

healthwatch

Kingston upon Hull

Intelligence Report

June 2020



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1.Introduction

The details in this report apply to June 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.

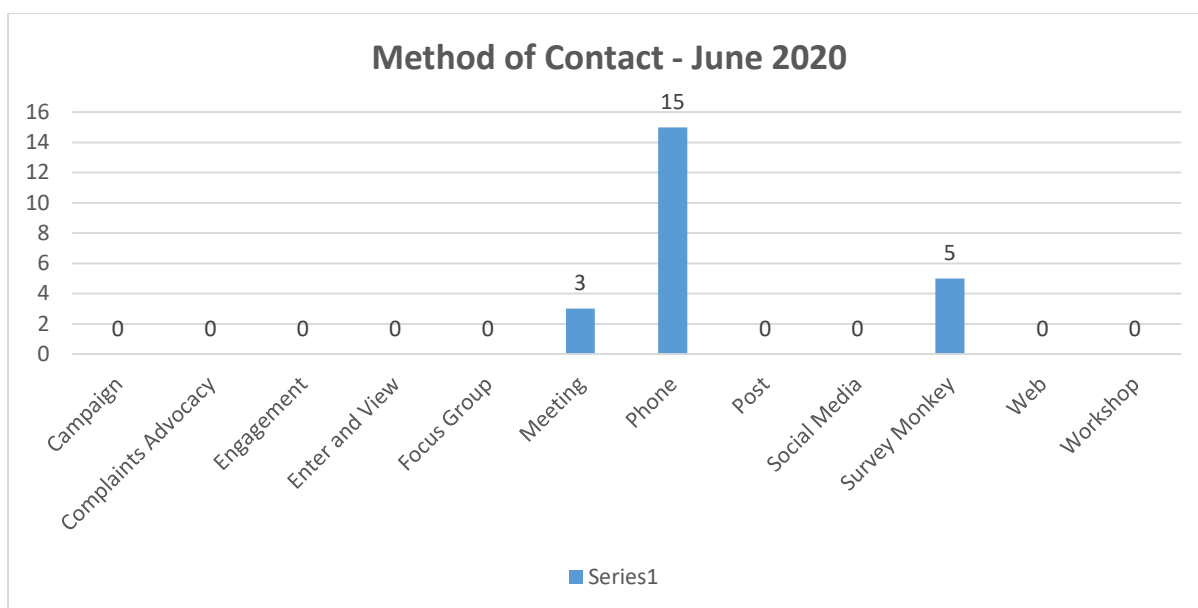
The services highlighted from the intelligence are as follows:

- GP Surgeries
- Hospitals
- Care Homes
- 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.

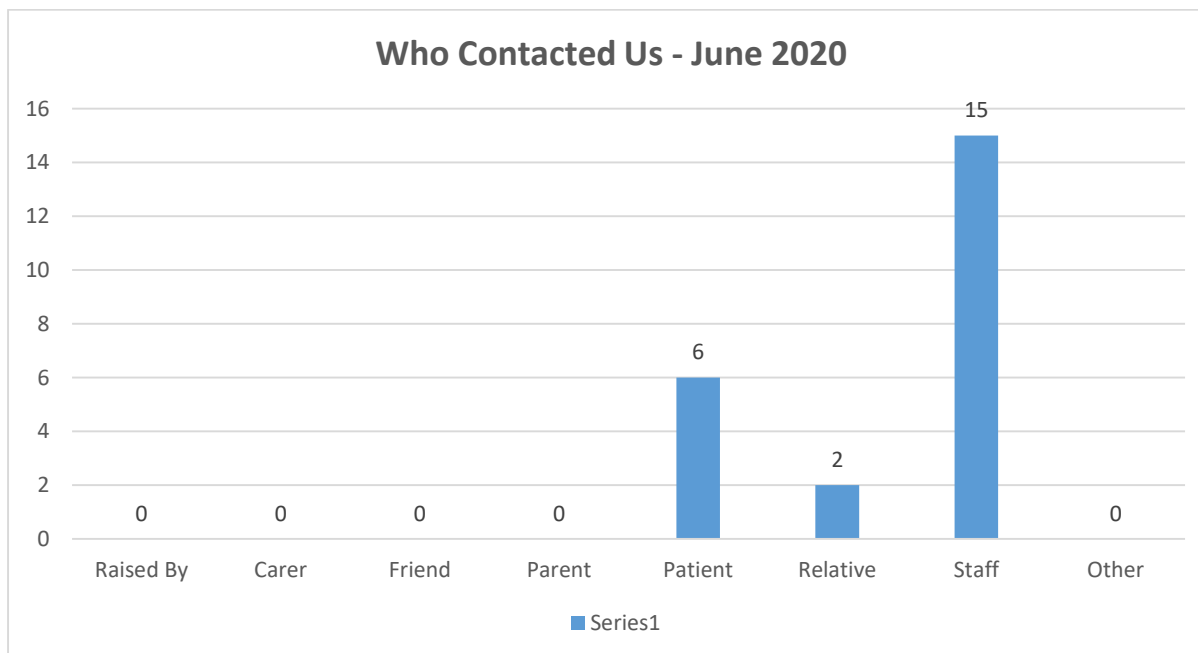
Please note that Healthwatch received all the comments in good faith. Healthwatch have not investigated any of the concerns raised and have acted in accordance with their role and responsibilities of Healthwatch.

2.Contact Statistics

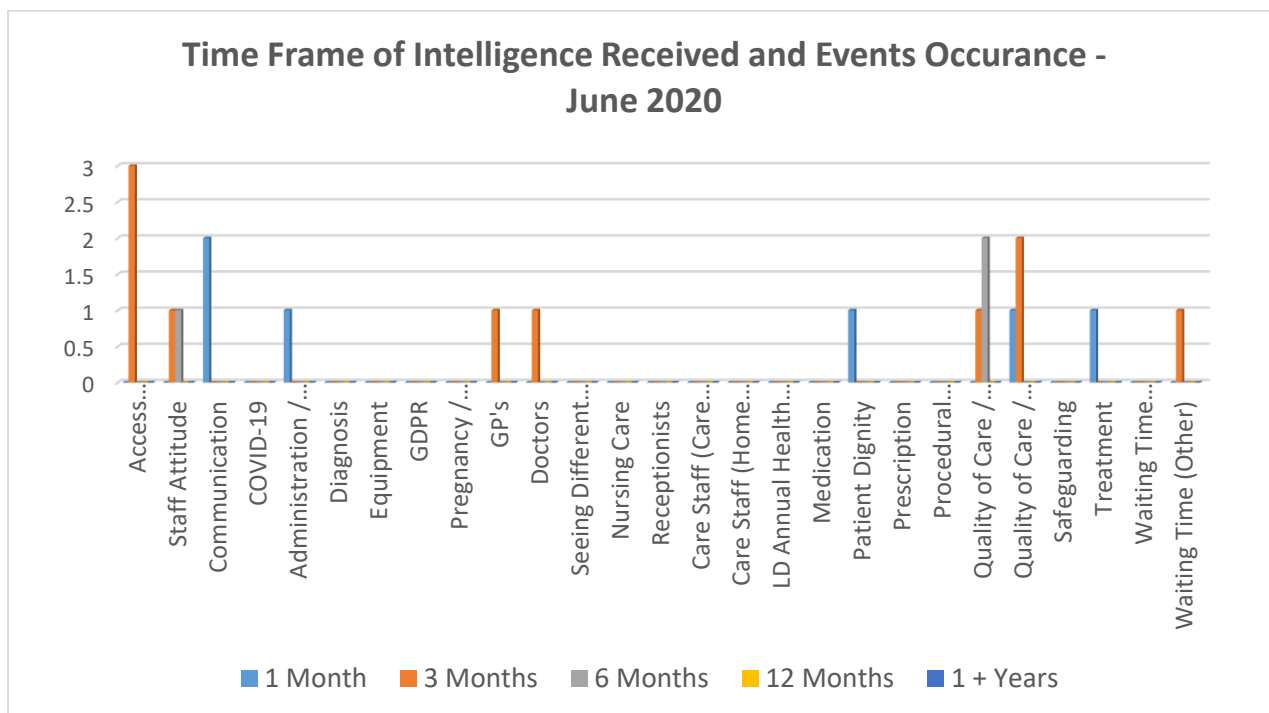


In June we have received a total of 23 contacts through various means, for example, survey monkey, meetings, and phone calls. The number of comments can differ from the total number of total contacts received as one contact can refer or comment on multiple issues or concerns.

