

Insight Bulletin: November 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 with the organisations who make decisions about local services.

Our engagement is agenda-free: people contact us to report what happened to them in their own words. In the past month over 100 people have shared their experiences with us, and every one of these is unique.

This bulletin highlights some of the themes we've heard about recently. It is not a scientific exercise; it is intended to add insight and enrich understanding of the service user journey.

If there is something you would like to hear more about please contact Kate.Scribbins@healthwatchesurrey.co.uk.

Praise and thanks – flu vaccinations

In early Autumn, when pressure to get a flu jab was high but delivery had not begun we heard from many worried people: vulnerable first-wave recipients who were waiting to hear from their GP, people unable to book a private vaccination at their pharmacist, and people who felt they should be classified as vulnerable:

“xxx reports that her daughter has several underlying medical conditions (although was not in an established protected category) ...her daughter was promised a 'flu vaccine by the doctors (client didn't know the name) at xxx Surgery. When her daughter tried to make an appointment she received an automated message to say there was no availability... She is frustrated that her daughter who she considers vulnerable is unable to get a vaccination despite being promised one.”

However, this proved to be short-lived, and for the past few weeks many people have praised the speed, efficiency and security of the vaccination programme:

“They had texted us to make an appointment which we did. It was excellent. Very well organised, we felt safe from any risk of the coronavirus. They had 3 nurses giving injections, checked who we were and whether we had flu jabs before. Then straight out. They were doing a huge number of people, but no queues to mention. They were at our church hall in Windlesham and were doing this for 3 consecutive days at, I think, 3 different venues. It meant we could walk there.”

“xxx arrived a few minutes ahead of time. There were no queues and despite heavy rainfall the staff professionally and cheerfully conducted the necessary jabs whilst client remained in the vehicle. Although the client had to drive out to xxxx they thought the service provided was excellent.”

We’ve seen evidence of how this has built public confidence for the future:

“I assume or hope that when we have a corona immunisation, assuming we do, they will do it this way.”

We have heard how new processes are preventing access to services for some people

Across the system there is a drive to get patients to the right place first time, and to help them manage their own journey effectively. The pandemic has accelerated the introduction of processes designed to enable people to access services, but we receive a steady stream of reports of process failures that have turned their journey into an obstacle course:

“... you are directed to fill out a form, with lots of fanfare about how this will be easier for you than hanging on the phone. It asks for lots of detail, which I gave; it took more than 10 minutes to fill it out. The response was suspiciously quick (ie seconds) telling me there were no appointments and that I should try Livi or my pharmacist. I had a physical ailment that needed examining, so I downloaded the Livi app, did the photo bit, registered it then received a message saying that they can’t deal with anything that needs examining or a referral for X-ray...so back round in the same circle to the GP, same again. I’ve given up, and have been suffering now for 3 months as a result.”

“...the web address suggested is quite long, it includes upper case, lower case, symbols, and when I used it, my message was returned as undeliverable.”

“I tried to get an appointment through LIVI, the app which my GP surgery recommends but after entering all my details twice and describing my reason for

requesting an appointment, including photos, I got a message every time saying there were no appointments available. The GP website is hard to navigate so I did a google search with the practice name and 'appointment' and found a link to the correct part of the surgery's website.”

Where new processes are put in place, we recommend early, robust assessment of user experience to ensure problems can be identified and rectified quickly.

The changes to GP access have benefited many, but some still struggle with the idea of triage

One new aspect of GP access is triage - patients who used to be able to book a face-to-face same-day appointment with a GP are now assessed and offered the appointment the practice feels is most appropriate and efficient.

For many this has resulted in excellent care:

“Called GP at 3.45pm as child had an infected big toe. Receptionist took details and placed child on the list. GP called at 4.24...and agreed to prescribe antibiotics over the telephone avoiding an unnecessary trip to the surgery. Prescription was sent electronically to pharmacy and was ready for collection at 4.45pm (so one hour from first contact!)”

But some find the change frustrating and hard to understand:

“xxx ... was frustrated when phoning his Wall House Surgery and asked for an appointment to see the doctor because he was suspicious of a new condition, as well as an ongoing back problem. No appointments given, triage phone calls only. He considers how few people are attending the surgery why the doctor would not provide a physical examination.”

“[surgery has] almost completely gone to an online service - now have to fill out a triage form online for a doctor to assess and come back to you. I no longer know what to do if I wish to see a doctor on the same day. ... and it is almost impossible to get an appointment. I am putting off seeing my GP because of the hassle involved. I want to be able to pick the phone up and call and make an appointment. The actual care I receive I have no problem with, it's just accessing it.”

Research carried out by Healthwatch Surrey last year indicated that GP triage is acceptable to most – but it is a significant service change for primary care and might benefit from more communication to the public that explain why it is both necessary and beneficial.

CAHMS – a service under pressure

This month Surrey Youth Focus published three reports into the experiences of children and young people, parents of young children, and children and young people with special educational needs and disabilities and their families during lockdown.

In all three reported groups, some children and young people have thrived, but some have struggled. There is potential for long-term impact on the mental health and wellbeing of young people from the uncertainty Covid has brought to the prospects of this generation - the future of their education, job prospects, family breakup and economic insecurity.

The experiences people share with Healthwatch Surrey also highlight the pressure children and young people's mental health services are already under:

“We saw a different consultant at Epsom CAMHS...The only thing she did was to completely change my son's treatment... Within three weeks of this new treatment, I was begging them to review his treatment as his psychotic episodes had got so severe. We were told the consultant had since left and to just get on with it as there was nobody to replace her. CAMHS provided no support when contacted.”

“[My] daughter has complex needs and there are concerns that the discharge package will not meet those needs, whilst in the [mental health inpatient ward] there are also no exceptions being made for the anorexia and she is losing weight at about 6 lbs per week - she has been in for just over three weeks.”

“My 16 year old daughter was taken to the ... assessment suite ... and put on a Section 2. There is a long history but right now THIS NEEDS TO BE RECTIFIED as she is still there 2 weeks later. Initially there were no available beds but last week beds became available, but hospitals are internally arguing amongst themselves as to what level of care she requires. Even all the directors and services are staggered that 2 weeks later she is still locked away somewhere that is meant for an adult to be in for no more than 24 hours. 2 WEEKS...no therapy and locked away...This is my daughter's life that people are leaving hanging in the balance and this should not be happening.”

Healthwatch England report on Hospital Discharge during the pandemic

Healthwatch England and the Red Cross have published a report on the discharge process from hospital between March and September during the first phase of Discharge-to-assess. It is based on the experiences of nearly 600 people in England and makes a number of short- and long-term recommendations. The survey included a small number of respondents from Surrey.

https://www.healthwatch.co.uk/sites/healthwatch.co.uk/files/20201026%20Peoples%20experiences%20of%20leaving%20hospital%20during%20COVID-19_0.pdf

We hope to gather more experience about how the discharge experience has been for Surrey residents over the next few months.

How we gather our insight

We actively seek people's reports through our contacts, our partners and online. We distribute flyers, attend online groups, and initiate focus groups.

What we hear gives rich insight into the experience of accessing and receiving care. Using people's own language allows us to understand not just their physical experience but also their emotional responses and understanding.

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 depend on the groups we engage with. As such our insights should always be treated as qualitative.

How we share our insight

If we hear a case of concern regarding patient safety we immediately signpost the sharer to the appropriate body and escalate with the provider/commissioner.

We share our wider themes with Trusts, 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 to keep Surrey safe and supported. Much of the feedback we hear is positive and a key message is 'please say thank you'. We hope that our insight will help to inform recovery in our local area.