

# healthwatch

Kingston upon Hull

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## Intelligence Report

July 2020

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## **1.Introduction**

The details in this report apply to July 2020 and refers to all the intelligence that Healthwatch and the NHS Advocacy Service received from the public during this period. The information received by Healthwatch was mostly received in relation to a survey that has been published during the COVID-19 pandemic.

All data is anonymised and is based solely on the patient experience. For the purpose of this report, we have categorised the patient experience under appropriate headings and we have also added some real “quotes” to demonstrate the values of “openness and transparency”.

The report identifies the number of contacts received by Healthwatch. It also provides a breakdown of the chosen method of contact that people used to get in touch with and their reason for contact. Please note that the number of contacts differs from the amount of comments made about a service, due to people making multiple comments about a service during one contact.

The report also provides details of the types of services and the nature of the concerns and compliments that members of the public reported to Healthwatch during the month of June.

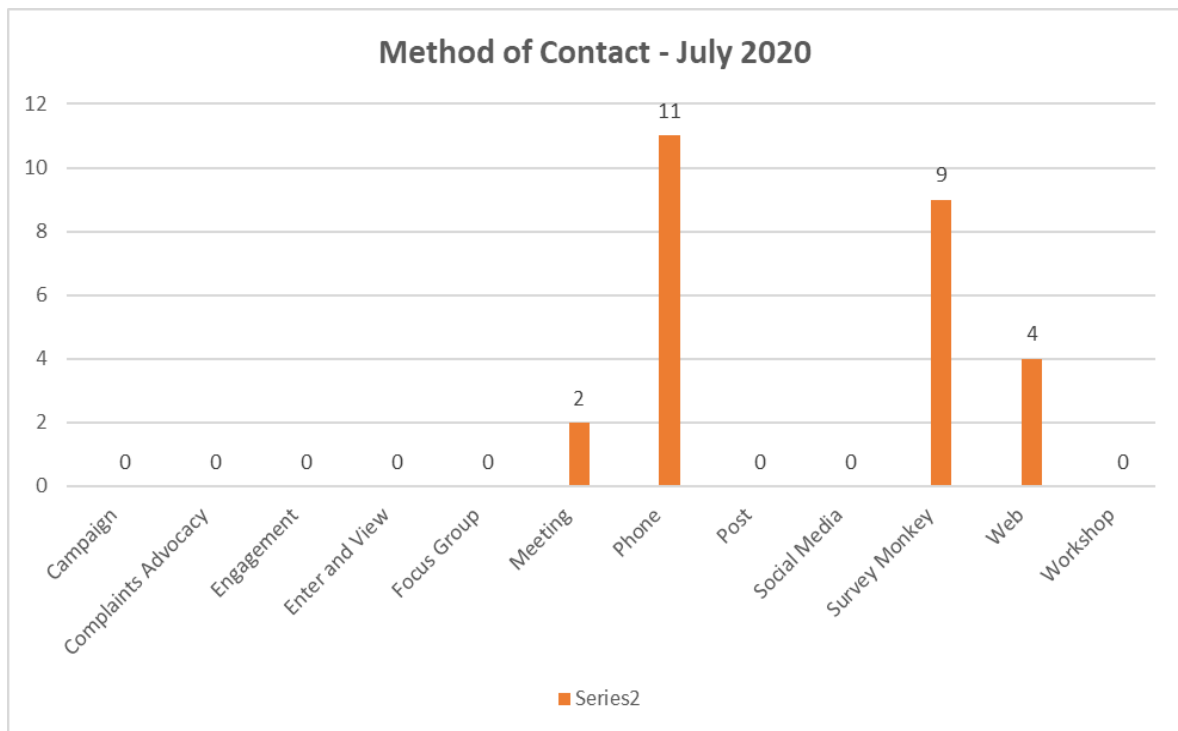
The services highlighted from the intelligence are as follows:

- GP Surgeries
- Hospitals
- VCS
- Other services

The report also summarises some of the themes/trends that the public have raised with Healthwatch that have begun to emerge over these monthly reports since January 2020. Please note the quotes reflected in this report are exactly as they were written. For that reason, we apologise for the grammar and odd spelling.

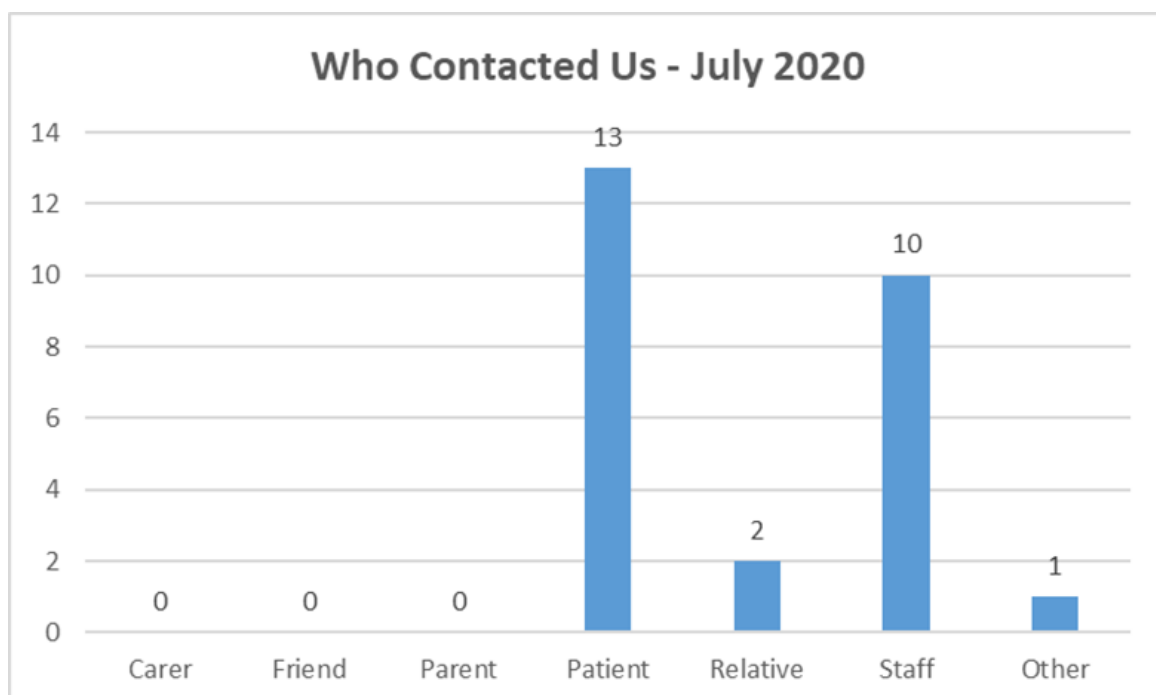
Please note that Healthwatch received all the comments in good faith. Healthwatch have not investigated any of the concerns raised and have acted in accordance with their role and responsibilities of Healthwatch.

## 2.Contact Statistics

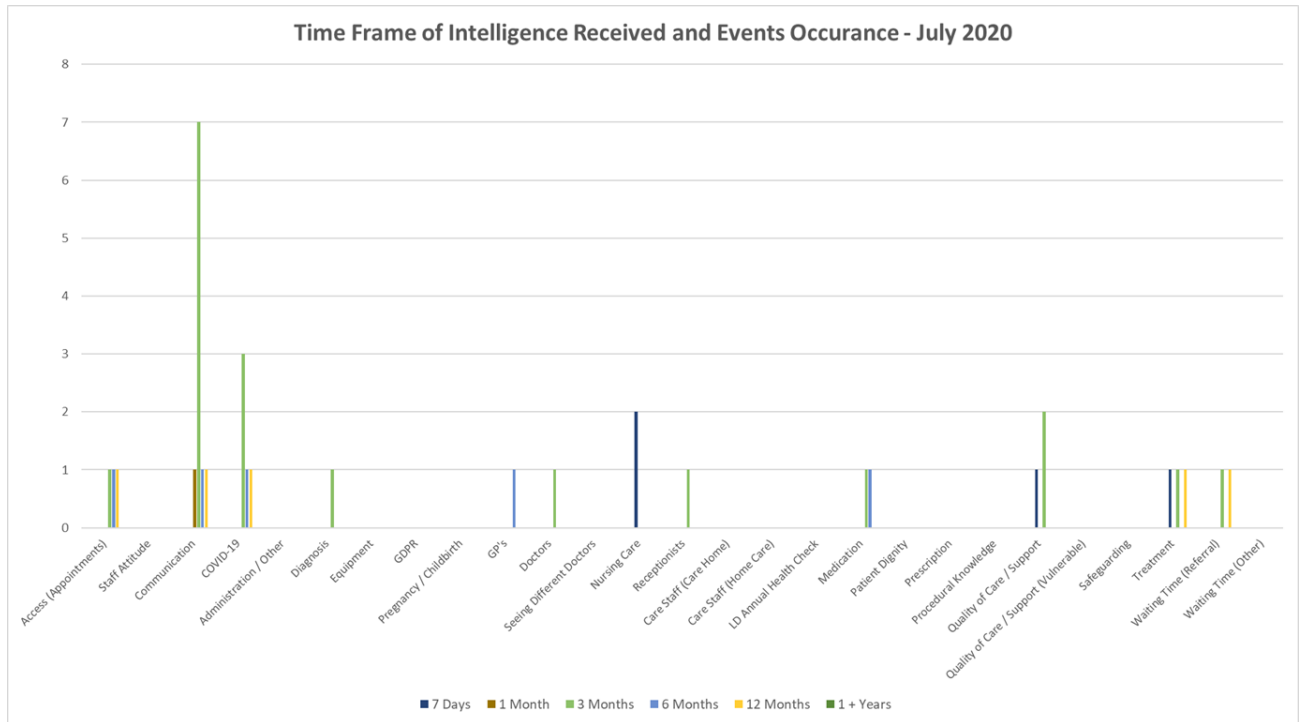


In July, we have received a total of 26 contacts through various means, for example, survey monkey, meetings, phone calls, and emails (Web). The number of comments can differ from the total number of total contacts received as one contact can refer or comment on multiple issues or concerns.