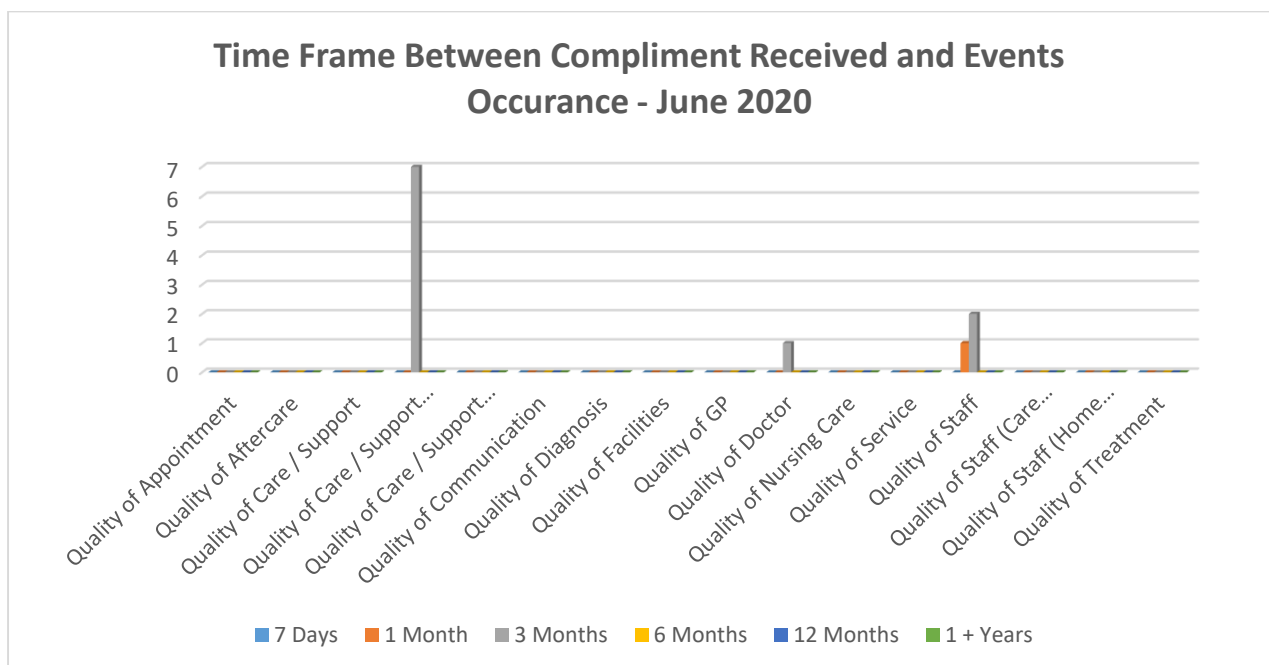
The graph below shows who were the people that contacted us the most this month. As can be seen the most comments received in June were made by various staff members, followed by patients and finally by the relatives of patients.



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



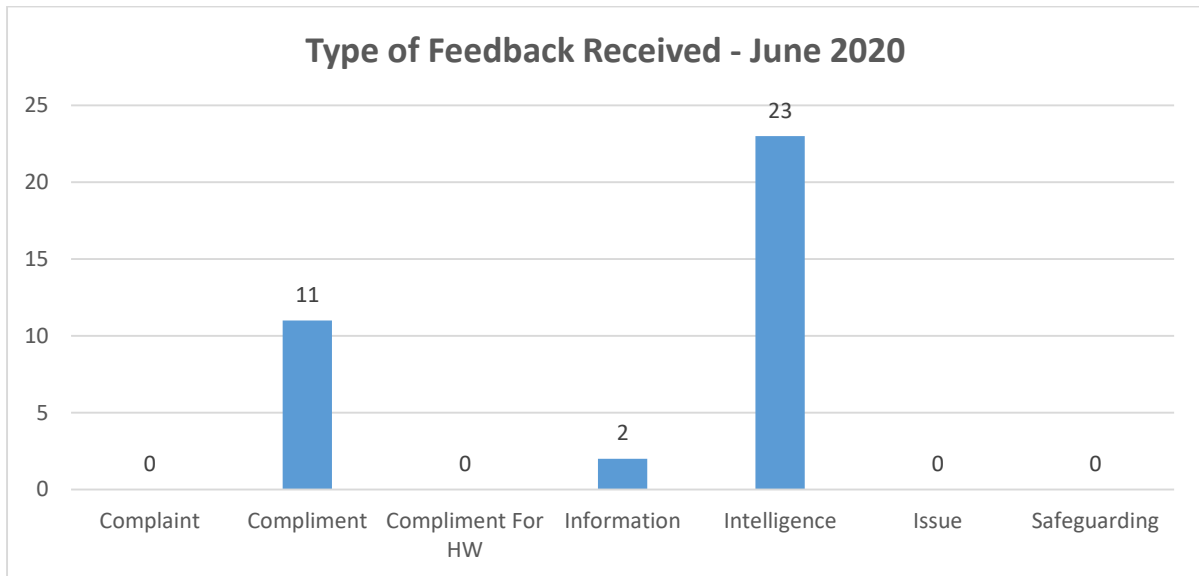
The following graph also shows the time frame but, specifically relates to compliments that Healthwatch received about the services.



