

Monthly Report

October 2022

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Location of comments:

Location data is mapped using postcodes of services. The map points are coloured according to the sentiment of the comment:

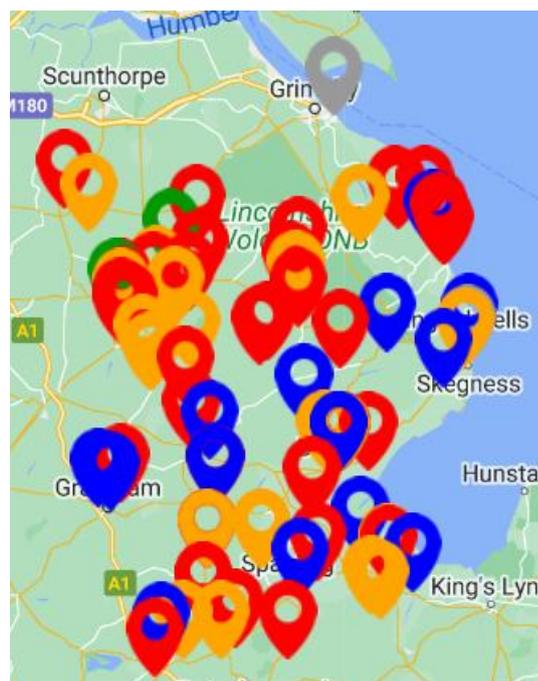
Positive - green

Negative - red

Mixed - orange

Neutral - blue

Unclear - grey



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Overview

October 2022 Monthly Report

During October 2022 Healthwatch Lincolnshire received **109** patient experiences directly to our Information Signposting Officer. This is a summary of the key themes raised by patients, carers and service users during October 2022 about services in Lincolnshire.

For more details you can call us on **01205 820892**
Email: info@healthwatchlincolnshire.co.uk



Overall Sentiment

3% of all comments were **positive**
53% of all comments were **negative**

17% of all comments were **neutral**
22% of all comments were **mixed**

October 2022 – Feedback Service Themes Sentiment



32%

Hospital Services
(All services)



41%

GP Services



16%

Community Health
Services



6%

Accident &
Emergency



0%

Diagnosis &
Screening Services
(GP)



31%

Dentistry



8%

Mental Health &
Learning
Disabilities



22%

Social Care

%s total greater than 100% as many comments we receive contain multiple service themes

Dental Services

Key Themes

- Lack of access to NHS dental services
- NHS practices turning into private practices



What you told us

Many of the responses we received this month in relation to dental services came in as a response to our dental campaign “An NHS Dentist 4 All – improving dental services in Lincolnshire”. The sentiments of the comments shared through this campaign so far echoed those that we have been receiving in regard to NHS dentistry over the past few years. The lack of access to NHS dentists in Lincolnshire, NHS practices becoming solely private and concerns around the unaffordable/unfeasible cost of private treatment are repeatedly mentioned.

Whilst access to NHS dentists is poor throughout the county, Grantham and Mablethorpe are two areas where access to NHS dentistry appears to be particularly challenging. Furthermore, those who shared their concerns and experiences around NHS dentistry in Grantham highlighted that this is not a new problem. Indeed, several respondents shared that they were struggling to access NHS dentistry 10 years ago and were left with no alternative but to seek NHS dental services in Nottinghamshire.

A summary of what we have heard so far through our dental campaign is provided on page 5 and the full report will be available on our website shortly.

Your experiences



Story 1

“My parent needs a tooth extraction due to infection. Treated with antibiotics at present.

Should be NHS patient. Dentist wants to do it privately for £300. Apparently cannot be done on the NHS and certainly not at their dental practice.

Maybe able to be referred to clinic in Lincoln but would be over 3 month wait?

Why is this allowed to happen? My parent is in their 70s. Is this professional practice?

My partner has also experienced problems with the same dentist when trying to access NHS treatment. We have been registered patients with the dentist for a number of years and try to look after our teeth, and have regular checks.

Without notice, suddenly we are all private patients! This doesn't seem right.

£300 for a tooth extraction, and £1250 for a crown is far too much.”

Story 2

"I had a local dentist when my children were small but he went private and would not treat the children unless my spouse and I joined their scheme of paying a monthly premium, which we could not afford. I could not find another NHS dentist within Lincolnshire, so I transferred to an NHS dentist in Nottinghamshire. That was almost 20 years ago and I have not been able to transfer back to an NHS dentist in Lincolnshire as there is none available."

