

Insight Bulletin: May 2021

The themes highlighted in this month's bulletin include:

- GPs - praise and thanks
- GPs - problems with phones
- Compassion in pregnancy loss
- The value of Day Centres for the elderly

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

GPs – praise and thanks

The past two months has seen a substantial increase in demand for primary care. While there have been some negative stories about access to GPs in the media, we are still hearing many positive experiences of high-quality healthcare and the benefits of new ways of working:

“I needed advice for a skin condition. Reception booked a phone appointment and the GP called me. As it was by phone, I could keep it even though I was away on holiday at the time. GP suggested I sent photos to help with diagnosis and sent them a link. I sent the photos, and the GP called the same day with a provisional diagnosis and emailed a prescription to my preferred pharmacy. Very simple process.”

“During lockdown, [the patient] has visited the surgery and had a blood test administered by a nurse. He has also spoken by phone with one of the doctors there who, he said, was “very helpful”.

“I used the Health Centre web site and used the e-consult system, I received a call from the GP the same morning who, knowing my history, waived the need for a sample and sent the prescription to the pharmacy which I collected barely 2 hours after going online. I found the whole process to be very speedy, dealt with sensitively which resulted in the early relief of symptoms.”

“Excellent service - seen within 2 days in real time. The service is really personalised...Triage works for me; I don’t mind giving receptionist my information for them to make an assessment if urgent or not. I understand.”

GPs – problems with the phone

Inevitably, while GPs are struggling to meet recent increases in demand, we have heard negative stories from patients. There are distinct themes around phone calls:

Inability to get through to the surgery or make an appointment by phone

There is a clear theme around people’s inability to contact the surgery by phone, either because the phone is not answered at all or because surgery processes limit the use of the phone for making appointments:

“I called the GP, I was on hold for an hour, nobody answered.”

“xxxx has on many occasions called the GP surgery to try to access an appointment for her son but no-one picks up the phone. Her advisor tried to call the surgery but despite hanging on for some while the call was not answered.”

“Have been trying to make an appointment for over a week. ... they refuse to deal with non-urgent matters over the phone. If you do call, they just ask you to call back tomorrow.”

Phone consultations are not always appropriate

We continue to hear about two issues relating to phone consultations.

- The first is that **appointments are not always timed**: the patient cannot predict when the call will happen and the window may be very wide, making it difficult for the patient to ensure they are in an appropriate place to take the call, whilst waiting sometimes in a state of anxiety.
- The second is around **privacy** - if the patient needs help with the call or does not have access to a private space then privacy will be compromised.

“With the triage system at the GP, it means my 99-year-old mother cannot have a private conversation with doctor. In my own home, if I want to talk about something that is intimate or private, it is difficult and my phone appointment can be any time of the day, can be 4 hours later!”

Pregnancy loss – delivering compassionate care

Recently we reviewed our insight into people's experiences of pregnancy loss over the past 18 months. Almost without exception the stories focus on the emotional consequences of miscarriage and the importance of compassionate care to support recovery and protect mental health. Given the emphasis in the Surrey strategy on the emotional wellbeing of mothers and families throughout and after pregnancy,¹ we believe that it is important to make lasting improvements and revisit support and training.

Some people had experienced compassionate, supportive care that recognised their grief and need for mental health support:

“The bereavement midwife is like [XXXX's] best friend. She is always contacting us. And I had two lots of counselling via the hospital then Petals. I cannot even imagine not having that kind of experience.”

“We experienced nothing but kindness... I felt very taken care of.”

Covid protocols have made the experience of miscarriage even more difficult for some:

“I attended Epsom early pregnancy unit for my missed miscarriage (during pandemic) and my husband was not allowed in with me, I really needed him to be there. I had to go through a D&C procedure on my own, it was really hard.”

“She had to wait four weeks [for treatment following pregnancy loss] because of covid-associated delays to have the operation. She eventually self-referred.”

