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Insight Bulletin - January 2022

**About Healthwatch Surrey**

One of the statutory duties of Healthwatch Surrey is to share residents’ experiences of health and social care with the people and organisations who make decisions about those services.

This bulletin highlights some of the themes we’ve been hearing about recently.

**Praise and Thanks**

We frequently hear from people praising the care they have received. As well as thanks for good outcomes, people are grateful for caring staff, safe practices, professionalism and efficiency:

“John[1](#_bookmark0) had spoken to the new doctor and has updated her with a list of his medications …. He said that the Dr was already aware of some of the issues and aware that John had not had a review for years, so booked blood tests and a diabetic review next week as well as a future prostate gland test. John said that she seemed very helpful …They answer the telephone and are arranging a comprehensive review of my medication.”

“She said the service and treatment was excellent with all the appointments carried

out as arranged.”

“The investigation was on time and all the staff were kind and considerate and

explained the whole procedure.“

“Appointment came through within a week for the second week in December, but then a phone call saying there had been a cancellation and could see her before… procedure was quick and pain free – staff very professional... Whole process was very

efficient and very happy with the service.”

1 All names changed to protect anonymity

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And we’d like to share some feedback on the service our own Helpdesk provides:

"I am very impressed with the service I have received this afternoon, which is the first time I made contact after seeing the details about Healthwatch. I am sure I will come back to you again in the future if I need more health-related information and know where to direct anyone else who needs this sort of information."

**The crucial role of unpaid carers**

More than one in four of the experiences shared with us over the past six weeks were from someone caring for the patient. 16% of our experiences were from unpaid carers of adults, 11% from parents of children.

We hear many stories of the hard work, self-sacrifice and tenacity of unpaid carers – giving care, advocating and fighting for the care their loved ones need:

“[Mother in law] was discharged with no care in place … My wife has been taking on the care herself going over on the days we have childcare and working from home at Mums making sure she gets up, eats and takes her pills.”

“Janet’s 95-year-old father who lives with her was taken into hospital in late September … One day when she arrived on the ward, her father was wet through as he had wet himself, his pyjamas and bedding were soaking. When she raised this with the nurse, they just said that he hadn’t wanted to be changed, so she challenged this. The next lunchtime when she visited, he was still in his pyjamas and not washed… After she complained, things did improve and her Dad did get a wash every morning.”

“Helen’s son is tetraplegic following a cycling accident. He is paralysed from the shoulders down. Helen's application for Continuing HealthCare funding was supported by the assessment panel but rejected by the CCG. His care funding will end in two

weeks. Helen has appealed but this could take six months.”

Unpaid carers are a key part of health and social care’s frontline staff: in 2020

Carers UK[2](#_bookmark1) estimated the care they provide would cost £135 billion nationally per

2 [Unpaid carers save UK state £530 million every day of the pandemic - Carers UK](https://www.carersuk.org/news-and-campaigns/press-releases/unpaid-carers-save-uk-state-530-million-every-day-of-the-pandemic#%3A%7E%3Atext%3DWith%20every%20day%20of%20the%20COVID-19%20pandemic%20that%2C%C2%A3135%20billion%20so%20far%2C%20after%20just%20eight%20months)

2

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annum. We look forward to all parts of the system strengthening their support for

unpaid carers.

**More people seeking urgent dental help**

Problems finding an NHS dentist are one of the issues we hear about most frequently. A growing number of the people who contact us have dental problems needing immediate treatment:

“I have a broken molar on my top left-hand side which is very decayed and hollow (food gets stuck) I often bite my cheek which bleeds because of this as well. It has been broken for about a year. My throat and mouth and jaw has been very uncomfortable due to infection and my face swelled up to about golf ball or tennis ball size on that side. I am on my third course of antibiotics for this …I went to A&E the other day because I got chest pains and cold sweats and they gave me an ECG which seemed okay but they did say they were concerned about the infection and that I need urgent dental treatment from a specialist.”

“Mia has problems with her teeth which is causing extreme pain including migraine

headaches.”

“I … have what I believe to be an impacted wisdom tooth which is causing facial, jaw

and ear pain and I am not sure what to do now.”

This is a shift – we continue to hear from people looking to ‘register’ with a dentist or who feel they need a check-up, but we are hearing from more people whose

dental problems are spilling over to wider healthcare needs.

**Caught in the middle – the impact on patients when services don’t collaborate**

Efficient, well integrated care across services is valued by people and is a key ambition of our current healthcare system. Unfortunately, we do hear of cases

where services appear to be in conflict. What may seem an administrative niggle

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or professional difference of opinion to providers can compromise treatment and cause stress:

“Pharmacy2U informed her that her prescriptions had run out and that her GP was refusing to authorise the repeat. She ended up spending two weeks telephoning between the GP and the pharmacy to try and sort this out, each saying it was the others responsibility. Eventually the GP surgery agreed that they had not put the correct authorisation into place and the prescription had run its course.”

“She … has had problems with [accessing medication]. The Hospital is supposed to start it, but correspondence has been going backwards and forwards between them

and her GP about who should be doing this.”

“Jane saw a Consultant in Restorative Dentistry who recommended specific treatment measures. When Jane saw her own dentist the dentist was abrupt and told her the only option was to have the tooth extracted. When Jane asked the dentist if she could have the treatment the consultant had recommended the dentist’s answer was “I’m not a specialist”. Eventually Jane had the tooth extracted. Jane saw the consultant again. He was shocked to find that the tooth had been extracted and advised that Jane’s recurrent periodontal abscesses be treated with the measures previously advised. He said that all this was well within the realm of Primary Care and did not require specialist treatment.”

“She had to have a blood test prior to being booked in for her operation and was asked would she like this doing at her surgery or Hospital. She agreed her surgery as this is closer. Her surgery deals with a different Hospital so there was a problem with

this. Eventually, the surgery agreed to do it and email the results to hospital.”

**Healthwatch Surrey Insight**

How we gather our insight

We gather feedback through many channels including our agenda-free outbound engagement events, our Helpdesk, website, social media, and local Citizens Advice. We also distribute flyers, advertise, engage with groups through our partners and contacts, and initiate focus groups.

The number of people we hear from and the topics we hear about varies from month to month. Some topics covered may depend on the groups we engage with.

4



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@healthwatchsurrey.co.uk](mailto:kate.scribbins@healthwatchsurrey.co.uk)

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

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5