

Evidence Statements (November 2017)

These Evidence Statements have been prepared in order to inform Healthwatch Surrey's priority setting process.

The statements have been developed following a secondary analysis of the c.3,000 experiences data Healthwatch Surrey has gathered in the 12 months to 31st October 2017.

The analysis was conducted on a subset of the data. The following filters were applied:

- Remove specific topics and sub-topics that relate strongly to our current priorities
- Explore service areas based on number of experiences and proportion of negative sentiment to narrow search - criteria for further exploration for themes in concerns were: 30+ experiences and 50%+ negative sentiment
- Sub-topics within each service area were explored in order to narrow down common issues and identify themes.

ES1: We have evidence to suggest that treatment and waiting times in Accident and Emergency are experienced negatively.

223 experiences, 60% negative sentiment

Example 1

"I have had really bad experiences at accident and emergency. A few weeks ago, I collapsed at work with chest pains and got taken to A&E at FPH. I sat there for 2 hours with chest pains before anyone saw me. Luckily I was fine but it could have been a lot worse. I've had to wait 7 hours before there."

Example 2

"Man injured his shoulder. As pain worsened during the day he went to A&E dept at RSCH. After 4.5 hour wait he was given a cursory examination, and told nothing seemed broken and that it was probably a soft tissue injury. It was not even made clear that nothing further was going to be done, until he asked."

Example 3

"I got kicked in the face, my mouth was bleeding and so I was driven to St Peters hospital. My teeth in the front top and bottom were wobbly. I was asked on arrival what was wrong which was fairly obvious because of the bleeding but I still waited

3 hours in A&E to be told by the doctor that I needed to go to a different hospital as they don't do emergency dentistry at St Peters. The pain was horrific and I have now seen a dentist who said the first few hours could have saved my top teeth - now I am waiting for an expensive rebuild.”

ES2: We have evidence to suggest that local people are often dissatisfied with access into and support available from adult mental health services.

314 experiences, 73% negative sentiment – 55 experiences relate specifically to community mental health recovery service at 99% negative sentiment

Example 4

“The provision of Mental Health services in the area that I live in is extremely poor. My mental health declined and during this time the mental health services did not help me at all even though my GP referred me 3 or 4 times. So now, apart from my GP, I do not have the support I need, it's a disgrace.”

Example 5

“Individual was assessed and informed that their condition is too serious for standard CBT treatment and that they require talking therapy. They were added to a waiting list but were informed that they may not be seen for around six months. They looked into going private but were told they would then lose their place on the NHS waiting list.”

ES3: We have evidence to suggest that local people would like more information and access to support from adult social care services.

227 experiences, 80% negative sentiment

Example 6

“The individual has received a statement issued by Surrey County Council Social Care Services requesting payment for social care services. The individual stated that her son is supposed to receive four hours support each week however he only receives one hour per week on average. The individual complained about the lack of contact, lack of support and inadequacy of support provided on a number of occasions.”

Example 7

“One of individual's [adult] children receives DLA for both care and mobility. He used to have a social worker but has discovered that he no longer has one.

Individual has tried several times to get the Adult Social Care team to re- allocate him one, but to no avail.”

ES4: We have evidence that access into and communication within outpatient services could be improved for local people.

157 experiences, 69% negative sentiment

Example 8

“My daughter has been re referred to see a consultant. A letter was sent by the out patients department but was sent directly to her and not to her guardian. She opened this letter and was confused and worried about this. When calling the numbers on the letter I got told that it wasn't the type of appointment stated on the letter and got put straight back through to the out patients option telephone number. I got told that yes the letter is confusing - not very helpful at all and very confusing for myself let alone someone who may be older.”

Example 9

“Told by the pain management team that I had a 15-18 week wait for an appointment and being told to speak to them. Despite calling at the office several times, there was never anybody available to speak with me. Sometimes they were busy on the phone, sometimes there seemed to be nobody there! It's very frustrating.”

ES5: We have evidence to suggest that local people require more support with access and payment for dentistry services.

82 experiences, 79% negative sentiment

Example 10

“Had a filling 10 months ago. His tooth has just broken around the filling. He went back to dentist expecting not to pay to get it fixed. NHS Choices says all repairs to work within 12months should be free. Dentist has denied this and said it's only 6 months.”

