

Listening Events Programme

Spalding Listening Event, 14 July 2015

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Purpose

This report details the findings from the fifth Listening Event held on 14 July 2015 in Spalding, hosted by NHS South Lincolnshire Clinical Commissioning Group (SLCCG). It also provides a background on the programme as a whole, its aims and how it is delivered.

Background

Patient and Public Participation

Section 242 of the NHS Act 2006 places a statutory duty on NHS organisations to involve patients and members of the public in the planning and provision of services, proposals for changes in the way services are provided and decisions affecting the operation of those services. In addition to this, NHS England's assurance framework for Clinical Commissioning Groups (CCGs) has a strong focus on evidence that patients and members of the public have been properly engaged throughout the commissioning cycle.

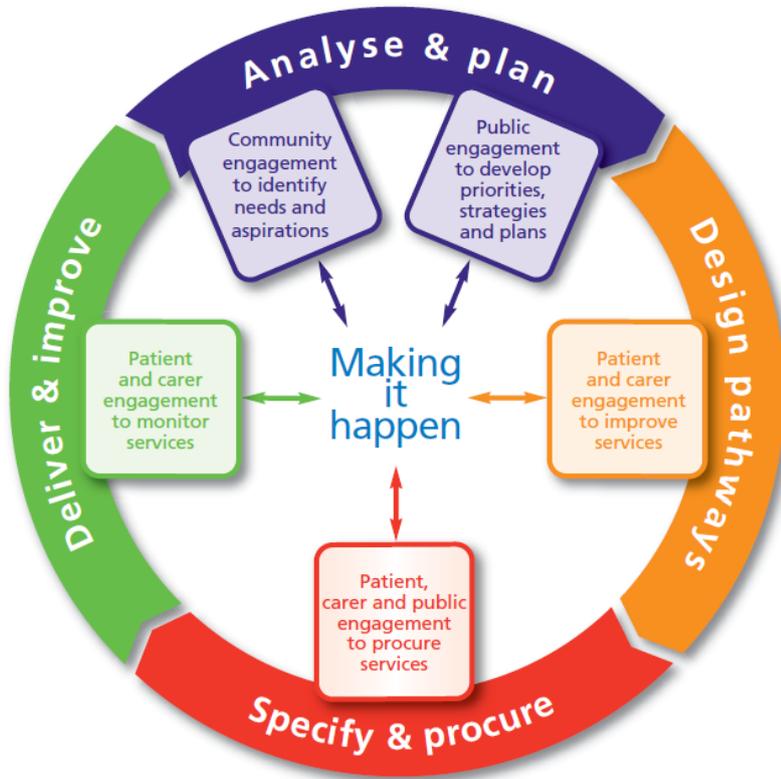
In response to this duty, and in recognition of the value of involving patients and the public, all four of Lincolnshire's CCGs have put a range of mechanisms in place to involve people in decision making. The Listening Events Programme has formed a key part of this involvement.

Lincolnshire's CCGs are supported in their engagement and consultation activities by NHS Arden and Greater East Midlands Commissioning Support Unit (Arden & GEM CSU). Each CCG undertakes a range of activities to involve patients, the public and stakeholders. These include:

- Patient councils, committees and groups
- Involvement of patients, the public and stakeholders in developing commissioning intentions
- Delivery of specific engagement and consultation exercises
- Local interpretation of national and regional patient experience surveys
- Listening Events
- Stakeholder events.

The fifth listening event delivered in Spalding forms part of a wider programme that aims to capture patients' experiences of health and care services.

The engagement cycle shown below demonstrates how engagement is an integral part of each stage of the commissioning process. The Listening Events Programme aims to inform each stage of this process by providing a mechanism through which patient experiences can be captured and reported



The Keogh Review

The Keogh Review (2013) was an independent review commissioned by the Government into the 14 NHS trusts in the UK with higher than average death rates. The review was a full in depth analysis of care and treatment provided in those 14 trusts.

As well as an analysis of information and hospital site visits, the review panel also undertook listening events in Boston and Lincoln. These events gave patients and members of the public an opportunity to share their personal experiences of health services.

All of Lincolnshire's health community are committed to continuing to listen to patient experiences. The Listening Events Programme provides an opportunity to continue the work instigated by the Keogh

Review and to expand it to gain a broader range of insight into patient experiences across the breadth of health services in Lincolnshire.

The Listening Events Programme

The Listening Events Programme is a collective response by the Lincolnshire health community to the Keogh Review and to the statutory framework for patient and public involvement. It represents a real commitment to capturing patients' experiences, in their own words, and feeding these into decisions about health services in the area. The events themselves are designed to enable patients to share their experiences with a range of health providers and commissioners. The Listening Events are CCG led but owned by providers and commissioners jointly, with all local health organisations having a stake in the findings.

The programme has a strong focus on quality and aims to help each CCG and participating provider understand how services are experienced by patients. Positive and negative experiences are shared, captured and reported back in a way that can highlight issues with the quality of care.

The findings of each individual event are summarised in a report available to all stakeholders. The relevant organisations are asked to share their feedback within their organisations and provide responses which are included in the final report. The events programme has been as follows:

Location	Date
Spalding	11 December 2013
Sleaford	11 March 2014
Gainsborough	5 June 2014
Louth	6 November 2014
Spalding	14 July 2015

Methodology

Programme Overview

The Listening Events Programme is designed to provide qualitative information in the form of captured patient experiences. These are captured in a systematic way with common themes identified and reported back to the relevant organisations so that service improvements can be made.

To ensure that patient and public experiences are shared, captured, reported and followed up with the relevant NHS organisation, the following format is followed for each event:

- Representatives from health and care organisations in Lincolnshire are invited to attend to take a listening role
- Members of the public are invited to attend and share their experiences of health and care with the events being publicised as widely as possible
- A range of times and locations are used throughout the programme to maximise attendance from all groups
- During the events, patient experiences are captured through facilitated discussion in small groups
- Scribes are assigned to each group and use a template to capture patient experiences as they are shared
- Details relevant for specific providers are captured so that any issues that need to be followed up can be followed up
- The capture of information will focus on what happened, how it happened and what the impact on the patient was
- Patients are also able to share experiences 1-1 with representatives from the health community if they wish to do so
- Representatives from the Patient Advice and Liaison Service (PALS) are in attendance to provide additional support to patients
- Opportunities to provide experiences in writing are also provided, and are available for those who are not able to attend the event.

Spalding Listening Event 14 July 2015

This event, held in Spalding on, was the fifth in the programme. It was attended by 52 people in total (18 members of the public, 8 members of staff representing SLCCG and 26 organisational representatives). The event began with a short presentation by Lynne Moody, Executive Nurse for NHS South Lincolnshire Clinical Commissioning Group. This was followed by facilitated group discussions where members of the public were given the opportunity to share their experiences with representatives from a range of local health and care organisations.

Introduction

This report illustrates the key findings of the information received from patients and members of the public during and in the run up to the fifth Lincolnshire Listening Event. Data is displayed in the report as follows:

- **Appendix 1** Event Evaluation Analysis
- **Appendix 2** Patient stories shared during the event and organisational responses
- **Appendix 3** Patient stories shared during event promotion and for people who could not attend
- **Appendix 4** Table to show specific questions asked and the response provided by the relevant organisation
- **Appendix 5** The Listening Event attendance list
- **Appendix 6** Promotion of the Spalding Listening Event

Findings

Event Evaluation (Appendix 1)

Event feedback from stakeholders who completed an evaluation form was extremely positive with the majority of stakeholders specifying that they were very satisfied with the arrangements for and during the event. This included the pre-event organisation, the presentations delivered, the time allocated to, and feeding back after discussions, as well as the opportunities for participation.

It was particularly encouraging that 93% (25/27) of stakeholders who completed an evaluation form felt that their contribution was valued, 83% (27/29) considered the engagement to fully meet their expectations and 83% (23/26) were either confident or very confident that the outcomes from the event would help shape future plans. One example of patient feedback was:

"The information we received as 'customers' of the NHS was very enlightening and people really listened"

It was clear to see at the event that people are passionate about the NHS with the members of the public demonstrating a keen interest to share their personal experiences to make a positive difference. In addition, the event was extremely well supported by all Lincolnshire NHS organisational stakeholders and partners, who have shown a real commitment throughout the programme to take patient stories back into their organisations and make service improvements.

Additional feedback from the event for areas where the programme can be improved will be considered for future events.

Key themes identified from Patient and Stakeholder Stories/Questions (Appendix 2,3 and 4)

35 patient stories were shared during and in the run up to the event. This report includes the details of each patient story or question shared during the event and the response provided from the appropriate organisation.

The positive and negative themes identified within are summarised below. Many of these are comparable to those identified through previous Listening Events.

Praise

Many patients provided high praise for the National Health Service, particularly citing how the behaviour and attitude of staff as well as well led teams with excellent communication can make the most difference to a positive patient experience. Summaries of the praise given are summarised under the themed headings below.

Transitions between services or stages of care

Positive - Some examples of excellent practice were shared during the event regarding transitions between providers, where patients describe a seamless service. Excellent communication between the multidisciplinary teams was cited as the reason for this.

Negative- Many patient stories shared across the whole programme have highlighted issues with patient experience at the point of transition from one part of the NHS to another. This was also the case for a number of experiences shared at the Spalding event, particularly around transfer from one hospital to another and difficulties navigating the health and care system. This was mainly where care is delivered by more than one provider and communication breaks down.

Access

Positive - Excellent GP Access- Some patients fed back stories of ease of GP access relating to making a GP appointment at their surgery.

Negative - Poor GP access has been a recurring theme across the programme and a number of patients raised this again at the Spalding event, particularly around waiting times for a GP appointment with various people saying waits for a GP appointments could be 2-5 weeks. Some patients also expressed difficulties getting through to the surgery via the phone. Concerns were also raised

regarding the increasing population in some areas of Lincolnshire and what this means for residents accessing local services.

Hospital waiting times

Excessive waiting times were raised in a number of patient stories, as they have been throughout the programme. This is in relation to a wide variety of operations, procedures and providers.

Estates

Issues were cited in relation to facilities on some hospital sites and included poor disabled access, poor signage and the large size of some acute hospital sites.

Cancellations

A story was shared in relation to a cancelled hospital operation and appointment and the impact this has on patients and their families.

Provision of services

Positive - Praise was given for a number of services offered to patients in the area. These included the community Diabetes support group “Spotlight” for patients with a recent diabetes diagnosis and the community respiratory support services. Praise was also given for NHS South Lincolnshire CCG’s Pre-diabetes educational course.

Negative - A number of patients at the Spalding event raised queries or challenges around the provision, or lack of provision, of specific services. Queries included were relating to the lack of provision of Parkinson’s nurses and Dementia carers in the NHS South Lincolnshire CCG area.

Communication between health professionals and patients

Positive -Some excellent examples of communication to patients and between teams were shared during the event and illustrate that appropriate and full communication is key to achieve a better patient experience. Feedback specifically cited the commitment of many staff who have been described as providing compassionate patient centred care at often the most difficult times of people’s lives.

Members of the public were keen for this feedback to be shared with staff.