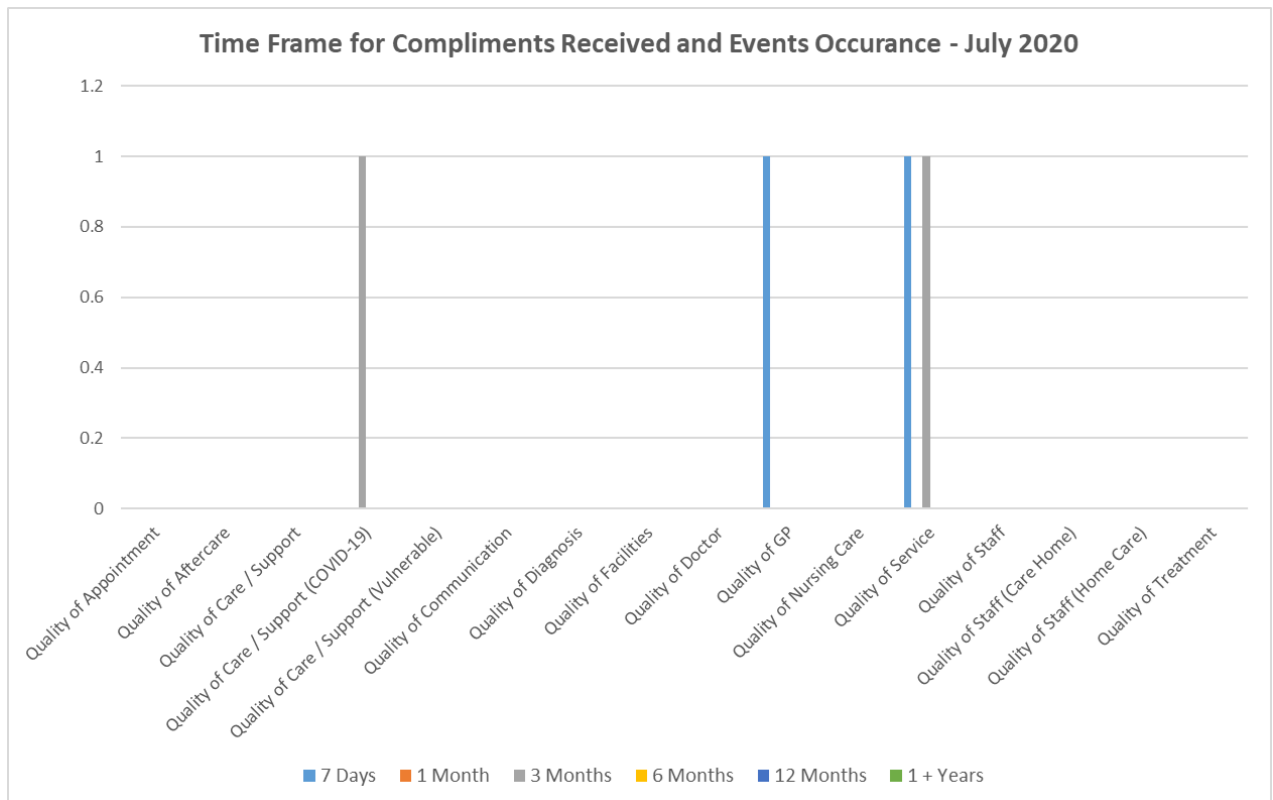
The graph below shows who were the people that contacted us the most this month. As can be seen the most comments received in July were made mostly by patients, but also by staff members and some relatives.



The graphs below provide the time frame of when the experience occurred, along with the category the experience relates to.



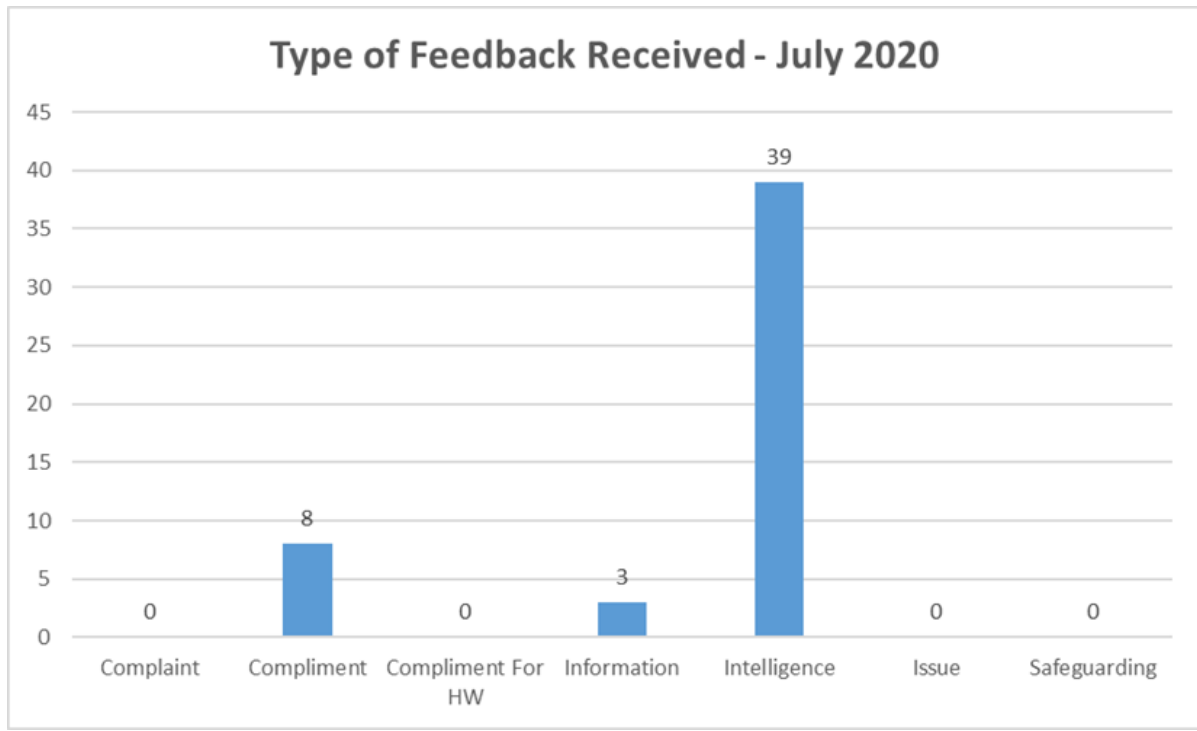
The following graph also shows the time frame but, specifically relates to compliments that Healthwatch received about the services.