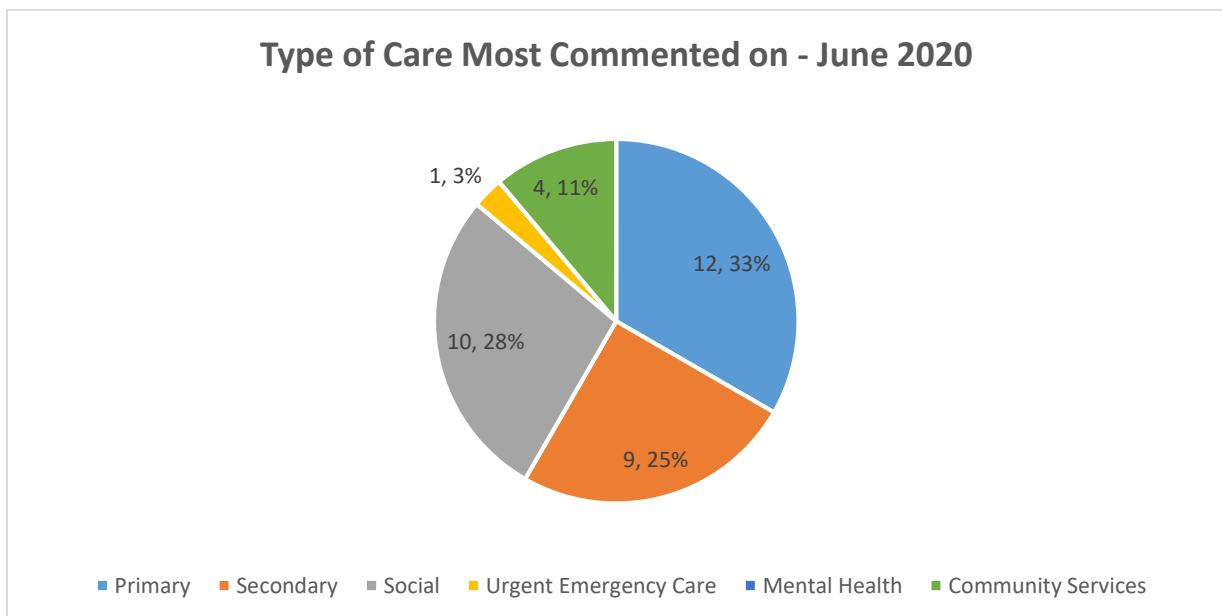
3.Intelligence Received

Overall Intelligence Statistics for June

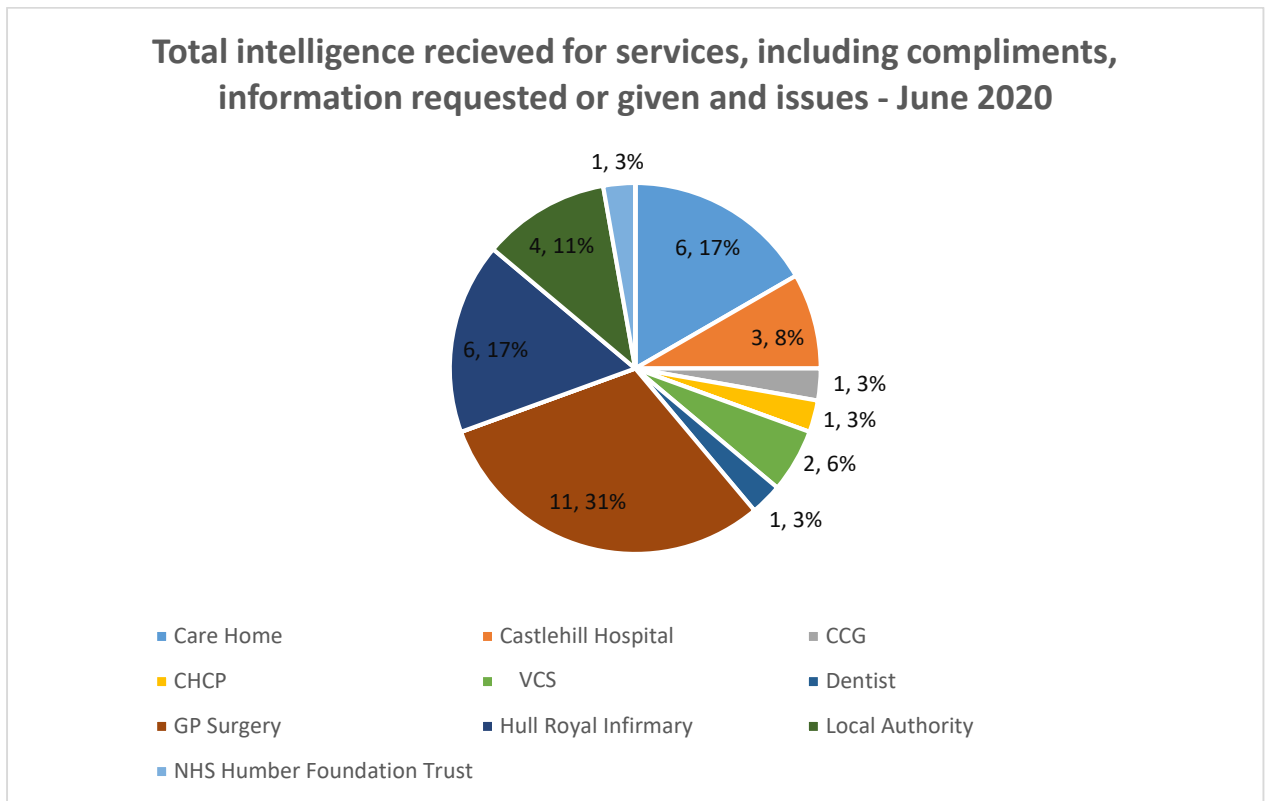
The graph below provides a breakdown of the type of feedback and the purpose of the contacts Healthwatch received during June.



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 (33%), which was closely followed by Social Care (28%).



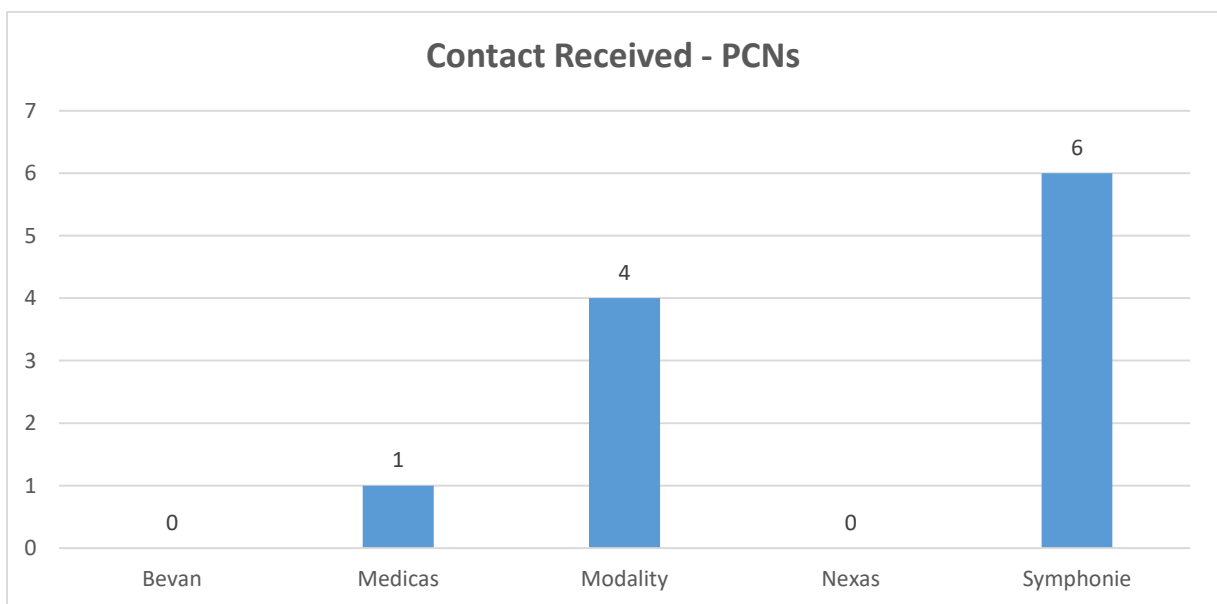
The graph below provides a breakdown of the services and the total number of comments that Healthwatch received, in relation to intelligence and compliments. In June we have received a total of 36 comments.

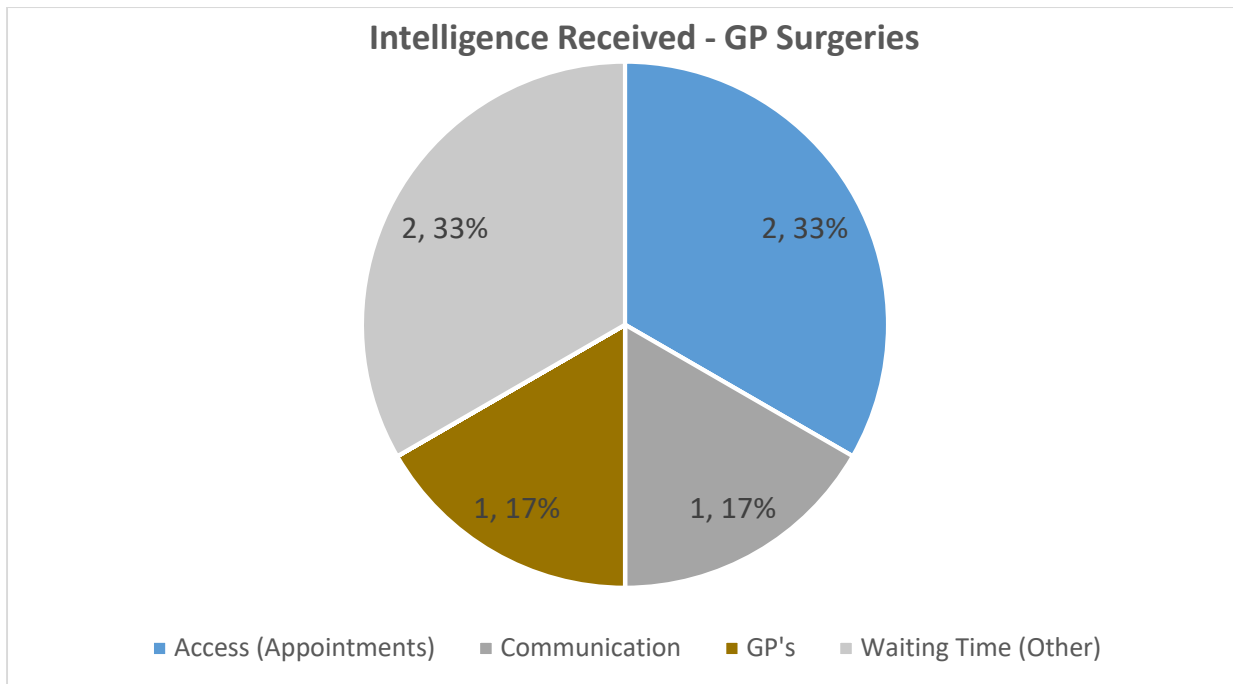


3.1 Intelligence Received – GP Surgeries

Statistical Information and Graphs

This month we have received 11 comments in regards to GP Surgeries, 6 intelligence comments and 5 compliments. 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 Symphonie 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.





