since coming out of hospital I have now had two occasions in less than as many months which my Doctor has cancelled my insulin on my prescription without any explanation. I have also been issued the wrong type of insulin upon trying to rectify this inexplicable decision and fear this Doctor may be unsuitable to practice medicine.

   Notes / Questions

   Healthwatch provided Practice Manager information

East Lindsey District Council x 7

- 5 x General Comment
- 1 x Compliment
- 1 x Signposting

General Comment

1. **Case 16930** *(25-09-2026)*

   Providers: Integrated Care Board Dental

   General comment from local resident : I'm not exagerating I think it's criminal about the lack of NHS Dentist. To me there should be an NHS Dentist for everyone. The service should not be for profit. I believe in an NHS free at the point of contact. I feel we are all the time being pushed towards payment for services . It should not be about the ability to pay it is the principle.

   Notes / Questions

   No personal details shared

2. **Case 16891** *(07-09-2026)*

   PCN: Meridian

   Providers: Marsh Medical Practice
   For Information: Lincolnshire Integrated Care Services (ICS/ICB)

   Patient shared their experience - I was struck off with no warning whilst I was seriously ill and was being actively treated in a life threatening situation by the Urgent Care team. I received a letter from the Practice Manager with false allegations that I'd been violent and aggressive when I hadn't attended the GP surgery and was actively being treated by an Urgent Care team. I was also told falsely that I'd been reported to the Police. There is nothing in my medical records to support the Practice Manager and I had not been reported to the Police despite their false claims. However they did write to multiple Consultants stating that I'd been struck off and that resulted in long term care being withdrawn by them and significant damage to my reputation. The Practice Manager clearly gave a different reason to the PCSE as the letter I received from them stated nothing at all about violence or aggression etc... but I'd apparently moved out of the geographical location??

   Notes / Questions

   No patient details provided, information shared by Healthwatch England

3. **Case 16931** *(25-09-2026)*

   PCN: Meridian

   Providers: Tasburgh Lodge

   Patient comments : Most of the time its ok, but they expect you to go online all the time to book appointments. I can do that, but I go into the Surgery for other things, so would like to be able to book an appointment at the same time. Online booking is a faff. You have to fill in so much detail and info. My last appointment with a Doctor was on the phone. I had trouble understanding what's going on I am hard of hearing. I need to make another appointment but now but I want face to face. I don't like it when they can't see you and you can't see them. I find it hard to put across what what I want to say, you can see their body language and I find that this is very important. The staff are kind. I feel that they do listen when you are face to face. On the phone I'm not sure they have taken things on board I've told them.

   Notes / Questions

   No patient details shared

4. **Case 16933** *(25-09-2026)*

   PCN: Meridian

   Providers:
   For Information: Tasburgh Lodge

   Patient comments : You used to be able to see a Doctor. Now you can't and I find it very worrying. I've not tried to make an appointment myself recently. They contact me for things. I had a telephone medical review. They rang me on my mobile and it would go to voicemail, 3 times that happened. I got a message and so went in. I have health anxiety. They got someone else to ring me and I got that call. I'm 70 years old and I think that over the last 6 years there have been so many changes in health care that are questionable. It is worrying that you don't sit down in front of anyone now. It's totally changed. The Health Service just makes you wonder once when you were ill in the past you would get better but now I feel there is less chance of that. There are all these names of Doctors on a plaque at the Surgery, but they are not there. Only seems to be one Doctor at any one time. I think some only do half a day per week.

   Notes / Questions

   No patient details provided.

5. **Case 16934** *(28-09-2026)*

   PCN: First Coastal

   Providers: The Surgery Stickney

   Individual contacted Healthwatch as previously had been in contact.

   Concerned that spouse has cognitive impairment and is refusing help from any services. Spouse is due for an assessment, however unsure which service is going to do the assessment. Person is finding it very difficult in coping and doesn't know who to ask. Person got very upset, Healthwatch asked if they had been in contact with their GP Surgery to discuss any concerns. No, so they would make contact now.

   Notes / Questions

   Healthwatch advised speaking with their GP

Compliment

1. **Case 16932** *(25-09-2026)*

   Providers: Carholme Dental Practice , Integrated Care Board Dental

   Patient comments about dental care: I'm hanging on to my dentist as I am a NHS patient there. It's why I am prepared to travel. I do have my own transport. I have a very nice dentist. It's a quick in and out usually. I have had work done and that was OK . I had 2 implants and that had to be private, very good. They listen and explain things, they do have a bit of a chat but not to waste time. There are so many people there I'm kept waiting a long time to go in for my appointment. There is a free car park nearby on the roadside.

   Notes / Questions

   No patient information provided

Signposting

1. **Case 16894** *(08-09-2026)*

   PCN: First Coastal

   Providers: Marisco Medical Practice

   Patient commented; they are experiencing difficulties in passing urine, has previously had prostate cancer and has been discharged from Urology. Has not spoken with their GP about this and finds it embarrassing. Goes to the toilet 6-7 times a night and is awaiting a sleep apnoea diagnosis.

   Notes / Questions

   Healthwatch suggested speaking with their GP Practice to see if they can have a referral to Urology.

Lincoln City District Council x 3

- 2 x General Comment
- 1 x Formal Complaint

General Comment

1. **Case 16870** *(01-09-2026)*

   Providers: Bupa Dental Care
   For Information: Integrated Care Board Dental

   Patient contacted Healthwatch: concerned that they have been with their Dental Practice, the strait, on the NHS for over 40 years, has now been informed that their named Dentist is going private only and they either go private or go elsewhere. The practice is now run by BUPA. Patient concerned as they do not drive very far these days and has always found this practice to be very good. No option to be moved to an alternative NHS Dentist in the practice was offered. We cannot afford to pay private.

   Notes / Questions

   Healthwatch suggested speaking to the Practice Manager to see if there is any way they could be placed on the NHS under a different Dentist or go on waiting list.

2. **Case 16909** *(15-09-2026)*

   PCN: APEX

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

   Patient commented - I had reason to call my GP practice today to query a request by text to fill out a form. This was for an annual health review, a process I have opted out of since I first became eligible. This ridiculous AI system seemed incapable of doing anything other than triage a medical issue. Numerous requests to speak to a human being were ignored.
   If I need to call my GP surgery, I want to speak to a real person not a robot with its own set agenda that keeps asking the same irrelevant questions over and over. Please can Lincolnshire follow the lead of Rotherham and others and ditch this awful system.

Formal Complaint

1. **Case 16875** *(03-09-2026)*

   PCN: Lincoln Healthcare Partnerships

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

   Patient comments and shares recent experience at GP Practice

   I am enquiring to see if the issue I am facing is something you can assist with. There was a communication issue with my local GP which lead to me getting different and sometimes conflicting or completely incorrect information from them with each phone call over the span of a few weeks. This leads to a two week gap in my medication which was painful.

   I made an official complaint shortly after the incident in December and they have recently gotten back to me (with some poking from the ICB)

   The surgery first claimed it was a one off incident with one staff member, then when I mentioned I had spoken to many staff members over several weeks claimed it was a one off incident with many staff members. I pointed out to them that speaking with other locals, seeing comments on local Facebook pages and the Google reviews of the surgery it seems to be a more widespread issue than just the one I encountered.

   I have been asked to attend a meeting but likely won't be able to due to a long term health condition. What I worry about is the focus on claiming my issue was a one off... They don't even seem to be looking at the wider picture. This meeting seems to be a lot of pressure on me as I really am not the one that should be trying to advocate for the local community.