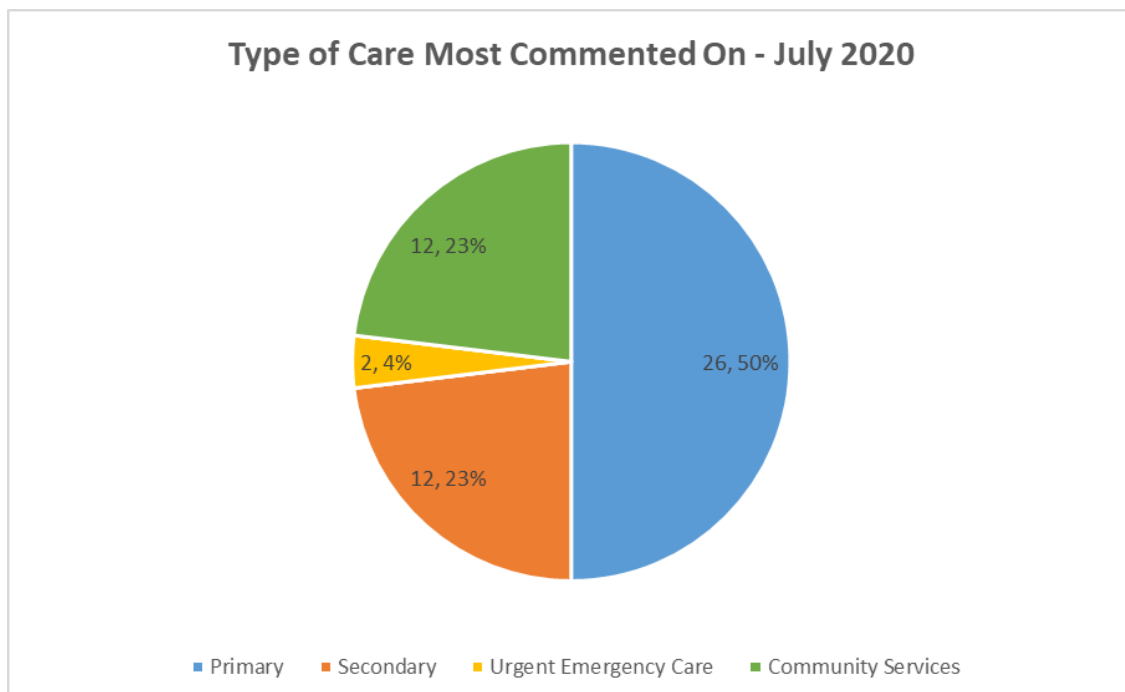
### 3.Intelligence Received

#### Overall Intelligence Statistics for July

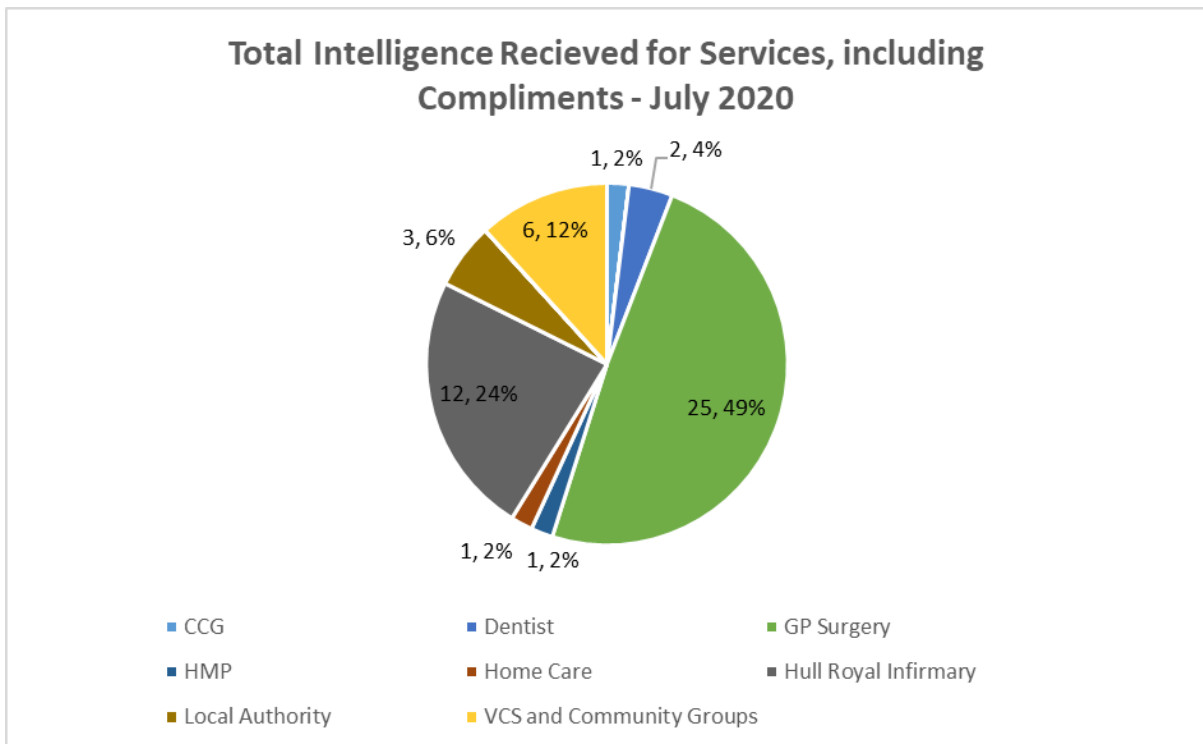
The graph below provides a breakdown of the type of feedback and the purpose of the contacts Healthwatch received during July.



The information below shows which type of care services we received most contact about. This month most of the comments we have received were in regard to Primary Care (50%), which was followed by Secondary Care (23%) and Community Services (23%).



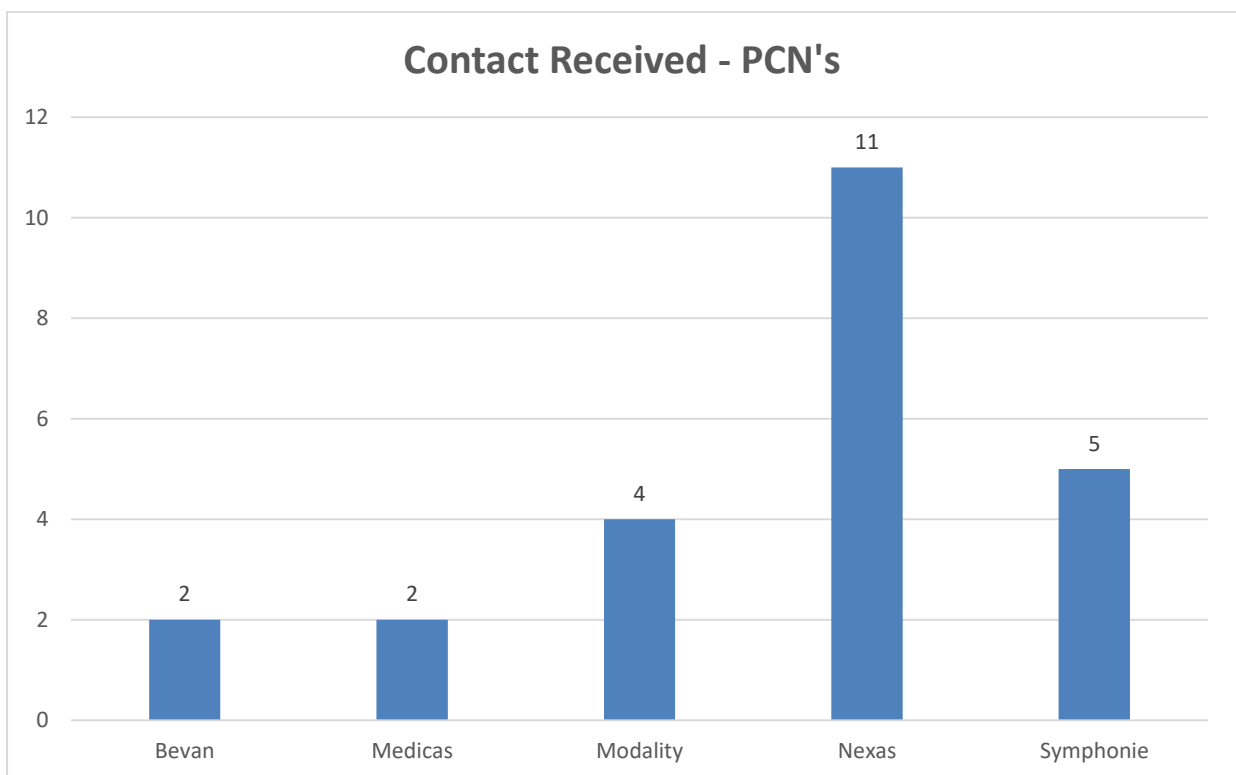
The graph below provides a breakdown of the services and the total number of comments that Healthwatch received, in relation to intelligence and compliments. In July we have received a total of 51 comments.



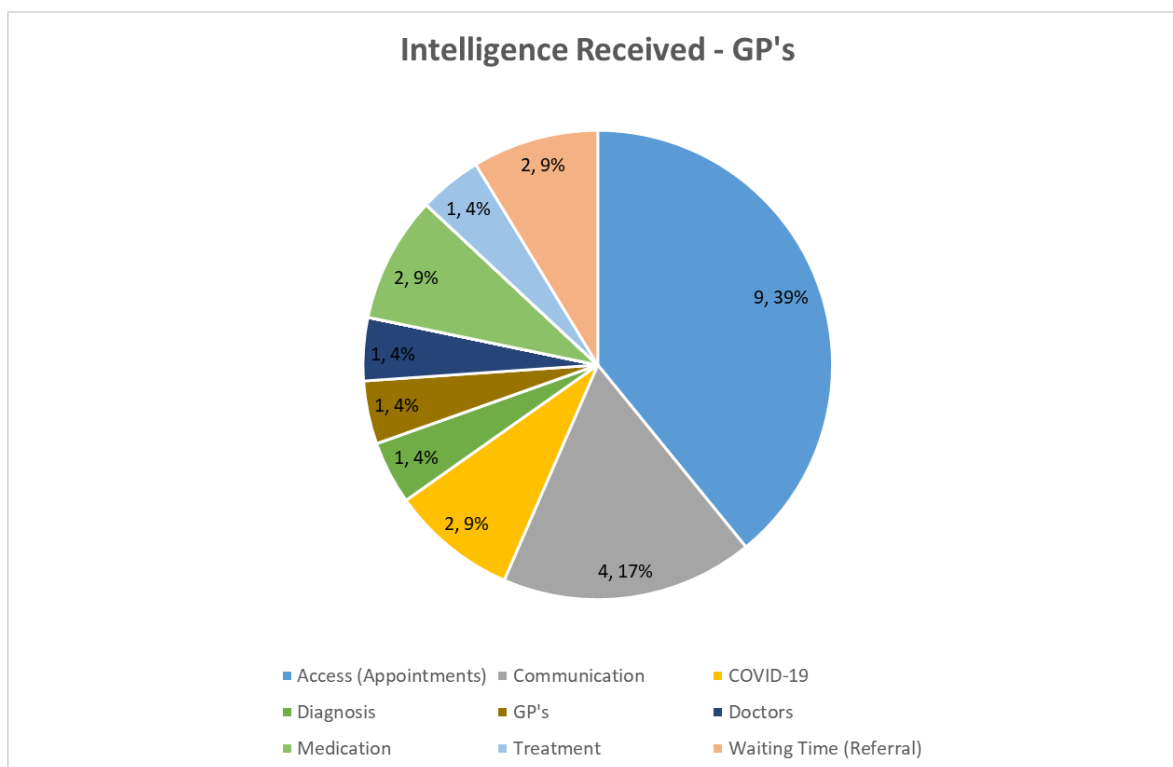
### **3.1 Intelligence Received – GP Surgeries**

#### **Statistical Information and Graphs**

This month we have received 24 comments in regards to GP Surgeries, from 23 intelligence comments, and 1 compliment. The graph below provides a breakdown of the PCNs that we were able to identify this month, from the intelligence comments made, which specified the GP surgery name. This month the most comments received were about practices under the Nexus PCN. Unfortunately, these might not be all the PCN's that we received comments in regard to this month, as sometimes we do not get information on which GP surgery the comments refer to, despite making this field mandatory in our surveys. Therefore, we cannot identify the PCN for these comments and so cannot include them in the graph.







