

## Insight Bulletin: November 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 Insight Bulletins shine a light on some of the themes we have heard about over the past few months.

The stories we share verbatim are examples of what we are hearing about those themes - we are likely to have heard similar experiences about other providers. We anonymise all experiences so we don't unfairly focus on individual providers: our aim is to prompt all providers to consider their practice in the light of what we're hearing.

In this month's Bulletin we highlight:

- Praise and thanks across the system
- Key findings and recommendations from our latest report: How people find support in the early years after dementia diagnosis
- Wound Care - patients left to find their own solutions
- Telephone consultations - maximising the potential

If there is a theme you would like to hear more about please contact

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### Praise and Thanks

Every month we hear many stories of excellent, empathetic and person-centred care - this is a small selection of praise we've heard recently:

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*"I had a midwife appointment: they are lovely here... My midwife now has her own contact number rather than go through a central office line. Feels really good to be able to contact her directly."*



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*“My GP surgery is XXX. When you need them, they are available. They call when they say they will. I order online for prescriptions, easy to use. Reception staff are very friendly.”*

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*“John\* is receiving weekly face to face support from [a support worker at a care agency]. This support worker has made a big difference to John and has given him the confidence and support to leave his house and also help him plan a move to a new property and manage his paperwork - all of which were huge stressors for him. John’s support worker is very flexible and responsive and John feels very supported by him.”*

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*“I fell and fractured my hip and was taken by ambulance to A&E. I received the best care. The physio came out every week from [rehab] hospital to my home and still am under the care of them. Very good care from both places.”*

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## Our latest report - Understanding how people find support and advice in the early years following dementia diagnosis

Falling under our Mental Health thematic priority, this project was undertaken this summer and autumn. Our aim was to help decisionmakers prioritise the most valuable approaches for patients and their carers, by understanding how people in Surrey navigate their way to the services designed to meet the “supporting well’ and “living well” elements of the Well Pathway for Dementia.

A one-page report poster and the full report can be found on our website:

<https://www.healthwatchesurrey.co.uk/our-work/reports-and-papers/project-reports/>

We interviewed 26 carers in depth; interviews were around 90 minutes long and were conducted face to face, by video and by phone. A team of Healthwatch Surrey Volunteers (many with lived or professional experience) worked alongside Healthwatch Surrey staff to recruit, interview and analyse the findings.

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\* All names of services users, clinicians and services have been changed or anonymised

Sadly, the people we spoke to often felt they had not been well supported. Many felt they had not had enough guidance to find support, and had found it difficult to access the support they need.

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*“Do I feel well supported? Not really, I think our quality of life is down to my persistence and research”*

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A good “navigator” (sometimes a Dementia Navigator, sometimes another professional, sometimes a peer or group of peers) is crucial. The process of diagnosis specifies that all new patients are referred to a Dementia Navigator. However, we found people often failed to connect to their Navigator. There are several reasons for this, some systemic but some patient-driven: Navigator resources can be scarce, but also the patient/carer may not understand the value of a navigator at that early stage, or may be emotionally overwhelmed by their diagnosis.

Our report makes three recommendations:

1. Build access to Dementia Navigators (or other professional navigator roles).  
Ensure there is adequate resource:
  - a. In every area: iron out postcode lotteries so people in all parts of Surrey have access to a Dementia Navigator when needed
  - b. For Dementia Navigators to **proactively** contact everyone with a diagnosis of dementia on a regular schedule (frequency dictated by individual needs).
2. Undertake a strategic overview of Support Groups (mapping, funding/stability); build provision in areas with weaker support; help groups become resilient; support dissemination of high-quality information through groups; provide pathways for signposting to groups.
3. Empower Primary Care to signpost effectively by ensuring primary care networks, GP surgeries and community care have a single local point of access to signpost patients to (eg local navigator or Dementia Navigator).