   Is there anyone who can perhaps take a look from a professional standpoint? Officially gather the reports from people? Or just confirm that they will be looking into things rather than dismissing the issue as 'a new staff member'

   I can provide my full written account of my original complaint if required.

   Thank you for any information on who to contact on this matter. Most avenues I have found only work on the one complaint but this seems like a more systematic issue which is not being addressed.

   Notes / Questions

   Signposted to Advocacy and NHS Advocacy provided by Voiceability. CQC, PHSO, ICB

North Kesteven District Council x 2

- 1 x General Comment
- 1 x Informal Complaint

General Comment

1. **Case 16884** *(04-09-2026)*

   PCN: K2 Healthcare Sleaford

   Providers: Millview Medical Centre

   Parent of Adult child with learning difficulties comments about GP Practice

   Concerned that their adult child who has special needs who is currently and just started working away from home locally and comes home every few days, and has permanent address as their parents house will not be able to access care at the GP Practice where they are registered. This Practice is aware of their adult child's Special Needs and medical history and their adult child needs follow up and repeat bloods.

   Notes / Questions

   Signposted to Practice Manager in the first instance and LICB if not resolved

Informal Complaint

1. **Case 16882** *(04-09-2026)*

   PCN: South Lincoln Healthcare

   Providers: Navenby Cliff Villages Surgery
   For Information: Lincolnshire Integrated Care Services (ICS/ICB)

   Patient comments about experience of care and treatment at GP Practice

   Patient says that they have multiple complex medical issues and comorbidities. Feels very frustrated with GP Practice. They have been treated for gastric reflux for many years with a diagnosis that they do not think is correct. The symptoms they get are very similar to reflux but the treatment is different for the condition that they think they have. When they have tried to discuss this with the Practice they have not been listened to. They have asthma and bronchial issues. They have been taken off some medication and have been a week without them and a alternative has not been found and not guaranteed. They feel very tired and are in pain on sedatives and stimulants, and now their back has gone. They are also neurodivergent so find advocating for themselves difficult so they feel unable to take this forward with the Practice, but want to make a formal complaint.

   Notes / Questions

   Signposted to NHS Advocacy, LICB, CQC, PHSO

South Holland District Council x 3

- 2 x General Comment
- 1 x Formal Complaint

General Comment

1. **Case 16893** *(07-09-2026)*

   PCN: Spalding

   Providers: Beechfield Medical Centre

   Patient shared their experience - Nothing went well as my concerned were dismissed by my GP at the time. My bulimia then became anorexia.

   Notes / Questions

   No patient details provided

2. **Case 16939** *(29-09-2026)*

   PCN: South Lincolnshire Rural

   Providers: Lincolnshire Integrated Care Services (ICS/ICB), Sutton Bridge Medical Centre

   Patient made contact with Healthwatch and commented - they are aware of the newly approved TA1152 (wegovy) cardiac treatment for patients who fit the criteria, which they do. Has been in contact with their GP Surgery, who are unsure of which pathway to follow, so each GP has passed it onto another and no further forward. GPs are unable to prescribe, needs to be a consultant or 3 tier weight management. Has been in contact with the ICB, via email and left a voicemail, not heard anything to date. Practice Manager is currently off sick and unsure when back in. Patient has previously had a heart attack, BMI over 27.

   Notes / Questions

   Patient request for Healthwatch to contact the ICB

   Provider Response

   UPDATE - patient made contact to say the ICB had just been in touch, so Healthwatch were not required to make contact with them. But thank you for listening and seeing if you could help, means a lot.

Formal Complaint

1. **Case 16876** *(03-09-2026)*

   PCN: Spalding

   Providers: Munro Medical Centre

   Parent of a 9 year old child who is autistic, non verbal with other Learning disabilities , and severe constipation and serious bowel problems comments : Their GP has never laid eyes on them. I have contacted them to ask for support and was told that they want nothing to do with my child's constipation issues and that is the same when I asked them for a referral for a helmet assessment for my child's repeated head banging and other medical issues. I have complained. The manager is just as rude and combative as the Doctor is.

   Notes / Questions

   Signposted to LICB customer care team. Gave information that Professional Clincian can refer to Specialist Nurse for Children and Young People with Autism Team.

South Kesteven District Council x 4

- 2 x General Comment
- 2 x Compliment

General Comment

1. **Case 16899** *(09-09-2026)*

   PCN: Four Counties

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

   Patient ringing on behalf of a friend.

   Friend ignored the fact that they had diverticulitis which got so severe, they ended up in hospital just after the pandemic. Contracted sepsis and had to have a stoma fitted, which is irreversible. Allergic to the glue on the pads for stoma, took quite sometime before they were referred to Stoma Nurse, now they have been seen by stoma nurse, things seemed to be getting better.

   More recently a large lump has grown near the stoma, friend has been seen by a Consultant who stated they needed a hernia operation, but the patient would need to loose some weight prior to this and written to the GP to request the patient be placed on the weight loss drug. Friend has been declined this by the surgery as they do not fit the criteria. Stoma Nurse also mentioned the same thing as difficult for the friend to lose weight. Friend showed the caller their stomach last night and it is huge due to the hernia, finding it difficult to find clothes to get over the top of their hernia now.

   Stoma not looking very good and unsure when the stoma nurse is due to see friend next.

   Notes / Questions

   Healthwatch suggested for their friend to speak with ICB to see if there was anything they could provide such as prior approval information, also suggested for friend to make contact with stoma nurse.

2. **Case 16888** *(07-09-2026)*

   PCN: K2 Healthcare Grantham and Rural

   Providers: St Johns Medical Centre

   Patient shared their experience - I responded to a text asking if I wanted to start an additional medication as my cholesterol is high. I confirmed that I did. I heard no more so did AskMyGP, asking for a response by email. I got a phone call rather than an email stating I had to have a telephone appointment with a clinician. What was the point of the text messaging and me agreeing to start the medication? They advised it would be within the next ten days and I would be notified the day before. I explained that I work so need a time window, but they are unable or unwilling to do this. I cannot block a whole day in my diary to await a phone call. I have raised this issue with the practice before. This is not patient centred.

   Notes / Questions

   No patient details provided

Compliment

1. **Case 16911** *(16-09-2026)*

   PCN: K2 Healthcare Sleaford

   Providers: Caythorpe and Ancaster Surgery

   Acute request - Ancaster GP

   Excellent swift action on AskMyGP enquiry - professional and effective. This is always the case with this practice - why not a model for other practices?

2. **Case 16919** *(24-09-2026)*

   PCN: Four Counties

   Providers:
   For Information: St Mary's Medical Centre

   Patient comments : I had an appointment with a Doctor today and I came away feeling very confident in the care I received. This Doctor is so very thorough. They listen patiently and answer very clearly any questions you may have. They come across as being very committed to their work. I would like to say thank you to the Doctor for their help.

   Notes / Questions

   No patient details provided

West Lindsey District Council x 1

- 1 x General Comment

General Comment

1. **Case 16918** *(24-09-2026)*

   PCN: Trent Care Network

   Providers: The Glebe Practice (Saxilby)

   Patient comments : The Glebe Practice in Saxilby is constantly messing up medications.