ES6: Family Voice Surrey (www.familyvoicesurrey.org) have evidence to suggest that parent carers are not routinely being offered Carers Assessments

Family Voice Surrey is particularly concerned about the low numbers of parent carers reporting they have been offered Carers Assessments; the follow up from

assessments that have been carried out is even lower, and the quality poor. We would like to see Healthwatch Surrey investigating the support offered to carers by social care with a view to an increase in both assessments and support offered, in line with the Care Act.

Evidence for this gathered through our health & wellbeing research: <https://www.familyvoicesurrey.org/single-post/2017/08/01/Research-shows-significant-impact-on-health-and-wellbeing-of-Surrey-parent-carers>

ES7: Sight for Surrey (www.sightforsurrey.org.uk) have evidence to suggest that provision of audiology services varies across the county and that there is a lack of choice

Inequality of audiology services across Surrey and lack of patient choice as compared with other Counties. The refusal to countenance AQP for audiology is restricting the market and patient choice. The evidence is in surrounding Counties and the dissatisfaction of patients.

ES8: A theme emerged in our public consultation to suggest that there is a lack of support for people living in the community with mental health issues

“My daughter struggles to cope in the community with severe mental health problems but is not assessed as ill enough to be admitted to hospital but is gradually going downhill. She’s told to ring community mental health team but still doesn’t receive the support she needs as the team are only sufficiently staffed to respond to emergencies.”

“... there is little or no coordination and it’s been extremely time consuming and stressful to get services to communicate with each other. For vulnerable patients, who have little or no support from family it must be very frightening...”

“... there is no Dr led service in Guildford and Godalming area... poor outcomes for service users across the county...”

“Early and more mental health care one visit a fortnight for 15 minutes is not enough.”

ES9: A theme emerged in our public consultation to suggest that there is a need to focus on Carers

“Supporting unpaid carers. Many of us are caring for elderly parents as well as a child with learning disabilities.”

“115,000 carers and 14,700 young carers in the county. They are the backbone of our health & care system but far too often over looked and undervalued. Systems do not help early identification, funding has been cut, support is stretched to transparency. Need carers to be a everyone’s business. Without them our health and social care system would collapse.”

“What do people with dementias and their carers feel about the access they have and the quality of services supporting them through their diagnosis and beyond through their end of life.”

“Social support for the single carers when they have a surgery or are in poor health. There are no emergency plans for the carers.”

“Carers are suffering from excessive strain trying to access the system, be aware of entitlements to respite care, registering as a carer & getting the benefits that would make their lives so much better.”

ES10: A theme emerged in our public consultation to suggest that there is a need to focus on people with Learning Disabilities and Autism

“Regular and routine health checks for people with learning difficulties living in the community whose levels of support are being reduced and whose physical and mental wellbeing can be severely affected but cuts in services.”

“... the voices of the residents and families of those with autism and learning disability who live in supported living and residential home... also how hospitals support those with autism/Asperger’s, learning disabled (especially those who exhibit challenging behaviours) within hospital settings, especially emergency admissions that can’t be planned for, and training and understanding of all staff. Greatly lacking in this area and this needs addressing.”

“More support is needed for adults with Autism... My son is not getting the help he needs.”

“... more training for mental health staff especially autism”

ES11: A theme emerged in our public consultation to suggest that care services for vulnerable and older people living at home need to improve

“Recent research by Healthwatch England revealed that 27% of patients return to hospital within 24-48 hrs. Of these, many did not have a clinical need and should have been assisted to remain at home.”

CONFIDENTIAL

“Domiciliary care agencies need to provide a better service, better trained staff and continuity of staff for a particular client.”

“Care at home from private agencies. There should be more in depth monitoring of this service. People on the receiving end are very vulnerable, and need support from an outside body. Not sure the Care Commission present system is updated regularly.”

“The quality of home care...”

“There are a rapidly increasing number of elderly people living on their own who are not getting adequate support from community matrons, district nurses and social workers. Voluntary agencies (eg Age UK) can fill some of the gaps but do not have the resources to fill them all.”

“Care in the community to stay in your own home is a big area of need. People are sent home unaware of their entitlement to see a social worker, have their needs & finances assessed & be offered a wide variety of support services... There is a woeful lack of help at home with the charity sector having to help these people out, especially in times of crisis.”