The report details some additional areas that would benefit from system consideration:

- Local practices relating to NICE guidance on information given at diagnosis
- Annual GP Care Reviews - making these more visible and valuable to carers
- Potential for PCNs to support “navigation”
- Ensuring there are no age-based inequalities around diagnosis

Our report has been presented to the Surrey Heartlands Dementia Strategy Action Group, who are currently refreshing the Dementia Strategy, and our insight will be considered in the development of that strategy.

## Wound Care – the struggle to access care

People have been telling us of problems accessing wound care in the community after hospital treatment: some patients are being told by the hospital that their GP will provide wound care, but then discovering the GP is not able to help:

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*“I [recently] underwent a minor emergency operation ... I was discharged from hospital with a letter stating, ‘daily dressing change with district nurse.’ [I was later told by my GP practice] that I would have to book daily appointments to receive the dressing changes... the issue was they did not have availability for close to 2 weeks. “...I was [advised] to attend my local walk-in centre daily to receive these changes. I am not able to book appointments at the walk-in centre.”*

*“Yesterday I waited 2.5 hours for what was a 10-minute dressing change. This morning, I arrived at opening, 8am, and have been told that dressing changes will not [be available] before 9am, however, you have to join the queue at 8am. I have been told that I need this procedure daily, especially being type 1 diabetic I run a higher risk of infection.”*

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*“My wife had surgery. Hospital sends her home with a letter to see your local GP so that one of the nurses can check the wound and change the dressing... The lady on the phone said they did not have any nurses in GP to help you out and they can give me an appointment for a week later. I requested her to, but as her wound needs to be checked today what shall we do next? She said she cannot do anything other than giving an appointment [for a week’s time].”*

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We have recommended that local hospitals:

- Inform patients about wound management needs after hospital discharge, and
- Consider how to make patients aware of arrangements they may need to make after discharge.

## Telephone consultations – fair practice

For many people the move to telephone consultations has improved their access to healthcare:

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*“I have had a phone consultation and seen the nurse. This worked well for me.”*

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*“She called her GP Surgery and was told she was long way in the queue so would be called back. An hour later, the receptionist called and took note of symptoms and was very friendly, nice and helpful. Three hours later the doctor called and was also very friendly and helpful. Went through the symptoms again and gave treatment options.... She was impressed with the service provided.”*

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However, we have been told about approaches that do not consider human factors: these can cause delays in treatment and could be considered unfair or unreasonable:

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*“The receptionist told Julie that they would get a call ... the phone rang once and stopped. The client checked the phone and it was their GP surgery so Julie phoned back and told the receptionist that they had tried to answer the call but it had only rung once so they couldn't get to it in time. The receptionist said the doctor would phone back. Julie waited... but then had to take a work-related call. During that call the surgery tried to call again but she was already on the phone so couldn't respond. The doctor didn't call back again and Julie waited a few days to see if they would get another call. The whole process had to then start again.”*

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*“On the day of the appointment the client was ready for the appointment but 5 minutes before the due time was not right next to her phone. The phone rang and she rushed to get to it, but fumbled and before she could answer the call went through to voicemail.*

*A message was left giving a number to call, which she did immediately, asking for a message to be given to the surgeon that she was available. However, she did not receive another call. It took two days for client to be able to get through to the surgeon's secretary who was the only person who could make another appointment and when she did she was told that as she had not picked up the call she would be put to the back of the queue for appointments and would have to wait another month.”*

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*“I got the doctor to call me last week; my life was on hold, waiting for them to call. It took them 3 days to call, they were checking my medication for my Sodium issue and stopped my water tablets but no one communicated with me.”*

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*“Daughter received a telephone call out of the blue from the XXX Clinic from XXX acute trust - the telephone number appears and underneath it says it comes from Scotland so people may not answer because of that.”*

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To unlock the full potential of telephone consultations we recommend providers:

- Consider their policies relating to missed calls, callbacks, timing of calls and other minor operational errors
- Communicate these policies and practices to patients before calls take place.

## About Healthwatch Surrey

### 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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