   Notes / Questions

   No patient details provided

Out of Area x 2

- 2 x General Comment

General Comment

1. **Case 16927** *(25-09-2026)*

   Providers: Integrated Care Board Dental, NHS 111 Service

   Carers of child shared experience of dental care

   Who was referred last week by emergency services 111 to the dentist at Wisbech Hospital. They are experiencing very inflamed, painful, and nonstop bleeding gums. They cannot eat or drink because of painful and bleeding gums for a long time. Our child is clearly in pain, but the Dentist, seemed completely uninterested in helping our child at all. They gave our child no time or attention, and was both uncompassionate and unhelpful. They suggested brushing our child's teeth more often with an over-the-counter mouthwash, which has led to increased bleeding and pain. Aside from being uninterested in helping our child who was and is in agony, possibly because they are an NHS patient, the Dentist also struggled to speak and understand English that is unacceptable standards for a Dentist or a Doctor. We were wondering if you or someone reading this email could refer our child to a dentist who cares for patients and speaks and understands English. Our family of 3 haven't had a dentist since 2021 because there are no NHS dentists available anywhere in Cambs or Lincs or Suffolk.

   Notes / Questions

   Healthwatch contacted family for postcode to enquire where they live so able to signpost to appropriate services. No reply to date.

   7/10/26 Patient responded and sent postcode living out of area Cambs. Contacted parents and asked if could share information with Healthwatch Cambridgeshire and Peterborough, awaiting response.

   Patient consents that experience and personal information can be passed to Healthwatch Peterborough and Cambridgeshire. Passed to relevant HW

2. **Case 16921** *(24-09-2026)*

   Providers: Out of area

   Patient experience shared : I had an appointment at 08.00am last Thursday at Cherry Tree Medical Practice. I arrived on time. Reception opens at 08.20am, the note said if Reception is closed please use the machine to log in. I did this but it said you are not booked in here. Sometimes we are diverted to Waiting room 2. So I went to the Birches in the same building and tried entering my details.The machine was not working. Went back to Cherry tree some staff were in but the shutters were down. Knocked on the side door and a member of staff was told of my predicament.
   They asked if the machine was not working (interesting) then said my appointment was cancelled at 7.00 and they had sent out text messages to all. I showed them my phone . Lying. Then they said it's not my fault if a staff member has pulled their back. I said it's not about that. The system is not working and that's what needs looking at. They had a wry smile all the time as they looked at me. I found this upsetting and needed to walk away. They hadn't sent the text , said it had been delayed , I was gobsmacked. Then as I walked away angry they said " have a nice day"
   They are a nasty person who needs re-training.

   Notes / Questions

   Patient contacted to ask if consents to share info with Healthwatch North Lincolnshire

Hospital Services

Area	Case Details
Boston District Council x 1 • 1 x General Comment	**General Comment** 1. **Case 16880** *(04-09-2026)* **Providers:** Pilgrim Hospital ***Patient shared experience of A&E at Pilgrim Hospital*** None of my experience went well. In fact it was a total shambles. I was told to go to A&E because I had vomited something that looked like coffee grounds. This was totally ignored and after being in Emergency department for 11 hours and I was given antibiotics for a UTI with no actual evidence. **Notes / Questions** Signposted and information given about how to make a complaint to PALs, CQC, PHSO **Provider Response** **ULHT** - It is hoped the author contacted departments provided and received a satisfactory outcome.
East Lindsey District Council x 5	**General Comment**

- 5 x General Comment

1. **Case 16886** *(07-09-2026)*

   Providers: Diana, Princess of Wales Hospital (Grimsby)

   Grimsby Hospital

   Patient commented: - Operation and nursing care great. The food was a disgrace. Even a jacket potato and cheese was presented in a way that was unappealing and awful. None of it was eaten. The food should be a way of aiding recovery. It wasn't fit for a dog quite frankly. I understand there are tight budgets, but the food is dreadful

2. **Case 16896** *(08-09-2026)*

   PCN: First Coastal

   Providers: Diana, Princess of Wales Hospital (Grimsby)

   Patient commented: Spouse a couple of weeks ago had an appointment at Grimsby Hospital under Rheumatology, relative came from Leicester to take their parent to the appointment. On arrival the Consultant was on holiday and not there, patient had not been informed, so relative had travelled from Leicester to take elderly parent to the appointment which was no longer on. Patient and relative felt very let down.

   Patient is in constant pain, has been informed they have rheumatoid and osteo arthritis and pain medications not working. GP unable to change as hospital are in charge of this element. Has another appointment now made for October, but unsure who they are seeing. Spouse is in so much pain they refuse to go out and about, leaving them very isolated.

   Is seeing their GP this afternoon to see if they can provide anything.

   Notes / Questions

   Healthwatch provided information on Pain Management, Volunteer Car Scheme details and NEPTS

3. **Case 16889** *(07-09-2026)*

   PCN: First Coastal

   Providers: Lincoln County Hospital, Pilgrim Hospital

   PALS

   Patient shared their experience - I have had two recent experiences with PALS - one excellent, one not. The excellent one meant that my adult child could continue their care plan and have subsequently had a much overdue appointment. They were quick to answer and everything was not only professional but could not have been done better.
   Unfortunately, the other experience was far from good. After 5 months - a corporate apology where words like "junior doctor " and cut and paste replies contradicting the previous paragraph.
   Everything culminated in the NHS standard " we will learn from this" - Nobody believes that - seems like the only thing that makes any change is a government enquiry. I will be taking the issue further.

   The good instance was re Lincoln Hospital and the bad instance was re Pilgrim Hospital.

   Neither complaint was about the medical treatment we received. Considering the pressures the medical staff are under - I think they do an incredibly good job.

   Both complaints were re administration - or rather non administration

   Provider Response

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

4. **Case 16912** *(16-09-2026)*

   PCN: East Lindsey

   Providers: Lincoln County Hospital

   Caller has accessed Healthwatch previously.

   They had an appointment for a Scan on 7 June at Lincoln County Hospital.

   They still have no results from this scan relating to Gynaecology. Patient made contact with Patient Service Hub (PSH) on 28 August to see if the results were ready where they spoke with a lovely lady who suggested to make contact the following week as they were not ready on that date. Patient contacted PSH the following week on 7 Sept, and spoke with a male, who said no results, you'll just have to wait.

   The patient is obviously anxious, GP not had anything and these results are required so they can have a further follow up with the Gynaecology Consultant to discuss the plan going forward. Over 3 months to get results is this normal?

   Notes / Questions

   Healthwatch contacted PALs as requested by patient consent given to share personal information

   Provider Response

   PALs response : I was in contact with the patient and they are discharged from gynaecology and needs to wait for the discharge letter which includes the results.

   28/9/26 Healthwatch asked for a timeframe for this to be sent to their GP & Patient as from early June to date seems a long wait.

   29/9/26 - patient also mentioned they had been waiting for a Neurology appointment at Hull, advised to contact the hospital - **response** - I can see on the 22/10/25 our consultant wrote back to your referrer and stated with you been under the care of a neurologist in Lincoln they would not be able to accept the referral for this trust. Your GP should have made you aware of this information, sorry about that.

   1/10/26 - PALs - Thank you for your email and there is a backlog with typing letters as you know they are now all under the letter production team with the HUB. I send them an email chasing for their discharge letter to be typed sooner but I cannot give you any timeframe.

   PALs update 2/10/26 - The typing team checked for me that there was no discharge letter form the consultant even the pathway was closed.

   I then contacted the gynaecology management and they requested the booking team to reopen the gynaecology pathway. The outcome is that they will be offered another appointment to see the consultant again.