Negative

Poor communication has been a recurring theme throughout the programme and experiences shared at the Spalding event include examples of the negative impact poor communication has on patient experience. Stories shared during the event included examples of patients feeling they had not been listened to, and feeling that they were not involved in decisions about them. Some patients and their carers said they had not been kept informed of planned changes to their care and some patients felt some health professionals had spoken to them in a way that conveyed an uncaring attitude. Stories

were also shared where communication could be much better to carers and some suggestions for improvement were made. Another key finding was that often communication breaks down within and between clinical teams. Some stories related to care lacking in compassion.

Quality of care

Positive

Many stories relating to the excellent quality of clinical care received were shared during the event and these have been shared with the relevant organisations.

Negative - Poor quality of care has been raised in a number of experiences shared by patients throughout the programme, and was again raised during the Spalding event. Poor communication, poor clinical record keeping, inexperience and the behaviours of staff were cited as key issues relating to the poor quality of care.

Resources

Positive - Some examples shared relate to efficient practices where an excellent service was received.

Negative - Some patient stories were shared during the event that relate to perceived wasted NHS resources. Examples included were waste medicines, repeated diagnostic testing and inefficient practices.

Next Steps

The report will be shared with everyone who attended the event and made available for all Lincolnshire health and care organisations to share via their websites. The findings will form part of the wider learning from the Listening Events Programme as a whole.

We would like to thank everyone involved in the Listening Event and particular thanks goes to the patients who have taken their time to provide feedback on their experiences.

Appendix 1- Event Evaluation Analysis

60% (31/52) of people present at the event completed the event evaluation form. Feedback was as follows:

	(%)	N
Public Members	39%	12
Organisational Representatives	61%	19

Q1: How satisfied were you with the following:	Very satisfied	Satisfied	Neutral	Dissatisfied	Very dissatisfied
a. The pre-engagement organisation?	17 (59%)	10 (34%)	2 (7%)	0 (0%)	0 (0%)
b. The presentations delivered?	15 (52%)	10 (34%)	4 (14%)	0 (0%)	0 (0%)
c. The time allocated to discussions?	16 (53%)	12 (40%)	2 (7%)	0 (0%)	0 (0%)
d. The time allocated to feeding back after discussions?	15 (52%)	9 (31%)	5 (17%)	0 (0%)	0 (0%)
e. The opportunities for participation today	19 (63%)	11 (37%)	0 (0%)	0 (0%)	0 (0%)

Q2: If you are dissatisfied with any of the areas, please provide further explanation below:

- "It was difficult to hear all that was being said during table discussions due to noise from adjoining tables"
- "Just a little comment- very good attendance but with tables close together often made it difficult to hear discussions"
- "Difficult to hear discussions over the top of other tables"
- "Difficult to hear during table discussions due to noise levels and being in close proximity"
- "Need to work out how to engage. Listen to working population - ask them individually - markets, school, pub, supermarket - what would be best for them to get general idea"
- "Too many different organisations within this county - being under the NHS budget"
- "Very hard to hear people on my table due to loud noises and conversations in the room around us, also the presenter needed a mic to be heard. Table too big and people too far apart."
- "I wasn't dissatisfied with any area but on our table there was just 2 patients"

Q3: Do you feel that your views and contributions were valued?

Yes fully	Yes partially	No not really	No not at all	Don't know
25 (93%)	2 (7%)	0 (0%)	0 (0%)	0 (0%)

Q4: Did the level of engagement fulfil your expectations?

Yes fully	Yes partially	No not really	No not at all	Don't know
24 (83%)	3 (10%)	1 (3%)	0 (0%)	1 (3%)

Q5: If you answered no, please provide suggestions of what we could have done differently:

- "Too many chiefs, not enough Indians. Bring back matron - she can rule OK"
- "Tables should change at the break so different voices are heard"
- "I think the staff representatives should move tables for the second breakout session to meet different members of the public"

Q6: How confident are you that the outcomes from this engagement will help to shape future plans?

Very confident	Confident	Not really confident	Not at all confident	Don't know
8 (29%)	15 (54%)	4 (14%)	0 (0%)	1 (4%)

Q7: Do you feel that the range of stakeholders and organisations involved today was valuable?

Yes fully	Yes partially	No not really	No not at all	Don't know
21 (81%)	3 (12%)	1 (4%)	0 (0%)	1 (4%)

Q8: If you feel that this event could have benefited from the attendance of other stakeholders and organisations, please provide details of these below:

- "All good- very productive and positive discussions with a wide variety of viewpoints. Would be really good to capture views of a younger more diverse client group"
- "More public invitations"
- "More than enough! How relevant are some of them?
E.G. the Air Ambulance Service should be on standby. Some of the facilitators seemed very involved in company speak and were limited in their remit"
- "Try the Salvation Army, Red Cross, and St Johns Ambulance. All are sincere helpers to all and do not cost the NHS a penny"
- "PPG members should be present so they can take back information to the GPs/absent members - especially relating to dementia support and carers"
- "The information we received as 'customers' of the NHS was very enlightening and people really listened. Age UK could possibly have made people aware of their input"

Appendix 2 - Patient stories shared during the event

Patient stories are provided in as much detail as possible. Where available, information on relevant providers, locations, time frames and conditions are also summarised.

PATIENT STORY 1		
Relevant providers/locations: Lincoln County (United Lincolnshire Hospitals NHS Trust)		Relevant conditions/issues: Kidney operation and drain (Nephrostomy)
Main themes:		Time frame:
<ul style="list-style-type: none"> • Communication • Wrong information 	<ul style="list-style-type: none"> • Poor care 	2011
<p>Person 1 was referred to Lincoln County Hospital for urgent surgery for suspected Kidney cancer after previously having a kidney removed. Person 1 informed that after their operation the consultant told them that the operation had not been a success, they were later told that the operation was successful and there was no spot on the kidney. Person 1 asked why couldn't the consultant say they didn't know rather than give the wrong information?</p> <p>Person 1 said that the kidney operation resulted in a kidney drain being inserted which leaked over the weekend. Staff informed Person 1 that they would have to wait until Monday before a consultant would be in work to address this. Person 1 was left very uncomfortable. The table facilitator explained that Lynne Moody was the Director of Quality & Executive Nurse for South Lincolnshire CCG and so may be able to advise. Lynne explained that although it is hard to comment on specific cases, it is a specialised procedure which may be the reason, however, Lynne explained that senior staff would have been available over weekends to provide support and advice to staff, and this advice could have been sought. Lynne explained that she was sorry if this did not happen on this occasion and that this experience would be communicated to Lincoln County Hospital for further comment.</p>		
<p>Further comments were raised from patient 1 regarding Lincoln County Hospital in relation to:</p> <ul style="list-style-type: none"> • Poor signage for access to wards and departments • Staff referring to patients by their Christian name, respect seems to be missing. • Cleanliness was poor and when questioning staff they pretended to clean the bed area. • Patient asked why there aren't ward sisters now like in the past. The old matron system was much better and efficiency has gone down since the days of the matron where everyone knew who was in 		

charge.

Experiences at Pilgrim hospital much better than Lincoln County.

Response (ULHT)

Response (ULHT) We are sorry Person 1 encountered issues relating to their kidney operation, aftercare and cleanliness on the ward. In order for us to investigate the concerns raised, we would ask that the patient contacts our PALS service at Lincoln in the first instance. They will be able to take further details and determine whether the concerns should be escalated to a formal complaint.

With regards to the signage, we would need know the exact location and nature of the concern so we can inform the Facilities Department. We ask that Patient 1 contacts our PALS team at Lincoln.

PALS can be contacted directly on 01522 707071 or PALS@ulh.nhs.uk.

All staff should always ask every patient how they wished to be addressed when meeting them for the first time and to respect and honour their wishes.

PATIENT STORY 2

Relevant providers/locations:

Pilgrim Hospital, Boston
(United Lincolnshire Hospitals NHS Trust)

Relevant conditions/issues:

Diagnostic Investigation

Main themes:

- Good leadership
- Excellent Staff

- Efficient Service
- Clean

Time frame:

2001-2015

Person 2 explained that they suffer from Claustrophobia and they underwent a CT scan at Pilgrim Hospital (timeframe not stated). They reported that the staff were brilliant in helping to reassure them, by talking and putting them at ease throughout.

Person 2 visited Accident and Emergency at Pilgrim on 10/07/2015, as advised by NHS 111 due to acute pain and loss of vision in their right eye. They explained that they were seen immediately despite the department being very busy. Person 2 explained that they were seen quickly by a nurse who gave eye drops and pain relief which took immediate effect and meant that Person 2 could see again straight away. Person 2 said that this was an excellent and efficient service.

The table facilitator asked Person 2 what it was about Boston that made the experience better than Lincoln to which person 2 said: Boston is more friendly and efficient and they know who is in charge. A brief table discussion took place about hospital facilities nationally, patient 2 explained they were also treated at Pilgrim 14 years ago and even though the hospital was worn and scruffy, it has always been clean.

Response (ULHT)

We are pleased to read that person 2 personal needs were taken into account when they attended for a CT scan at Pilgrim and we will ensure that the comments are shared with the team.

We have shared the positive comments surrounding the visit to A&E in July with the team. It is good to read that they were seen immediately despite the long queues and the treatment received restored their vision.

The Trust recently announced an exciting new partnership to upgrade three hospitals for ULHT. Kier, a leading property, residential, construction and services group, has been awarded a £25m contract by the Trust. Procured under the P21+ healthcare framework, Kier will deliver a programme of both minor and major works over the next year at Pilgrim Hospital in Boston, Grantham and District Hospital and Lincoln County Hospital. The contract is project managed by Capita Health Partners and forms part of the Trust's five-year estates strategy, which focuses on modernising the hospitals and looking at ways the Trust's estates can be best used to support new models of clinical practice.

One of the scheme's projects at Pilgrim Hospital is the development of a new multi-purpose clinical accommodation which will enable some of the maternity and gynaecology services to be moved out of their current accommodation and into the improved facilities.

Smaller works carried out by Kier will include further ward refurbishments, mechanical and electrical infrastructure, improved theatre ventilation, plus fire safety measures and roof repairs.

