

What we’re hearing

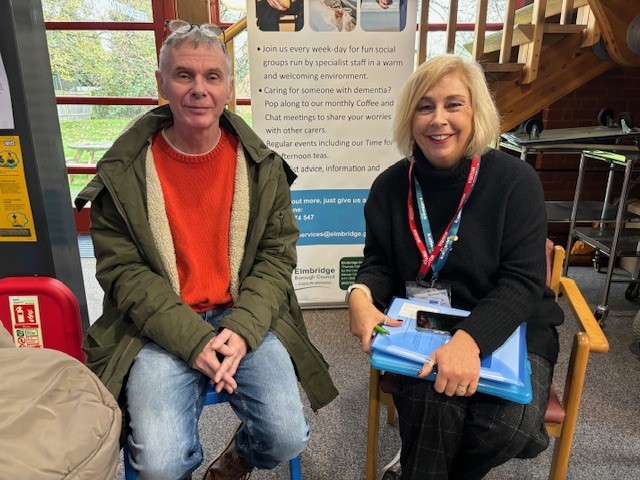
about Surrey Downs

February 2025



“I just don’t know where to go or who to turn to. They don’t cater for people who are not computer literate like me. They bombard you with leaflets and things to read and I just want practical help, advice and support.”





If you would like a paper copy of this document or require it in an alternative format, please get in touch with us.

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# Report overview

This report provides insights into local people’s views on, and experiences of, health and social care services in Surrey Heath. It is based on what people have told us at a series of engagement events in the area, as well as enquiries to our Helpdesk, between June 2024 and December 2024.

Our report focuses on 4 key areas:

* [Communication and continuity in GP Services](#_Communication_and_Continuity)
* [Care for people with dementia](#_Care_for_people)
* [Spotlight on Glenlyn Medical Centre](#_Spotlight_on_Glenlyn)
* [Spotlight on: Ashtead Hospital](#_Spotlight_on:_Ashtead).

**Please note:** any urgent or concerning experiences within this report have been escalated to the appropriate teams. All appropriate information and signposting has already been given.

If you would like more information or examples of what people have shared, please get in touch.

# Insight summary and recommendations

The following table summarises some of the issues highlighted in this report and the outcomes which we would like to see for patients. Healthwatch Surrey would like to work with Surrey Downs to consider realistic ways in which these can be achieved.

|  |  |
| --- | --- |
| **Theme** | **What would be helpful?** |
| Communication and clinician continuity in GP practices | 1. Unpaid carers are recognised and supported. 2. Patients understand and appreciate that, whilst they don’t have a named doctor, all doctors should have access to their records and they can request to see a specific clinician. 3. Clear communication around how to request a specific clinician – and what is and isn’t possible - is provided. |
| Care for people with dementia | 1. People living with dementia and their carers feel fully supported at all stages of their condition and treatment journey. |

# What we’ve heard

## Communication and clinician continuity in GP practices

Poor communication is a theme that we continue to hear about, with people reporting that this is a particular problem when they are not consistently speaking to the same clinician.

This issue has been recognised by the Government, with [plans](https://www.gov.uk/government/news/gp-reforms-to-cut-red-tape-and-bring-back-family-doctor) for the general practice contract 2025/26 to include additional funding to help patients - including those with complex needs or long term conditions, and older people - experience greater continuity of care.

“My frustration is with the GP practice. There is a lack of communication with the doctors and staff there.

Last week I spoke on the phone to a GP. They were great, they understood my son’s condition and said they would make the necessary referrals and get his blood tests done. They told me to book another 45 minute appointment. I then tried to do this with the same doctor as he knew all about my son and his medical issues. But another doctor rang me who knew absolutely nothing about me being my son’s carer and accused me of coercive control!”

225034, Elmbridge resident

**“**I made an appointment to see a doctor a couple of weeks ago and when I turned up it wasn’t a doctor but a nurse practitioner. She didn’t know anything about me or my health issues. I just refused to talk to her and said that I wouldn’t talk to anyone but a doctor who knew about me. I waited for 20 minutes and I did then see a doctor.”

225032, Elmbridge resident

### Failure to recognise people with a caring role

Lack of continuity of care also means that clinicians may not be aware of the situations that people are living in and the wider family dynamic. We heard from many people (often via our [Giving Carers a Voice](https://luminus-cic.uk/services/giving-carers-a-voice-page/) colleagues) whose unpaid caring responsibilities had not been recognised by the GP practice therefore meaning they weren’t registered as such or receiving the support they need.

“I'm 14 and help look after my mum who has psychosis and paranoia. I spoke to my GP once about my mum's paranoia and being psychotic but he told me that it wasn't my problem and it was my mum's to deal with.”