The information above clearly shows that the biggest issue commented on in regard to GP surgeries was Access for appointments (39%). This was followed by Communication this month (17%). Some of the comments might touch upon more than one theme so there might be less comments than themes stated in the above pie chart.

#### Intelligence Received/What people told us

**Kingston Health (Wheeler Street)** – *‘On December 16th 2019, I rang and asked if a doctor could come out & see me as I had a really bad chest & was struggling to breathe, I was told I couldn't have a home visit as I didn't fit the criteria. I then asked if I could have a prescription instead which I was told I could. My partner came & collected the prescription on my behalf, when I looked at it I realised I'd been prescribed amoxicillin which I'm allergic to. I rang the practise to be told to return the next day for another prescription. My partner returned the next day with a prescription for an alternative antibiotic. On Thursday 19th December when my partner tried to wake me I was unresponsive which landed me in ICU on life support. Around 6 weeks ago the surgery rang me asking if I could go for bloods before they could prescribe my Methotrexate, I told them I couldn't go to the practise as I couldn't walk as my mobility had been greatly affected from my illness. I was told if I didn't go for my bloods I wouldn't get my medication. It wouldn't have been safe for me to come to the practise anyway as I'm extremely vulnerable due to having pneumonia whilst in hospital. I was extremely upset as my medication is of paramount importance to me. My speech has also been greatly affected due to having a tube in whilst on life support & numerous tracheotomies so I didn't feel I could explain properly so I asked my sister if she would ring for me & explain which she did. She was told that a district nurse would call, they didn't know when or what time but it would be within the next week, which my sister said was fine as I couldn't go anywhere. No one came to take my bloods. On 17th June 2020 a doctor rang me yet again asking if I could go to the practise to have my bloods taken, I told him again I couldn't come as I can't walk or get into a car, as well as shielding. I asked if I could have an*

antibody test as a lot of my symptoms were very much like Covid-19, he said I couldn't have one. I have been a care worker 39 years but when I tried to explain this he put the phone down on me, again I was extremely upset and frustrated. Not long after my sister rang me & said she had received an email from yourselves with someone else's fit note attached, there was all the lady's details on it, name, address, date of birth, mobile number, everything. She rang the practise to advise them of this error & also about me been asked to go in again for my bloods, surely it should be noted on my records that I can't go in for bloods. The receptionist told my sister the only notes on my records from today was that a district nurse had been requested to visit me. She told them a nurse had been requested six weeks ago. I have been with your surgery many years now and I'm extremely upset & angry about the way I've been treated and the mistakes that have been made.'

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**Alexandra Health Centre** – *'Did not receive a letter telling me I needed to shield during lockdown.'*

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**Laurbel Surgery** – *'Phoned about a lump close to groin. Have had lymphoma. Given an immediate appointment. Dr thought not lymphoma when seen. Arranged for blood standard blood tests. deficiencies being treated, injections, tablets.'*

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**Springhead Medical Centre** – *'My granddaughter rang about her daughter age 4 was given antibiotics for tonsillitis when she had an abscess. Rang again was called back at 4pm and told to go to A&E. Diagnosis could have been better causing less distress for a 4-year-old. My granddaughter suffering mental health issues and threatening suicide not being listened too, long delay in her medication.'*

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**The Quays Medical Practice** – *'I moved to Hull at the end of December and in early January I started experiencing earache and I lost the hearing in my left ear. I was concerned because I'd previously had an infection and operation on my left ear when I was younger. I'd recently registered as a patient at The Quays surgery (10th January) and wanted to make an appointment with a GP but was told that I would have to wait 4 weeks - I don't know if you've ever experienced earache before, but 4 weeks of pain wasn't something I was looking forward to and being unable to hear in my left ear made me feel unsafe – I was unable to sleep on my left ear because of the pain and so had to lay on my right meaning that I couldn't hear anything during the night (this was coupled with my partner, who worked as cabin crew, so I was alone in a new home and city most nights) and not hearing my full surroundings whilst walking around the city centre made me feel unsafe - so I said that I'd go to the walk-in centre instead. I managed to see a GP after a relatively short time waiting and she diagnosed an ear infection, describing it as 'yucky' with a look of complete disgust (although her unprofessionalism isn't the purpose of this complaint) and I was prescribed antibiotics and sent on my way. The week after I had my new patient check up at The Quays and I asked the nurse to have a look in my ear because, even though there was little pain as I was towards the end of my course of antibiotics, I was still struggling to hear and I mentioned my previous operation and hence my concern. She suggested that I arrange to have it syringed and before I left the surgery, I made my appointment. I managed to get an appointment on 27th January with a nurse to have my ear syringed to help with my hearing. I arrived early for my appointment to be told that the nurse was sick that day and nobody had got in touch with me to tell me not to come in to the surgery or to try and rearrange an appointment. Whilst in the surgery, the very apologetic and friendly receptionist managed to*

arrange an appointment for the next day at the Riverside Medical Centre. I was seen by a very friendly nurse who asked my permission to use the syringing as a training exercise for another nurse to which I readily agreed. After asking a few cursory questions about my past health, the nurse was unsure whether she could syringe my ear, so she went to check. She returned and apologised saying that because I've had an operation on my ear, ear syringing is contra-indicated and that she wouldn't be able to perform the procedure and recommended that I have my ear suctioned instead and she said that she would arrange that for me. A couple of days later I received a letter with a date and time for an appointment at Elliott Chappell Health Centre and there was a number to call to confirm my appointment. I no longer have my letter because the nurse took it when I went to my appointment. I phoned the number on the letter to confirm my appointment but pointed out the letter said that I was to have my ear syringed and that that procedure wasn't right but I was told to attend my appointment and mention it then. I was unemployed for the first months of the year having left my job in Leeds to move to Hull and so, instead of wasting money on a taxi or bus, I walked to my appointment, 45 minutes there and 45 minutes back. I got to my appointment early and again was seen by a very friendly nurse. When he asked if I'd had my ear syringed before, I told him that I hadn't and then explained my experience at Riverside and my phone conversation confirming my appointment. He apologised saying that he wouldn't be able to do the procedure and that I shouldn't have been booked in because not only had I had an operation in the past, but that because I'd had an ear infection only a couple of weeks before, I had to wait a minimum of 6 weeks after I was infection free in order to have any kind of procedure on my ear. He said that he would contact my GP (The Quays) and that he would try to get it straightened out. Before I left, he took a look in my ear to see whether I still required any treatment and he mentioned that there was a lot of wax build-up and he recommended that I have it suctioned. I received a text saying that I would receive a call from a GP to discuss my ear and whether I still needed treatment. I was patiently waiting at the allotted time for my call only to never receive one but after checking my voicemails I saw that I'd received a voicemail but not a call (I can only assume this was a connection problem and not anyone's fault). Unfortunately, because of the quality of the call/connection and the doctor's thick accent, I wasn't able to make anything out. I wasn't too concerned however because I'd also received a letter from Castle Hill Hospital saying that someone would be in touch to arrange an appointment for my ear to be suctioned. No such call came, so here I am, some 6 months later with no treatment on my left ear, luckily the hearing has returned of its own volition, otherwise I would have pushed this concern earlier. The only reason I'm raising this concern is because of the current situation I'm experiencing. On the 19th May I phoned my GP to arrange a phone consultation with a doctor because I've been urinating more frequently, I've been drinking a lot more because I was thirsty, I've been feeling fatigued and I've been having frequent headaches. I got an appointment for the 21st May and the doctor gave me a call. She recommended that I give a urine sample as soon as possible and so I went to the practice, collected a sample pot and handed it in the following day (the 22nd). I hadn't heard anything for a couple of weeks and so called the practice on the 11th June to chase up any results. I was told that there wasn't anything on record but to give it a couple of days and someone would call or if I hadn't heard anything then I was to call them back. I received a text on the 13th June to call the surgery, so I did. I was informed that the labs were closed because of the COVID-19 crisis and so my sample had been discarded instead of tested and the person on the phone asked whether I was waiting for a result on a potential infection, so I explained that it was being tested for diabetes. I can only

say that I'm thankful that it wasn't results for a potential infection that I was waiting for. Can you imagine the pain and discomfort I would have been feeling having to wait over 3 weeks for test results? The person recommended that I collect another sample pot and submit it for testing. What concerns me is that there were 3 opportunities for someone to tell me that the lab was closed – the doctor who requested a sample, the receptionist I handed it to, or the person that I spoke to on the 11th June. I'm also concerned that I had to chase up my results and that nobody within the 3 weeks had told me that my sample hadn't even been tested, I even had to phone back to find out that the lab was closed instead of someone giving me a courtesy call and no apology. I submitted a second urine sample on Wednesday 17th June. This time I filled and handed in the pot when I collected it and I checked with the receptionist that it was going to be submitted for the correct test. She looked up my details and said it was to be tested for an infection. I corrected her and said that it was to be tested to see if I had diabetes to which she replied, 'oh yes, infections and diabetes'. I hadn't heard anything for 3 weeks and again I phoned my GP's surgery (Thursday 9th July). The receptionist that I spoke to, someone centrally, not in my GP's practice, told me that she would have to look into it for me because she couldn't see any test. After four and a half hours, she phoned me back and explained that my GP's surgery hadn't submitted my sample and that she had forwarded this problem to the doctor that requested the sample. When I explained that this was the second sample that hadn't been tested, she said that she could see the timeline and that she was sorry but that she had passed it onto the GP and that they should hopefully be in touch. I've made no changes to my diet because I don't know the implications of diabetes (if that's what I have) but I've been constantly thirsty for over two months, my tongue feels too big for my mouth which is making it difficult to sleep because of the irritation and discomfort it causes and when I do sleep it's interrupted because I'm having to go to the toilet. In my whole experience with the NHS and living within different trusts' catchment areas, I've never experienced this level of unprofessionalism and incompetence.'