PATIENT STORY 3

Relevant providers/locations:

- Peterborough Hospital
- Peterborough and Stamford Hospitals NHS Foundation Trust (PSHFT)

Relevant conditions/issues:

Heart Failure

<p>Main themes: Communication to patients families and carers</p>	<p>Time frame: Current ongoing care</p>
<p>Person 3 fed back that it would be really helpful for patients to receive a cc'd copy of GP letters from hospital consultants detailing the specific details of diagnosis and treatments. Person 3 explained that this would be really helpful to remember the medications that people are prescribed and patients should be given the choice to add carers or family members to this distribution to ensure that they are also fully aware of a person's needs if the patient agrees to this.</p>	
<p>Response (PSHFT) The Trust's normal policy is to give the patient a copy of the letter sent to their GP upon discharge and we also ensure patients have a copy of their discharge letter which will document their medication. We apologise if this has not been the case in this particular experience. Under usual circumstances, once the patient has those letters, they are their property to share with whomever they wish. Unfortunately, we do not have the capacity to print extra letters for carers, or relatives, but they can have access to the patients' letter, providing the patient is willing to share that information.</p>	
<p>PATIENT STORY 4</p>	
<p>Relevant providers/locations: Pilgrim Hospital, Boston (United Lincolnshire Hospitals NHS Trust, ULHT)</p>	<p>Relevant conditions/issues: End of Life Care (Lung Cancer)</p>
<p>Main themes: Poor Communication/ record keeping Lack of compassionate care</p>	<p>Time frame: May 2011</p>
<p>Person 4 spoke of her husband's care at the end of his life and asked why clinical staff don't refer to the patient's medical records rather than ask patients to continually repeat information to different staff again and again. Person 4 described how it was painful and upsetting for her husband to repeatedly answer questions.</p> <p>Person 4 also described that whilst it was considered staff followed the correct procedures, there seemed to be human compassion missing in end of life care. Person 4 described how her husband was in considerable pain and was told by the ward staff that no more oxygen or pain relief could be given at the end of his life. Her husband was not able to breathe properly and the whole experience was awful.</p>	

Response (ULHT)

Helen Phoenix, Macmillan Clinical Nurse Specialist (CNS) Palliative Care

In respect of the end of life care the husband received I can only apologise for the experience this family went through. At this time the palliative care team consisted of only one Macmillan CNS post leading on the service provided in Pilgrim. It was at a time when the Liverpool Care Pathway (LCP) was being used to support end of life care in Pilgrim. It was also around the time when the issues were being raised nationally regarding LCP.

The LCP was reviewed officially on a national level, taking into consideration public and NHS views and a document was produced –‘more care less pathway’ and recommended that although the general principles of LCP were upheld as being able to provide good quality care when used appropriately, the LCP was to be withdrawn from use. A national leadership alliance was formed which was made up of end of life care providers, patient and public. National workshops were held across the country, including Lincolnshire as to the best way forward. The Leadership alliance produced a report ‘One Chance to get it Right’ which included national guidance setting out an approach that all organisations caring for dying patients should follow. It sets out ‘5 priorities of care of the Dying person.

ULHT and the wider Lincolnshire community have taken these 5 Priorities and a framework to use when caring for patients in the last days of life. The key themes within the framework include; recognising dying and identification of patient’s needs with regards symptom management, nutritional requirements, spiritual/religious need, information needs etc. Clear decisions based on the above with patient and family handled with sensitive communication is also a priority.

Within Pilgrim we also now have a Palliative Care Consultant and a Palliative Care directorate has now been developed within ULHT leading on issues around caring for the dying patient. End of life care is now one of the 8 core services now being assessed by the CQC.

We are moving forward in trying to teach/instil into all members of staff the 5 priorities of care. We are trying to get some general training into Mandatory programme for all members of staff. This is happening with medical staff at present.

Macmillan CNS in Palliative Care teach these principles to Nurses regularly to those nurses undergoing

their preceptorship training and also those who attend the Acute Care course. Training is also given on the HCSW (Health care Support Worker) induction training, & communication and breaking bad news training given to Foundation Year 1 Doctors (newly qualified doctors) on a yearly basis.

We have also recently re started our Palliative Care Link Practitioners group which has representatives from each ward area which will included further E learning & quarterly updates on all issues on End of life Care.

Within Pilgrim we are delivering the QELCA© (Quality End of Life Care for All) programme which is a joint Hospice & Hospital programme on end of life care to more senior nurses in each area to help support the ward team in delivering high quality end of life care.

PATIENT STORY 5

Relevant providers/locations:

Lincolnshire Community Health Services (LCHS)

Relevant conditions/issues:

Diabetes
Chronic Obstruction Pulmonary Disease
Parkinson's Disease

Main themes:

Excellent Diabetes and Respiratory Service

Time frame:

Not stated

Person 5 gave high praise for the diabetic service arranged by the community Trust. Person 5 said they hold a Diabetes Support group called Spotlight in Boston for patients with a recent diabetes diagnosis. Person 5 has attended two sessions so far and described the service as "excellent".

Person 5 also explained how excellent the respiratory support service is in the Community Trust and how this would benefit from expanding further.

Response (LCHS)

Both the Diabetes & Respiratory team have started to work closely as a county wide service to ensure that their skills are being used to address the needs of the local population & support our community teams & other partner organisations in the management of both diabetes & respiratory care. These are both services with high demand due the number of patients with these two long term conditions and we are pleased to hear that patients are benefitting from this and satisfied with the care our staff are working hard to deliver.

PATIENT STORY 6

<p>Relevant providers/locations:</p> <ul style="list-style-type: none"> Holbeach Medical Centre (Park Road) (NHS Lincolnshire East CCG area) Littlebury Practice (NHS South Lincolnshire CCG area) 	<p>Relevant conditions/issues:</p> <p>Parkinson's Disease</p>
<p>Main themes:</p> <ul style="list-style-type: none"> Inconsistency of Parkinson's Disease services in the county 	<p>Time frame:</p> <p>Not stated</p>
<p>Person 6 spoke about their local GP practice and explained how a Parkinson's Nurse was appointed by the NHS South Lincolnshire CCG last August and means the service is available at Littlebury Practice but not at Park Road (Holbeach) which sits within NHS Lincolnshire East CCG area.</p>	
<p>Response (NHS Lincolnshire East Clinical Commissioning Group)</p> <p>Thank you very much for your query regarding Parkinson's Disease Specialist Nurse Support in Holbeach. East Lincolnshire CCG has recently been working with Parkinson's UK to write a bid, in order to secure the funds needed to pilot two Parkinson's Nurses within the CCG area. Applications to funding are awarded at the society's discretion, and it is anticipated our bid will have been considered alongside many others, so unfortunately we cannot guarantee the funding request will be approved but we remain optimistic.</p> <p>At this stage we are awaiting confirmation from Parkinson's UK of their final offer, and we hope to be in a position to communicate this shortly.</p> <p>Where the CCG would be unable to provide support in the form of this specific role, we will ensure that suitable alternative support is in place, so that people with Parkinson's Disease are not disadvantaged, and continue to achieve their outcomes.</p>	
<p>PATIENT STORY 7</p>	
<p>Relevant providers/locations:</p> <ul style="list-style-type: none"> Holbeach Medical Centre (Park Road, NHS Lincolnshire East CCG area) 	<p>Relevant conditions/issues:</p> <p>Not Applicable</p>
<p>Main themes:</p> <ul style="list-style-type: none"> GP Access difficult Attitude of staff in dispensary 	<p>Time frame:</p> <p>Not stated</p>

- Poor communication

Person 7 fed back a number of concerns relating to GP access at Holbeach Medical Centre, Park Road:

- Very difficult to get appointment via the phone, usually have to queue up
- Often can't get an appointment for 2/3 weeks
- Issues with the attitude of staff in the dispensary
- Issues with discharge letter from the Royal Brompton Hospital, including GP practice unhelpful and won't allow access to letter re prescription
- Lack of magazines in the waiting area
- Practice did not have an open appointments system where you can go and wait when you need an appointment as available in other practices.
- Person 7 wondered why there was still no 7 day working.
- Concerns around the number of new houses going up in the area and what impact this will have on access to GP services.

Person 7 made the following suggestions for improvement:

- To consider a different use of the workforce for GP Out Of Hours service as staffing issues remain a concern
- Person 7 thinks that there is a need for more public education to access the right services and the NHS should work more with the media to keep the public informed of the most appropriate place to go, ie a pharmacist rather than a GP.
- Person 7 thinks that due to cost those on low incomes may still use their GP to get a prescription rather than pay for medicines over the counter

Response (Holbeach)

Thank you to person 7 for taking the time to provide feedback, we always try to ensure that our patients receive the best service possible, and we are sorry if your recent experience does not meet your expectations. Would always encourage patients to discuss their concerns directly with the practice so that we have the opportunity to look into them further. The practice can be contacted on 01406 423288.

We have tried to address some of the points made below:

1. The surgery have tried to improve telephone access by having additional phone lines installed. There are now 4 main lines diverting to 10 additional lines, which put the callers in queue. The telephone lines are open from 8am to 6.30 Monday to Friday.

2. There are emergency appointments available everyday all day everyday Monday to Friday with the duty doctor. We advise this in the practice leaflet and on our website. Unfortunately, we cannot guarantee an appointment with the GP of choice and patients are able leave a message to their chosen doctor to contact them back.
3. We can only issue new prescriptions when we have access to letters of notifications from the Brompton Hospital and the practice would need more details to comment further on this particular case.
4. Unfortunately we are not able to provide Magazines as they are untidy and have a transmission of infection risk
5. We have not found open appointments systems to be effective as patients can be waiting a long time, we would instead advise patients to make an appointment with the duty doctor.

Communication in relation to public education to access the right services is made via our website, our Patient Participation Group, our quarterly newsletters (which are sent by email if requested), post and are also available at reception. We also have a notice board promoting health issues.

Response (SLCCG)

Gary Thompson, Chief Operating Officer, NHS South Lincolnshire CCG explained :

- SLCCG is now responsible for the commissioning of GP services and will use this as an opportunity to develop and improve services, including access out of hours.
- When new developments take place the developers are required to allocate funding to support health care through section 106 requirements.
- Over Easter there had been a pilot scheme for GP surgeries to open over weekends. The government have shown a commitment to 7 day access for GPs moving forward.
- There are issues with GP recruitment across the country which are being looked at nationally.

PATIENT STORY 8

Relevant providers/locations:

NHS 111

Relevant conditions/issues:

Chronic Obstruction Pulmonary Disease (COPD)

Main themes:

Excellent Service

Time frame:

Not stated

Person 8 called the 111 service helpline and had an excellent, positive experience; Person 8 was visited by a nurse which prevented admission to hospital.

Response (NHS 111)

Thank you for the excellent feedback.

PATIENT STORY 9	
Relevant providers/locations: NHS 111	Relevant conditions/issues: Dental
Main themes: Excellent Service	Time frame: Not stated
Person 9 called NHS 111 and received an Out Of Hours dentist – Excellent Service	
Response (NHS 111) Out of hours dental services are limited however this successful encounter demonstrates the value.	
PATIENT STORY 10	
Relevant providers/locations: Not stated	Relevant conditions/issues: Dementia Care in general in local area
Main themes: Dementia carers lacking in south Lincolnshire	Time frame: Not stated
<ul style="list-style-type: none"> • “All About me” document considered positive • 8 dementia carers in Lincolnshire, not aware of any in the South of the county, needs to be explored. • Alzheimer’s Society representative explained they have developed some information packs for GPs but was struggling to get into some practices. 	
Response (SLCCG CCG) SLCCG have commissioned a dementia care co-ordinator attached to the neighbourhood teams. This this is a new service initially in Stamford and will be rolled out across the south alongside neighbourhood teams. Access to team co-ordinator is via GPs. We have a dementia support network set up in Bourne which gives advice, guidance, support to patients and carers http://www.dementiaaction.org.uk SLCCG can support the Alzheimer’s Society representative to link into practices, the SLCCG has a dedicated Primary Care quality lead that works with all practices.	