   I am sorry for the miscommunication and it was worthy to check with the typing team. If the patient do not hear form the gynaecology booking team in 2 weeks please advise her to contact **the Patient Services Hub on 01522 573200** which is the new service implemented by the Trust and please address your query to them.

   Please be aware that all the phone numbers and emails to the secretaries are no longer in use and the only option for patients is to contact the hub. Please inform patient that PALS is not involved in the booking process. (Communication sent to the patient by Healthwatch)

   5/10/26 - This is big news for me but also very much appalling because if I hadn't kept at them (with your help) I would have been forgotten.

5. **Case 16935** *(28-09-2026)*

   PCN: First Coastal

   Providers: Pilgrim Hospital

   Referrals and Respiratory team Pilgrim Hospital.

   My GP asked for urgent respiratory department appointment in May, due to my increased breathlessness. I got a letter from referrals dated in late June, saying if I had not heard by mid to late August, to ring them. I duly did, and nothing was found, and I was referred again. I rang again late September, the person said I was discharged from respiratory in Nov 2024, but I was not told and my GP was not told. Again, they said I would be referred. I have given up now.

   Provider Response

   ULTH - Thank you for sharing your experience. We are sorry to hear about the difficulties you have encountered in obtaining an appointment and appreciate how frustrating this must have been. As there is no appointment currently in place and considerable time has passed since the original referral, we would recommend that you contact your GP to discuss your ongoing symptoms. If you still require an appointment with the Respiratory Department, your GP can assess your current condition and, if appropriate, submit a new urgent referral on your behalf. Thank you for bringing this matter to our attention. We appreciate the feedback you have provided regarding your experience.

   Healthwatch shared this information with the patient.

Lincoln City District Council x 3

- 2 x General Comment
- 1 x Formal Complaint

General Comment

1. **Case 16898** *(09-09-2026)*

   Providers: Lincoln County Hospital

   Patient comments about experience of A&E at Lincoln County Hospital

   Waited 48 hours for a hospital bed I am only 62 but some people were in 80s, 90s, and one patient of 90 years waited at least 48 hours for a bed like myself.

   Notes / Questions

   No patient details provided.

   Provider Response

   ULTH - We are sorry to hear about the length of time you waited for a hospital bed following your admission. We appreciate how difficult and uncomfortable it must have been to wait 48 hours, particularly when you were unwell and in need of ongoing care. Our Emergency Departments continue to experience very high levels of demand, and unfortunately there are times when patients who require admission experience significant delays in obtaining a hospital bed. These delays can occur when patients who are medically fit for discharge are unable to leave hospital immediately, which reduces the availability of beds for patients waiting to be admitted from A&E. While we appreciate that this does not lessen the impact on your experience, we hope it helps to explain some of the challenges faced during particularly busy periods.

2. **Case 16900** *(09-09-2026)*

   Providers: Lincoln County Hospital

   Parent shares experience about PALs at Lincoln County Hospital

   I went to speak to them at Lincoln County Hospital as I wanted to make sure the ward followed up what I asked for care for my adult child, when I spoke to them, they didn't seem as though they were interested and just said if you have spoken to someone they will do it, but they didn't and I had no feedback from anyone this last year.

   Notes / Questions

   No patient details provided

   Provider Response

   ULTH - As there is no patient details it is difficult to provide a personal response. I will share this as feedback with the team to advise them of the concerns that have been raised and to improve and reflect on their interactions and communication with patients and relatives.

Formal Complaint

1. **Case 16883** *(04-09-2026)*

   Providers: Lincoln County Hospital

   Patient comments about recent experience of breast services:

   Patient has had mastectomy two and a half weeks ago and is recovering well with follow up in the next two weeks. They are concerned about their recent treatment and care over the last 3 months and want to make a formal complaint. They have had breast cancer previously. Three months ago they noticed a lump in their breast and was referred back to the hospital breast services. They had a mammogram and CT scan which did not show anything up, but they still had a lump in their breast. They were told by Doctors that this was scar tissue. The lump in their breast remained and the patient was still worried so they were referred back to breast services who did a biopsy on the lump and it was found that it was cancerous. So they have now had the Surgery they needed.

   Notes / Questions

   Signposted and information about formal complaints process, PALs , CQC , PHSO

   Provider Response

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

North Kesteven District Council x 2

- 1 x General Comment
- 1 x Informal Complaint

General Comment

1. **Case 16892** *(07-09-2026)*

   Providers: Lincoln County Hospital

   PALS at Lincoln County Hospital

   Patient shared their experience - I have had to contact PALs twice this year, once because cardiology failed to carry out a test following the correct guidance, and once because gynaecology discharged me in the middle of treatment they were supposed to be closely monitoring.

   Both times PALS gave me an initial reply, both times ignoring how problematic my care had been, and then completely ignored my contact asking to take it further.

   I have had to get my GP to sort it out both times, which they have happily done, but they shouldn't have needed to as it took up GP appointments for things that were supposed to be sorted via the hospital.

   Notes / Questions

   No patient details provided

   Provider Response

   ULTH - We are sorry to hear about the concerns you experienced with both your care and your contact with the PALS service. We appreciate how frustrating it must have been to feel that your concerns were not fully acknowledged and that your requests for further review did not receive a response.

   We are particularly sorry that you needed to involve your GP on both occasions to resolve issues that should have been addressed by the hospital. We recognise that this resulted in unnecessary inconvenience for you and additional use of GP appointments. Please accept our sincere apologies for your experience. Your feedback will be shared with the relevant teams to help improve both patient care and how concerns are managed and responded to in the future.

Informal Complaint

1. **Case 16881** *(04-09-2026)*

   Providers: United Lincolnshire Teaching Hospitals NHS Trust (ULTH) / ULHT

   Patient comments

   That wanting to make a complaint about treatment and appointments at the hospital. They were supposed to be being referred by the Consultant they had seen for another barium meal as the operation that they have had has not worked, this was on the second week of August. Patient explained to the Consultant that needed to get fit and well because their relative is receiving end of life care. Consultant said that they would see what they could do, patient feels like these are obviously just words to the Consultant.

   Patient has chased this up and nothing has been sent through yet. Patient getting increasingly frustrated with the whole situation as they are not sleeping well due to throat issues so running on empty most days.

   Notes / Questions

   Signposted to PSH, PALs and PALs complaints, To Practice Manager and LICB feedback.

   Provider Response

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

South Holland District Council x 6

- 2 x General Comment
- 2 x Formal Complaint
- 2 x Compliment

General Comment

1. **Case 16926** *(25-09-2026)*

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

   Resident sharing concerns about Queen Elizabeth Hospital

   I am writing as a resident of West Norfolk and the author of a public-interest briefing examining reports that future changes may be considered to Accident & Emergency, Critical Care and Maternity services at The Queen Elizabeth Hospital King's Lynn (QEH).

   I appreciate that no formal proposals have been published and that NHS organisations have stated that no decisions have yet been made. However, it is publicly known that a strategic clinical review is currently underway across the Norfolk and Waveney University Hospitals Group.

   Although QEH is located in Norfolk, it serves a significant number of residents from South Lincolnshire who rely upon the hospital for emergency, maternity and acute healthcare services.

   As the independent voice of patients and service users in Lincolnshire, I would be grateful for your views on the following questions.

