

## Insight Bulletin: August 2021

One of the statutory duties of Healthwatch Surrey is to share the experiences of local people with organisations who make decisions about health and social care services. Our monthly Insight Bulletins shine a light on some of the themes we have heard about over the past few months.

The themes highlighted in this month's bulletin are:

- Praise for GPs, cancer treatment and ambulance staff
- GP Mental Health Referral Rejections
- Long Covid - experiences beginning to be shared with us
- Our latest reports - Eyecare and Remote Consultations

If there is a theme you would like to hear more about please contact [Kate.Scribbins@healthwatchesurrey.co.uk](mailto:Kate.Scribbins@healthwatchesurrey.co.uk).

### Praise and Thanks

Every month we hear from local people who have experienced excellent care:

Praise for GPs:

*"I had a continuous headache...[Covid PCR test negative so] I completed the form on the xxx Health Centre website to request to speak to a GP. I received a call back on the same day. The GP made me a face-to-face appointment on the Wednesday. He asked me to return in 1 week if my symptoms did not get any better. 1 week later I received an unexpected telephone call from the GP to check if my symptoms were any better. This was very reassuring.*

Praise for fast and empathetic cancer treatment:

*"xxx's partner was diagnosed with breast cancer ... on 31st December 2020 and referred to hospital that day...they attended the first appointment on 13th January within a 14 day target. The results were reviewed, and a care plan and additional scans to support plans and future treatment were agreed. These were completed within 14 days. They met again on 1st February and agreed a revised treatment plan requiring surgery... To their surprise, and relief, the surgery was booked for 16th February.*

*Clearly receiving a cancer diagnosis was a shock but the care and support received ... was outstanding and we felt reassured at all times and very much part of the decision making.”*

Praise for ambulance staff:

*“She has called paramedics when her symptoms have been bad and has found all of them to be amazing and extremely supportive”*

*“My client would like to point out that the actual paramedic crew that finally attended were nothing but first class”*

## **Mental Health – GP Referral Rejections**

We have heard several stories in the past few months where people have fallen into the gap between GPs and mental health services. This is by no means a new problem, and several initiatives are in place aiming to close the gap, but these experiences illustrate people’s responses to a rejected referral:

*“xxx saw her GP at the Studholme Medical Centre who agreed that medication was not appropriate and referred her to the Mental Health team. She did not hear anything so called her GP again in July. She was then informed that the Mental Health Team had rejected the referral and that she should self-refer to the ‘Recovery Project’. She stated that this was a telephone consultation approach and that she didn’t feel that this would be suitable. She went back to her GP and the GP again referred her to the Mental Health team who again rejected the referral. The GP eventually prescribed medication...”*

*“xxx was referred by his GP earlier this year and was assessed by the Runnymede and Spelthorne Mental Health Recovery Service (CMHRS). The assessment concluded that he was not in immediate need of mental health treatment and sent him back to his GP. He now wishes to complain about this and wanted advocacy help to draft a letter of complaint to the CMHRS”*

*“GP keeps making referrals for MH support and they are being rejected”*

## Long Covid - the first few experiences appearing

Long Covid is just beginning to make an appearance in our insight. There are no clear themes emerging yet, but we will be monitoring what we hear and will report back as themes emerge:

*“I was in xxx Covid ward for 4 days. The care was brilliant and infection control amazing. My GP kept close eye on me, calling me at home. I am still recovering 18 months or so on. It is a long recovery with Long Covid. I have muscle weakness and am using gym to help strengthen my legs.”*

*“xxx suffered Covid early part of this year also possibly sometime in 2020. She was left with long covid with a variety of symptoms. She has telephone appointments with her GP who has been very supportive and has prescribed trialled medication. She has not been on it long so not sure if it made a difference. xxx has also been to A&E with her symptoms but found that as soon as ‘long covid’ was mentioned, they were very dismissive of her and not at all helpful. She was quite upset about this and feels that they should be treating the patient and the symptoms rather than the condition”*

*“Having autoimmune conditions has meant that I am under the care of a rheumatologist...more needs to be done for those with autoimmune conditions. I’m hoping that research into long covid will help because their issues sound exactly like a person with an autoimmune condition”*

## Our latest reports - Eyecare and Remote Consultations

Our latest reports include

- A summary of **experiences relating to eyecare pathways**. Poor service integration is a key theme, along with delayed treatment. Our report shines a light on the lifelong consequences that can result from poor eye care. [What-we-are-hearing-about-Eye-Care-Aug-21.pdf \(healthwatchesurrey.co.uk\)](#)

*“My eye condition was so serious I could have been left blind. As it is I am worried now I may need a further Cornea transplant sooner rather than later. I should have been advised to go to A&E.”*

- A **review of people’s experiences of remote consultations** between Summer 2020 and Spring 2021. Looking back, we heard broadly equal numbers of positive, neutral and negative experiences. Most of what we heard related to GP services, and our focus on these revealed the three distinct ways the patient journey to GP access has changed and the importance of developing

strategies tailored to each of the three areas. [Review-of-remote-consultation-experiences.pdf \(healthwatchesurrey.co.uk\)](https://www.healthwatchesurrey.co.uk/review-of-remote-consultation-experiences.pdf)

*“Don’t like triage service, I don’t wish to divulge medical details to a receptionist”*

*“Very simple process...The move away from face-to-face consultations on this occasion worked well.”*

## About Healthwatch Surrey

### First steps back into face-to-face engagement



Our agenda-free listening events allow us to gather people’s experiences of health and social care first hand, and empower people to tell us about what is important to them.

We’re delighted we are slowly returning to face to face engagement, starting with an outdoor event in each of our “places” across Surrey. In October we’ll begin targeted engagement, starting in Guildford and Waverley followed by Surrey Downs in November and then North West Surrey in December. We will be talking to local people at GPs, hospitals, high streets, community providers and VCFS organisations.

### 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 the case with the provider/commissioner.

We share our wider themes with Trusts, CCGs, Surrey County Council, Public Health, CQC, and in various boards and groups across Surrey.

If there is a topic you would like to hear more about, please contact [kate.scribbins@healthwatchesurrey.co.uk](mailto:kate.scribbins@healthwatchesurrey.co.uk)

If you would like to be added to or removed from the distribution list for this Insight Bulletin, please contact [natalie.markall@healthwatchesurrey.co.uk](mailto:natalie.markall@healthwatchesurrey.co.uk)

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