PATIENT STORY 11	
<p>Relevant providers/locations: Pilgrim Hospital, Boston (United Lincolnshire Hospitals NHS Trust)</p>	<p>Relevant conditions/issues: Eye Clinic</p>
<p>Main themes: Positive Overall Experience Long wait for appointments</p>	<p>Time frame: An episode 7- 8 years ago</p>
<p><i>Episode 7- 8 years ago</i> General experience at Pilgrim 7-8 years ago – good. Person 11 also attended eye clinic at Pilgrim and historically has to wait a long time for appointments. Person 11 now receives eye care by Anglia Community Eye Service and this is an excellent service, better than the service at Pilgrim.</p>	
<p>Response (ULHT): We would like to apologise for Person 11 having to wait a long time for appointment in the eye department which has resulted in them seeking an alternative provider. This clearly falls below the standards expected within the Trust but as we don't have specific details we are unable to identify why it happened on this occasion. If the patient would like this to be looked into we would ask that they contact PALS at Pilgrim on 01205 446243 or PALS@ulh.nhs.uk.</p>	
PATIENT STORY 12	
<p>Relevant providers/locations: NHS as a whole and Peterborough and Stamford Hospitals NHS Foundation Trust (PHSFT)</p>	<p>Relevant conditions/issues: Communication</p>
<p>Main themes: Poor communication and integration of services</p>	<p>Time frame Not stated</p>
<p>Person 12 raised poor communication as a general issue between healthcare organisations, including NHS Providers and Clinical Commissioning Groups. Person 12 informed an example that a matron at PSHFT did not know what a neighbourhood team was and this needs to be improved.</p>	
<p>Response (NHS Lincolnshire East CCG) representative said that an action for today would be to re-communicate this to PSHFT staff.</p>	

PATIENT STORY 13

Relevant providers/locations: Long Sutton GP surgery (SLCCG) Queen Elizabeth Hospital- King's Lynn (QEH,KL)		Relevant conditions/issues: Osteoarthritis	
Main themes: Accessing the right professional		Time frame: Not stated	
<ul style="list-style-type: none"> Person 13 suffers from Osteoarthritis, a condition that has escalated over a period of years, originating from a trapped nerve. Local GP referred Person 13 to a neurologist who recommended a new hip. Person 13 went back to GP, unhappy with this recommendation, and was then referred to a rheumatologist. Rheumatologist at Queen Elizabeth Hospital was a GP with a Special Interest. Person 13 struggled to get adequate attention and care and felt it was a waste of time and effort. <p>"I want them to sit there with more knowledge than I do. Must have qualifications. GP's with specialist interest is not good enough"</p> <p>Current status: Receiving ongoing treatment for condition</p>			
Response (SLCCG) All GPs with a special interest are fully qualified and accredited. Where ever possible and clinically appropriate, we would try to use GPs with a special interest to reduce delays, improve access and ensure patients can receive care and treatment closer to home.			
PATIENT STORY 14			
Relevant providers/locations: Long Sutton GP surgery (SLCCG) Queen Elizabeth Hospital- King's Lynn (QEH,KL) Pilgrim Hospital, Boston (ULHT) Peterborough Hospital (PSHFT)		Relevant conditions/issues: Lump in throat (thyroid problem)	
Main themes: Poor Disabled Access Doctor not on GMC website		Time frame: Not stated	

Person 14 was referred to ENT due to a suspect lump found in throat.

- Person 14 researched both Boston Pilgrim and Queen Elizabeth, King's Lynn
- Discovered a doctor in Kings Lynn was not on the GMC register. Reported this fact to the GMC and was told "I'm sure they wouldn't hire someone who didn't have the right qualifications."
- Person 14 is happy to research information independently before receiving treatment and admits "I always have more information than others; people come to me to ask for research on their behalf."

Person 14 uses NHS Choices as part of research, but understands there isn't a fair balance (more negative than positive reviews)

Additional feedback

- "Peterborough hospital is too big- 3/4 mile from reception to hospital bed"
- Door handles not accessible to wheelchair users

Response (PHSFT)

In response to patient feedback over the layout and distance between some areas in the hospital, the Trust has installed extra seating in corridors to act as 'rest stops' for less mobile patients and visitors. In addition, the Trust also has a patient buggy service that operates on the ground floor to assist less mobile patients in getting to their destination.

Our main corridor doors do not have handles to allow for easy access for trolleys and wheelchairs. However, rooms on wards do have handles. At the time the hospital was built, it was signed off as compliant for use by wheelchair users. However we have taken these comments on board and will discuss with our estates team how we might improve the facilities for wheelchair users.

Response (QEH,KL)

All Doctors employed by the Trust have to prove that they are registered with the GMC as part of their pre-employment checks. These are carried out before a doctor can work within the Trust and are in addition to the following checks:

- Identity check (there are a long list of documents that can be used by Doctors to prove their identity and a combination of photographic and address documentation is required).
- Disclosure and Barring Service Check
- Proof of professional registration – (this would be the GMC check) this is carried out very early in

the process

- Proof of qualifications
- Asylum and Immigration Act – Right to Work in the UK
- Occupational Health and Confidential Work Health Assessment
- Blood Competencies Paperwork
- Satisfactory References

PATIENT STORY 15

Relevant providers/locations:

Guy's Hospital, London

Relevant conditions/issues:

Spinal injury

Main themes:

Experiment treatment

Time frame:

Not stated

Person 15 suffered from a spinal injury and asked local Lincolnshire GP to be referred to a specialist

- GP offered medication as an alternative- but potential side effects were not explained. Person 15 persisted with specialist referral.
- Sent to Guy's Hospital, specialist was a thumb/knee specialist, not spinal.

"I have read Daily Mail articles about "experimenting" on NHS patients" - Believes this is what happened in this case. Surgeon was not a spinal specialist so was gaining experience in spinal.

Response (SLCCG):

Patients are free to exercise choice about where they receive treatment. GPs would be happy to advise on the choice of specialist, and where these services are available as close to home as possible with the patient's best interest in mind.

PATIENT STORY 16

Relevant providers/locations:

A&E, Queen Elizabeth Hospital King's Lynn (QEHL)

Relevant conditions/issues:

Circular saw accident

Main themes:

Appropriate use of NHS Services

Time frame: Not stated

- Person 16 spent 18 hours in A&E on a Saturday
- Person 16 was the only person attending due to an accident, all others were drink/drug related

Discussion on how using services appropriately and better signposting is often the solution.

Response (SLCCG):

There are a number of different schemes being piloted to ensure that patients attending urgent care are treated in the most appropriate manner and setting. These are challenges that are experienced across all urgent care centres in England.

PATIENT STORY 17

Relevant providers/locations:

Long Sutton GP surgery
Queen Elizabeth Hospital - King's Lynn
Boston Pilgrim Hospital, (ULHT)

Relevant conditions/issues:

Ulcer/ pain management

Main themes:

Waiting time

Time frame:

Dec 14 - present

- Person 17 suffered from ulcers throughout adult life due to previous surgery causing nerve and consequent vein damage.
- Visited GP with knee pain, referral organised but took a long time.
- Attended Boston Pilgrim Hospital for an ultrasound. Very nice doctors and nurses. Results show previous vein graft is no longer working- but that isn't the cause of knee pain (Dec 14)
- Letter arrived (Jan 15) to say they would be in touch with an appointment date (Person 17 advised roughly 13 weeks wait)
- Referred to a pain doctor in King's Lynn (July 15). "Results explained excellently, marvellous doctor" Person 17 treated with respect, didn't feel like just a number. Person 17 told write up of appointment would be sent to GP.
- Still waiting for GP to receive letter.
- Is choosing to manage ulcer care from home rather than have community help - whilst it is still manageable.

Current status:

Still waiting for news on knee pain

Person 17 also shared concerns regarding:

- Insensitive GP at Long Sutton GP surgery
- GP recruitment at Long Sutton Surgery
- NHS spend on interpreters

- Waste medications being destroyed (rather than re-issued)

Person 17 shared suggestions for improving NHS:

- Charging patients for hospital meals. Or asking family members to bring meals in for patients.
- Fines for missed appointments, unnecessary ambulance call-outs and drug related admission.

Response (QEHL,KL)

There are two standards we are working towards with regard to consultant letters to GPs. Letters to GPs concerning a cancer diagnosis are prioritised and typed within 48 hours. Letters to GPs that are defined as routine should be typed by consultant secretaries within 10 days of receipt. Delays in this process may occur due to staff secretarial shortages (but this will only result in a slight variation), extra clinics and bank holidays. There may also be a delay resulting in time taken by consultants to dictate or sign letters. Our average turnaround time for routine typing over the last month is 3-4 days. If patients do not receive feedback about their hospital appointment they need to follow this up with their GP.

Response (ULHT)

It is good to read that Person 17 received a good experience when they attended for an ultrasound. We all try very hard to ensure that we provide as good an experience as possible.

Response (Long Sutton)

Thank you for your feedback in order for the practice to be able to investigate the issues raised we will need to know the name of the patient and of the GP concerned. Without this information we will be unable to look into the matter. Please can patient 17 contact the practice directly on 01406 362081.

PATIENT STORY 18

Relevant providers/locations:

Queen Elizabeth Hospital - King's Lynn (QEHL,KL)

Relevant conditions/issues:

Heart attack

Main themes:

Wasting resources

Time frame:

Not stated

- Person 18 underwent triple bypass surgery during residency in France
- Received all medical records including notes, scans, video of surgery

On return to UK and cardiologist appointment in Kings Lynn, consultant refused to use medical records from France and chose to redo scans etc. Results identical

Response (QEHL,KL)

There are a wide number of reasons why a clinician may have requested the scans be repeated these

include (although are not limited to):

- Quality of scans carried out elsewhere (whether this is in the UK or overseas)
- The condition of the patient presenting to the clinician at the time
- The age of the scans that the patient provided

It is ultimately the responsibility of the clinician to decide whether additional scans are required for the clinician to effectively treat a patient with their presenting condition.

The CQC are keen that we are not inappropriately irradiating patients and for that reason all requests are thoroughly checked to ensure that the same imaging has not been carried out at a previous appointment.

Without the specific details of the patient it is not possible to investigate this further but we would always welcome questions from patients if they are not sure about why tests are being carried out.