Story 3

"In January 2021 I had no choice but to register with a private dental provider as the NHS dentist where I had been receiving check-ups and treatment in Market Deeping stopped providing NHS dental services (without giving any prior notice). I required treatment for a broken tooth and in fact was told I would need an implant at a cost of £2,500.

Also, my close family member is unable to find any NHS Dentist taking on children, they are concerned for their two babies' oral health as they are not really able to afford private dental services for their young family.

Interestingly, during the pandemic private dental providers continued to work, I am able to get an appointment with the private practice I have registered with very quickly, why both of these are out of the reach of NHS dental services."



Story 4

"My experience of NHS dental services in Lincolnshire is non-existent and I have paid to go privately for years. Better access to NHS dental services in Lincolnshire is needed. The individual had no positive experiences of NHS dental care in Lincolnshire."

To read more about what you've told us about NHS dental services and our recommendations for dental services in the county, check out our dental report [here](#). **Sharing your feedback on NHS dental services has resulted in change** and has started the reform of NHS dental services. To read about how NHS England has acted on **your feedback** to improve dental care, click [here](#).

An NHS Dentist 4 All

Since as far back as 2015, due to the number of poor experiences shared with us by residents of Lincolnshire, Healthwatch Lincolnshire has been raising concerns about the decline in the access to NHS Dentists in our county. During this time, we have consistently worked closely to raise our concerns with NHS England Midlands Dental Commissioning Team, media, Healthwatch England, as well as with local and regional dental networks.

Whilst we all recognise many of the problems with dental services in Lincolnshire, such as commissioning, workforce and our county's geography, we see is little or no improvements being actioned. For example, as we have this month, in our county we have seen increasing numbers of dental practices making the decision to 'hand-back' NHS contracts and move to being fully private.



Healthwatch Lincolnshire's '**An NHS Dentist 4 all - Improving Dental Services across Lincolnshire**' campaign is running from 1 October 2022 until 31 March 2023. During this time, we will be raising our concerns both locally and nationally so we need all the help we can to get to bring to the attention of as many people as possible the need for more NHS Dentists in Lincolnshire.

To sign up and find out more about the campaign, [click here](#). Follow us on [Facebook](#) and [Twitter](#) to stay updated on the campaign.

How can you get involved?



Pledge your support and sign up



Download content to share with the public throughout the campaign



Encourage local people to have their say through Healthwatch Lincolnshire



Stay up to date with dental improvement across the county



Read the experiences of patient's carers and service users



Share this with colleagues, partners, constituents, and other interested parties

An NHS Dentist 4 All – Improving Dental Services across Lincolnshire

In just over a week, over 150 individuals have shared both their experiences of NHS Dental Services in Lincolnshire and views of how services should be improved.

So, what have you told us so far?

1. The lack of NHS dental care is having a negative impact on people's immediate and future health
2. Existing NHS patients are finding their NHS practice is now solely private
3. Other patients throughout the county have never had the opportunity to have an NHS dentist due to lack of services
4. Patients are being left with no alternative but to pay for private treatment (however, many cannot afford this)
5. Individuals are routinely travelling to other counties for NHS dental services

What would you like to see improved?

			
More NHS dentists and practices	Improve NHS dental provision for children	NHS practices should not be able to become solely private	Private patients should not be prioritised over NHS patients at NHS practices
			
Better pay and contracts for NHS dentists	Improve disabled access	More money should be spent on prevention	Greater transparency on cost of NHS treatment
			
	A local dental teaching hospital	Greater transparency on waiting and practice lists	

What works well?

Sadly, the most frequent answer to this question was 'nothing'. Indeed, many responded by saying they had no experience of NHS Dental Care in Lincolnshire so could not comment.

For the handful of individuals who did share their positive experiences, they highlighted the benefits of:

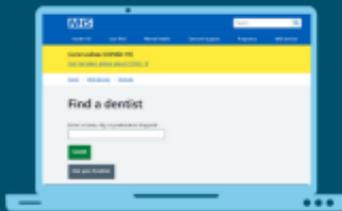
- Text reminders for appointments
- Practices offering appointments in the evening and at weekends
- Regular local, appointments and timely, affordable, good quality care

Finding it hard to get a dentist appointment?