From the information above it can be recognised that the biggest issues commented on in regard to GP surgeries was Access for appointment and also Waiting Times. These were followed by Communication and GPs themselves. 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

The Avenues Medical Centre – ‘Bad service from doctor’

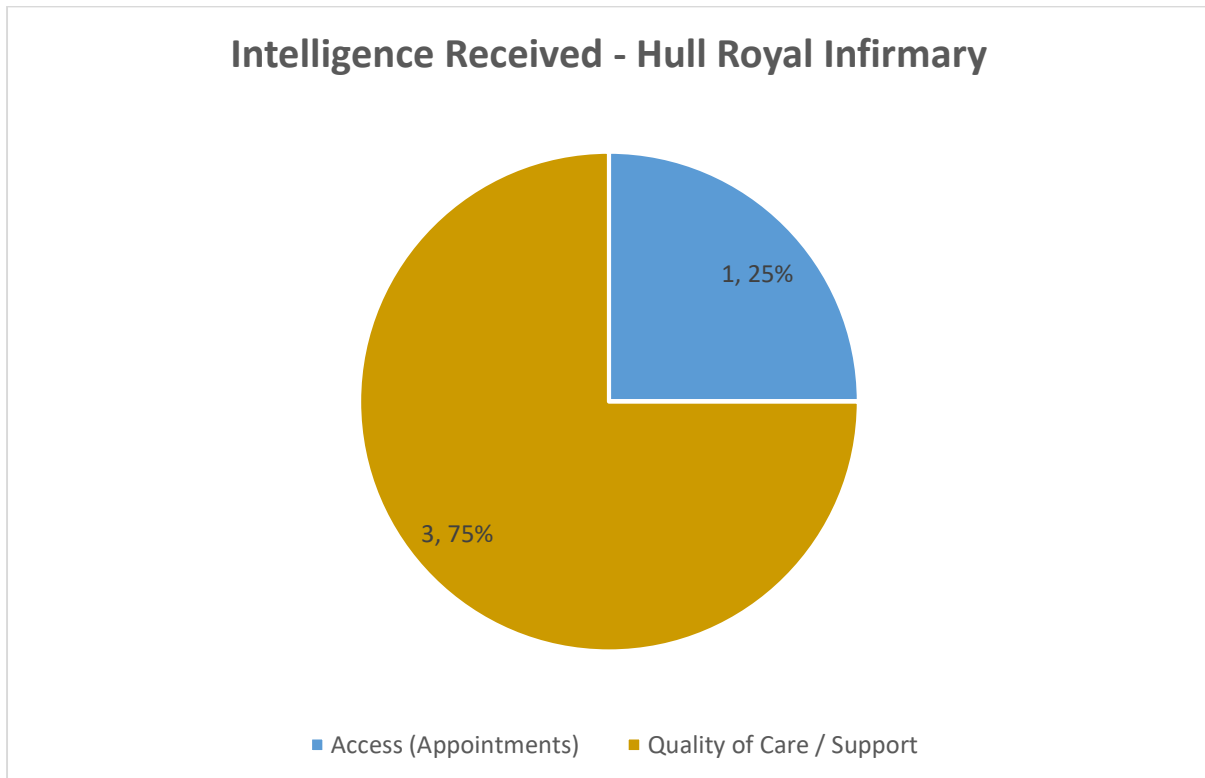
Oaks Medical Centre – ‘Due to Covid-19 the online booking appointment system (patient access) has been withdrawn. On 2 occasions I had to ring from 8am for appointments for myself and my under 5yrs son. 1st appointment (for myself) took me 10mins to get through to speak to the receptionist and I was booked in for a telephone appointment with the doctor at a scheduled time. The 2nd appointment (for my son) took me 45+mins to speak to a receptionist who booked me in with a doctor but couldn't provide an approximate time to expect the call. I don't think waiting 45mins is acceptable. I had to make sure I had my mobile with me at all times especially when I was driving (essential trip) to ensure I could answer the mobile. I was worried if I had missed the call I wouldn't get another call, and that was my only opportunity to speak to the doctor that day, and I would have to ring them the next day from 8am and wait again.’

Diadem Medical Practice (Bilton Grange Health Centre) - ‘I had to wait on the phone for 25 minutes to hear that I should call after 1pm to get my test results. Was also told that I should have listened to the auto message before had that states exactly that. I have re-listened to the message and there was nothing that said for test results call after 1pm. I have waited 25 minutes for nothing. Also getting appointments is ridiculous, especially online appointments for elderly or disabled people.’

3.2 Intelligence Receive – Hospitals

This month Healthwatch have received intelligence for both Hull Royal Infirmary and Castle Hill Hospital. Comments received can be seen below the graph.

Hull Royal Infirmary



Intelligence Received/What people told us

Emergency Care Area – *‘It was bad. I rang 111 with severe stomach cramps, told to go into A&E. Had to get husband to take me, we got there to be told that you should not be at A&E with a belly ache. Nurse told me that 111 were doing this a lot. I had to go to Wilberforce, doctor confirmed that I should have gone to A&E, but he won't send back so he gave me medicine’*

No area provided – *‘We had residents go into hospital during the COVID-19 pandemic and return untested with Coronavirus. This then caused a total of 15 residents to pass away, either with confirmed or suspected cases of coronavirus and 23 staff also be confirmed to have the virus’*

No area provided – *‘We’ve had issues accessing hospital services for residents during the COVID-19 pandemic, however when we have had residents go into hospital some have come back untested and later had confirmed cases of coronavirus’*

No area provided – *‘We’ve had two residents admitted to hospital who came back untested and later had confirmed cases of coronavirus; we found that six of our staff had also caught the virus’*

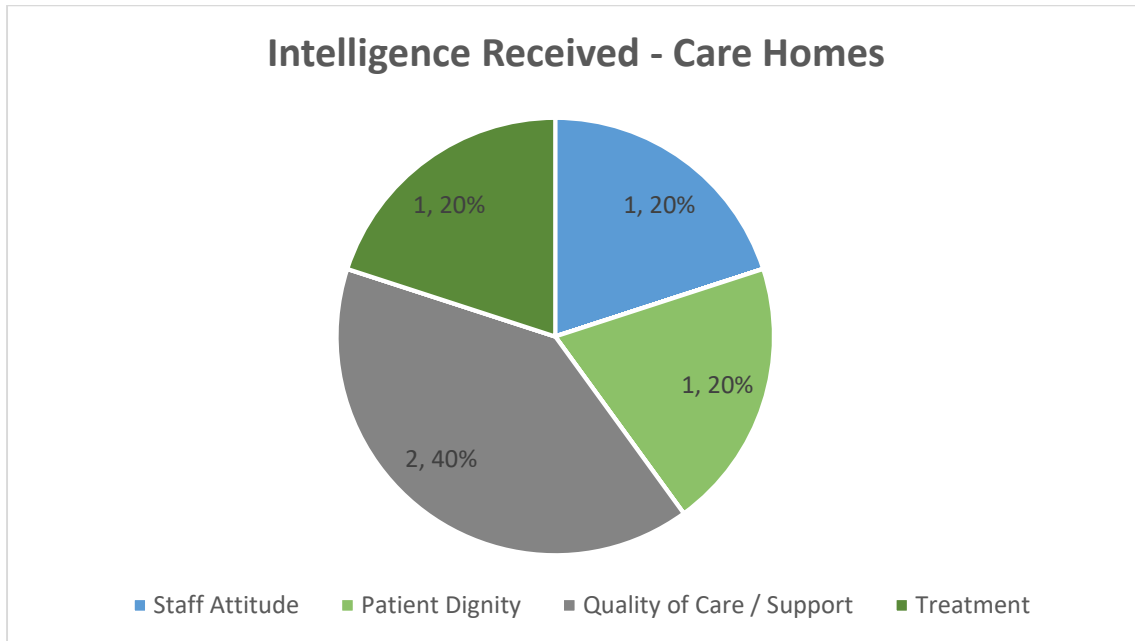
Castle Hill Hospital

Intelligence Received/What people told us:

No area provided – *‘Healthwatch received a call from a lady who informed us that her husband has a medical condition that requires him to have regular Botox injections and he must take daily exercises to enable him to function normally. But due to the pandemic the injections were stopped without any consultation. The lady went on to say, that she contacted the clinic and was advised by a Doctor that the only thing her husband could do at this moment in time was to continue with his exercise and when the pandemic situation improved they could look at re-instating her husbands’ Botox injections. The lady was concerned that her husbands’ condition was deteriorating and was not happy that her husbands’ regular treatment had been stopped and the Doctors were not able to advise when they would be able to re-instate.’*

3.3 Intelligence Received- Care Homes

In June we have received some intelligence in relation to care homes due to a project that one of our colleagues was working on. The details of themes identified, and specific comments can be found below.



Intelligence Received/What people told us:

Rossmore Care Home – *‘We write in respect of our Mother and Grandmother, who was admitted to the Stroke Rehabilitation Unit within the Rossmore Care Home. She was transferred there from Hull Royal Infirmary after suffering a stroke at home. We were dissatisfied with the standard of care she received at Rossmore, and we are writing to you in the hope that lessons will be learnt and other patients will have a better experience. We were told by staff at HRI that my mum would be transferred to Rossmore for intensive physio on her right hand, which had lost some function. Due to COVID-19 we had not been able to visit her in hospital or even speak to her on the phone, so we had no real idea of her condition and were not involved in making the decision to send her to the rehab unit. Mum has dementia, and we were worried about her being placed in a residential home where, due to the current restrictions, she would be in a room on her own with very limited social contact. We also worried that she would not understand where she was or why she was there, and would believe that we had placed her in the home permanently. We relied on the assessment of the staff at HRI to balance these concerns with the severity of the paralysis in her hand. Thankfully she was placed in a ground floor room at Rossmore, so we were able to visit and speak with her through the window. We were surprised to see that her right hand looked much the same as it had done before the stroke – she was able to pick up a cup and search for items within a bag – and there appeared to be very few physical clues for us to see that she had had a stroke.*

Over the next few days we visited her every day and were upset to notice she was dressed in the same outfit every day, despite us having packed her plenty of clean clothes. On one occasion when we visited in the middle of the afternoon she was still in her nightdress and when we pointed this out to the staff member on duty she asked my mum ‘Didn’t anybody

come to dress you this morning?'. She apologized and said she would mention it to the senior, but still every day she was in the same clothing. This would be unhygienic any time, but particularly so as it was a very warm week. My mum also became very depressed and said that aside from mealtimes and medicine, nobody came in to speak with her. This had been our major concern from the beginning: there is nothing worse for dementia than isolation and a lack of stimulation. We asked the physio team for an update on her progress and what her treatment plan was. We were told that as well as her hand, it had been observed that her shoulders were stiff when trying to put on her cardigan, and that she did not straighten her legs when she walked, and so they were doing exercises on these complaints. We explained that she is 95 and has had osteoarthritis for at least 20 years, and this is what the therapist was describing, rather than the effects of the stroke. The therapist seemed surprised by this. Again, we had not been consulted about her care nor involved in making decisions about it, and had we been asked, we would obviously have made it clear that the care plan was inappropriate.

It was very clear to us that the benefits of her stay at Rossmore were far outweighed by the drawbacks and we desperately wanted her home. We were further dismayed by a throwaway comment made by the Occupational Therapist that mum may lose her domiciliary care package if she was away from home for more than a week, and we would have to start from scratch with the assessment. At an already stressful time this was hugely worrying and demonstrated a lack of awareness about what a huge and difficult task it would be to go through that process again and introduce mum to new carers. Thankfully the agency, Opieka, were brilliant and her care package has remained in place. We finally got her home, where she is continuing her recovery. Since she was discharged we have spoken with the East Riding community stroke team (who read mums discharge letter from HRI to us over the phone, as we had never been provided with a copy) and also with Healthwatch about our concerns about mum care at Rossmore and the way decisions were made. They put us in touch with who we spoke to on the phone. She said she could only apologize that my mum was wearing the same clothes every day, and she disputed mums claim that she did not have anybody to talk to throughout the day. Of course, it is very easy to dismiss the testimony of somebody living with dementia.

We are not reassured that our concerns have been taken seriously. We understand that COVID-19 has put unbelievable pressure on an already stretched social care system, and we appreciate the individual efforts of care workers to provide good quality care to their patients. However, our recent experience has proven to us that it is systems that still take precedence over people, and patients and their families have to be skilled and persistent advocates to navigate the interplay between different services. Unfortunately, when someone is unwell, that is when it is most difficult to play that role. It is hugely lucky that mum was placed in a room where we could see and speak to her, otherwise we would have relied solely on information we could glean from the health professionals, which wasn't matching up with what we could see with our own eyes.'

No name provided - *'In January we had a best interests meeting regarding one of our residents where it was agreed it would be more suitable for her to return home when all the measures were in place to provide her the support she needed. In March, as the coronavirus pandemic began, we were told that everything was in place and the resident should be prepared to be move home. I objected to this at the time as I felt it was safer for the resident, her husband and the carers who would be in and out of her property if she stayed here until*

the pandemic had passed as we had put measures in place to reduce the risk of transmission. I thought to move her from the home was a decision that increases the risk for her and while in the long time the resident returning home was in her best interest, the pandemic had impacted the timeline and the decision needed to be reviewed before she leaves. I was firmly told that nothing had changed from the meeting in January and there would be no further review. I was left firmly under the impression that her best interests were not really being taken into consideration and there was a lack of care for her wellbeing. It was also frustrating that my input into her care considering my profession as a manager of a care home wasn't even taken into account.'

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 June.

'We are concerned about how to reach out to service users who can't access or don't know how to use online tools such as Zoom or Facebook. We are looking for ideas to help connect with these service users in other ways.'

Dentist

The Dental Design Studio – *'The complete termination of dental services was pathetic. The armed services dental practices were functioning as usual with suitable PPE protocols. The civilian dental services just stopped and still have no real plans of reopening. Similar issues occurred with the AIDS epidemic in the 80's but the dental surgeries devised a PPE protocol. Obviously all that knowledge has not been used.'*

VCS

Sight Support – *'It is a difficult situation as most services at Sight Support involve face to face contact. The centre closed on 16th March. The closure of the centre has had an impact on fundraising. The majority of staff have been furloughed. The remaining staff and volunteers have been providing key support for the last 3 months which includes telephone calls, shopping drop off and medication collection.'*