PATIENT STORY 19

Relevant providers/locations:

Boston Pilgrim (ULHT)
Johnson Hospital, Spalding (LCHS)
Moulton GP practice (SLCCG)
East Midlands Ambulance Service (EMAS)

Relevant conditions/issues:

Leg Ulcer
Septicaemia

Main themes Pilgrim:

- Poor care at Pilgrim hospital
- Poor communication to family
- Poor record keeping
- Poor leadership
- Low staff morale
- Some good care and staff
- Poor attitude of staff

Main themes EMAS:

- Wrong diagnosis

Main themes Johnson:

- Excellent staff
- Good communication

General Theme:

- Issues navigating the NHS System

Time frame:

Jan/Feb 2015

Person 19 spoke about two separate episodes of care at Pilgrim hospital, Boston and the second episode also involved an admission to Johnson Hospital, Spalding. General comments about the experience and each of the two hospitals were noted as follows:

Pilgrim Hospital, Boston

- First admission to Pilgrim Hospital 12 months ago for treatment of leg ulcer - treatment good and ulcer treated well, dressing care provided by the Holbeach doctors surgery and by January 2015 dressings were no long required.
- Then (January 2015) Patient's wife awoke and found person 19 slumped in bed. Age UK alarm was used and the ambulance arrived quickly. The ambulance staff insisted person 19 had taken an overdose and was eventually admitted to Acute Medical Ward 6a, Pilgrim Hospital in Boston.
- Person 19 could not recall treatment on their second admission to Pilgrim so had to relay it second hand from his family who said that that the treatment was not good overall. Person 19's wife is a retired nurse and felt that person 19 was not receiving the treatment that was provided 20 years ago. The following experience was noted:

Bad Points - Pilgrim Hospital, Boston

- No history taken on or at any point during the admission, even though family took in person 19's dressing and medication.
- Ward staff treated person 19 as bedbound despite the family saying this was not right and explaining that they had been active even that weekend. It took 2.5 weeks to convince staff that person 19 was a mobile patient.
- Ward staff planned to move person 19 to a nursing home and offered physiotherapy. The first session lasted just five minutes, the second time the physiotherapist arrived but said they would be back but never returned.
- **Diagnosis:** The family were told leg ulcer had caused Septicaemia and the consultant asked the family if they would consider making an advanced decision for Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR). Patient 19's wife agreed but then insisted for it to be cancelled and the family was assured that it could be. This was challenged all the way through to discharge from Boston. No discussion took place with the patient. They did not receive the support over the DNACPR – the initial conversation was carried out on the ward and not in private.
- Nursing staff stopped the dressings as they said they did not have time to do them – the family took the decision to do them themselves and the ulcer had improved with no help from Boston.
- Person 19 didn't always remember what had been said to him whilst in hospital and so the family

asked the nursing staff what was happening but nothing was relayed to them.

- Two particular staff were difficult and made it uncomfortable for the family to ask questions.
- Person 19 asked for a transfer to Johnson as it was closer to home. They were told he would be moving to Johnson at 10.00am Saturday but was not moved until 6.00pm on Sunday.
- Wheelchairs were sufficient if you knew where to find then the reception cage was often not manned and had to track the wheelchairs down. They are not always returned to where they are taken from.
- Staff should stop using acronyms.

Good Points

- 75% of staff were good however the small minority were not.
- Dr Hussein is a good doctor.

Johnson Hospital (LCHS)

- Treatment excellent with helpful staff, including the tea ladies.
- Johnson allowed person 19 to leave the hospital to spend time with their dog in the grounds.
- At the Johnson they called them by Christian names and they liked the familiarity.
- On discharge, Johnson Hospital arranged a number of home aids and the physiotherapist knew exactly what was happening.
- Patient 19 discharged himself from the hospital after discussion with family and medical staff as he was technically a “bed blocker” – the Social Services had no capacity to undertake a review and to date they have not been in touch with the family. Lincolnshire Age UK organised some help for the family.

Person 19 made some additional comments/suggestions as follows:

- Would prefer communication face to face not be given numerous leaflets and not rely on the Internet – they don’t have or want a computer.
- There should be information about who the nursing staff are on the ward.
- The NHS has numerous faults but they feel that the media heightens them and we need to remember the good as well as the bad.
- With the patient being transferred between different locations there seemed to be no help to navigate the system and locations that the patient and family have to attend – Peterborough, Queen Elizabeth Hospital Kings Lynn, Stamford Hospital. Johnson Hospital, Nottingham Hospital

and Moulton Medical Practice.

- There was a discussion about how the Beechfield practice had responded to the testing of both patients as part of their warfarin treatment (INR Service). The practice said that it was the patients' choice to be tested there, however it appeared that they had not been offered an alternative/local practice to receive this service – LCHS said they would raise this with Beechfield Practice to see what patients were being told.

General table discussion

Gary Thompson, Chief Operating Officer, SLCCG apologised on behalf of the health service and asked the two things that would have made a difference. Person 19 said Boston should have taken his medical history and spoken to the family. Person 19 said that at the Johnson Hospital – no matter what was happening the family were greeted with a smile.

Person 19 was asked if were there any visible barriers at Boston that prevented the team carrying out their jobs. Person 19 said she didn't think that they were an actual team. There is a named Dr, nurse etc however they were rarely on duty and if the family asked any information no-one else seemed able to answer them. There was a lack of leadership on the wards. No enthusiasm at Boston with low morale amongst staff.

Johnson – everyone worked as a team – did recognise that the Johnson is smaller. There were no language barriers.

Person 19 is able to drive, however there have been times when it has been impossible for the family to get transport to appointments as his wife suffered a stroke during his time in hospital. Person 19's wife was nervous to drive however it appears that Age UK may have a course for drivers in this situation and this was being looked at by Lincolnshire County Council Public Health.

Response (SLCCG)

In relation to patient choice for the International Normalised Ratio (INR) service, the CCG are going to work with practices to improve awareness of patient choice and this will also be covered in the CCG's newsletter.

Response (ULHT)

We are pleased to read that Person 19 had a positive patient experience when they received care and treatment for their leg ulcers.

We are concerned to learn of the issues and concerns raised by Person 19. We take such issues seriously and need to be investigated. We would ask that Person 19 contact the PALS team directly at

Pilgrim on 01205 446243 or PALS@ulh.nhs.uk.

Patient information leaflets should only be used to backup verbal information given by staff. We are aware that patients are bombarded with so much information that they are unable to take everything in when they attend hospital and leaflets provide information, which can be read at home and contain contact numbers if patients have further questions or do not understand some of the information.

We know that identifying ward staff can be problematic for patients in hospital. The majority of our wards now have new patient safety boards at the entrance of the wards. These boards contain a poster of the ward uniforms together with details of the ward leader, matron, ward contact number, visiting times and patient safety statistics.

We are also rolling out patient bedside information mats across the wards which are placed on bedside tables.

These mats provide key information about the ward and also include the uniform information.

Response (LCHS)

We are really pleased to hear that Patient 19 had a really good experience at Johnson Hospital. All of our staff work really hard to deliver personal care and we will ensure this positive feedback is shared with the staff at Johnson Hospital and across the trust.

Response (EMAS)

Thank you for sharing details of your experience with the NHS. We would like to look into our response to your call further so that we can better understand the circumstances around the discussions and care received. It will also give us a full opportunity to identify any potential learning.

We are pleased to read the response to the initial call to East Midlands Ambulance Service was quick.

Our ambulance crews use information given to them by the patient and / or their family, carer or person on scene to help them assess the patient and try to determine what might be causing the medical or traumatic problem. If they determine the illness or injury to be serious enough to require hospital treatment or indeed further assessment in hospital (where clinicians have access to more diagnostic tools and equipment) then the patient is taken to hospital.

It is clear from the limited information shared with us at this stage that our ambulance crew felt that further

assessment and treatment was needed and therefore the patient was taken to hospital to allow this to happen.

To allow us to look into this further we do need access to more detail about the incident (eg the date and time of call, and where we responded to) and would welcome the opportunity to speak to you about this. Please contact us on tel: 0116 286 9371.

Response (NHS Arden and Greater East Midlands Commissioning Support Unit)

We have forwarded on the relevant information to person 19 relating to the drivers course. This was received the day after the event from Public Health.

PATIENT STORY 20

Relevant providers/locations	Relevant conditions
Respite care at a care home in Spalding and GP services (Munro) Walk-in-service at Moulton	Dementia
Main themes:	Time frame:
<ul style="list-style-type: none"> • Excellent care/service • Lack of integration of support services 	Patient was diagnosed with dementia in 2003, patient died in 2013

Person 20 discussed dementia care for her husband at a respite care home in Spalding (the member of the public was unable to remember the name of the care home). She explained that her husband had been diagnosed with dementia at the age of 65 (in 2003) and that she had acted as a carer for him for 10 years (he passed away in 2013).

Person 20 explained her experience had been very good and said that the services overall had been fantastic although there were a few minor issues in joining up support services. She had experienced excellent support for her husband from a nursing home in Spalding until it had to close (no timescale given) as financial support was no longer available.

During this time the patient changed GP services from Munro to a different surgery in Spalding following a sharp increase in the number of foreigners registered at Munro. The patient prefers to use the walk-in-service at Moulton as the service is very efficient.

Person 20 explained that as a carer it would have been beneficial to have someone at the end of a phone

to call for a chat and advice every now and then.

Response (Munro)

With the introduction of neighbourhood teams etc this will bring together various agencies and should improve the pathway where patients are in need of several services. Doctors or nurses are always happy to discuss a patient's care with their carer, there are also many support/advice groups available and we have worked with our Patient Group and public forums to make these easier to access for patients and carers.

PATIENT STORY 21

Relevant providers/locations:

Munro Medical Centre

Relevant conditions: N/A

Main themes:

- Access (GP appointment waiting times)
- Lack of continuity of care due to staff changes

Time frame: Ongoing

Person 21 explained that they have had to wait five weeks for a GP appointment at the Munro Medical Centre. The patient said "I think the practice is too big" and "I don't know my doctors name because they move on so quickly."

Another patient recommended that person 21 try using the walk-in-service in Moulton as they had experience very good service with appointments and short waiting times.

Response (Munro) It can be quite difficult to comment on a specific wait for a specific doctor, obviously the doctors do take both annual & study leave and could be absent for 2 weeks, on rare occasions this could possibly be 3 weeks. During these periods waiting times will be extended for that specific doctor. We do encourage patients to see their own doctor, particularly for on-going conditions where possible for continuity, however if that is not possible, or a doctor is absent for an extended period of time then a patient may see an alternative clinician. We have had a couple of changes to our GP staff over the last year. We are currently employing the services of a very experienced locum medium term, however we appreciate that it is better for all concerned to have continuity of the same GP.

PATIENT STORY 22

Relevant providers/locations: NHS South

Lincolnshire Clinical Commissioning Group

Relevant conditions:

<p>Main themes: Pre-diabetes educational course</p>	<p>Time frame: 2014</p>
<p>Person 22 explained that she had attended a pre-diabetes educational course, led by the CCG. She said that the course had been very informative and that she had received an excellent service.</p>	
<p>Response (SLCCG) We are very pleased that this has been received so well by patients and the public and we will look at using this approach again in the future.</p>	
<p>PATIENT STORY 23</p>	
<p>Relevant providers/locations: South Park and the Heath Surgeries (South Park site) NHS Lincolnshire West Clinical Commissioning Group</p>	<p>Relevant conditions: n/a</p>
<p>Main themes: Good Access (appointments)</p>	<p>Time frame: Ongoing</p>
<p>Person 23 explained that they had received good service at their local GP. The patient said "I phone at 8am and know I can be seen by a doctor".</p>	
<p>Response (The Heath Surgery) Thank you for your positive feedback we will ensure that this is passed on to all of our staff.</p>	
<p>PATIENT STORY 24</p>	
<p>Relevant providers/locations: Johnson Hospital (LCHS) A&E Grantham Hospital (ULHT)</p>	<p>Relevant conditions:</p>
<p>A&E Grantham Hospital</p> <ul style="list-style-type: none"> • Poor access A&E <p>Main themes Johnson Hospital</p> <ul style="list-style-type: none"> • Good service • Wrong information 	<p>Time frame: 2014</p>
<p>Person 24 explained that they have visited Johnson Hospital a number of times; they found it to be very quiet and always received a good service. They noted that it was due to become a 24 hour service in the near future.</p> <p>L did report a slight negative in that a child under the age of five was in the A&E waiting area, booked in for an x-ray but had to be transferred to Peterborough. The patient knew that the hospital did not treat children of this age and felt that the receptionist should have known this so that the child could have been</p>	

transferred immediately instead of having to wait at Johnson first.