   Patient Access and Cross-Border Healthcare

   1. Does Healthwatch Lincolnshire have any understanding of how many residents from South Lincolnshire currently use QEH services?
   2. Are there particular communities within South Lincolnshire that rely upon QEH as their nearest acute hospital?
   3. Would increased travel distances to alternative hospitals potentially create barriers for:
   3. - Older people?
      - Disabled people?
      - Low-income households?
      - People without access to private transport?
      - Rural communities?
   4. Are there concerns regarding healthcare access for residents living close to the Norfolk-Lincolnshire border?

   Patient Experience

   1. Has Healthwatch Lincolnshire received any concerns from local residents regarding reports of possible changes to services at QEH?
   2. Have patients raised concerns about:
   2. - Travel times?
      - Emergency care access?
      - Maternity care?
      - Ambulance provision?
      - Hospital visiting and family support?
   3. Are there patient groups who may be disproportionately affected by any reduction in local services?

   Public Engagement and Consultation

   1. Has your organisation been approached by any NHS body regarding the current strategic review?
   2. Has Healthwatch Lincolnshire been asked to help gather patient views or represent public concerns?
   3. What level of public engagement would you expect before any significant service changes were considered?
   4. Do you believe Lincolnshire residents who use QEH should be formally consulted on any future proposals?

   Wider Health System Impacts

   1. Could longer journeys to alternative hospitals create impacts for:

   - Patients?
   - Families and carers?
   - Healthcare access?

- Equality of access?

1. What information would you expect NHS organisations to publish before consulting on significant changes affecting cross-border populations?

Professional View

1. Are there any issues you believe decision-makers should fully assess before progressing any proposals affecting QEH services?

2. Do you have any observations regarding transparency, public confidence or patient involvement in relation to the current review process?

I appreciate that some of these questions may not yet be answerable and that some matters remain under active consideration.

However, any observations you are able to provide would be greatly appreciated and would help ensure that the experiences and concerns of Lincolnshire residents who rely upon QEH are properly understood.

Thank you for your time and for the important work your organisation undertakes on behalf of patients and service users.

2. **Case 16906** *(14-09-2026)*

Providers: Peterborough City Hospital

Peterborough City Hosp A&E

Patient shared their experience - I was taken by Ambulance near midday to Peterborough City Hospital A&E in early September 2026. I was advised and referred via 111 with uncontrollable pain following knee revision surgery of my left knee in mid August at Addenbrookes Hospital.
Arrived near midday and triaged through. Asked to wait in waiting area. As I was shaking in pain level 9, patients around me asked triage nurse to look again at me. They said they would ask to get me in quickly and put on morphine. I was already on oxycodone but too little.
I then sat for 2 plus hours shaking in agonising pain. When taken into the main hub I was put in a side room opposite nursing station A&E Doctor not orthopaedic. I gave them my discharge letter from Addenbrookes, bloods taken, and no suitable pain relief.
About an hour later asked to move into the corridor as they needed the room knee flexed and shaking in agony again. No care or empathy apart from fellow patients
Eventually in agony, plus 5 hours, I asked to self discharge as nothing was being done. Planning to go to Hinchingbrooke A&E trying to get help. This led to some angry exchanges.

I went back to get my discharge letter. Spoke to a Consultant who asked if I had bloods taken. I had, but they couldn't be found, turned out I had been discharged some time ago, as they couldn't find me whilst I was in side room, where they put me.
Saw junior Doctor who wrote me a green prescription for oxycodone liquid and oxycodone tablets. We left as spouse collected me. Prescription submitted next day and told would be available next day. Next day went to collect, but prescription was incorrectly written and could not be issued. Spouse rushed to A&E and had to wait 2 hours to get a correct prescription, rushed back to local pharmacy to find prescription was again incorrectly written, went back to A&E another 30 mins wait. I feel there was a lack of empathy, lack of care, dismissive attitude, no treatment and two incorrectly written prescription for class A drug.

Notes / Questions

Healthwatch provided PALs information.

Formal Complaint

1. **Case 16873** *(02-09-2026)*

   PCN: Spalding

   Providers: Pilgrim Hospital
   For Information: Queen's Medical Centre (Nottingham)

   Parent and Carer shared experience
   I am contacting Healthwatch because I urgently need help and advice regarding my child, and serious concerns about the delay in accessing the specialist bowel assessment that was recommended for them by multiple assessing Consultants on Ward 4a at Boston Pilgrim Hospital since the second week of June this year.
   My child is autistic and non-verbal and has significant difficulty communicating pain, discomfort or explaining when something is wrong. They are severely learning disabled. They have a complex medical history and has experienced ongoing and significant bowel problems, including chronic constipation (for 9 years), abdominal pain, significant distress and changes in their stools. Their most recent episode of bowel problems and constipation began in March and have yet to cease. They suffer with IBS and functional bowel disorder too.

   My child has also been passing copious quantities of pink, gelatinous/mucoid material per rectum with their bowel movements. This has been occurring every day, multiple times a day, and has persisted for at least two weeks. The quantity, frequency and appearance are markedly abnormal compared with their usual bowel movements.

   This is occurring alongside their chronic constipation (at times - not always), abdominal pain and episodes of significant distress. I am seriously concerned that my child requires urgent medical assessment by a specialist bowel team and do not feel it is appropriate for these symptoms to continue to be treated by emergency care staff when I attend A&E. They were even offered oramorph which I refused instead opting for regular pain relief. They are having regular bowel relaxants and pain killers.

   Given the persistence and frequency of the symptoms, the significant quantity of abnormal mucus being passed, my child's ongoing abdominal symptoms, and the fact that they are non-verbal and unable to reliably communicate pain or deterioration. I believe my child needs an urgent clinical assessment to establish the cause of these symptoms and whether any immediate investigation or treatment is required.

   I am particularly concerned that further delay could result in a potentially significant physical health problem being missed or allowed to worsen.

   On the second week of June 2026, while my child was an inpatient on Ward 4A Children's Ward at Pilgrim Hospital, a Paediatric Consultant agreed that my child needed to be referred to a Specialist bowel Doctor at Nottingham Hospital, and the referral was ordered.

   Since then, I have emailed and contacted the relevant people multiple times trying to establish what has happened to this referral and when my child will be seen. On some occasions I am told it has been rejected due to the Consultant getting a junior Doctor to send it, on other occasions it has been rejected due to not being detailed enough and finally it was rejected after over 6 weeks of me chasing it from it first being mentioned because my child was not yet under a Pilgrim Paediatric Consultant. They are now and was pretty sharpish as I had an expedite letter. Now I am being told by PALs that their Paediatrician is waiting to talk to a named Dr about whether a referral is suitable!!!

   I have now made a formal complaint because I feel I have exhausted the informal routes of trying to get this matter resolved.

   I find this issue extremely concerning. My child's need for specialist assessment was already identified by a Paediatric Consultant on the second week of June. I do not understand why, months later, further discussions are apparently required before a referral can progress, particularly when the Doctor who apparently needs to be consulted is currently unavailable.

   From my perspective, this appears to be creating further avoidable delay in accessing specialist care for a child who is currently experiencing persistent and concerning gastrointestinal symptoms.

   I am also deeply concerned about the possibility of my child's distress being attributed to their autism rather than properly investigating a potential underlying physical problem.

   My child cannot simply tell a doctor that their stomach hurts, explain where the pain is, describe their bowel symptoms or tell them how severe their discomfort is. Their behaviour and distress may be their only way of communicating that something is physically wrong.