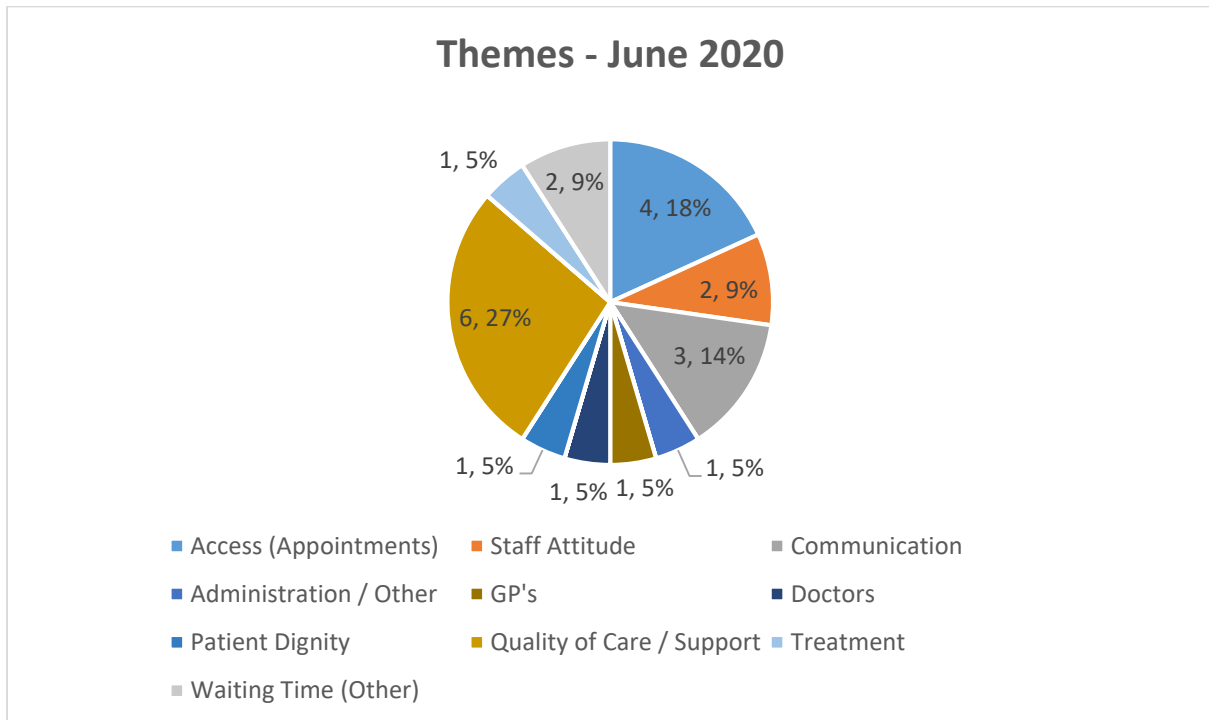
Organisation name not provided - *'Concerned about how to reach out to service users who can't access or don't know how to use online tools such as Zoom or Facebook. We are looking for ideas to help connect with these service users in other ways.'*

CHCP

Nursing Service – *'We've had a district nurse enter our care home already dressed in full PPE. Our policy is anyone entering the building has to dress in our PPE regardless but the district nurse was resistant to do this.'*

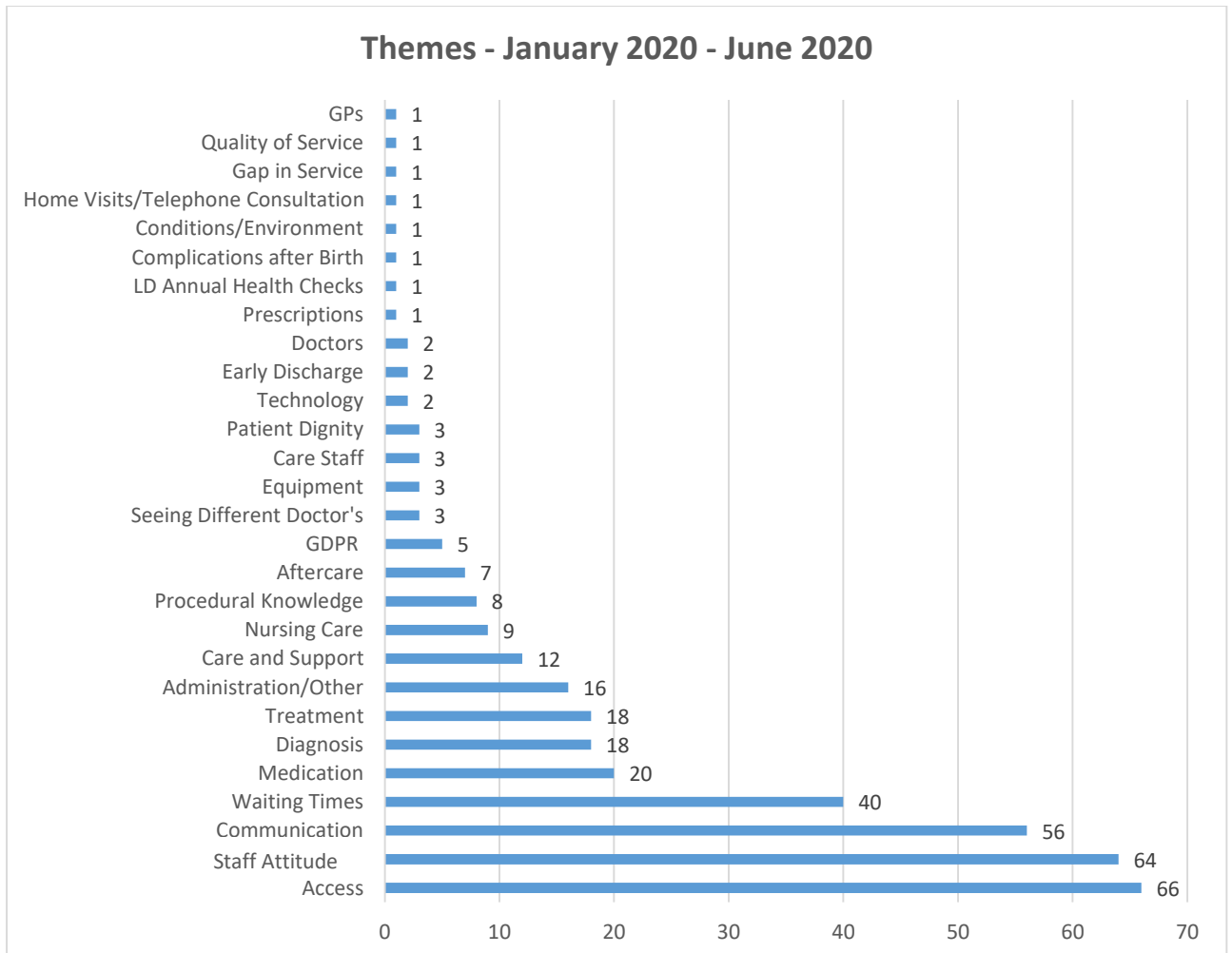
5.Theme Breakdown – June 2020

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 Quality of Care and Support (27%), followed by Access (Appointments) (18%), and Communication (14%).



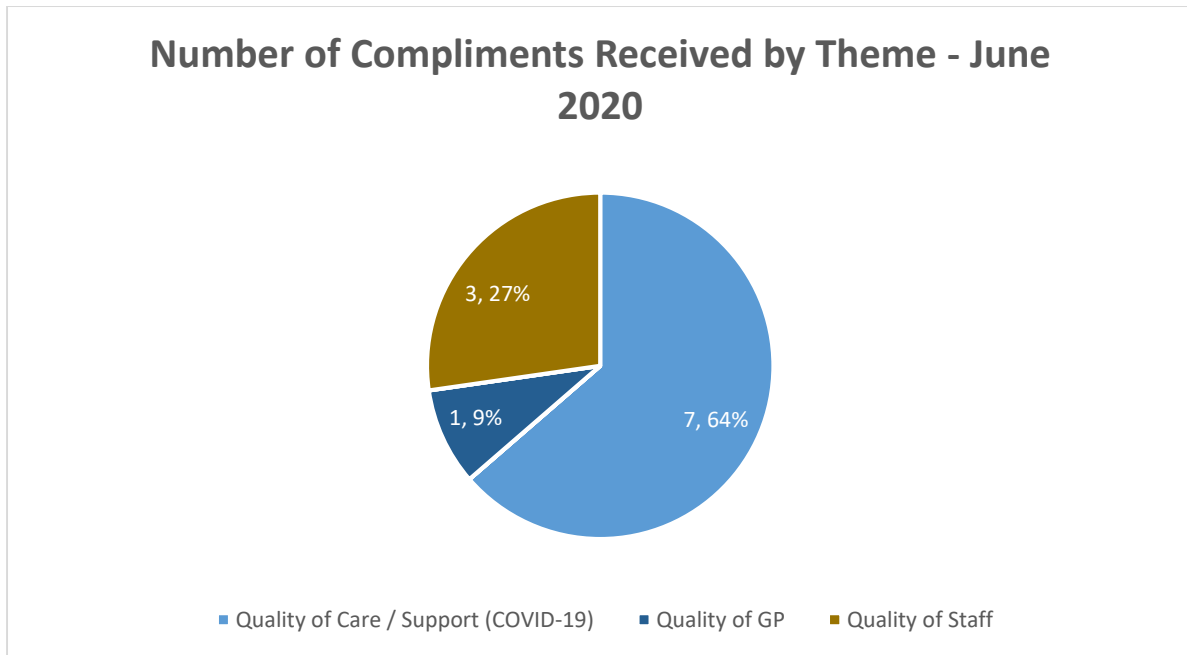
5.Theme Breakdown – January 2020 – June 2020

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 28 themes that have been identified since January thus far. The most popular themes continue to be access, staff attitude and communication.