Response (LCHS)

LCHS are always looking for opportunities to improve services for patients but there are currently no plans to make this service 24 hours. All of our staff work really hard to deliver personal care and we will ensure this positive feedback is shared with the staff at Johnson Hospital and across the trust.

Response (ULHT)

We are sorry person 24 encountered long queues at Grantham A&E when the son required treatment for an injury. We would always aim to prioritise children but unfortunately this is not always the case and it is dependent on critically ill patients being admitted by ambulance.

PATIENT STORY 25

Relevant providers/locations:

Peterborough Hospital (PSHFT)
Healthwatch

Relevant conditions: Hysterectomy

Main themes:

- Cancellation of operation
- Cancellation of appointments

Time frame: Christmas 2014

Person 25 explained that she had a hospital appointment booked at Peterborough Hospital for a hysterectomy which was cancelled the day before. Due to the timings around Christmas and the fact that the patient has two disabled children this caused child minding issues. A subsequent appointment at the same hospital was also cancelled in the same way.

The patient reported this to Healthwatch but has received no follow-up feedback from them.

Response (Healthwatch)

We are very concerned that patient 25 has expressed that Healthwatch Lincolnshire has not provided feedback on a reported issue. All of our issues are captured on our database and a robust system is in place to ensure we capture all the experience patients share with us. Any out of area patient issues are issued to the relevant providers, commissioners and Healthwatch for that area. Healthwatch Lincolnshire has done an extensive search for this patients experience and we are unable to find any details referring to this. We also store all responses from providers and Clinical Commissioners.

We would welcome a chance to speak with the patient and our Issue taker Julie Evans can be reached on 01205 820892. Please find below our process for collecting information.

Comments received by HWL via phone/letter/email/survey or face to face.

Every comment is logged on the database and allocated a unique reference number (paper copies are kept in a secure place). If patient leave their details a letter/email along with the protocols are sent to the patient as well as information on the next steps (i.e. – who to contact, PALS/POhWER/Ombudsman etc). All issues are collated and sent on a monthly basis to the provider and commissioners. All comments are sent anonymously and no patient details are forwarded to the provider. If more patient details are requested we would make contact with the patient to get written confirmation that they wish their details to be shared with the provider/commissioner.

Once HWL get a response from the provider this is logged against the patients comments on the database and if the patient has requested, the patient is informed of the response.

To enable a search on the database we could use patients name/postcode/CCG area/hospital/unique ref number or if none of these are available we could search by using part of the comment if we know what it is.

We do however receive anonymous comments where no patient details have been left, these comments are all sent through in the usual way to the provider and CCGs, but unfortunately we cannot get back to them with the response if no details.

Response (PSHFT)

We are sorry to hear that this patient had a poor experience and appreciate how cancelled appointments can cause major disruption to patients, their families and their work life. We only cancel as a last resort and these decisions are not taken lightly. Christmas was a very busy time for the Trust and we can only apologise to the patient.

PATIENT STORY 26

<p>Relevant providers/locations:</p> <ul style="list-style-type: none"> • NHS 111 • EMAS • Bourne Galletly 	<p>Relevant conditions: Head injury</p>
<p>Main themes EMAS/111: Slow ambulance response times/organisation</p> <p>Main themes EMAS/111</p>	<p>Time frame: Not given</p>

<p>Excellent service Good Staff (Medical & Nursing)</p>	
<p>Person 26 phoned 111 for advice as her autistic child had received a minor injury. An ambulance was dispatched from Kettering to go to their address in Bourne.</p> <p>The patient said “I phoned 111 once for my child. They sent an ambulance which took over an hour. I could have driven to A&E faster!</p> <p>Following a short period at the hospital the patient then had issues getting back home, the patient said “I wish I had just driven!”</p> <p>The patient explained that for all other issues with her child she had been to Bourne. She said that her child had received excellent service there and said that the doctors and nurse practitioners were knowledgeable.</p>	
<p>Response (EMAS) Thank you for sharing details of your experience with the NHS. We would like to look into our response to the call, referred to us by the NHS111 service, so that we can better understand the circumstances around the response you received. It will also give us a full opportunity to identify any potential learning.</p> <p>We are sorry that the ambulance response took over an hour to arrive on scene.</p> <p>On average we receive a new 999 call every 43 seconds. All calls are categorised depending on clinical need. This means we aim to respond to immediately life threatening calls within eight minutes of the call being received, and to serious calls within 20/30 minutes of the call being received. When we experience very high demand, this can unfortunately mean that patients in less serious conditions can experience a delay. If this is the case, we advise callers that it may take us longer than usual to respond. In some cases, this allows the caller to determine if they wish to continue to wait for an ambulance or if they would prefer to use their own means of transport to get to hospital eg car, via family or friend in a car or via taxi.</p> <p>To enable us to look into the reason for the delay on this occasion we will require further information eg the date and time of the call, and where we responded to. Please contact us on tel: 0116 286 9371.</p>	
<p>Response (111)</p> <p>The ambulance referral would have been made electronically with a specific timeframe associated with the symptoms given. EMAS will be able to respond regarding the timeframe given and if there were any</p>	

significant delays. Had the mother informed the health advisor that she wished to make her own way to A&E – the ambulance would not have been dispatched but the health advisors must follow the disposition from the symptoms given.

PATIENT STORY 27

Relevant providers/locations:

Pilgrim Hospital, Boston (ULHT)
Peterborough Hospital (PSHFT)

Relevant conditions:

Flashing in the patients eyes

Main themes:

Poor Service and Staff Attitude (Pilgrim Hospital Boston, ULHT)
Good Service (Peterborough Hospital, PSHFT)

Time frame: 2014

Person 27 experienced flashing in her eyes and went to her optician to ask for advice. Her own optician was not available so she went to a Boots branch and an optician there recommended that she go straight to the hospital.

The patient drove to Pilgrim Hospital in Boston and saw an eye specialist. The patient explained that the specialist was very rude, saying that she should have taken eye drops, she should not have driven and that she should go home as he could do nothing for her.

Following this the patient then decided to go to Peterborough Hospital. She said that the service there had been excellent and that she had also been given advice about future care and services for her eye condition.

Response (ULHT)

We would like to apologise for the poor experience at Pilgrim Hospital and was not of the expected standard. If the patient would like this to be looked into we would ask that they contact PALS at Pilgrim on 01205 446243 or PALS@ulh.nhs.uk.

Response (PSHFT)

We are pleased to hear the patient reporting good service from our ophthalmology department. We will ensure this is fed back to the team.

PATIENT STORY 28

Relevant providers/locations:

A&E, Lincoln County Hospital (ULHT)

Relevant conditions:

Head injury and broken foot

East Midlands Ambulance Service	
Main themes EMAS: Fast ambulance response time	Time frame: 2015
<p>Person 28 fell down stairs, suffering a head injury and broken foot. The ambulance arrived within 10 minutes and the patient was well cared for at the hospital, with services from the ambulance to A&E to x-ray and onwards all being very well joined up.</p> <p>The patient said “The overall service was exemplary and well joined up.”</p>	
<p>Response EMAS</p> <p>Thank you for the complimentary feedback, it is appreciated. We would like to share your positive comments with the ambulance crew that responded to your call, and at the same time to thank them for being good ambassadors of East Midlands Ambulance Service. To do this we will need to have further information to allow us to identify the crew, for example, the date and time of the call, and where we responded to. If you are happy to provide this information direct to us, we will action the sharing of this feedback as described. Please contact us on tel: 0116 286 9371</p>	
<p>Response ULHT</p> <p>We are pleased to hear that the patient had such a positive patient experience in A&E and we will ensure that this is fed back to A&E staff. We would welcome the patient to contact to contact PALS so we can pass on thanks to the individual staff involved in their care. PALS can be contacted on 01205 446243 or PALS@ulh.nhs.uk.</p>	
PATIENT STORY 29	
Relevant providers/locations: Suffolk County Council, Citizens Advice	Relevant conditions: Moving the patients elderly mother to a care home in Lincolnshire
Main themes: Respite care, inconsistency of services across the country.	Time frame: 2011/12
<p>Person 29 explained that she had moved her elderly mother from her own home in Suffolk to a care home in Lincolnshire in order to provide support in her old age. The intention was to sell the house in Suffolk to pay for nursing home fees, with support from social services in the interim.</p> <p>The mother moved to a nursing home and at this point the patient experienced issues with support from social services, stating that the situation was a ‘nightmare’. Social services in Suffolk refused to provide</p>	

support, stating that the lady had moved out of the county without their permission and therefore they could not provide financial support. The local MP wrote to Social Services about this but received no reply whatsoever.

As a last resort the person 29 had to borrow some money from a family member to cover costs that she had expected to be paid by Social Services. The situation was resolved when the house in Suffolk was later sold. The mother passed away after nine months in the nursing home.

The member of the public explained that the Citizens Advice Bureau had been very supportive in understanding the difficulty she had faced but had been unable to provide a solution.

Response (Lincolnshire County Council)

We're sorry for the distress that this situation caused to the family involved. It's difficult to comment on the individual circumstances without more detail. However, in general, when a person is receiving care and is eligible for financial support from the local authority, that authority would continue to fund care if the person moves to another local authority area in a different part of the country. They would be able to do this under the 'deferred payment scheme' which means the person would not have to sell their home to pay for their care, and would be able to pay back the local authority as and when the home is sold. There may be some circumstances where there are complex cases and if there is a disagreement between the two local authorities, we would hope to reach a resolution quickly in the best interests of the person using care services.

PATIENT STORY 30

<p>Relevant providers/locations: Pilgrim Hospital, Boston (ULHT) Johnson Hospital (LCHS)</p>	<p>Relevant conditions/issues: Heart Condition Dementia</p>
<p>Main themes:</p> <ul style="list-style-type: none"> • Repetition of tests • GP Appointments • Self-help • Isolation/community • Waste meds 	<p>Time frame: Ongoing</p>

Person 31 talked about her husband's experiences, particularly around being repeatedly called in for tests for his heart. She said that the repetitive nature of the tests annually was a cause of stress as her

husband has Dementia; this is also exacerbated by a lack of transport. Person 31 commented that they didn't seem to get any feedback following the tests. When asked, Person 31 indicated neither she nor her husband had spoken with a doctor about the tests. She also said she thought Pilgrim was overworked but Johnson is 'lovely' and has an easier process with no queues.