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**East Hull Family Practice** – 'I spent two hours on the phone East Hull Family Practice as one of members was suffering from pneumonia and couldn't access their GP as they wouldn't do home visits. I was on the doorstep of their property and explaining the issues they were facing but with GDPR they couldn't deal with me. They told me to call 111, asked me to try to enter the property and suggested I put him in a car and bring him to the surgery but that means I'm then putting myself at risk because they don't want to put themselves at risk; in the end an ambulance had to come out and get him. It's ridiculous'

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**Burnbrae Surgery, Haxby Kingswood, Haxby Orchard Park, East Hull Family Practice, East Park Practice** – 'The GP Surgeries, Haxby Burnbrae, Haxby Kingswood, Haxby Orchard, East Hull Family Practice, East Park Practice have not tried to help us or our members with video consultations or home visits considering our member's needs.'

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**Wilberforce Surgery** – 'Gentleman called to discuss his ongoing issues with the Hospital and his GP surgery (Wilberforce). The gentleman has been experiencing quite a lot of pain in his stomach for quite some time which have been left unresolved. He had previously been admitted to hospital and was diagnosed with a Hernia. This information was given to the gentleman's GP who did send him for a MRI scan but the results came back negative but since then he has continued to experience pain and he is now experiencing a burning sensation in his testicles and at times his testicles appear to disappear. The gentleman went onto say that he had an operation when he was 12 years old and the it was noted by a

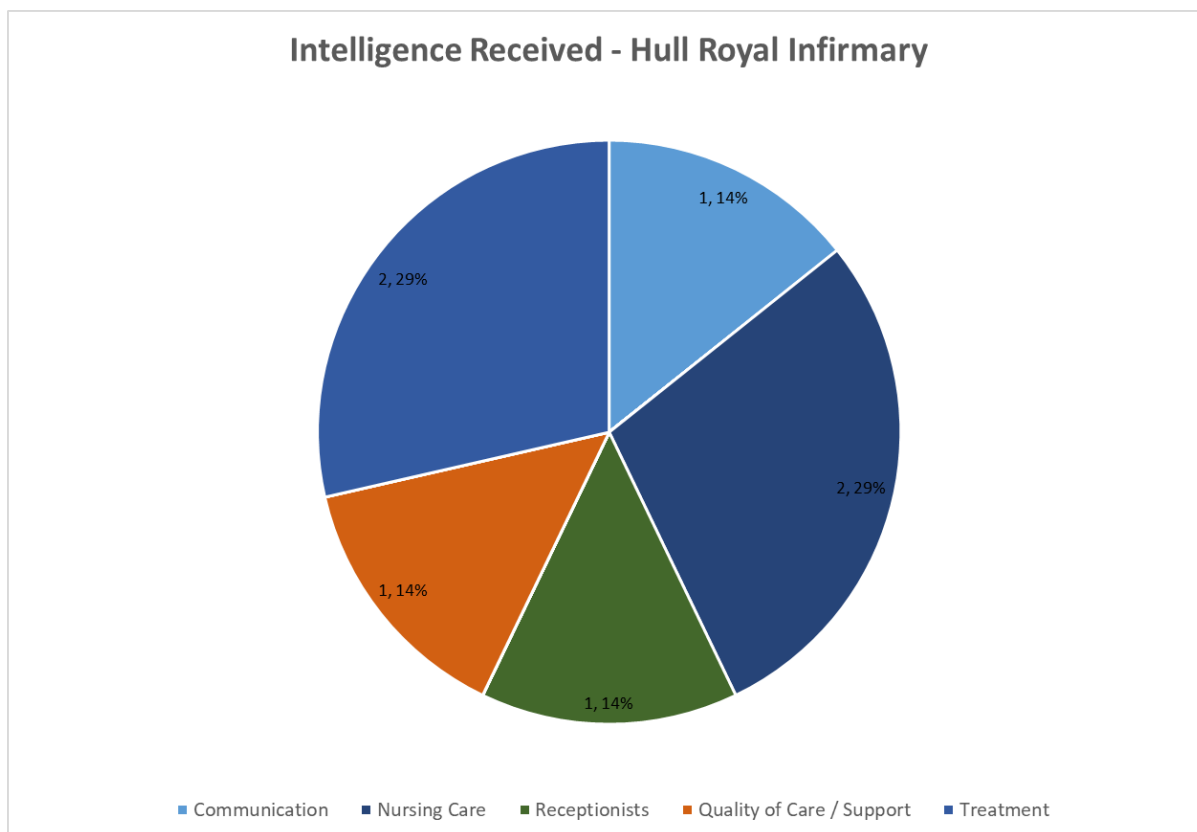
*medical staff member that one of his testicles was not hung correctly but nothing was done about this. He as previously had scans and as now been told he cannot have any more due to the risk of radiation. The gentleman is perplexed to why nothing is being done to resolve his condition. He continues to be in severe pain which has resulted in attendance at his GP's and the Hospital. The hospital referred him for Psychological support and has had three appointments. The gentleman had visited his GP's recently and was diagnosed with a chest infection and prescribed antibiotics. He had revisited the hospital today due to severe pain but again nothing done. The gentleman feels people are not taking previous history into account or the fact that he had been diagnosed with a Hernia previously and the pain he is experiencing and the concerns about his testicles.'* **This comment appears in the report twice due to it referring to both a GP practice and a Hospital service.**

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### 3.2 Intelligence Receive – Hospitals

This month Healthwatch have received intelligence only for Hull Royal Infirmary. Comments received can be seen below the graph.

#### Hull Royal Infirmary



#### Intelligence Received/What people told us

**Emergency Care Area** – *‘NHS 111 told me to go to A&E after severe pains in abdomen. very confusing when we visited at the end of June, I entered A&E with partner, no signs or info. we entered the A&E and was told that husband needs to leave. I went up to the desk on my own and told about pains and 111 told me to come. lady at desk told me I shouldn't be here and I need to leave... even though 111 told me to visit. I went back home and rang 111 again, I told them about A&E and they were confused as I was, they ended up sending an ambulance and I was rushed to hospital with my appendix nearly about to explode. I could have died’*

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**Emergency Care Area** – *‘I visited A&E on July 3rd with a huge cut on my arm from falling over. I was dealt with relatively quick so I'd like to compliment the service for that. When I went through to have it taken a look at, the doctor/nurse was very forceful and I told her that*

*it was hurting but she was still being very rough. I had to really force myself through the pain whilst she was looking at my arm. The cut was cleaned and stitched up. Last week I rang 111 with some very severe pains in my arm, not just regular pains but seriously bad. I removed the dressing and the wound looked infected. They told me to go into A&E as soon as possible and I did. A&E turned me away even though I was told to come in.'*

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**MRI Centre** – *'Gentleman called to discuss his ongoing issues with the Hospital and his GP surgery (Wilberforce). The gentleman has been experiencing quite a lot of pain in his stomach for quite some time which have been left unresolved. He had previously been admitted to hospital and was diagnosed with a Hernia. This information was given to the gentleman's GP who did send him for a MRI scan but the results came back negative but since then he has continued to experience pain and he is now experiencing a burning sensation in his testicles and at times his testicles appear to disappear. The gentleman went onto say that he had an operation when he was 12 years old and the it was noted by a medical staff member that one of his testicles was not hung correctly but nothing was done about this. He as previously had scans and as now been told he cannot have any more due to the risk of radiation. The gentleman is perplexed to why nothing is being done to resolve his condition. He continues to be in severe pain which has resulted in attendance at his GP's and the Hospital. The hospital referred him for Psychological support and has had three appointments. The gentleman had visited his GP's recently and was diagnosed with a chest infection and prescribed antibiotics. He had revisited the hospital today due to severe pain but again nothing done. The gentleman feels people are not taking previous history into account or the fact that he had been diagnosed with a Hernia previously and the pain he is experiencing and the concerns about his testicles.'*