Dental practices are recovering from backlogs due to strict hygiene measures to minimise the risk of spreading COVID-19 to patients and staff. The situation is improving but we are hearing that Lincolnshire residents without a regular dentist are still finding it difficult to get an appointment. Read our steps below on accessing NHS dentistry.

1 If you have a dentist you usually visit phone them to make an appointment. Appointments will be available according to your individual situation and dental need. Be prepared to **wait longer** than usual for a routine, non-urgent appointment. You can also **take personal steps** to maintain healthy teeth.

2 Unlike registering at a GP practice, NHS dental practices are available to everyone to attend a course of treatment regardless of where they live. Visit the [NHS Find a Dentist website](#) to search for a dentist in your area. You should also consider **widening your search area** to where you can travel to.



What is Healthwatch Lincolnshire doing about this issue? We regularly monitor the access to NHS dentistry in Lincolnshire sharing our findings with dental commissioners to **influence positive change**.

3 **Is your dental need urgent?** Phone or go [online to NHS 111](#) to check your symptoms and see if you need urgent help. You will be advised if you need to visit your hospital emergency department (A&E) or advised of your nearest NHS dentists providing urgent appointments. The number of urgent appointments available each day is limited. When phoning a dental practice, clearly describe your symptoms, any pain or swelling and the impact it is having on your daily living.

111

4 If you can't find a dentist for urgent treatment, call [NHS England's Customer Contact Centre](#) on 0300 311 2233 stating your situation. Keep [sharing your experiences with us](#), positive and negative, the more information we have the more we can help.





Story 1

"The whole system is disjointed, you never know who is responsible for what. It is very easy to be forgotten once out of hospital. There is no regular checking up of a patient or aftercare."

Story 2

"My parent is receiving care that meets their needs in a nursing home.

Better communication and sharing of information. Families do not understand the process and it makes for a stressful situation on top of the worry about loved ones. My parent has received excellent care to meet their complex needs.

Not talk about those in care like they are an object where fees need to be "negotiated"... their needs / location to family are what should be important. Social media groups, who have experienced the care system and can help me understand and know what questions to ask.

A simple format for families to understand. We are not taught this complex system in schools yet we are supposed to make informed decisions for our loved ones. More information is needed for families."

Story 3

"My care is disjointed and covered by different Hospital Trusts that are not able to access information between them. I need all my care under one Trust with one GP that understands my ongoing problems,"

Story 4

"I have a heart condition; I have had to continually chase the changes in medication for prescription from GP that are advised by the cardiologist with letters that appears not to be read."



Accident and Emergency

Sadly, this month several people shared their poor experiences of A&E departments in the county. Particular concerns were raised around waiting times, lack of seating and pain relief.

Your experiences



Story 1

Shared by a patient experience group

"The fact is it's not about the staff, it's about the general running of the hospital and from many experiences A&E was the biggest concern. Not all experiences were bad, there were some good ones, or some that started good and ended badly.

But the main things that came up was 30 + hours waiting in A&E if needed to be admitted.

Over 12 hours to be seen

Some not all are that long.

Being sent home from A&E after being seen and dealt with in the middle of the night to go back to Grantham, with no money, no coat, nothing, having to ring round family and friends in the middle of the night to see if they can be picked up, despite some not having family or friends or who drive, this is also seen in the elderly especially....

It's been overheard in the A&E being called a cattle market, by the Drs themselves..

People are there for hours sat in chairs next to people who are having treatment via drips etc, people are cold and scared at a time when they are ill.

This is the reality...and it may well be the same in other hospitals but we just talking about Lincolnshire here, that's a big, rural county.

It's a fact that Lincoln CANNOT cope anymore because of the population here and in Grantham it's no longer big enough, even with Boston Hospital these two hospitals are suffering from staff shortages, staff leaving on the grounds that they know someone could die when there isn't enough staff on shift. They can't just turn a blind eye anymore because they worry for themselves getting blamed for something that was not their fault but the fault of the hospital for not telling the truth on how bad things are.

It's time ULHT put their hands up and said look we need more help, we need to make Lincoln a more desirable place to work, so people want to work there and stay there.

