

Insight Bulletin: January 2021

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.

This bulletin highlights some of the themes we've heard about recently. It is not a scientific exercise - people report to us what happened in their own words, and we hear over 100 unique experiences every month. Our Insight Bulletin is intended to add insight and enrich understanding of the citizen and service user journey.

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

Covid Vaccinations – praise, thanks, and some recommendations

The hot topic is, of course, the rollout of the Covid Vaccination programme. Many people have shared their praise for the efficiency and safety of the vaccination centres, and the care and compassion of all the staff and volunteers:

“Centre was busy at appointment time but no queue outside and the flow of people was managed very well...Wait 15 mins after administered and then leave. ALL DONE VERY EFFICIENTLY. GREAT PRAISE.”

“xxx took both her elderly parents to have Covid vaccinations at the Woking site. ... After the vaccine, her father didn't feel he could walk back to the car park so she was concerned about how she would manage. Staff at the centre were extremely kind - offered a wheelchair and pushed her father to her car. The whole experience was positive.”

“We were guided from one stage to the next by people who had been well trained and were very pleasant and courteous. Not pushy at all but made sure that no one went astray. We were seated to ensure proper distances were kept.”

The desks and tables were uncluttered and kept clean. At no point were we kept waiting for more than a very few minutes.”

However, many people remain confused and very anxious, and this is of particular concern as we are talking about our oldest and frailest residents. Many have questions and problems and need information and advice. There are strong messages going out telling people not to call their GP regarding vaccinations, but we know GPs are still being inundated with calls, which indicates that the information available in the public domain is not empowering people to find answers to questions for themselves or to get sufficient reassurance.

The vaccination programme has now been running for a number of weeks and the questions we are being asked are becoming predictable. We assume the wider system is experiencing many of the same types of calls as our Helpdesk.

The programme is a marathon not a sprint: efforts made now to optimise the programme and the communication to the public around it will pay dividends over the coming months.

We recommend a proactive approach to communications to check that:

- **Comprehensive answers to the most frequently asked questions are easily accessible (at least online) and well-advertised.**
- **Proactive communications are used where possible to individuals, in accessible formats, to prevent questions arising in the first place.**

Three of the main concerns people have shared with us are:

Communication about vaccinations (especially MY vaccination) and vaccination offers. The rollout of the vaccine has been confusing for patients: timings, locations and processes have varied from person to person with information coming from public messaging (national and local), the media, friends and family and social media.

People want reassurance - particularly when, due to differences in pace between different localities, they perceive inconsistency or fear they have been overlooked. They want to know they are on the vaccination radar, and to have an idea of what to look out for so they can judge when they should be concerned or take action.

We heard an example of proactive communication from a GP that was highly appreciated by the patient:

“I received a really useful text from my surgery... ‘When it is the right time for you to receive your vaccination, you will receive an invitation to come forward. This invitation may be via the phone, text or through a letter. The invitation may not be sent from your GP, it may be from NICS’.

But we have heard many examples of people who have been struggling or confused:

“People are getting confused - people are being sent to different places. It seems some people get a letter, others get phone calls or a text. There’s confusion around who gets what. Are there enough doses out there? There are shortages of supply - certainly it was the case in Cranleigh. I looked at the GP website and government website so I’m aware that it’s a case of ‘we’ll call you don’t ring us’ but not everyone will do that.”

“My mother has been called for a COVID-19 vaccination and I am planning to take her to the Surrey vaccination hub. My father who is the same age has not yet been called for vaccination. Why? Can I get a vaccination myself now as a carer?”

“We are getting lots of reports from people in Chipstead whose vaccine invite letters are giving them appointments in London! One of our volunteers this morning has been trying to sort out an appointment for an 88-year-old who has been offered The Excel, Enfield or Stevenage!”

Hyperlinks being sent to people without smartphones via text with no alternative methods to book an appointment:

“My wife and I received text messages [19/01/21] inviting us for our COVID vaccinations at XXX Surgery. My mobile phone is not a smart phone and the message only had a click link to make the booking. We tried to call XXX Surgery, but there was no answer.”

We have raised this issue and been reassured it is being rectified but continue to hear from people who have received hyperlinks they cannot follow.

Accessibility and logistics at test sites: wheelchair access, arrangements for the physically frail or those with dementia, and parking. We appreciate the speed at which the programme has been rolled out, but if local centres can incorporate some information on these practicalities, it helps relieve some of the anxiety and stress, particularly for those who may not have ventured beyond the house for many months.

“I volunteered as a Marshal at the Cranleigh site, people were arriving to do a practice run a day ahead of their appointments as they were unsure what the parking situation would be like.”

“My mother was delighted to receive her appointment to have a vaccination, but I feel that the information she got was insufficient. She received a text with an appointment time and a venue ... it wasn't an address she knew or recognised, there was no information on how to get there, whether parking was available or whether there was any assistance available. This understandably caused her quite a bit of anxiety.”

The increased importance of good communication between hospital staff and carers

While hospital visiting is impossible, it is crucial that ward staff keep lines of communication open to their inpatients' carers and advocates.

Unfortunately, we continue to hear of cases where communication from staff to carer is poor, impacting the quality of care the patient receives:

“My grandfather was admitted following a fall and confusion. During his admission, on numerous occasions, myself and other members of his family tried to contact the ward to discuss his care, however they did not call us back despite promises. I am his lasting power of attorney for health and asked how to provide these details to the ward, however the nurses on shift could not provide this information. They completed a respect form which advised he was not for resuscitations, however, did not consult with family members or myself and at the time he was clearly confused and experiencing hallucinations.”

“Communication between the ward and cl's mother has been minimal. Stepfather's 'named nurse' has a very strong accent and cl's mother is finding it very difficult to understand her. Cl's mother has been promised communication with Doctors, but none have phoned her when they said they would. On Monday cl says her mother phoned the ward and a patient answered the phone, and no member of staff came so her mother gave up.”

“She has questions about her husband's treatment at xxx Hospital. There was a lack of information and at times contradictory responses to questions. She is raising a formal complaint to understand why certain actions were taken.”

Commissioned project – our role in enabling a GP Practice to assess patient views on a new practice location

In November we were approached to help a GP practice and their commissioners ensure the patient perspective was included in decision-making about a new practice location. Timing was tight - findings were needed in early December 2020.

We devised a two-part methodology. A survey was sent to patients on the practice SMS messaging list; this was balanced with 20+ telephone interviews with older/digitally excluded patients to ensure their voice was included. A written report and presentation were delivered just 5 weeks after our initial discussions.

This was a commissioned project: to learn more about how we could help you connect with your service users, please contact Julie.callin@healthwatchesurrey.co.uk

How we gather our insight

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

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.