218265, Mole Valley resident

“Both my parents need caring for [they are deaf]. It’s taken me 40 years to realise that I’m a carer and have been all my life. Now I’m thinking that I might need some support for myself. I work in social care, so you think that I would know better!”

216727, Reigate and Banstead resident

## Delays in referral and treatment

People talk to us about the lack of communication around referral and treatment delays causing stress and concern.

“I then received in the post a letter from the Vascular Surgery department at Epsom Hospital dated 8 May 2024. The actual appointment isn't until September and then I don't know when I will eventually have the surgery, as I was verbally told at the beginning of this year that I would definitely be having the surgery.”

219560, Surrey resident

## Care for people with dementia

### Support and guidance lacking

The Dementia Co-ordination Service aims to provide co-ordination and support for people living with dementia and their carers. However, people told us that they are still struggling.

“It’s hard as I can see him slowly withdrawing as he also finds it difficult to follow conversations and then respond. He needs more time but people talk so fast and then they’re on to the next topic. He needs the stimulation and social interaction. Groups that have mum there as well would be great as mum could do with someone to talk to as well.”

216745, Reigate and Banstead resident

People also told us that - after initial diagnosis – there is insufficient follow on care, leaving them to feel that they are navigating their new situation alone.

“It is all signposting. I did have a visit from some senior people who are in shiny offices but they didn’t offer any 1:1 help like cutting her nails. We did get carers but they weren’t allowed to cut nails. I was offered a Carer’s Assessment but they said there was such a long delay they did not know when it would happen. It’s all an experiment.”

223584, Mole Valley resident

“I just don’t know where to go or who to turn to. They don’t cater for people who are not computer literate like me. They bombard you with leaflets and things to read and I just want practical help, advice and support.”

219680, Mole Valley resident

“It’s been a very slow gradual deterioration. I’ve been caring for 14 years now. You always have to be 2 steps ahead and thinking ahead. It’s very wearing. You just keep plodding on. It’s not easy. It’s exhausting.”

226337, Reigate and Banstead resident

Often people are dealing with very difficult circumstances and struggle to get help and support when they need it. People told us that it is only an acute situation, such as a hospital admission, which activates help and support.

"I used to lock myself in my bedroom as my husband [who had dementia] used to hit me. I made a referral to the safeguarding team about him hitting me, but also because I was worried that I might hit him back. When he was in hospital I refused to let them send him home because I couldn't manage him anymore."

223610, Surrey resident

“Before [my husband with dementia] went into the home, I was caring for him at home. He steadily got worse and became quite aggressive with me which was really difficult. It was awful seeing him like this as he wasn’t like this usually. He was a kind, gentle man. Now I don’t recognize him at all and I’m forgetting how he used to be before dementia really took a hold on him and that really makes me sad.”

220335, Mole Valley resident

### Secondary care staff training and understanding

Family carers told us that, although hospital staff reported they had been trained, this did not seem to be evident in the care they delivered.

“The hospital seems to have no dementia training or awareness. They tell me they have done online dementia training. I asked for a dementia nurse but no one came.”

219680, Mole Valley Resident

“Due to my father's conditions I need to be able to explain to him on a daily basis so that he can understand what is going on with his treatment.”

225107, Surrey Resident

### Moving to Residential Care Settings

People also struggled with how to get appropriate support and guidance when their family members needed to move into residential care; they felt that they needed support to come to terms with what the ‘new normal’ looked like.

“My wife has recently gone into a care home and I received different advice about whether to visit initially, or allow her to settle for a couple of weeks. It’s all an experiment. I feel really guilty for making the decision and as there is no support to recognize the points where you need more help.”

223584, Mole Valley resident

Some had really positive experiences of the care provided in the homes but still felt guilty that they were no longer delivering the care themselves.

“The home would let me do anything that I wanted in terms of continuing to care for him but the reality is that he’s just too far gone. The staff know how to cope with his aggression and are so kind and caring. There is completely free visiting and I go 3 times a week. I do feel guilty that I don’t go more.”

220335, Mole Valley resident

## Spotlight on: Glenlyn Medical Centre

We received feedback on a number of issues people were having at Glenlyn Medical Centre and, in conjunction with the practice, visited in February 2024. We talked to patients about preferred methods of communication with the practice, what worked well and what could have improved their most recent experience. We also ran an on-line survey (with paper copies available for those who needed them) to capture additional views.

We analysed the feedback we received and identified a number of areas for improvement. You can read more in our [March 2024 report](https://www.healthwatchsurrey.co.uk/report/what-were-hearing-about-glenlyn-medical-centre-march-2024/).

We shared our recommendations and were subsequently keen to find out if things had changed. While some improvements had been reported, patients were still telling us where further improvements could be made. We are working with the practice and Surrey Heartlands Primary Care team to support on these improvements.