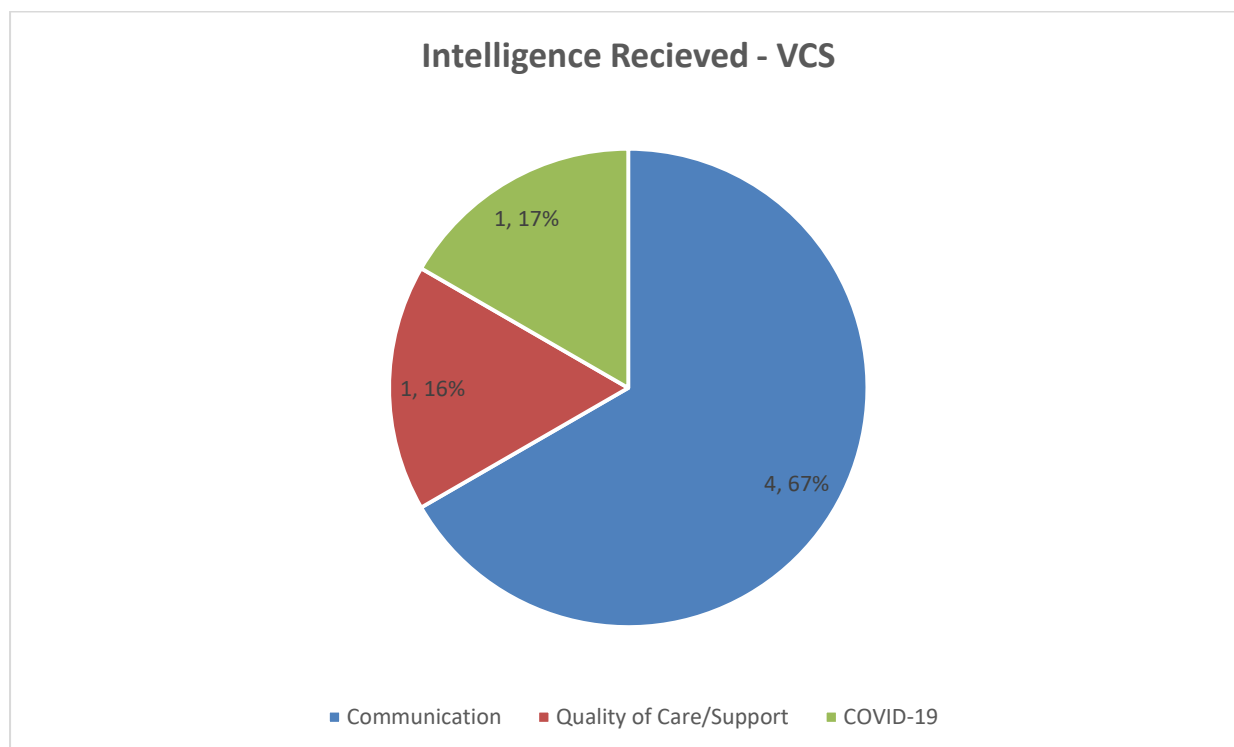
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**Antenatal Outpatients** - *'Some of the staff were very rude! After waiting 40 minutes past my appointment time with no recognition of this and no apology! When my Doctor asked someone to sort out taking my bloods her response straight to my face was 'ugh, I was just about to get my sandwich' the doctor then said sorry I can ask someone else to which she very moodily replied 'no it's fine I guess I'll do it' which left me feeling like a burden! The doctor and the same lady continued to talk about whether I should get bloods today or another day in front of me as if I didn't exist. Not once did they ask my opinion and if it was ok if I stayed today for bloods or if I would rather come back. The lady just said 'right you can have them today' and the doctor ushered me away to a seat so they could continue to discuss my bloods. Once I was seated, another staff member walked through the corridor, appearing very angry saying I'm not supposed to be doing that \*name\* is but I guess I'll do it' in a very angry tone, whilst storming off into a room. This led to a very uncomfortable atmosphere as nearly all the staff were clearly in a bad mood today and I felt as though I was a burden and felt very uncomfortable.'*

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### **3.3 Intelligence Received- VCS**

In July we have also received a substantial amount of feedback from the VCS (Voluntary Care Sector). The details of themes identified, and specific comments can be found below.



#### **Intelligence Received/What people told us:**

**COVID-19 Support Services** – *‘Most services had a triage system which was useless for our members who are deaf as they cannot use the telephone. We found that services for members who were shielding such as food parcels and prescription deliveries were either not offered or if they were offered; to access that service they had to use the telephone. Some of our members are not able to read traditional sentences and communicate through BSL; there was no alternative offered to meet their needs and if it wasn't for us delivering an outreach service; they would have received no support whatsoever. We found our members were having to go to the shops, pick up prescriptions or go to their GP surgery / the hospital to get support as there was no other way for them to get it; if our members went to any of these services, they were greeted by people using face masks which completely stopped those who lipread from being able to do so, creating further barriers.’*

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**Lifeline** - *‘We had a lady who used a lifeline; she used it multiple times and when support came they were wearing face masks which is an instant barrier. They couldn't engage with that person and just made them cups of tea and left. No one notified social services or us, it was just on the off chance that I did an outreach to this person that I found them needing support and has since sadly passed away.’*

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**COVID-19 Support Services** – *‘It feels like our members have been an afterthought, they have been more isolated due to the support not being there, they have been overlooked and forgotten. It's not surprising if they are frustrated because all their normal methods of communication have practically gone and being deaf isn't a medical exception for not wearing a mask.’*

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**No place provided** – *‘We work closely with the Sensory Team which has two social workers; this service was completely pulled, they cannot do visits and have to use teams. Our members who do not have or cannot use technology then have to come to our centre and use our computers to talk to them. What they want to discuss can be very personal and private; to have to do that here, in a public space while the social worker is sat at home feels backwards.’*

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**Men in Sheds** – *‘Gentleman advised that a lot of Men in Sheds service users call him for friendly chats, as they are feeling very lonely and depressed due to not being able to visit the Shed and socialise.’*

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#### **4.3.4 Intelligence Received – Other**

Some services did not receive as many comments and we could not identify as many themes in them as in the ones above. These services can be seen below with the specific comments that Healthwatch has received in relation to them in July.

##### **Dentist**

**Information Request** - *‘Lady called asking about where she could get an emergency appointment with a dentist, as no dentists are taking on new patients at the moment.’*

**Information Request** – *‘Gentleman emailed us asking for advice which Dentist Surgeries are accepting new patients at the moment as he needs some help. Responded with an email saying that at the moment it’s very hard with dentists taking on new patients, options were provided.’*

##### **Local Authority**

**HCC** – *‘There’s been no support from the Hull City Council to the deaf community since the beginning of lockdown, we understand that like everyone the first few weeks may be an issue but it’s been four months now and we are still lacking support from them. I contacted them multiple times at the beginning to no avail and we ended up having to provide the support our members needed in our own time, outside of working hours rather than continuing to wait for someone else to help. While other services around Hull got regular calls from the council, our service didn’t receive a single call; a lot of services moved to either telephone or online as staff worked from home which some of our members; especially the older ones were not able to use as they either didn’t have the technology or were not able to use the technology to such an extent so they were made to feel isolated. My mother and father are both elderly, my mother is able to hear and received calls checking on her welfare, my father who is deaf did not receive any correspondence or offer of support in any form whatsoever.’*

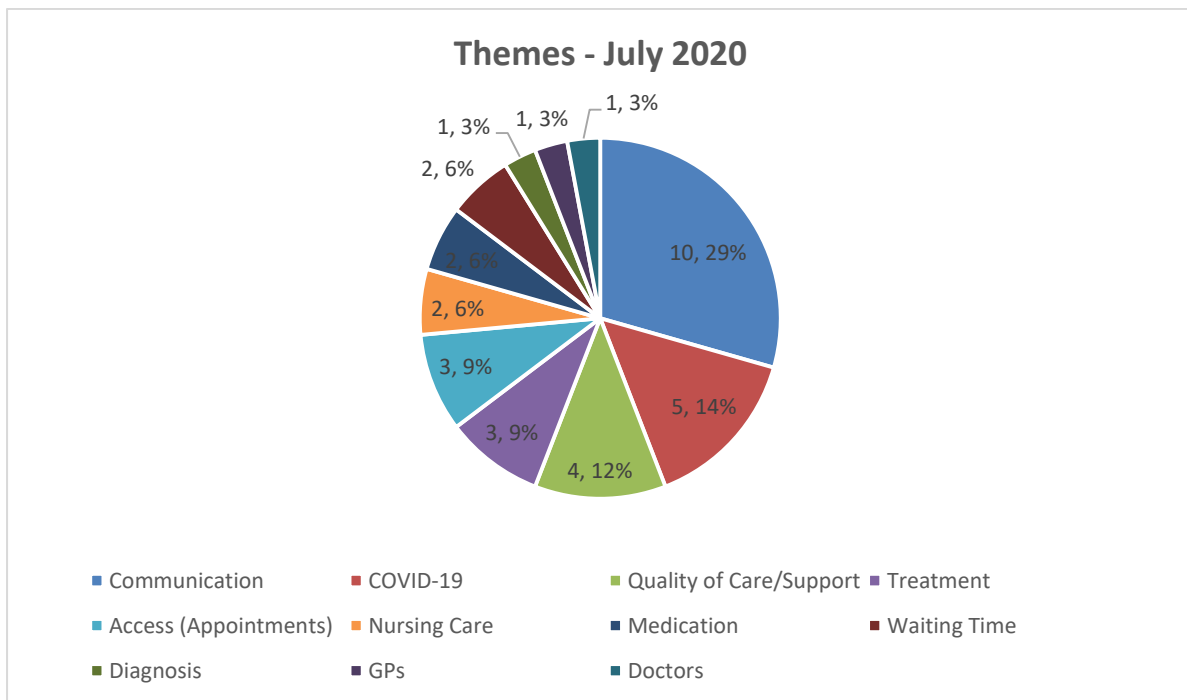
**Home Care** – *‘Last year I was admitted to hospital, I care for my husband who has had a stroke and as I was unable to do so for several weeks, it was arranged he would receive home support. My son was living with us at the time and provided a lot of support to my husband. Six weeks in we were contacted by the Local Authority to say that we were going to be charged for the support my husband received despite initially being told it would not cost us. I received a red letter for £600 and set up a payment plan but feel like we were not really provided any service whatsoever as my son provided support and if we knew at first we would be charged would never have accepted it.’*

