

Monthly Report

November 2022

Contents

Overview.....	2
Dental Services.....	3
Lakeside Stamford.....	6
Communication.....	6
Positive Stories.....	9
Demographics.....	10

Location of comments:

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

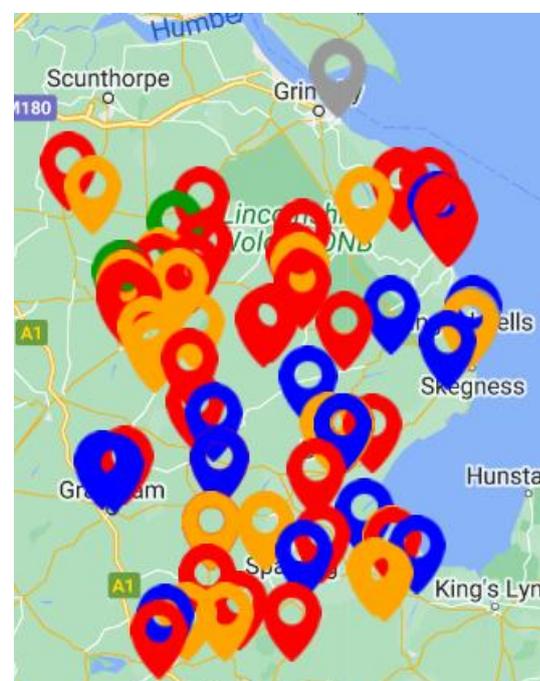
Positive - green

Negative - red

Mixed - orange

Neutral - blue

Unclear - grey



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Overview

November 2022 Monthly

During November 2022 Healthwatch Lincolnshire received **238** patient experiences directly to our Information Signposting Officer. This is a summary of the key themes raised by patients, carers and service users during November 2022 about services in Lincolnshire.

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



Overall Sentiment

6% of all comments were **positive**
70% of all comments were **negative**

1% of all comments were **neutral**
11% of all comments were **mixed**

November 2022 – Feedback Service Themes Sentiment



11%

Hospital Services
(All services)



9%

GP Services



1%

Community Health
Services



3%

Accident &
Emergency



0%

Diagnosis &
Screening Services
(GP)



80%

Dentistry



0%

Mental Health &
Learning
Disabilities



5%

Social Care

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

Dental Services

This month 80% of the experiences shared to our Information Signposting Team came in through our dental campaign "An NHS Dentist 4 All – improving dental services in Lincolnshire".



So, what have you told us so far?

1. The lack of NHS dental care is having a negative impact on peoples' 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

What are healthcare professionals telling us?

One health or social care professional shared their struggle to recruit new dentists due to the 'abysmally low' Unit of Dental Activity (UDA) rate. UDAs are the value given to a course of treatment, for example, band 1, which includes examination, X-ray, scaling and polishing and preventative care has a UDA of 1 whereas band 2 which includes simple treatment such as fillings, root canal, extractions and denture additions has a value of 3 UDAs.

Treatment Prices

Band 1	£
Band 2	££
Band 3	£££

In July 2022, as part of the reforms to the NHS dental contract, a minimum monetary value for a UDA was set to £23.00 and the UDA value assigned to some treatments increased. However, there is concern that this minimum value is not high enough and will not result in a real positive change in recruitment of NHS dentists or encourage dental practices to offer NHS treatment. Indeed, the healthcare professional who shared their views through our campaign shared that Lincolnshire has some of the lowest UDA rates in the whole country and this needs to change.

What is Healthwatch Lincolnshire doing to improve access to NHS dental services in the county?

Healthwatch Lincolnshire continue to raise dental access concerns both locally and nationally. The findings of this report will be shared and directly influence the Lincolnshire Dental strategy 2023-2026 that is currently being put together. This strategy will set out what needs to be done over the next three years to improve NHS oral health services and drive improvements in oral health across the county. We have also been asked to provide patient participation at the Lincolnshire Dental Strategy face to face stakeholders' workshop and as a result of overwhelming interest we are now setting up our own focus group to record even more patient experiences.



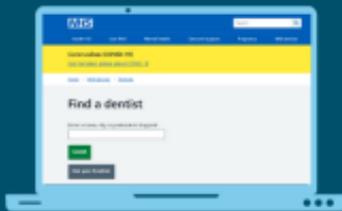
Our campaign will next look at feedback from seldom-heard groups: those who are living in deprived and rurally isolated areas, cancer patients, wheelchair users, pregnant women, parents, those with sensory loss as well as the dental workforce themselves. The full report will be published in due course.

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.



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.



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**.

Lakeside Stamford

This month several individuals shared their struggles of accessing services at Lakeside Stamford. Patients shared with us their difficulties of accessing services over the phone, with individuals often waiting over an hour on the phone and being 50+ in the queue. As a result, patients are advised to use the online consultation platform Doctrin. However, patients reported difficulties using this. These difficulties included not feeling computer 'savvy', being unable to explain their symptoms and concerns (due to limitations of the form) and long waiting times for responses. These concerns have been passed on to the practice and we await their response.

