

## Insight Bulletin: August 2020

One of the statutory duties of Healthwatch Surrey is to listen to the views of local people about their health and social care and to share these views with the organisations who make decisions about local services.

In the past four weeks over 100 people have shared their stories of health and social care with us, and every story is unique. This bulletin highlights just some of the themes we have heard about. If there is something you would like to hear more about please contact [Kate.Scribbins@healthwatchesurrey.co.uk](mailto:Kate.Scribbins@healthwatchesurrey.co.uk).

### Praise and thanks

We frequently hear stories from happy service users who have experienced excellent care and who have asked us to pass on their thanks, and during the pandemic we have heard even more positives stories than usual:

*“xxx is full of praise for the treatment they receive...xxx is astonished at the quality of treatment they receive, and they are a strong believer in the NHS.”*

*“My disabled adult son has one to one care daily provided by Boyce Care and during the lockdown they have gone beyond to support my son. ... supporting him in many different ways where currently he can't follow what he is interested in... They recognise the need to help him accept the new norm with infinite patience and dedication.”*

*“My mother said that Dr Wilkinson handled the case with great patience and empathy, he took the time to explain things to her thoroughly and clearly and made sure she fully understood the implications of the decisions she was having to make ... My Mother wanted Healthwatch to know how pleased she was with the service she received”*

*“St Peters A&E need a pat on the back. I have attended twice this year and have been blown away by how efficient they have been both time with fractures”*

## We are beginning to hear some frustration with the slow return of services

During the height of the pandemic many people accepted service cancellations, preferred not to access healthcare, and were stoical about the impact this was having on their care.

Now that lockdown is easing, we are beginning to detect some frustration that services remain inaccessible:

*“... My problems are being ignored and not taken seriously because of the COVID crisis...Whilst I understand the current situation, I do feel the hospital has a duty of care to all patients. They are not currently providing this!”*

*“It was now the middle of July and we were hearing on the news that hospitals were opening up their non-covid services, but that waiting lists were going to be very long. I felt I could not go on as I was, so I telephoned Runnymede Hospital [and received swift diagnosis and treatment]. ... at all points [the private sector appears] to make an effort to provide a service, while the NHS seems to be bogged down in processes which appear to be designed to prevent patients from receiving treatment.”*

*“Everything has stopped with no idea when or if I shall get another appointment. There are virtually no Covid patients around here anymore, I don't understand why outpatient clinics cannot start again at least partially, if they are cancelling two months ahead there patently is no intention of getting back to normal anytime soon. Why?”*

## Social Care – confusion over assessments and finances

The current arrangements for NHS funding for social care are temporary: many people who are new to care will be undergoing reassessments which may result in the need to self-fund or change providers. We should not underestimate how confusing and distressing this can be for service users, especially where arrangements have a financial impact:

*“YYY has received a letter from Surrey County Council (SCC) seeking £XXX.XX a week from her. YYY said that she is a widow on a pension and is disabled. She has difficulty with her sight. She cannot leave home. She has a carer come in to assist her, including with showering. She said*

*that she did not know what SCC were seeking payment for, but it may be that they are seeking payment for care. She said that she had received a phone call during which she provided financial information. This call may have been made by a social services assessor”*

*“xxx stated that his wife initially received 35 hours a week of daytime care. As his wife's conditions deteriorated, the level of care was re-assessed, and his wife received an additional 35 hours of night-time care. He stated that his wife's care had been re-assessed, she would no longer receive any care during the night. He stated that he is very concerned with this situation”*

*“zzz is in her late 90's and has mental health issues... Social services appear to have carried out no assessment. Her niece has visited two care homes who have not been made aware of the severity of her aunt's condition, without clear information they have refused respite care”*

## Quality of post-discharge care for inpatients

Hospital Discharge is a topic we heard about frequently before the pandemic. During the pandemic, the number of stories declined, and we heard little that specifically related to the new pandemic protocols. Recently we have started hearing more relating to the quality of post-discharge care:

*“XXX went to collect the patient, they were expressing symptoms of delirium. She spoke to the nurse about the state of the patient but was informed it was probably due to the ‘contrasting agent’. There was little concern for discharging the patient after their heart attack, they appeared to assume that the family would be looking after the patient/or the patient wouldn't need looking after and without any instructions what to expect or look out for”*

*“He was discharged with a discharge letter and a single A4 piece of paper with minimal advice/instruction (common to both someone having just had an angiogram and someone with stent placement). .... However, he had no further referral for advice about exercise, return to work, diet etc [...after 10 days of chasing] he got a call from the Cardiac nurse. No referral had been made or received from the ward”*

*“The discharge system was shambolic to say the least. My 89 year old, frail thin mother was transferred to the discharge area at lunch time where she waited til 6 until I could collect her. We were waiting for her drugs and a discharge letter. No effort was made to help her move*

*around. She was left on a very uncomfortable chair. Her elbow and sacral area are now v sore, with beginnings of a pressure sore.”*

## New Report: Citizen Experiences of Accessing Healthcare During the Covid-19 Crisis

In a collaboration between Surrey Heartlands Health & Care Partnership and Healthwatch Surrey, Citizen Ambassadors act as an independent voice, bringing insight from local people and communities.

In Summer 2020 the five Citizen Ambassadors carried out 24 semi-structured depth interviews with local service users, aiming to understand how people lived their lives and accessed healthcare during the pandemic.

Many of the project’s findings chime with learnings from elsewhere, including other Healthwatch Surrey insight and surveys

- Lack of information or follow-up for people whose healthcare had been paused or cancelled as a result of the pandemic
- Patients delaying seeking healthcare during the crisis
- Where care was received, this was high standard and timely
- Positive response to a more digital approach to access of healthcare

In particular, the survey highlighted the challenges faced by those with long term conditions who did not meet the threshold for shielding

- Lack of appropriate information from NHS website
- Unsure where to turn for person-centred advice and guidance

Key recommendations include

- Better processes for rearranging appointments that do not place the onus on the patient to arrange or follow up
- GP-led, individualised risk assessments that take a case-by-case approach to deciding which patients should be shielding
- Ensure strategies are in place to ensure a reduced but effective service is able to run during periods of emergency.

The full report will be available on the Healthwatch Surrey and Surrey Heartlands websites in early September.

For further information about our Citizen Ambassador collaboration please contact [kate.scribbins@healthwatchesurrey.co.uk](mailto:kate.scribbins@healthwatchesurrey.co.uk).

## How we gather our insight

While social distancing prevents us from carrying out face-to-face engagement, we actively seek people's stories through our contacts, our partners and online. We have distributed flyers, attended online support groups, and initiated focus groups.

The stories people tell us give rich insight into the lived experience of accessing and receiving health or social care. Using people's own language allows us to understand not just their physical experience but also shine a light on their emotional responses and their level of understanding.

However, the topics we hear about and the people we hear from are not controlled by Healthwatch Surrey. The number of people we hear from varies from month to month, and the topics covered will depend on the groups we engage with. As such our insights should be treated as qualitative.

## How we share our insight

If we hear any cases of concern regarding patient safety, we share these with the relevant provider/commissioner straight away.

We share our wider themes with CCGs, Adult Social Care, Public Health, CQC, and in various boards and groups across Surrey.

## Thanks

We would like to thank all health, care and support staff who are working so hard to keep Surrey safe and supported. Much of the feedback we've heard has been positive and a key message we hear is 'please say thank you'. We hope that our insight will help to inform recovery in our local area.

Please contact [kate.scribbins@healthwatchsurrey.co.uk](mailto:kate.scribbins@healthwatchsurrey.co.uk) if you would like any further information.