Yes we have the medical school but I can tell you now people will not stay, they will move on to other hospitals that gives them a better career in medicine, where they can progress up the ladder and that's not Lincoln as it stands. Grantham on the other hand is an excellent hospital, I'm not saying it does not have its faults as it might do I don't know...but on the whole Grantham is coming out of this on top, and it's not as big as Lincoln, yet from the replies I got, no one wants to go to Lincoln from Grantham as they are scared of the place...people have said they would rather die at home if they can't get into Grantham than at Lincoln Hospital.

It's been a real eye opener for me on how a lot of people from Grantham feel..and they should be listened to.

Lincoln must tell the truth about the help they need, and stop covering it up, because it's doing them no favours, as eventually people of Lincoln will go to A&E if needed and find the doors closed and told to go elsewhere, twice since I been doing this group it's come close to that already....winters coming, and it's one hell of a scary time with flu and COVID circulating together...

Things have to change."

Story 2

"People/patients are ending up in A&E in pain and are laying on the floor, no blankets most of the time. Obviously people are being treated in A&E with drips and so forth and this is not a complaining email because it's not the staffs fault, but shouldn't they be looking at way to help people when there's no chairs is the floor the only option.

I know it's all been done up so is the layout of it different, is their less chairs because for whatever reason people are sitting/laying on the floor. This is Lincoln I'm talking about, but even people from Grantham who have to go there.

It just feels very scary,"

Story 3

"Following continued failed attempts to get through to the Hospital the nurse provided us with a letter to take directly to the Urgent Treatment Centre (UTC) at Pilgrim. We then arrived at just before 3pm at the UTC and were immediately told to go to A&E instead.

The following are some of the highlights of the experience that followed.

1. First Nurse to do triage was highly dismissive of any referrals that came from GPs or practice nurses as they were nearly always wrong in their experience. Firstly, this is in my view grossly unprofessional. Secondly, to criticise a fellow NHS staff member to a patient seems wholly inappropriate as all it achieves is to undermine the confidence of the patient in the staff.
2. Several toilets were out of action and the one that was not was filthy, with urine and paper all over the floor.
3. The waiting area was very crowded and chairs were only available for the attending patient, not the person who was accompanying them. One of the nurses kept loudly making this point. It should be obvious that some people attending A&E will be in a distressed state and need the support of someone close to them, expecting this person to stand for hour after hour is not acceptable. One nurse went to the A&E front door on several occasions and was heard to mutter loudly that no security was present. I am not sure what the rule is with regard to security attending A&E but we did not see any during our lengthy stay.
4. We were advised that the intention was to admit my partner for surgery and the delay was due to the need to identify a bed for them. The nurse advised that this would be a long wait and quite probably no bed would be available until 5am!! So we waited for just short

of nine hours (3pm till midnight), when they finally saw a Doctor who said the best thing was to have an antibiotic injection go home and phone in to Same Day Surgery the next day. Frankly, if that was the best thing, why did we have to wait nine hours to be told it, I stood next to my partner's chair for all that time and at 77 its not a great thing to do at my age.

5. We noted that several of the patients who came into A&E whilst we were there on the Tuesday were still sitting in A&E the following afternoon. This is shocking and cannot be considered first class care or compassionate.
6. The following day we attended the Day Surgery Unit and to be fair the staff were very welcoming and supportive, However, we listened to the staff making numerous calls trying to find out when and if my partner was going to get a bed and have their surgery. I think the staff were increasingly concerned as apparently the unit closes at 7.30pm, in fact we waited until 7pm before a bed on 5B was allocated and surgery took place
7. On the Thursday morning I phoned to ask if I could bring my partner some clothes and was told, no, as the lifts were out of action and no visitors were allowed. If this were a Carry On script I suspect it would be rejected on the grounds of not being realistic enough.
8. At just after 9am I had a call to say my partner had seen the Doctor and could come home and would be referred to the GP for dressings etc. However, when I said ok I will come now, I was told that they could not actually leave until 2.30pm.
9. I was instructed that when I arrived to collect my partner (bringing their clothes with me) that I should phone the ward from reception and someone would come down to get their items and then they could come down to leave. I am bit puzzled by this business of the faulty lifts, I did offer to simply walk up the stairs, despite standing for nine hours in A&E I still had enough strength left to do this, However was told you cannot do that as it a health and safety risk. Really, is that a serious remark. Even more oddly, when I arrived at the hospital I did as instructed but then discovered that visitors were being allowed upstairs.
10. Finally, the experience of the A&E in particular and then the delay in Day Surgery has served to unnerve my partner who is now afraid to return to the hospital in case they ever send them to A&E Again. I cannot say that I disagree with them, I am not easily unnerved but the time we spent in A&E was truly awful and made me ashamed of a service I had given some of my time to in the past. I don't blame all the staff some of whom were plainly trying to do there best in difficult circumstances, but I think something major has to be done to improve this service now, before the winter is upon us and then god help us all."