Communication

Concerns around communication between services and patients was again raised this month, with a focus on communication between hospital services and patients. Patients reported struggling to get answers to queries about their treatment or prognosis, feeling like they were being passed from person to person, as well as struggling to get updates on relatives in hospital. These concerns have been shared with providers and we await their response.

Your experiences



Story 1

"Elderly parent was at Grantham Hospital last night and was taken to Lincoln County via ambulance with query onset of sepsis, family member trying to locate parent and they think parent is still in A&E? but unable to get anyone to answer the phone to check, to see if parent is ok, if still on A&E or what is happening.

Parent is on a number of medications, and they wanted to check if the paperwork family member had supplied at Grantham had been transferred when they were taken to Lincoln County. There was also a copy of the discharge sheet from earlier on in the year and a list of medications as parent is diabetic and on heart meds.

Family member would like to know:-

- is parent going to a ward
- Will a procedure be taking place - as Grantham had indicated this.

Family member was only able to receive confirmation that their 86 year old parent was in LCH A&E, reception could not update any further.

I tried to contact A&E direct by phone (3 numbers), I tried every few minutes for 13 hours, never answered. I appreciate how busy the department is, but I think that is appalling.

At 21.20 last night (early Nov) I received a 20 second answer phone message from A&E. "parent has been discharged and on their way home by ambulance". I waited at their home, parent arrived at 22.35, and clearly scared and upset.

Originally went to Lincoln County A&E at around 03.00 on Wednesday morning, in almost 18 hours in the department they saw a doctor once who seemed unconcerned and did not think

parent needed to be there. They only received one proper meal, again appalling for a diabetic patient. When parent asked for an evening meal, was told the person who orders them had forgotten to do it and had finished and gone home!!

Parent has returned home with a hot swollen neck, as it was when their GP was concerned enough for them to go immediately to Grantham A&E. I am still concerned as Lincoln County simply told parent "no beds so we are sending you home". I am concerned enough that I have requested their GP surgery assess them again, I am not satisfied parent has recovered enough to be home.

I believe my parents care has been wholly lacking and at an unacceptable poor level of care."

Story 2

"Patient complaint after recent admission to Lincoln County Hospital. Patient was in hospital for 21 days and stated the standard for care ranged from praiseworthy to appalling.

Patient attended A&E around tea time on a Sunday (early Sept) with a considerable contusion on mid torso which had grown in size from the previous week. Advised to attend A&E. Patient documented their experience some negative some positive points.

Some points raised by the patients experience during their admission:-

- Communication - staff failing to introduce themselves, Staff need to listen to patients, staff need to be mindful of what they say around patients - such as "as an agency nurse I always get the worst patients to look after", when near a patient, comments such as "your care was adequate, if you wanted better you should have gone private", staff addressing a patient by the incorrect name, no explanations of what was happening.

A number of staff were named who provided excellent care during their admission where they found the level of care was one provided by these staff members that one would expect from a clinical workforce."

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."



Positive Stories

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



Story 1

"Elderly patient suffered with severe abdominal pain during the night, friend contacted Ambulance services, which arrived in 15 minutes. Took to Pilgrim Hospital and waited outside for 4 hours, the patient commented they felt safe and looked after."

Story 2

"My parent was transferred from the Butterfly Hospice, Boston in November 2022 to Woodlands Court Care Home as part of their End of Life journey. From the moment that the family visited the home prior to their admission, we were made to feel welcome by all the staff at the Home. We had the opportunity to personalise the room for our parent and make it their own. All visits were recorded with COVID guidance etc in place. Masks and hand sanitiser were provided for all visits along with all security in place (e.g., doors locked securely/ codes to enter the home).

We had a good feeling about the Home and knew that although this was a difficult time for us as a family we were reassured that our parent would be looked after and cared for at their end of life. Everyone who had contact with our parent was always welcoming and the interaction with our parent was so positive and genuine. After every visit, a member of the staff team would "check in" with the visitor as recognition was given that these visits were getting harder each time. The Staff Team were very kind to us on and throughout our visits and always made us very welcome.

Our parent always looked clean and tidy and their room was always kept fresh. Our parent always had a high standard and would've been pleased that everything was clean and tidy and fresh. As a family, we would like to say a big thank you to the staff team at the home for taking such good care of our loved one."

Story 3

"I had an appointment for a filling today and the service I received was excellent. Everyone was very friendly and kind and the process was very quick. Very grateful to still be able to access great NHS dental care."



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	2	White: British/English/Northern Irish/Scottish/Welsh	6
25 to 49	1	White: Irish	3
50 to 64	6		
65 to 79	4		
80+	3		
Gender		Carer	
Male	4	Yes	1
Female	11	No	5
Birth Sex		Pregnancy/Maternity Status	
Current same as birth	9	Currently pregnant	1
Sexual Orientation			
Heterosexual/Straight	6		
Disability			
Physical or mobility impairment	2		
Other	1		



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