##### **HMP**

**Information Request** – *‘Is anyone aware of local services or support for individuals who are in financial hardship. Thanks in advance.’*

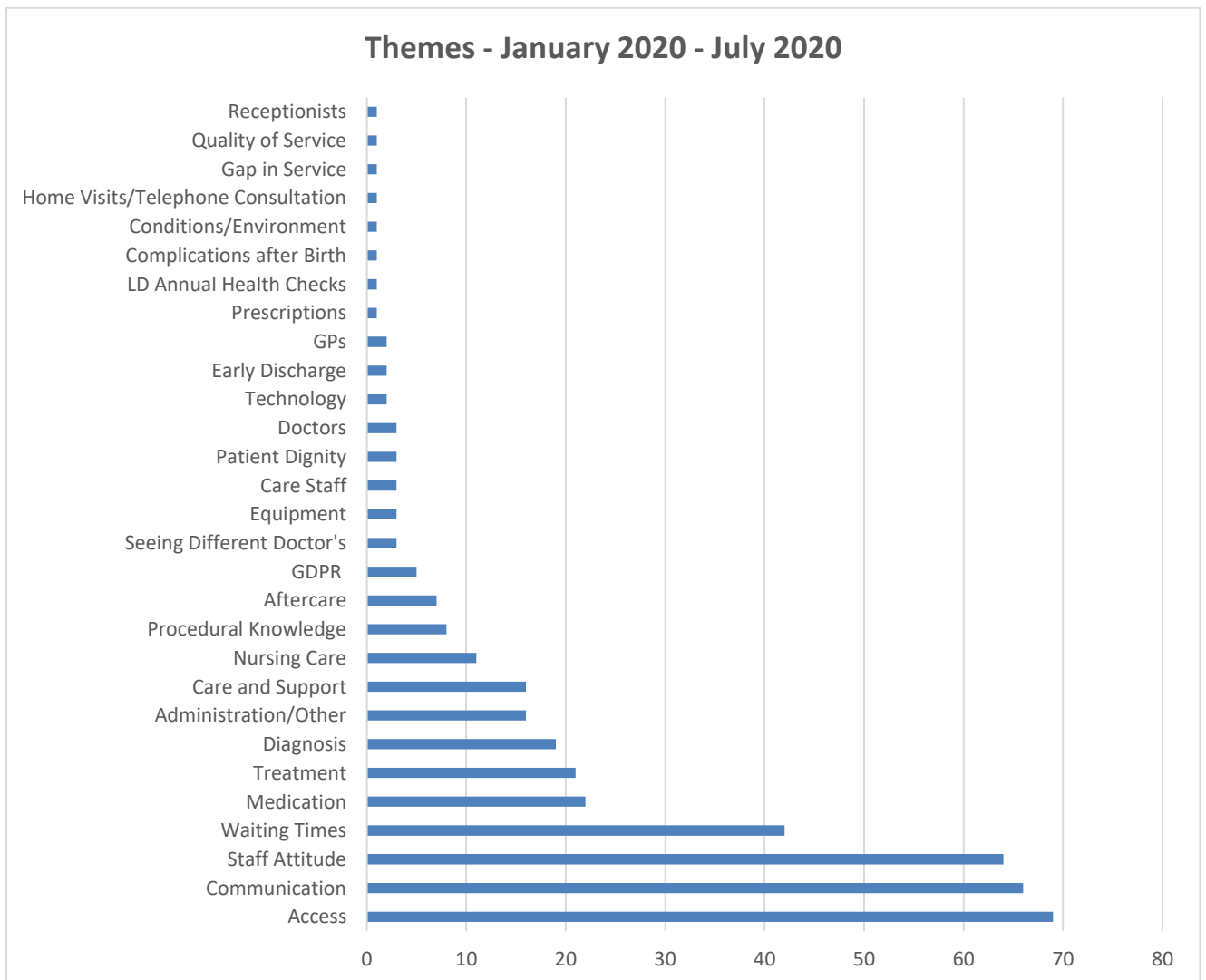
## **5.Theme Breakdown – July 2020**

This section of the report, provides a breakdown of the types of themes that have emerged during this month. The graph below shows the number of comments and their equivalent percentage for each theme identified. The most popular theme this month was Communication (29%), followed by COVID-19 (14%), and Quality of Care/Support 12%).



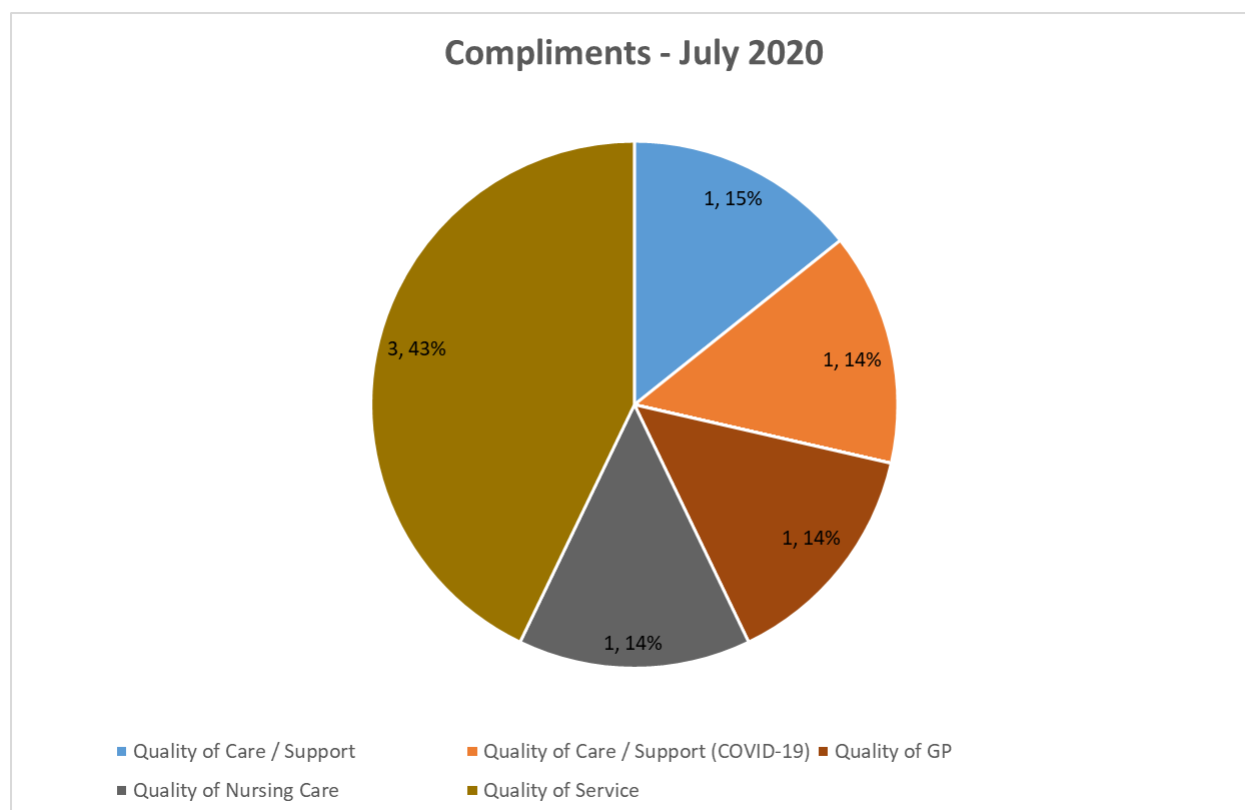
## **5.Theme Breakdown – January 2020 – July 2020**

The graph below provides information on all the emerging themes since January. We update this information every month. This month there is a total of 29 themes that have been identified since January thus far. A new theme that has emerged this month has been ‘Receptionists’ which we have received one comment in regard to. The most popular themes continue to be access, staff attitude and communication.



## 6.Compliments – July 2020

### Statistical Information



In July, Healthwatch received a total of 7 compliments. The graph above provides a breakdown of the themes identified. The top theme was the Quality of Service (43%). The specific compliments received can be found below.