What are we doing about this?

We have shared these experiences with United Lincolnshire Hospitals NHS Trust (ULHT) and await their comment. Healthwatch has the legal power to visit health and social care services and see them in action. This power to “Enter and View” services allow us to identify what is working well and where improvements could be made. We are in the process of planning to conduct “Enter and View” visits to the A&E departments in our county. These visits will commence shortly. The information gathered during these visits

will supplement the information and experiences shared with us already and allow us to make recommendations to the trust on what is working well in A&E and what needs to be improved.

Thank you! – YourVoice@Healthwatch

A huge thank you to everyone who attended our YourVoice@Healthwatch Event at the Storehouse in Skegness. Over 100 people heard about our work over the past year, which was followed by an update from Andrew Morgan – Chief Executive of ULHT.

We were then entertained by a wonderful local Coastal Community Choir, before we held some engaging and lively discussions with thanks to John Turner and Martin Fahy from Lincolnshire ICB, Chris McCann from Healthwatch England, Sally Stanfield from Young carers and Kay Gamble from LPFT who joined us as guests to help lead the discussions. Thank you to all the stallholders and members of the public for coming and making it such a success and to our Involvement Officer Oonagh and the team for organising the event.



Positive Stories

It was encouraging to hear some positive experiences of health and care services in our county this month.



Story 1

"I just wanted to contact you to praise the staff on the new Respiratory Support Unit at Lincoln Hospital; where I have had to stay at the end of September and early October this year.

I cannot praise the staff enough, they were professional, friendly and have had amazing attitudes and skills. Always polite and cheerful, they have definitely made a difficult stay much easier.

Thanks to the Rapid Respiratory they managed to keep me out of hospital for three weeks saving substantial costs to the service. Unfortunately, as my chest infection could not be sorted by normal antibiotics at home, I was advised to go to hospital. Being in hospital is not easy for me as my care staff have to accompany me and stay with me, otherwise the staff on the ward would not be able to manage my one to one needs. On this occasion this is exactly what happened with my team being supplied a cot bed, for which they were very grateful. I also need to bring extensive equipment from home with me; which is a logistical nightmare."

Story 2

"Heart failure nursing team is a great idea to monitor parent's medication and blood pressure etc. I love the fact they are visited in their home for this. And the liaison between hospital, nursing team and doctors has been impressive. I would like parent to be visited more regularly by the nursing team.

The nurses from the heart failure team give one to one feedback to parent about their condition and any changes that need to be carried out with medication. More support for well being in the community for elderly people suffering from anxiety. Especially since the pandemic. Only knew about services and entitlements such as attendance allowance through my own research.

When someone has developed a serious illness as in my parent's case it would be beneficial to give advice about any financial support they can receive."

Story 3

"Recently I have just spent 24hrs as an inpatient with a night stay on Ward A15 after having a small Operation and I could not get over how friendly and relaxed everybody was, it was very different from my last visit to hospital.

Even my Surgeon was pleasant and you didn't feel belittled when talking to them, and from when I arrived till the moment, I left I found it a pleasure to actually be in hospital. Thank You Very Much."



Demographics

In addition to location data, for those who consent, we are now able to collect demographic data from the individuals who contact our Information Signposting Officer.

Demographic	Number of people	Demographic	Number of people
Age		Ethnicity	
18 to 24	1	White: British/English/Northern Irish/Scottish/Welsh	38
25 to 49	8	White: Irish	1
50 to 64	11	White: Any other White background	1
65 to 79	19		
80+	12		
Gender		Religious Belief	
Male	20	Christian	2
Female	39		
Non-binary	1		
Birth Sex		Carer	
Current same as birth	3	Yes	8
		No	1
Sexual Orientation		Marital Status	
Heterosexual/Straight	3	Married	2
Disability		Long term condition	
Physical or mobility impairment	2	Cancer	4
Other	1	Hypertension	1
		Cardiovascular condition	1
		Other	10



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