   Because they are non-verbal, I believe it is particularly important that their physical symptoms are taken seriously and that their autism is not assumed to be the explanation for unexplained pain,

distress or changes in behaviour.

I am therefore asking Healthwatch Lincolnshire for advice and support regarding what I can do next. Please.

I am not asking for preferential treatment for my child. I am asking for them to receive appropriate and timely medical assessment without further avoidable administrative or communication delays.

My main concern is that my child is a vulnerable, non-verbal child who cannot advocate for themselves or explain their symptoms. They are currently experiencing persistent gastrointestinal symptoms that I believe require urgent clinical attention, and I need to know that their physical health is being taken seriously.

I would be extremely grateful for any advice, support or assistance Healthwatch Lincolnshire can provide, including advice on how best to escalate this matter and ensure that my child's medical needs are properly addressed.

In addition, a Nurse made some very negative comments about my child's disability, whilst in Paeds A&E and spoke to me in a threatening tone and then told me they refused to speak to me anymore (just for asking them to think before they said such things) which made the following 30 mins challenging because they were the only member of staff in the Department and I had a very poorly child. Whilst in A&E I emailed the PALs team to ask someone to please come down and support us and nobody mentioned these individuals or came to support.

Notes / Questions

Signposted to Acute Liaison Team, Specialist Safeguarding Learning Disability Nurse these are at ULTH. Community- Specialist Nurse for Children and Young People with Autism. All about Me Health Passport, National Autistic Soceity Passport, LPFT Carers Passport . PHSO

Provider Response

Response CYP Safeguarding Team ULHT : As this appears to relate primarily to concerns about treatment, communication, and the progress of the referral, I would advise the parent to contact the Patient Advice and Liaison Service (PALS), who are well placed to help resolve concerns regarding care, communication with clinical teams, and delays or issues with referrals. PALs will be able to involve the consultant's secretary, as they may be able to provide an update regarding the referral status.

Further response from CYP Safeguarding : I am aware that a complaint has been raised with PALS and that discussions are ongoing between the relevant teams to review the concerns regarding the patient's care, treatment, and referral pathway. Given that the issues raised relate primarily to the management of the patient's medical care and the progression of referrals, these matters are most appropriately addressed by the clinical teams involved and through the established complaints and escalation processes which are currently underway. I am also aware that the paediatric team and PALS are actively involved in seeking a resolution. I am aware that a Consultant Paediatrician spoke with parents yesterday and I hope this conversation has helped to provide some reassurance, clarity and progress towards resolving some of the concerns that have understandably been causing the family distress.

The Specialist Safeguarding Learning Disability Nurse has not previously been involved in this patient's care or in relation to reasonable adjustment planning; however, they are now aware of the situation and the concerns that have been raised.

2. **Case 16904** *(11-09-2026)*

   PCN: South Lincolnshire Rural

   Providers: Pilgrim Hospital

   Caller contacted Healthwatch and shared recent experience:

   Unfortunately their spouse passed away last year following being very unwell, not being able to move their arms and legs, speech and swallowing difficulties. Their spouse did have admissions to Pilgrim Hospital shortly before they died. Though there were some good things, a Doctor who got their spouse some audio books which went above and beyond their role. Physios and support workers who were kind and caring.

   There were also more bad things in regards to care than good. Not being informed of care and treatments, discharge not completely in relation to ongoing support and medication. While their spouse was in hospital they did have contact with PALs and did not think that was the correct Department who dealt with complaints. Caller did speak to Healthwatch last year shortly after spouse died but was not ready to write a letter of complaint at that time as they found it too upsetting.

   The caller has sent a letter of complaint to the Trustees of the Hospital in June 2026 as they did not think PALs was the correct place. PALs did make contact at the end of June and asked caller to send another letter outlining complaint issues. Caller sent a recorded delivery letter with this information at the beginning of July but they have yet to receive a response.

   Notes / Questions

   Caller requested that HW make contact with PALs

   Provider Response

   This has been shared to the complaints team as the letter was shared to them. They have spoken to the patient.

Compliment

1. **Case 16897** *(09-09-2026)*

   Providers: Peterborough City Hospital

   Patient experience shared

   We have involved PALS at Peterborough City Hospital three times over the past year and a half. The issue each time was delays receiving information. First time was in May 2025 to expedite my spouses cataract surgery after they had been waiting 6 months from referral in November 2024. They got them an assessment appointment in ophthalmology within a couple of weeks. Things moved on speedily and satisfactorily consequently. Secondly, they had a heart MRI in early October 2025. They involved PALS when they still had not had the results by the end of January 2026. They received a report from cardiology mid-February. Thirdly, they had a 24-hour ECG mid May 2026. They involved PALS mid June to try and expedite the results so that they knew how the land lay regarding orthopaedic surgery, halted in July 2025 because of heart issues. They had a call from cardiac investigations mid July following PALS' prompting telling them the results were in but they had to wait until the beginning of September to get a report and the go-ahead to get the surgery rescheduled. They were contacting PALS on average every two weeks. They acknowledged each contact promptly and politely, and continued to push for the information. We feel PALS were doing their best but were up against overstretched services. We had no problem getting in touch with PALS and with their understanding of what we were looking for. Our contact was mostly by email. When they eventually got care, it was good.

   Notes / Questions

   No patient contact details provided

2. **Case 16907** *(14-09-2026)*

   Providers: Peterborough City Hospital

   Day Treatment Unit Peterborough City Hospital

   Patient commented - Everything went well!. I attended Peterborough City Hospital in early September for tests and the following week for hernia repair surgery. I would like to say the service I received was outstanding. I would very much like to convey my most grateful thanks to all the staff particularly those in the Day Treatment Unit and Theatre 7. We often hear awful reports of the NHS in the media however this cannot be said of my experience.Thanks and best wishes to all.

West Lindsey District Council x 1

- 1 x General Comment

General Comment

1. **Case 16872** *(02-09-2026)*

   PCN: Trent Care Network

   Providers: Lincoln County Hospital

   I'm worried about not getting information about my heart. Recently, I was called into the hospital to have a heart monitor fitted for twenty-four hours. That was on the 15th of July (7 weeks ago); it's now the 2nd of September. I have heard nothing about the results of this test or possible follow-up treatment! The follow-up treatment (scan of my heart) will be determined by the results of the 24-hour monitoring test. I contacted my doctor and they, who had no results, and they told me to contact the hospital to try and expedite the results, but to no avail! I'm experiencing increasing and longer, more often problems with my heart. I believe the lack of results from the hospital is endangering my life.

   Notes / Questions

   Healthwatch provided PSH & PALs information.

   Provider Response

   7/9/26 - Patient response - Yes I contacted the patients help team and they said they would contact the outpatients department on my behalf. That was two weeks ago. I'm still waiting to get results from my 24hr heart monitor test. Any urgent treatment I may need from the results of that test are being delayed. I know for a fact that a scan has been approved, but can not go forward until the results come back for scrutiny.

   Healthwatch asked if we are able to release details to the hospital Cardiology Service Manager

   8/9/26 - I have emailed the results directly to GP, apologies for the delay.

   Patient informed

   So thanks for getting involved, you may have literally save my life.

All Areas x 5

- 4 x General Comment
- 1 x Compliment

General Comment

1. **Case 16901** *(11-09-2026)*

   Providers: Lincoln County Hospital

   Patient comments about experience of ULTH Lincoln County Hospital PALs

   PALs referred us on to complaints. We weren't making a complaint and didn't want to make a complaint but it was resolved.