Person 31 went on to say it would help if it was left to patients to decide when they need help/want to ask for help.

Person 31 then commented that, as a patient they want other services to be used but feels that chemists are afraid to give advice, because they don't want the responsibility. She added that things happen which add to pressure on GP appointments.

Person 31 added that older people who are on their own can find things particularly difficult, with isolation after bereavement a particular issue. If something could be done to help those people who are isolated, if they want help, then it would save the NHS a lot of time. She felt that this was a community issue and that churches could do more to help, but that there wasn't as much going on in communities generally.

Medicines wastage was raised as an issue too. According to Person 31 GPs are still handing meds out, many of which could be bought over the counter instead. In addition, she claimed that waste meds are being sold at a local car boot sale (Stickney Grange).

When asked what one thing could be done better, Person A responded that GPs need more help. Although she did also say that Lincolnshire was lucky as a county, with lots of villages with scope to do things.

Response (SLCCG) The issue with waste medicine is being investigated.

Response (ULHT)

We would ask them to contact PALS at Pilgrim Hospital who will be able to assist in responding to the question raised regarding the issues surrounding feedback from the tests received by her husband. PALS can be contacted on 01205 446243 or PALS@ulh.nhs.uk

Appendix 3 Did not attend Listening Event – sent in stories

Person A

Relevant providers/locations: Orthopaedics, Pilgrim Hospital, Boston (ULHT)	Relevant conditions/issues: Fractured right foot
Main themes: <ul style="list-style-type: none"> Excellent Service 	Time frame: June – September 2014
Excellent care received at the fracture clinic for a fractured right foot.	
Response (ULHT) We appreciate the lovely comments from the patient. We will ensure that this is fed back to the fracture clinic staff.	
Person B	
Relevant providers/locations: Pilgrim Hospital, Boston (ULHT)	Relevant conditions/issues: Knee replacement
Main themes: Quality of service	Time frame: October – December 2014
Excellent help from Neil Cleveland, Business Manager at Pilgrim Hospital. I had previously complained to PALS about delays having a left knee replacement (I've already complained via Healthwatch regarding delays – it took PALS 10 weeks to act). Once my case came to Mr Cleveland's attention, he acted very promptly to arrange a pre-op appointment at Fitzwilliam Hospital as an NHS patient. He kept his promises and contacted me regularly before and after the operation. During his first telephone call to me he admitted I had been treated poorly. He was very friendly, helpful and reliable.	
Response (ULHT) We are sorry that this patient encountered delays in a resolution to their PALS enquiry. PALS is a liaison service between the patient and the department involved in the concern. The service does not investigate the concerns raised but requests the relevant departments to contact the patient directly so they can resolve the concern. Therefore PALS is wholly reliant on the departments offering a speedy resolution directly with the patient. We have passed on the comments to Neil. He said that he was more than happy to help and was so pleased to hear that they had a good experience when they attended Fitzwilliam Hospital for their operation.	
Person C	
Relevant providers/locations:	Relevant conditions/issues:

The Deepings Practice, Market Deeping	
Main themes: Access (GP appointment waiting times)	Time frame: 9 July 2015
<p>Patient was invited for an NHS health check. The appointment was promptly booked, the patient was seen at the time allocated and received very good care.</p> <p>The patient also wanted to make an appointment to see their own doctor. They were told there would be a two week wait. The patient said "A two week wait is really not acceptable!"</p>	
<p>Response (Deepings)</p> <ul style="list-style-type: none"> • Thank you for the positive feedback with regard to the service that our practice has recently offered with regard to an NHS Health Check. • With regard to the patient requesting to make an appointment with their own GP this is a little more difficult to comment on as we obviously do not have all the specific information relating to the complete scenario. • However, it is quite possible that a specific GP may be absent for two consecutive weeks or longer due to annual leave, sickness/maternity. Although we do offer a personal list system and encourage patients to see their own GP where possible there may be instances when this is not feasible. During these periods the waiting time for a routine appointment is increased if the patient insists on seeing their own registered GP. The patient may choose to wait to see their own GP or alternatively they may request to see an alternative GP. • It is our practice policy that all patients registered with the practice can request to see an alternative GP in these instances or if the patient requires an urgent appointment the patient will be seen on the same day as the request. • I can only apologise if this information was not communicated effectively to the patient and they were left with the impression that they did not have the option to choose to see an alternative GP. 	
Person D	
Relevant providers/locations: Munro Medical Practice (SLCCG) Peterborough Hospital (PSHFT)	Relevant conditions/issues: Investigations due to rectal bleeding
Main themes: Excellent Service Smooth transition between providers	Time frame: End of June 2014
A member of the public spoke to the engagement team during the Listening Event promotion in Spalding	

and said he would like to feedback a story about the “NHS at its best!” He explained how his wife was taken poorly and went to the Munro medical practice and then was admitted to Ward A4 at Peterborough City Hospital. He explained that every member of staff was absolutely excellent, from the receptionist on arrival to the GP practice, the excellent GP and then the consultant and staff at the hospital. He explained how GP promptly examined his wife and referred her directly to the ward. On arrival to the ward his wife was reviewed by the consultant in the afternoon and is due to go back as an outpatient next week to check she is ok –“Excellent”.

Response (Munro)

Thank you for your excellent feedback, and for taking the time to share this. We are delighted to hear that your experience with every member of staff at our practice was to the high standard that you expected and your story will be shared with all of our staff. We wish you all the best in your recovery.

Response (PSHFT)

We would like to thank person D for their positive comments and will ensure these are passed on to the team on Ward A4.

Person E

Relevant providers/locations:

Lincoln County Hospital (ULHT)

Relevant conditions/issues:

Not stated

Main themes:

Excellent care
Excellent staff (Medical)

Time frame:

End of June 2014

As the event is to encourage feedback from patients, carers and family members, having recently filled all three roles all I can say is that the care, support and help that both my wife and I have received from the medical staff at the Lincoln County Hospital and our GP have been excellent and faultless.

Response (ULHT)

Thank you for taking the time to share your experience - it is fantastic to hear that the care offered was of the high standard we aim to provide to all our patients. Your feedback will be shared with staff.

Appendix 4- Questions raised during the event

<p>1</p>	<p>Why can't nursing staff be allowed to do what is necessary where they are capable and qualified? Questions relates to Person 1's experience at Lincoln County Hospital when a kidney drain needed changing. Person 1 said they had been told by the nursing staff at Lincoln County Hospital that they had to wait until Monday morning when consultant was back in.</p> <p>Response (ULHT)</p> <p>Nursing staff are able to undertake a range of procedures and do receive additional training to undertake further tasks, to ensure they practice these safely, and the patient receives the right care at the right time, for example inserting a cannula so a patient can have an infusion commenced . However, there are some specialist procedures that still remain within the responsibility of the medical staff due to the complexity of these, and thus they fall outside the remit of the nursing staff as they have not has the relevant training and, it would not be safe for them undertake such tasks.</p> <p>If a patient had a simple kidney drain that required an external part being changed this would possibly be something the nurse would be competent to do, however some kidney drains have external fittings and therefore the nurse may not have felt competent to change such a drain and would liaise with the medical team to perform this task. I would have expected the nurse to undertake an assessment to ensure it was safe to allow the patient to wait for this procedure and give the patient an explanation for this.</p> <p>If the patient feels that the quality of their care was compromised in any way we would be happy to look into the specific circumstances and undertake a more detailed investigation.</p>
<p>2</p>	<p>Person 1 asked why staff at Lincoln County Hospital refer to patients by their Christian name, respect seems to be missing these days. (Admitted in 2011).</p> <p>Response (ULHT)</p> <p>It is usual practice that when staff meet a patient for the first time they ask how they wish to be addressed. It is sometimes the case that patients have</p>

	a very difficult name to pronounce or preferred to be called by another name than what is recorded on their patient records. Staff should always respect the request of their patient on how to be addressed and we are very sorry if this did not happen on this occasion.
3	<p>Person 1 asked why there aren't ward sisters now like in the past. The old matron system was much better and efficiency has gone down since the days of the matron where everyone knew who was in charge.</p> <p>Response (ULHT)</p> <p>There are times when we do think back to the 'old days'; however we do have matrons and we are sorry that their roles or presence were not as 'known' to this person as perhaps they should have been. All our ward sisters have matrons they report to and these matrons in turn, report up to their head of nursing (in the past probably called a nursing officer). The majority of our wards and departments now have large new information boards saying who is who (the remaining areas will receive their soon). We would encourage people to ask a ward nurse to speak with matron if they wish to.</p>
4	<p>Could patients receive a cc'd copy of letters to better enable them and their carers to understand their care needs and their medications etc?</p> <p>Response (PSHFT)</p> <p>The Trust's normal policy is to give the patient a copy of the letter sent to their GP upon discharge and we also ensure patients have a copy of their discharge letter which will document their medication. Once the patient has those letters, they are their property to share with whomever they wish.</p>
5	<p>Could carers be cc'd to receive a copy of patient letters if the patient consents?</p> <p>Response (PSHFT)</p> <p>Unfortunately, we do not have the capacity to print extra letters for carers, or relatives, but they can have access to the patients' letter, providing the patient is willing to share that information</p>
6	<p>Why don't clinical staff refer to the patient's medical records rather than ask very poorly patients to repeat information to different staff?</p> <p>Response (ULHT)</p> <p>Clinicians will always verbally ask patients for information and not rely on notes written in the patient's records. It may be that on previous consultation a clinician may not have asked certain questions or further questions may need to be asked and the clinician needs to have a full history and the best way is by asking the patient to repeat the information than relying on what another clinician has written.</p>
7	<p>In Holbeach there are 400 new houses being planned and another 900 proposed how will this impact on access to GP Services?</p> <p>Response (SLCCG)</p>

	With a planning application there is Section 106 which means that the developer pays an amount to help local services.
8	<p>Why are waste medicines destroyed rather than re-used?</p> <p>Response Arden & GEM CSU, Head of Prescribing & Medicines Optimisation, Lincolnshire</p> <p>There are a number of reasons why medicines are not recycled or reused:</p> <p>(1) Medicines are tightly controlled by the law. Once a supply of medication is dispensed to a named individual, it legally becomes the property of that individual. If the patient stops taking that medicine for any reason, the NHS cannot simply take that medicine back from the individual and re-issue it to someone else.</p> <p>(2) It is important for medicines to be stored appropriately. Once a medicine has been taken away by an individual as a dispensed supply, it is not possible to ensure that the storage requirements for that medicine have been met in the patient's home. For example, medicines are commonly stored in either the kitchen or the bathroom, the two worst rooms in the house for medicines storage in terms of both temperature variation and relative humidity. In addition, medicines with special storage requirements, such as those requiring refrigeration, may not be appropriately stored. Because of this risk, it is deemed to be safer to dispose of all returned medicines, rather than risk re-issue of compromised or contaminated products to other patients.</p> <p>(3) Pharmacists and dispensing doctors are reimbursed for all medicines that they dispense for their patients. If a pharmacist or dispensing doctor were found to be actively re-cycling medicines previously dispensed for another individual and claiming reimbursement again, they would be guilty of fraud. To avoid the risk of inadvertently claiming twice for the same supply, the NHS reimbursement system makes it much easier to claim once and then destroy all returns.</p> <p>As a result of this, in terms of reducing medicines waste, the NHS tends to focus on reducing inappropriate prescribing, over-ordering and stock-piling rather than encouraging re-cycling.</p>
Carers & Young Carers Partnership	
The following questions/issues were asked and raised based on the carer feedback received to the above organisation:	
1	<p>Secondary Care:</p> <p>How are carers recognised and involved in care when the people they care for are in hospital?</p> <p>(QEH) We carry out carers assessment to support the carer and the cared for whilst in hospital and at discharge.</p> <p>We also rely on carers identifying themselves with the services that they interact with – some carers may not be the next of kin eg a neighbour may be</p>