6.Compliments – June 2020

Statistical Information



In June, Healthwatch received a total of 11 compliments. The graph above provides a breakdown of the themes identified. The top theme was the Quality of Care and Support (COVID-19) (64%), followed by Quality of Staff (27%) and Quality of GPs (9%). The specific compliments received can be found below.

GP Surgeries - Compliments Received:

Springhead Medical Centre – *‘Over the phone care very good from reception to Doctor, I was informed what would happen when contacting doctor and it all went to plan.’*

East Hull Family Practice – *‘East Hull Family Practice have been brilliant with providing support to the residents and helped us however they could during the pandemic’*

Oaks Medical Centre – *‘All the doctors who we have seen are good, provide quality consultations, spend the time to listen, understand you and give individual person centred care. They always take an interest with my son which is nice. It's clearly evident they enjoy making children better and making their experience at the doctors less anxious as possible.’*

Oaks Medical Centre – *‘The receptionists are always helpful and efficient and try to help when they can. For example, processing of repeat prescriptions with the doctor who sends it to my pharmacy.’*

The Avenues Medical Centre – *‘Good service on front desk’*

Hull Royal Infirmary:

Audiology Outpatients – *‘The audiology department at the hospital has been fantastic, we dropped off some hearing aids and within 24 hours they were fixed and back at the home which is quicker than it normally takes’*

Ambulance Service – *‘Great! had such friendly lovely paramedics pick me up. kept me calm and talking when I broke my leg’*

Local Authority:

‘Hull City Council has been great, they have contacted us regularly to make sure the staff and residents were doing well and made sure to offer any support if we needed it’

‘The COVID-19 Team and Social Workers have been fantastic, calling regularly to see how staff and residents were doing and to offer support if we need it’

‘Hull City Council provided us with and helped us source additional PPE when we were struggling. It was helpful having someone at the council to speak to as when we were finding it difficult to find good COVID-19 training courses they provided information to us on a course provided by Dove House’

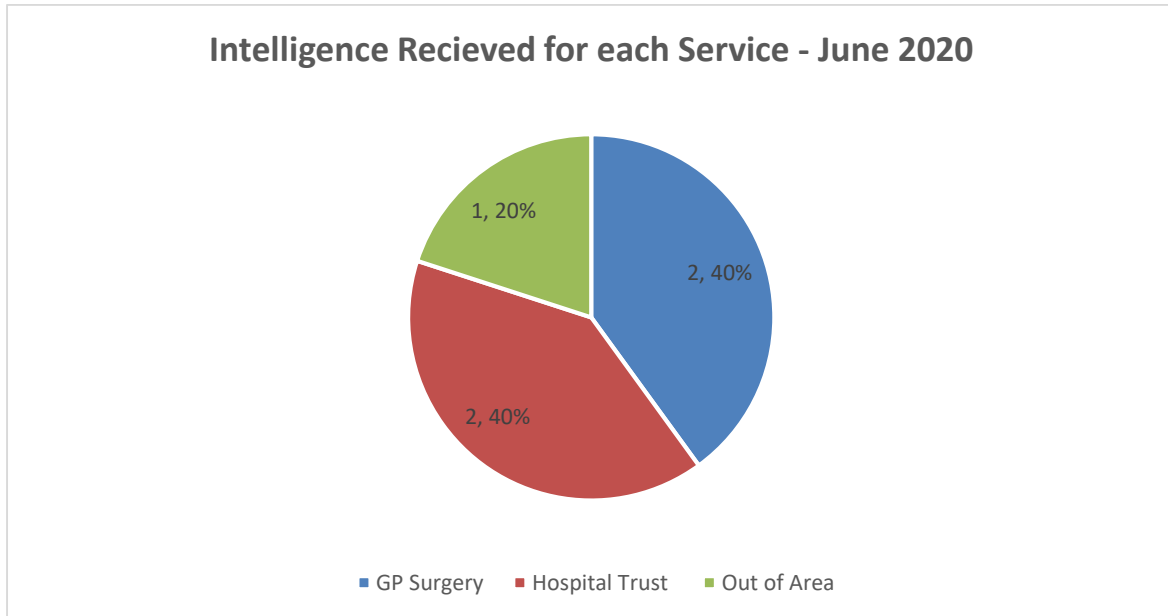
CCG:

‘We’ve had training provided by the CCG on how to properly put on and use PPE which has been reassuring as we know we’re definitely using it correctly which is key to combatting the spread of coronavirus’

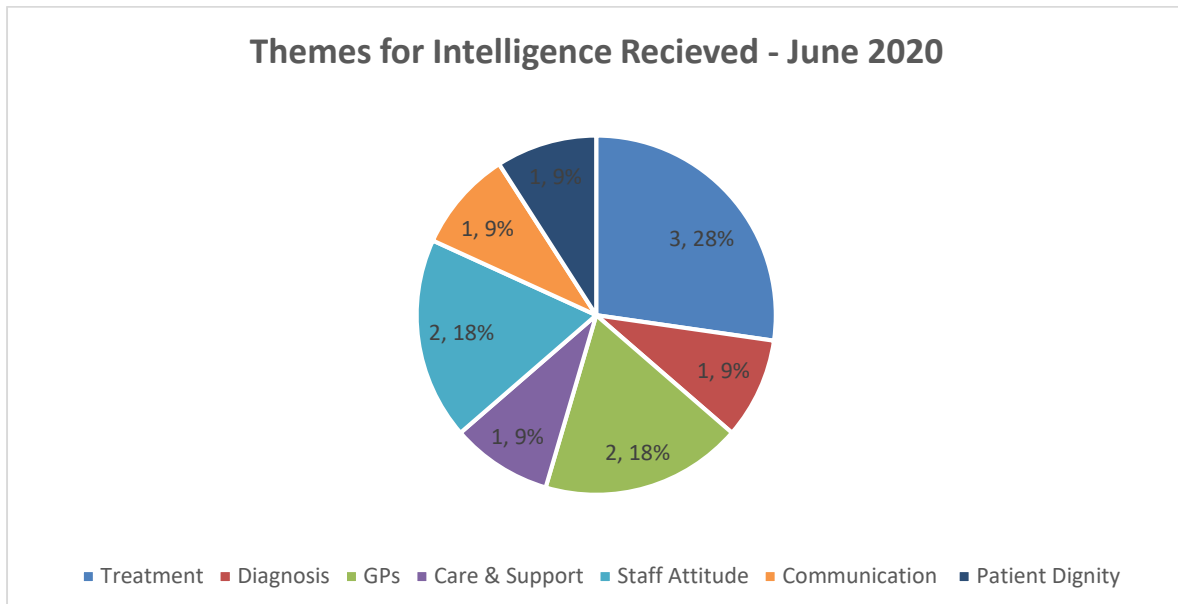
7. Cloverleaf NHS Complaints Advocacy Statistics and Intelligence

June 2020:

The graph below provides details of the complaints received by the NHS Complaints Advocacy Service in June. The first graph provides details of the types of services and the percentage number of complaints received. Hospital Trust and GP Surgeries received the most complaints this month, there was also a complaint about an out of area service.



The graph below identifies themes that were identified in June.