   Notes / Questions

   No patient information shared.

   Provider Response

   ULTH - We are pleased to hear the author experienced a satisfactory outcome of experience within Lincoln hospital.

2. **Case 16920** *(24-09-2026)*

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

   Person has contacted Healthwatch wanting to raise awareness of this condition:

   I'm a tetraplegic wheelchair user in Lincoln who lives with autonomic dysreflexia (AD).

   The reason is very personal. A few days ago, AD put me in hospital. Despite trying to explain what was happening, the staff seemed to have very little understanding of autonomic dysreflexia and my notes simply recorded that "I had a headache".

   For somebody with a spinal cord injury, AD can be a potentially life-threatening emergency. My PA was with me and understood AD, so they were able to help explain what was happening. I am genuinely frightened by what could have happened if I had been there alone and the episode had continued to be treated as just a headache.

   I'm not starting this petition to blame individual staff. I'm starting it because frontline healthcare professionals need to recognise AD quickly enough to keep people with spinal cord injuries safe.

   Notes / Questions

   Healthwatch Lincolnshire asks : are providers aware of this condition and what are they doing to support patients with this condition. What training is available for staff about this condition?

   Provider Response

   ULTH - We are extremely sorry that the staff were not aware of your condition. It is standard practice that staff read about conditions that they are not familiar with and reach out to any of the professional experts in this field within the Organisation to support in meeting your care needs. Additionally, to enable you to feel more secure when requiring hospital support, a care plan could be devised with yourself and primary care provider, this will ensure that staff are aware of your complex needs and hopefully make you feel less vulnerable.

3. **Case 16917** *(24-09-2026)*

   Providers: Queen's Medical Centre (Nottingham)

   Relative shared experience :

   My relative who is 90 and has dementia was transferred from their care home as they fell and injured their leg. We have called numerous numbers at the hospital over the past 12 hours but had no answer to update us regarding their condition or whereabouts and the care home have not been informed of their condition or whether they are being admitted or returned to their home.

   Notes / Questions

   No patient details shared

4. **Case 16890** *(07-09-2026)*

   Providers: United Lincolnshire Teaching Hospitals NHS Trust (ULTH) / ULHT

   PALs, Lincolnshire Hospital trust

   Patient shared their experience - Awful. Dreadful to get hold off and when you did, they were just rude... not remotely helpful and just put the phone down on me. I tried them three times and never got any further.
   My specific issue was that I was waiting for my next 4/6 month dermatology appointment for over two years, frequently ringing to find out when it would be coming through and constantly being told it was fine and it was just because of delays due to COVID.

   At the 2 1/2 year point I called only to be told that because I hadn't come to an appointment for the last six months they had discharged me. Except the only reason I hadn't come to an appointment is because they hadn't given me an appointment! The only answer was apparently for me to go to the GP and ask to be referred again and join the back of a three-year waiting list. Not really very helpful for someone with an ongoing skin condition and multiple areas of suspect BCC.
   PALs were difficult to get hold of, rude and abrupt and literally hung up on me despite me being perfectly calm and polite. I actually work in the NHS myself so I am always very careful to be considerate.

   Notes / Questions

   No patient details provided

   Provider Response

   ULTH - As there is no patient details it is difficult to provide a personal response. I will share this as feedback with the team to advise them of the concerns that have been raised and to improve and reflect on their interactions and communication with patients and relatives.

Compliment

1. **Case 16874** *(03-09-2026)*

   Providers: United Lincolnshire Teaching Hospitals NHS Trust (ULTH) / ULHT

   Patient comments : that PALs at United Lincolnshire Teaching Hospitals Trust was brilliant, responsive and caring. They also had a quick response.

   Notes / Questions

   No patient details provided.

   Provider Response

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

Mental Health and Learning Disabilites

Area	Case Details
Boston District Council x 1 • 1 x Informal Complaint	**Informal Complaint**

1. **Case 16936** *(28-09-2026)*

   PCN: Boston

   Providers: Addaction/We Are with you, Lincolnshire County Council
   For Information: Lincolnshire Partnership NHS Foundation Trust LPFT (Mental Health)

   The Complaints and Feedback Team / Service Manager,

   I am writing to lodge a formal complaint regarding the care and treatment my spouse, has received from **We Are With You Boston** (70-74 Wide Bargate). For over a year, my spouse has done everything asked of them by their keyworker, actively trying to access an alcohol detox.

   Despite their compliance and desperate need, they has been left without proper care and repeatedly sent in circles, only to be told "not right now" without a valid reason.

   I am raising a formal complaint regarding the following serious procedural and care failures:

   1. **Lack of Valid Justification for Denying Treatment:** My spouse was recently informed by his keyworker that a panel denied his request for a detox, yet no clear medical or valid reason was provided. Leaving a vulnerable service user without an explanation is entirely unacceptable and a failure of duty of care.
   2. **Exclusion from the Panel Process:** A decision regarding my spouses's life-saving care was made behind closed doors. They were completely excluded from the meeting and unable to present their side. Furthermore, their keyworker stated that the panel only allowed them five minutes to present my spouses case, which is a disgusting and superficial timeline for evaluating someone's survival.
   3. **Severe Psychological Impact:** My spouse returned home from this news an absolute emotional wreck. They are terrified that they will die from their addiction, and the anxiety caused by this rejection—coupled with a year of waiting—is severely destroying their mental health, our marriage, and our family.
   4. **Ignored Physical Symptoms:** Despite visible physical deterioration, including an abnormally massive stomach, the service has failed to adequately address or prioritize their declining physical safety.

   To resolve this complaint, I demand the following immediate actions:

   - A clear, written, and detailed **valid reason** from the panel outlining exactly why their detox was denied.
   - An immediate **re-evaluation of their case** where my spouse is allowed to attend the panel meeting directly to explain their situation.
   - An urgent escalation of their care plan given their deteriorating health and fear for their life.

   Given the extreme risks to their life, I expect an acknowledgment of this complaint within 5 working days and an expedited review. If this matter is not addressed with the gravity it requires, I will escalate this directly to the Care Quality Commission (CQC) and the Parliamentary and Health Service Ombudsman.

   Notes / Questions

   Healthwatch and Voiceability were copied into this comment, Healthwatch sent an acknowledgement email to the person who raised their concerns, with an alternative contact for the service provider and MP. Also to make GP aware.

   Original to 'We are with you'

All Areas x 1

- 1 x General Comment

General Comment

1. **Case 16910** *(15-09-2026)*

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

   Lincolnshire adult eating disorder service

   Patient commented - They said I was too emotional after an assessment and then discharged me.

   Notes / Questions

   No patient details provided

Out of Area x 1

- 1 x General Comment

General Comment

1. **Case 16885** *(07-09-2026)*

   Providers: Out of area

   North Lincs Rdash - Mental Health

   I was without ADHD medications as they never rang me. I rang PALs at RDASH on Friday they rang on Monday, the call dropped because of a poor signal, they didn't ring back, I didn't know it was them as it was no caller ID number until I rang Monday afternoon and they said they had rung. I told them I was unable to contact the ADHD team (you leave a message with the receptionist and they email the ADHD team which I had been doing constantly) and was without medications since Thursday. They then told me that they would log the incident and it could take up to 10 days. I couldn't believe what I was hearing.... I didn't get the medication until the Thursday... absolutely awful and useless.