Sadly, we have also heard experiences where there was a lack of compassion or care for the mental wellbeing of the patients:

“My wife had an appointment for day surgery for miscarriage treatment, they said to us to be there at 7 am...but then they didn't come to say anything to her for any update, we waited there until 6pm, then the doctor came and said to her you have to go home because we can't operate today because we were very busy. This is the worst thing I have ever seen in my life.”

¹ <https://www.healthysurrey.org.uk/about/strategy/priority-two#213932>

“...she was already feeling emotional and apprehensive about the procedure and one of the nurses asked her why she was upset? This was the first example of a lack of compassion for her situation.”

Our *Treatment of pregnancy loss in Surrey hospitals* report and recommendations is available to download from our website: <https://www.healthwatchesurrey.co.uk/our-work/reports-and-papers/project-reports/>

The value of Day Centres in supporting mental health and independence for older residents

As part of a review by Surrey County Council of day provision for the elderly we undertook some telephone interviews with regular users of day centres. At the time of interviewing the centres were shut; this threw the value of the centres to their users into sharp relief.

When considering day provision for older people, our report makes two recommendations to Surrey County Council:

1. Day Centres should be recognised and valued for their role in delivering
 - The Surrey Health and Wellbeing Board’s Priority 2 - “enabling the emotional wellbeing of our citizens by preventing poor mental health” with a focus on Social Isolation ²
 - Surrey County Council’s vision that “everyone lives healthy, active and fulfilling lives”³ to older and more vulnerable residents.
2. For this cohort, provision of individual, fragmented activities or services is unlikely to deliver as effectively as Day Centres.
 - Individual activities limit the opportunity for social interaction: it is social interaction that is the main support for mental wellbeing and fulfilment
 - They have low physical reserves, and many have mobility, continence, fatigue, sight, and hearing problems, as well as limited incomes. Travel to an activity is demanding; physically draining, expensive, or requires dependence on family and friends. For the effort to be worthwhile an activity needs to last for several hours and offer social interaction.

Our main findings were:

- **Day centre attendance strongly supports mental health**, by enabling social interaction and providing meaningful activity

² <https://www.healthsurrey.org.uk/about/strategy/priority-two#213932>

³ <https://www.surreycc.gov.uk/council-and-democracy/finance-and-performance/our-performance/our-organisation-strategy/community-vision-for-surrey-in-2030>

“I went as a volunteer, I wanted to do something useful. Over the years I’ve done everything. But then in 2019 I had a big knee op and now I just go to meet my friends and chat although I’m on the committee.”
“All you hear is laughter.”

- **The social side of attending a Day Centre is an activity in itself** -in fact, it is the primary activity relating to Day Centres:
“I go three times a week. It’s like my club.”
“I go for coffee and a chat.”
- Day Centres are also valued for their services:
“I go for a hot lunch, since my wife died. I’m not much on cooking.”
“I need to get back there as I have a tablet and I need to work out how to use Zoom.”
- Transport and travel time/physical effort are significant barriers for the user group we spoke to:
“It would all depend on whether my daughter could take me.”
“some of [the people who use the bus] complain because it goes all around the houses before it drops them off.”

The full report is available on our website at:

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

About Healthwatch Surrey

Our role

One of the statutory duties of Healthwatch Surrey is to listen to the views of local people about their health and social care and to share these with the organisations who make decisions about local services.

How we gather our insight

We gather feedback through channels including our Helpdesk, website, social media, and local Citizens Advice. We also distribute flyers, advertise, engage with groups through our partners and contacts, and initiate focus groups. The number of people we hear from and the topics we hear about varies from month to month. Some topics covered may depend on the groups we engage with.

How we share our insight

If we hear a case of concern regarding patient safety, we immediately signpost the sharer to the appropriate body and escalate the case with the provider/commissioner.

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

If there is a topic you would like to hear more about, please contact kate.scribbins@healthwatchesurrey.co.uk

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