## Spotlight on: Ashtead Hospital

Ashtead Hospital wanted to learn more about patient experience at their hospital and commissioned [Luminus](https://luminus-cic.uk/), home of Healthwatch Surrey, to conduct some qualitative research. This was done via 2 engagement events at the hospital, and an online survey supported by leaflets distributed at the hospital and paper copies made available in waiting areas and reception.

In total, 21 patients were engaged in the research, of these:

* 16 were private patients (2 self-funding their care)
* 5 were NHS patients.

### Key findings

#### General facilities

Of those participants who commented on the general facilities, most were complimentary. However, patients who attend the hospital for treatment relating to mobility such as knee treatment, or who have general mobility issues, find the steep drive to the car park difficult to walk up and down. It is appreciated that when staff consider their needs on an individual basis though.

“The steep drive is an issue if you can't get a space in the front part, but they are disabled spaces. I don't have a blue badge. I really couldn't walk back up. Often there are empty disabled spaces, so the reception has let me park there a few times after I've explained.”

215949 Private inpatient

There were also positive comments about the quality and choice of food for inpatients, hospital cleanliness, waiting areas and signage.

“The facilities here are good. It's very clean everywhere.”

215907 NHS inpatient

#### Communications

On the whole people praised the communications from the hospital.

“Had good communications throughout through letters. This hospital feels more open and friendly than a usual hospital.”

215926 NHS inpatient

Those who were less content lamented long wait times on the booking line, reception ringing for a long time, and not being made aware that follow up appointments need to be requested by the patient rather than being automatically arranged.

Several people were not aware of how they could provide feedback and/or make a complaint.

“I wouldn't know where to feedback and reception always look too busy to help.”

215227 Private outpatient

#### Quality of care, staff and relationships

The majority of people complimented their consultants and many people felt that they were actively involved in their care. However, there were a few comments about clinical staff talking too quickly and people not fully understanding what their consultant had said.

“I think my consultant is very thorough but sometimes talks to me too quickly. The knowledge my consultant has is amazing.”

215223 Private outpatient

The nursing staff were praised for their kindness and consideration.

“I've had plenty of interaction with staff. They said, "Don't worry, please take your time." I was in lots of pain, so I really appreciated them saying that.”

215926 NHS inpatient

# Thank you

We would like to thank everyone who gave their time and shared their experiences with us.

We would also like to thank our volunteers who supported us on these visits/during our engagement session and to the xxx/staff team who welcomed us.

# About Healthwatch Surrey

Healthwatch Surrey champions the voice of local people to shape, improve and get the best from NHS, health and social care services. We are independent and have statutory powers to make sure decision makers listen to the experiences of local people.

We passionately believe that listening and responding to local people's experiences is vital to create health and social care services that meet the needs of people in Surrey. We seek out people’s experiences of health and care services, particularly from people whose voices are seldom heard, who might be at risk of health inequalities and whose needs are not met by current services. We share our findings publicly and with service providers and commissioners to influence and challenge current provision and future plans.

We also provide reliable and trustworthy information and signposting about local health and social care services to help people get the support they need.

# Contact us

Website: [www.healthwatchsurrey.co.uk](http://www.healthwatchsurrey.co.uk)

Phone: 0303 303 0023

Text/SMS: 07592 787533

WhatsApp: 07592 787533

Email: [enquiries@healthwatchsurrey.co.uk](mailto:enquiries@healthwatchsurrey.co.uk)

Address: Freepost RSYX-ETRE-CXBY, Healthwatch Surrey, Astolat, Coniers Way, Burpham, Guildford, Surrey, GU4 7HL.

Facebook icon [healthwatchsurrey](https://www.facebook.com/healthwatchsurrey)

Instagram Icon [healthwatch\_surrey](https://www.instagram.com/healthwatch_surrey)

LinkedIn icon [Healthwatch Surrey](https://www.linkedin.com/company/healthwatch-surrey/)



We are proud to be commended in the National Healthwatch Impact Awards, recognising our work helping to improve local NHS and social care. You can view [our video](https://www.youtube.com/watch?v=y7jVu38Twno) highlighting how feedback has enabled us to make positive changes to health and social care services.



We are committed to the quality of our information.

Every three years we perform an audit so that we can be certain of this.

The Luminus logo. The word Luminus is deep purple in colour. It is in a rounded font. The ‘L’ is a capital but the rest of the word is in lower case. From each side of the dot above the ‘i’ of Luminus are yellow beams which run horizontally stopping to the left before the ‘L’ starts and to the right at the end of the letter ‘s’.

The Healthwatch Surrey service is run by Luminus Insight CIC, known as Luminus.

Registered office: GF21, Astolat, Coniers Way, Burpham, Surrey, GU4 7HL.