#### Local Authority

**HCC** – *‘Our experience with HCC has been on the ball. They were well prepared from the start, circulate useful guidance on a regular basis and have been incredibly supportive. A marked difference from other local authorities we are working with.’*

#### Hull Royal Infirmary

**A&E** – *‘Severely cut my finger in June, went to A&E, dealt with quickly as there was nobody actually in A&E when I visited at 2am! I've never seen it like that before. was quickly stitched up and sent home. probably the best and easiest experience with hospital I've ever had.’*

**Antenatal Outpatients** - *‘I would like to say the nurse who took my bloods and my blood pressure was lovely and I had no issues whatsoever with her.’*

#### CCG

*'We raised the issue of our service users accessing GP Surgeries and the CCG arranged for an interpreter service to be available for service users who could use video technology so there would be a three-way conversation between the individual who is deaf, the interpreter and the doctor'*

Home Care

**Mobile Doctor Service – 'Good'**

GP Surgeries

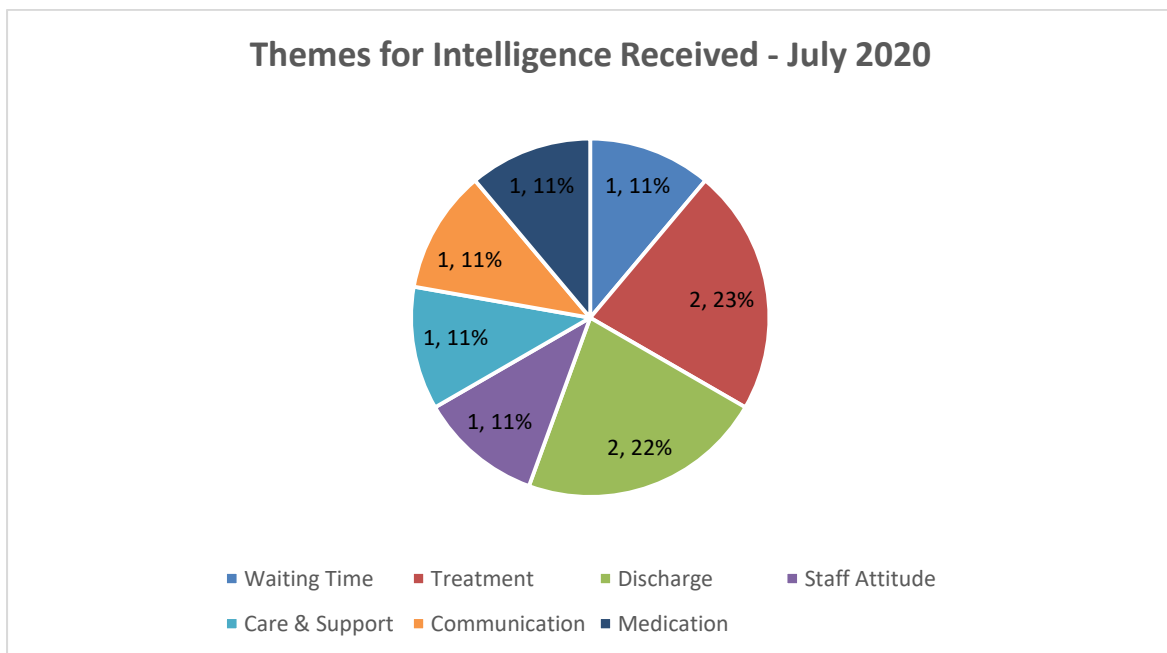
**Wilberforce Centre – 'I had to go to the Wilberforce and they treat me so lovely. The doctor cleaned the wound properly and dressed it again. No problems since'**

## **7. Cloverleaf NHS Complaints Advocacy Statistics and Intelligence**

### July 2020:

This month Cloverleaf have received 5 complaints to do with the Hospital Services and 1 complaint in regard to CHCP (City Health Care Partnership)

The graph below identifies themes that were identified in June.



### Intelligence Received:

**Hull University Teaching Hospital NHS Trust / Gynaecology** – *‘Patient’s referral to undergo further medical investigation of abnormal cells detected in respect of routine cervical smear test ‘deferred’ with no predicted timescale for future scheduling. Patient informed the deferred referral is because they do not fall within the category of priority patient in current climate of reduced capacity as a result of Coronavirus.’*

**Humber Teaching NHS Foundation Trust / Avondale Unit** – *‘Sectioned - administered medication whilst inpatient which patient alleges caused them to experience overdose. Incurred cut to neck whilst being released from ligature by NHS staff which patient describes as negligent.’*

**Humber Teaching NHS Foundation Trust / Community Mental Health Care Teams / Avondale Assessment Unit** – *‘Dissatisfactory attitude of treating Consultant Psychiatrist including not listening to or taking on board concerns.’*

*Discharged from services abruptly as opposed to weaning off gradually exacerbating mental health issues associated with diagnosed Personality Disorder.*

*Medical history not reviewed comprehensively prior to assessments.*

*Felt unable to personally contribute to content of care plan.*

*Request for amendments to Advance Directive to include exclusion of specific Consultant Psychiatrist in future care involvement.*

*Lack of support with mental health anxieties immediately after suffering bereavement as a result of partner death.*

*Allegation of victimisation by staff.*

*Request to be allocated a male support worker unheeded / ignored.*

*Not consulted during transfer of care from one team to another.*

*Allegation of being forced to take medication against their will / wishes.*

*Accused by Consultant Psychiatrist of deliberately taking a prescribed medication overdose to continue accessing mental health support.'*

**Humber Teaching NHS Foundation Trust / Psychiatric Intensive Care Unit (PICU) / Miranda House Hull** – *'Fluctuations (different opinions and changes of plan) during decision making process on whether or not patient is eligible for discharge from Mental Health Unit. Patient feels discharge process is being unnecessarily delayed.'*

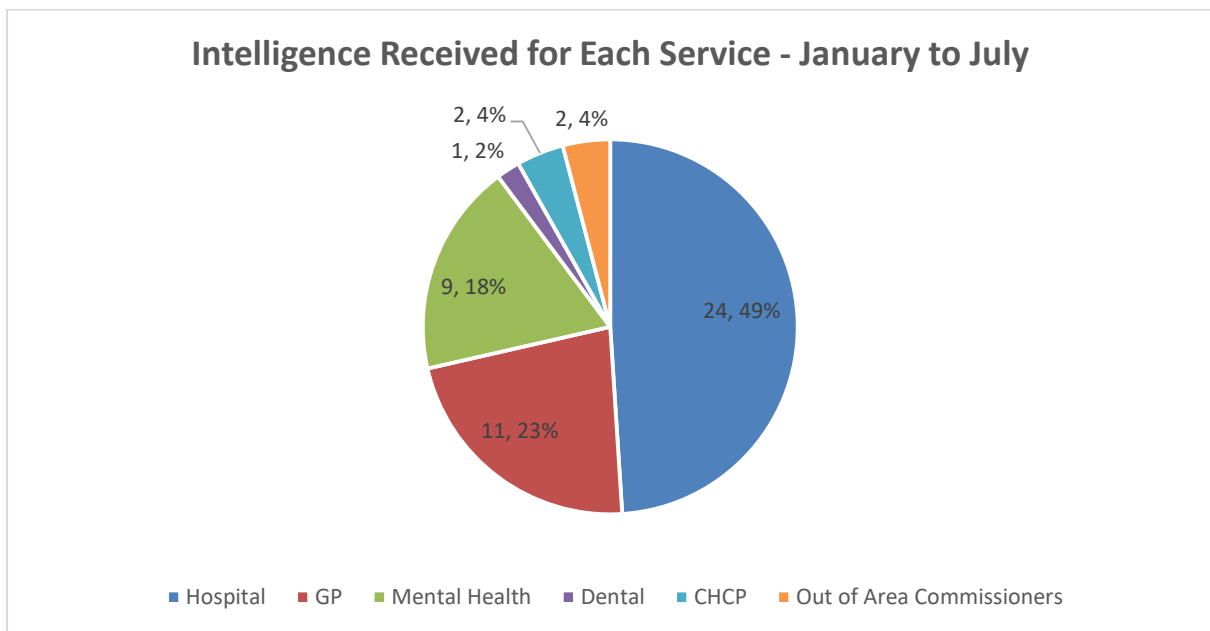
**Hull University Teaching Hospitals NHS Trust / Castle Hill Hospital** – *'Continued pain and discomfort after double attempt at treating hernia.'*

**City Health Care Partnership CIC / Brocklehurst Chemists.** – *'Incorrect dosage instruction included on prescribed medication item by Pharmacist'*



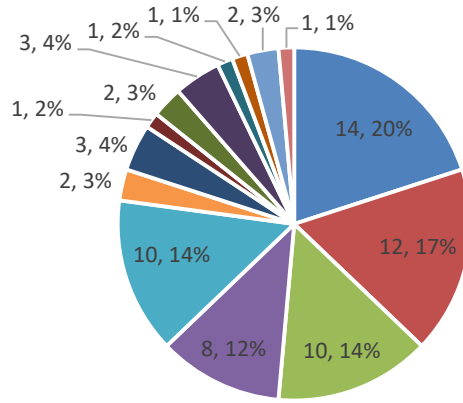
January 2020 – July 2020:

The following graph provides details of the services, the number and percentage of complaints that the NHS Complaints Advocacy Service received for the wider period of January to July. Hospital services (49%) have received the most complaints within this period of time, followed by GP practices 23% and Mental Health Services 18%.



The graph below identifies the themes that have emerged since January to July. Communication 20% is still the theme with most comments received, followed by Treatment (17%) .

### Themes for Intelligence Recieved - January to July



- Communication
- Treatment
- Diagnosis
- Care and Support
- Staff Attitude
- GDPR
- Access
- Equipment
- Delays
- Medication/Prescriptions
- GPs
- Patient Dignity
- Discharge
- Waiting Time

## **8. Feedback Form**

We request that the feedback form below is completed by commissioners and/or provider responsible for the service to enable members of the public to be assured that their feedback is recognised and acted upon and contributes to ongoing service development.

Please complete the form and return to  
[mharrison@healthwatchkingstonuponhull.co.uk](mailto:mharrison@healthwatchkingstonuponhull.co.uk).

Organisation	Responsible person	Comments/Actions

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# healthwatch

Kingston upon Hull

**July 2020**