Intelligence Received:

Hull Royal Infirmary – *‘Multiple facets of care delivered to elderly patient whom subsequently died. Family informed one day after death the patient had tested positive for Coronavirus. Diagnosis of Coronavirus had been described as negative prior to death.’*

Queens Centre Castle Hill Hospital – *‘Patient’s carer declined access to attend cancer treatment session and ‘ringing of bell’ ceremony when treatment completed.*

Fellow patient (unknown to patient) allegedly physically kissed patient in reception area of Queen’s Centre Castle Hill Hospital. The kiss was unwanted. When patient and carer sought intervention from NHS staff, their requests for assistance were declined / ignored.’

Kingswood Surgery (Haxby Group) – *‘Dissatisfactory continuity of care delivered by GP eg) each time client attends GP they are allocated a ‘random’ GP slot even though they specifically request an individual doctor. Patient has to continually describe medical issues ‘from scratch’. In addition, patient wishes to be re-prescribed Pregabalin, Clonazepam and Lansoprazole. Prescribing of these medications has been halted (official reason not yet established).’*

St Andrew’s Surgery – *‘Patient informs they were recently inpatient at Miranda House. Whilst inpatient, all their medications were taken off them including their ‘heart spray’ - Glyceryl Trinitrate (GTN).*

Since discharge (approximately 3 weeks ago), Patient has sought GTN replacement from their GP to aid with symptoms associated with diagnosed Angina.

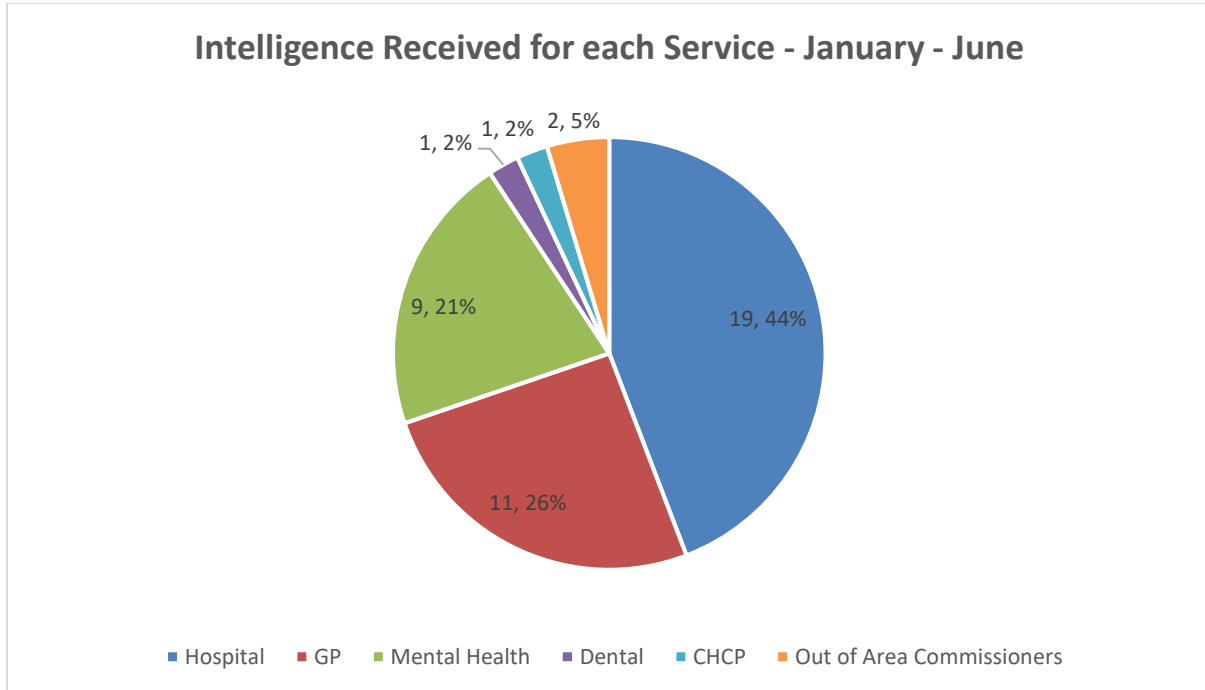
Approximately 4 days ago, Patient reports the GP response as, ‘You don’t need GTN. If you get chest pain, phone 999’. (paraphrase)’

Out of Area – *‘Patient is experiencing issues with effective treatment of Intracranial Hypertension (IHT) because they describe poor co-ordination between people involved in formulating care in Hull which includes Neurology and Ophthalmology.*

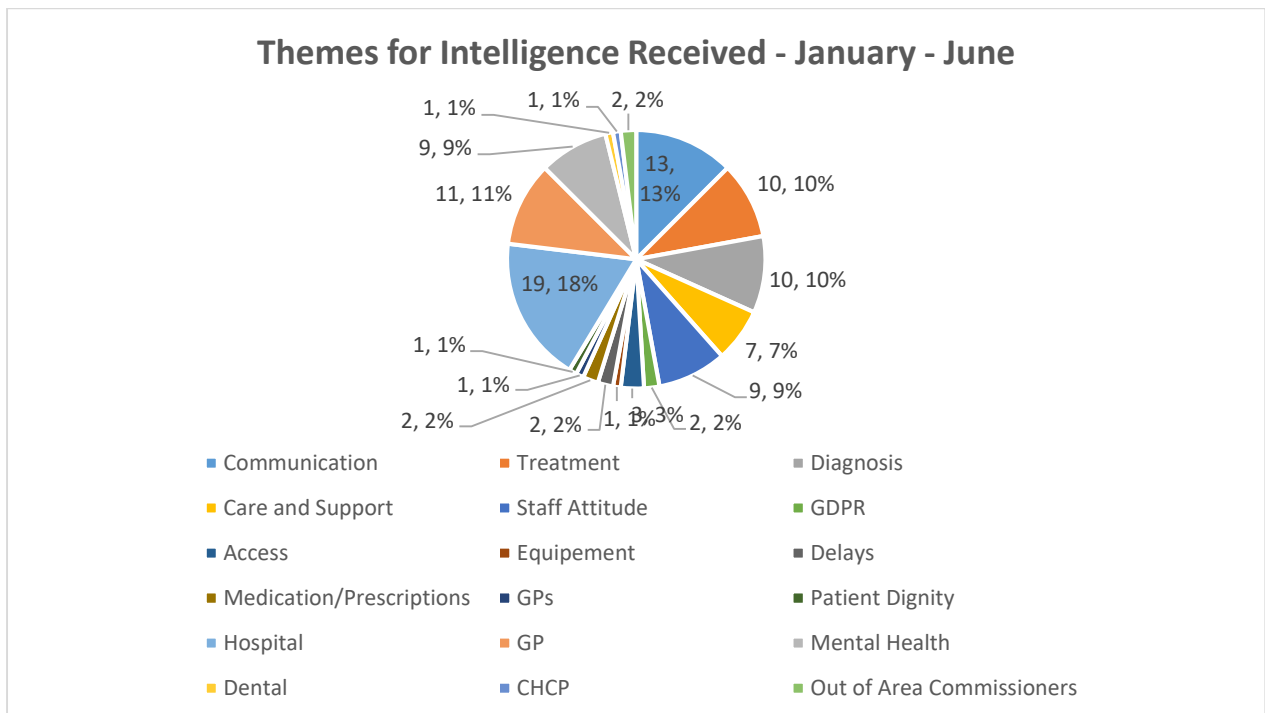
Whilst undergoing treatment in London an issue cropped up with Security being called to respond to an issue about patient’s Carer (unspecified reasons why) and delivery of a Lumbar Puncture procedure which was initially done without use of x-ray after patient was informed this was not an option but when the procedure was unsuccessful, use of x-ray suddenly became available.’

January 2020 – June 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 June. Hospital services (44%) have received the most complaints, followed by GP practices 26% and Mental Health Services 21%.



The graph below identifies the themes that have emerged since January to June. Communication 21% received the most comments, followed by Diagnosis 16% and Treatment (16%).



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.

Organisation	Responsible person	Comments/Actions

healthwatch

Kingston upon Hull

June 2020