   Notes / Questions

   Information provided by Healthwatch England, forwarded to North Lincolnshire Healthwatch

Social Care Services

Area	Case Details
East Lindsey District Council x 2 • 1 x General Comment • 1 x Signposting	**General Comment** 1. **Case 16905** *(14-09-2026)* **PCN:** East Lindsey **Providers:** Lincolnshire County Council - Adult Social Care **For Information:** The North Thoresby Surgery Carer made contact after speaking with Carers First. Carer is looking after spouse for a number of years, now has vascular dementia, which won't get better, spouse had been in Scunthorpe Hospital and at discharge was provided with the reablement team via Libertas the day after discharge. Spouse and carer found this team to be fantastic, turned up when they were supposed to and provided the necessary care. Since this stopped, their spouse and carer had an assessment for care package. Had 3 different Social Workers during this time. At the assessment it was explained to the carer that depending on income (not above the £23k in savings and income), there might be a need to pay towards, and 3 different options were provided. Hales Care Company were allocated to provide the care package, not turning up when they should, ie, spouse was to be supported in getting up, dressing and personal care, the staff were not coming until 2pm in the afternoon. Also requested were female carers, male carers sent. This was over 10 weeks ago and they are still none the wiser on how much this will cost the carer and cared for. Carer has tried to find out, but has been informed the financial team are under staffed and that they would need to wait, the higher rate would however be at a cost of £133 per week, for example, so this would mean over £1,300 would be owed at this point, which they could not afford. Carer has 2 small private pensions, attendance allowance and under £16k in savings, which is in both names. Carer is feeling very overwhelmed with it all, so much paperwork and is dyslexic so struggles with this. Feels lost in the system. Has cancelled the carers as unable to afford and they did not show when supposed to anyway. Carer is also looking to get a stairlift as spouse is unable to go upstairs and carer is worried. Carer themselves are not fit. Would like if possible; Respite and or an alternative care company to support, depending on how much they would need to pay towards as this is yet to be decided. Carer no longer able to do their hobby of fishing as cannot leave spouse, or take them with them as they have ongoing bowel problems. Carer feels they are left to get on with things and finding it difficult, no co-ordinated care in Lincolnshire to support the carer. **Notes / Questions** Carer requested Healthwatch make contact with the Social Worker. Healthwatch also mentioned Disabled Facilities Grant via local council. **Provider Response** Healthwatch contacted Louth Social Work dept on second week of September and message left. Contacted again on 2 days later, message left and spoke with carer to keep them informed on at that time. No contact from Social Worker to date. Last week in September Healthwatch spoke with Carer for any updates, none regarding financial assessment or respite and how much they would need to pay, none from Social Worker. Last week of September Healthwatch made contact with financial team in LCC, no further forward, going through backlog and no timeframe provided. Carer informed. Over 12 weeks seems a longtime for people to wait for information when it comes to financial implications.

Signposting

1. **Case 16895** *(08-09-2026)*

   PCN: First Coastal

   Providers:

   For Information: Lincolnshire County Council - Adult Social Care

   Patient looking for someone to provide a new bath, is in private accommodation, spouse disabled and has macular degeneration. Has had Occupational Therapy around previously (3 years ago) has deteriorated further since then, spouse does not want a walk-in shower, would like a bath with a door.

   Notes / Questions

   Healthwatch provided information on Disability Facilaties Grant and to see if another assessment could be provided.

West Lindsey District Council x 1

- 1 x Informal Complaint

Informal Complaint

1. **Case 16923** *(24-09-2026)*

   PCN: Trent Care Network

   Providers: Lincolnshire County Council - Adult Social Care
   For Information: Caskgate Street Surgery, Voiceability

   Individual shared experience of Adult Social Care referral :

   In their own words " I'm reaching out because I need some advice. I requested an adult social care assessment on July 20th. I was told that I was going to be referred to someone else. I have heard nothing back. I have sent multiple follow up emails and I have heard nothing back I'm really not sure what to do or who to contact. I don't feel ready to make a formal compliant. I'm going to copy and paste the email. I sent to them on end of July more information that explains what I struggle with. I'm going to be honest, I struggle to word things and explain things, so I have used AI to help me write and explain."

   Explanation of difficulties experienced given by individual

   - The Struggle: I cannot safely or reliably prepare a hot, nutritious meal. I am currently living on takeaways and tinned food using tins with ring pulls because I cannot manage the kitchen alone.
   - The Reason: Physical standing causes severe pain in my legs and extreme fatigue due to CFS and mobility issues. Lifting heavy pans causes pain in my arms. Mentally, my ADHD and autism traits mean I experience cognitive overload. I cannot track cooking times, follow multi-step recipes, or stay organised. I also have a severe fear of being burned due to my conditions.
   - The Support Required: I would like a support worker to assist me with cooking a meal a few times a week. I would like them to do the heavy lifting, help me break down recipes, provide cognitive prompts to keep me focused and track times, and keep me safe from burns.
   - The Struggle: I am entirely unable to go shopping or access the community independently.
   - The Reason: Severe psychological distress, PTSD, panic attacks, and ADHD make supermarkets completely overwhelming. When anxious, I experience cognitive shutdowns where I drop my bags, leave my money or phone behind, and cannot make decisions. Physically, I cannot walk far or push a manual wheelchair because it causes severe arm pain and exhaustion.
   - The Support Required: I would like a support worker to accompany me in a taxi once a week to get my shopping. I would like someone to help me stay calm, assist with decision-making when overwhelmed, help pack and carry bags, and assist me with putting the shopping away at home when I am physically and mentally depleted. I would also like support to access community drop-in centres to reduce social isolation
   - The Struggle: I am unable to manage my bills, tracking, or budgeting independently.
   - The Reason: Due to ADHD and executive dysfunction, I struggle to understand complex bills, remember when to pay them, or calculate what money I have left. This leads to overspending and missed payments.
   - The Support Required: I would like support at home to sit down, look at my bills, organize my money, and ensure everything is paid on time.
   - The Struggle: I struggle to safely wash my hair and reliably manage my medication.
   - The Reason: Lifting my arms up hurts severely and standing in the shower causes extreme fatigue. For medication, if my pharmacy cannot provide blister packs, my ADHD and brain fog make tracking my multiple physical and mental health medications unsafe.
   - The Support Required: I would like assistance once a week to safely wash my hair. If blister packs are unavailable, I would like a worker to prompt and assist me in organizing my weekly medication box.
   - The Struggle: I cannot keep my house clean independently.
   - The Reason: ADHD, chronic pain, and exhaustion mean I cannot vacuum, wash up while standing, or lift my arms to hang up laundry.
   - The Support Required: I can do light dusting or wipe a side, but I would like a support worker to work alongside me to do the heavy lifting, vacuuming, and hanging of laundry
   - The Struggle: I have severe phone anxiety and cannot call my GP or social services independently.
   - The Reason: Severe anxiety and PTSD make telephone communication a barrier to accessing basic healthcare and safety.
   - The Support Required: I would like a support worker present in my flat to help me make essential telephone calls to doctors and services.

- Please note I have a history of self-harm, suicide attempts, non-epileptic seizures, and have been sectioned under the Mental Health Act in the past. This support is vital to maintain my psychological safety and prevent further crisis.
- I haven't made an attempt for a very long time and these things that I need help with these are not new things. I have been struggling for a very long time but I have been very scared to contact social services because I have been very scared to be denied help.

Notes / Questions

Signposted to Adult Social Care and Voiceability