	<p>a carer as next of kin may live some distance away. We have a Carers Café in the hospital weekly run by West Norfolk Carers.</p> <p>(PHSFT) As part of the documentation process upon admission, carers details are added to the patients' notes. The Trust is also working with South Lincs Clinical Commissioning Group on a CQUIN that will highlight where carers are involved with a patients' care so that we can signpost the carer to the appropriate help and support available to them in their local area.</p> <p>(ULHT) We acknowledge that many people do not identify themselves as carers or indeed that staff recognise them as such. ULHT Carers Policy and the soon to be implemented Carers Badge will go a significant way to improving on this. Until this becomes embedded and rolls out to all wards we would encourage carers to speak with the ward sister or matron if they are having any difficulties.</p>
2	<p>Hospital discharge was cited as an issue with carers saying that they do not know when a patient is coming home. There is also a lack of communication with carers which can result in issues, for example with medication.</p> <p>(QEH,KL) We have a carers contract which encourages and supports carers to be actively involved in the care provided. We have leaflets available outside every ward area for carers to take and review to support the patient's journey through hospital and beyond. We rely on the carers advising ward staff that they want to be involved and included in the care – although staff will also ask these questions of relatives and carers. The capacity for the patient to manage medication is also detailed within our policy to support carers with a wide range of issues which have arisen due to changes in a patient's condition whilst in hospital such as medication, equipment, patient handling and different care needs.</p> <p>(PHSFT) Our hospital discharge documentation has a specific section for next of kin/carers to be informed of the discharge date. We acknowledge that this is not always carried out in a timely way and are working with our staff to improve discharge communications.</p> <p>(ULHT) We also acknowledge that discharge processes are not as strong as they could be and there is a huge amount of work underway to manage these; these include for example at Pilgrim the introduction of a 'ticket home' which will be given to patients explaining how discharges will be arranged and when and across the Trust we are working to ensure all patients have a predicted discharge date so that they and their families can work towards these. Clearly with our carers badge we will see much greater involvement of carers in plans and discussions.</p>
3	<p>Why aren't there carers assessments in hospitals?</p> <p>(QEH) We have a carers assessment on admission which identifies carers and we encourage carers to complete a patient passport so that staff are</p>

	<p>aware of the patient's likes and dislikes and how best to care for them and make their time in hospital as stress free as possible and ensure that the carers are involved and understand that the social (likes and dislikes) needs of their cared for are understood, addressed and supported.</p>
	<p>(PHSFT) As an acute hospital, our patients are our primary focus and there is no capacity to carry out carers assessments. The Trust views this as more suited to be carried out in the community setting as this is where carers will function for the most part. However we do feel that the work we are doing with South Lincs CCG will support carers better when a patient is in hospital.</p>
	<p>(ULHT) Carers assessments are the responsibility of social services and not the hospital services; however we are currently working with Lincoln County Council and Lincolnshire Carers & Young Carers Partnership to develop Carers Corners on each site with information and advice. These will be manned at specific times with a trusted assessor so that the assessments can take place at the hospital even if they are not managed by the hospital.</p>
<p>4</p>	<p>Primary Care: How are carers recognised at a patient's diagnosis?</p> <p>(SLCCG response) It is important to identify those carers who look after currently diagnosed patients as well as newly diagnosed patients. There are several ways identifying carers as follows:</p> <ul style="list-style-type: none"> • Opportunistically by reception staff, GPs and practice nurses during patient encounters and consultations • New patient checks and questionnaires. • Adding carer questions to chronic disease templates • Asking at chronic disease reviews or at NHS health checks • When forms are received by the practice regarding applications for Disability Living Allowance (DDA) or Attendance Allowance • Encouraging patients to self-identify by having posters in the surgery • A carer notice board in the waiting room, and including information about carers on the practice website, in the practice leaflets and in practice newsletters. Information or messages about carers can be printed on the right hand side of repeat prescription slips • At multidisciplinary meetings to discuss palliative care patients, patients with long-term conditions and vulnerable patients. • Community nurses often have valuable information about housebound patients and can become an integral part of a practice's carer support strategy

	<ul style="list-style-type: none"> • Invitations to the local carer organisation and other voluntary sector agencies to run information stalls and awareness via social media.
5	<p>What is a carer's register?</p> <p>(SLCCG response) Carers are defined as: ‘...any person, adult or child, who provides unpaid support to a partner, relative or friend who couldn't manage to live independently or whose health or wellbeing would deteriorate without this help. This could be due to frailty, disability or serious health condition, mental ill health or substance misuse’. A carers register is a list of these people.</p>
6	<p>How do carers register?</p> <p>(SLCCG response) The practice would place them on the carers register once they had been identified or the patient had informed the practice they were a carer.</p>
7	<p>What are the benefits of a carer's register?</p> <p>(SLCCG response) Census data shows that currently up to one in eight people have carer responsibilities and this number is likely to increase in the future as the population ages (The Health and Social Care Information Centre², 2010). Unpaid carers are estimated to save the UK economy about £119 billion per annum and represent a workforce larger than the NHS (Carers UK, 2013). Carers contribute hugely to society and they deserve to be recognised, supported and nurtured so that they can continue to care. Caring can be very rewarding but it can adversely affect physical and mental health, resulting in social isolation and financial difficulty. The carers register aims to target meaningful support at the right stage and can enable carers to maintain their own health and wellbeing, care better and for longer and helps prevent breakdown of the care situation, which can result in emergency admission of the person that they care for. Nine out of ten carers attend their local GP surgery every year, however, many do not identify themselves as a carer.</p>
8	<p>Which service would have the responsibility to active a carers register?</p> <p>(SLCCG response)</p> <p>General practices, with their holistic approach and long-term relationship with their patients, are ideally placed to identify and support their patients who are carers.</p>
9	<p>What is the process for consent to enable carers to receive the appropriate information regarding the person they are caring for?</p>

(SLCCG response)

General Practices follow the process outlined in the General Medical Council (GMC) Guidance available to view on the GMC website. Guidance is displayed under the following headings please click on each for further details of the process followed:

- [Confidentiality guidance: Disclosures about patients who lack capacity to consent and Disclosures when a patient may be a victim of neglect or abuse](#)
- [Confidentiality guidance: Sharing information with a patient's partner, carers, relatives or friends](#)

Appendix 5 – Listening Event Staff Attendance List

Organisation Type	Organisation	Name	Job title
Hosting Lincolnshire Clinical Commissioning Group	NHS South Lincolnshire CCG	Gary Thompson	Chief Operating Officer
		Lynne Moody	Executive Nurse
		Michelle Tilling	Quality Improvement Manager
		Fiona Loft	Engagement Manager
		Kevin Hill	Clinical Chair
		Wendy Chew	Lay Member
Lincolnshire Clinical Commissioning Group	NHS Lincolnshire East CCG	Sarah Southall	Deputy Chief Nurse
		Emma Danby	Lead Nurse (Quality and Safety)
	Lincolnshire West CCG	Rebecca Neno	Deputy Chief Nurse
	South West Lincolnshire CCG	Diane Hanson	Head of Engagement and Inclusion
NHS Acute Trust	United Lincolnshire Hospitals NHS Trust	Sharon Kidd	PPI Manager
		Jeremy Pemberton	Chaplaincy
		Helen Wood	PALS
	Peterborough and Stamford Hospital NHS Foundation Trust	Lisa Bird	Patient Advice and Liaison Service Co-ordinator
		Susan Brooks	Matron
	Queen Elizabeth Hospital Foundation Trust, Kings Lynn	Emma Harrison	Patient and Public Engagement Manager
NHS Mental Health Trust	Lincolnshire Partnership NHS Foundation Trust	Caroline Brant	Team Co-ordinator (Crisis Resolution and Home Treatment Team)
		Linda O'Hara	Head of Patient and Public Engagement
		Jon Carroll	Community Mental Health Worker
NHS Community Health Trust	Lincolnshire Community Health Services	Louise Johnson	Community Matron
		Jenny Hinchcliffe	Head of Clinical Services
		Steph King	Stakeholder Engagement Manager
Lincolnshire County Council	Public Health	Kathryn Sperring	Programme Officer Locality Lead
	Adult Social Services	Barbara McRae	General Manager
		Carolyn Nice	County Manager
Voluntary/Community	Lincolnshire Carers and Young Carers Partnership	Julie Goy	Engagement Specialist
Voluntary/Community	St Barnabas Lincolnshire Hospice	Julie Bishop	Deputy Team Leader
		Laura Davies	Patient Service Lead
Voluntary/Community	Healthwatch	Mark Lupton	Community Engagement Officer
Commissioning Support Unit	NHS Arden & Greater East Midlands Commissioning Support Unit	Claire Hornsby	Engagement and Consultation Officer (North)
		Steven Betts	Engagement Officer
		Simon Hopkinson	Communications Manager
		Tony Crowden	Communications Manager
		Amii Cumming	Communications Officer

Appendix 6 - Promotion Spalding Listening Event

Promotion for the event included:

- Promotion to 169 Viewpoint Panel members
- Promotion to 177 Readers Panel members
- Promotion through the NHS South Lincolnshire CCG website
- Promotion on the St Barnabas Hospice Lincolnshire website
- 15 tweets resulting in approximately 33,207 (twitter impressions -the potential number of people reached by tweets) and 6 retweets.
- Dissemination to GP Patient Participation Group (PPG) Chairs
- Email to 546 Lincolnshire schools
- Outreach sessions to promote the event to patients directly were carried out at the Lincolnshire Show, Deepings Medical Practice, Spalding Market and Sainsbury's, Spalding.
- Poster and flyer distribution to:
 - 45 Libraries
 - 101 Lincolnshire GP surgeries
 - 72 dental surgeries
 - United Lincolnshire Hospitals NHS Trust
 - Peterborough and Stamford Hospitals NHS Foundation Trust
 - Queens Elizabeth Hospital, Kings Lynn
 - East Midlands Ambulance Service
 - Lincolnshire Association of Local Councils
 - Lincolnshire Carers and Young Carers Partnership
 - Lincolnshire Community Health Services
 - St Barnabas Hospice
 - Healthwatch
 - North Kesteven District Council
 - South Kesteven District Council
 - Lincoln City Council
 - Boston Borough Council
 - West Lindsey District Council
 - East Lindsey District Council
 - South Holland and Breckland District Council
 - Healthwatch.