

Quarterly report to Systems Quality Group: What's important to the people of West Yorkshire?

October 2024

This quarterly report is based upon the collation of insight captured by each local Healthwatch across West Yorkshire via their enquiry, support and advocacy lines, outreach work and through West Yorkshire Voice. It summarises key themes as well as any emerging risks and issues.

For this report, we have reviewed insight and data for the period 01 April - 30 June 2024.

Themes

Access to GP appointments

We continue to hear from people about difficulties in getting a GP appointment. Although we do hear some positive examples, where people find it easy and straightforward, this is outweighed by feedback from people about the barriers they face with booking systems, both online and over the phone. Examples given are online 'front doors' only being open during working hours making it difficult for working-age adults, and there being no appointments left by the time people get through after long waits on the phone.

Insight suggests that there are more barriers to accessing primary care and wider healthcare services for people who experience health inequalities. For example, we heard from people who are street homeless that having to ring for an appointment at 8 am does not work for them as they may not have slept for long periods at night. They also don't always have a phone or credit and so are and so are unable to call or receive callbacks or telephone appointments.

Barriers to accessing GP appointments are resulting in some people waiting until their health deteriorates, and things become more urgent.

Some people across West Yorkshire also expressed the difficulty in getting a face-to-face appointment with their GP. People told us it didn't always feel appropriate to have a telephone appointment for certain things such as sharing sensitive test results, diagnosing Urinary Tract Infections and wound checks.

“Doctors are good once I get an appointment, but I don't like phone appointments. When I phone, I forget what to say, and it feels rushed. I prefer face to face.”

People would benefit from being given options in how their appointments are delivered and report feeling more positive about their experiences when this works well.

Communication

People have shared how important it is that services get communication right. Communication works well when things are explained clearly and in a way that meets people's communication needs, allowing them to make informed decisions about their care.

“I was made to feel important, my views and opinions mattered, and I was able to express myself.”

“Staff from Cardiology came to see me... everything being explained to my husband and I in great detail. I was taken up to procedure room, met by wonderful caring good-humoured staff, including my specialist I met earlier in the year. They made what could have been a worrying experience into something I could tolerate and find interesting.”

We had feedback that services in both primary and secondary care weren't always following the Accessible Information Standard, which in turn impacted on people's experience of care. For example, several Deaf people in Wakefield described having to miss their appointments due to the BSL interpreter not turning up. We also had feedback from Deaf people that they received telephone calls despite their specific communication needs being on their records.

“It would be interesting to know how many appointments are missed by people who are blind or partially sighted because they are often sent information that is not in line with AIS”.

Across all areas, cancelled or rearranged appointments in secondary care were an issue for people when not communicated properly. This could result

in confusion and people having to chase things up themselves (if they are able to and have capacity to do so).

“My three year old daughter was supposed to have an appointment with the ophthalmologist before last Christmas. We called a couple of times and still haven't been given an appointment yet. Now it's almost 3 months but there is no update at all. No communication - phone, letter, email, text... nothing. It's very frustrating.”

Quality of care

Insight showed a variation in the quality of care people received across services. There was much positive feedback about the compassion and high quality of care provided by both clinical and non-clinical staff in many services which positively impacted on their experience of care.

“A lovely warm welcome, the nurse explained and went through the routine questions with me. Following that she gave a full and precise explanation of the procedure. Afterwards she informed of the timescale for my results and how these would be sent to me and what the follow up would entail if required. She completely made me feel at ease having personally had problems in the past and also a family history of cervical cancer. For a procedure I find extremely stressful and get anxious about, the nurse showed both compassion and empathy. Thank you to her for her care and understanding.”

In other services, people experienced not being treated well or respectfully, feeling misunderstood, not listened to and in a minority of cases even discriminated against.

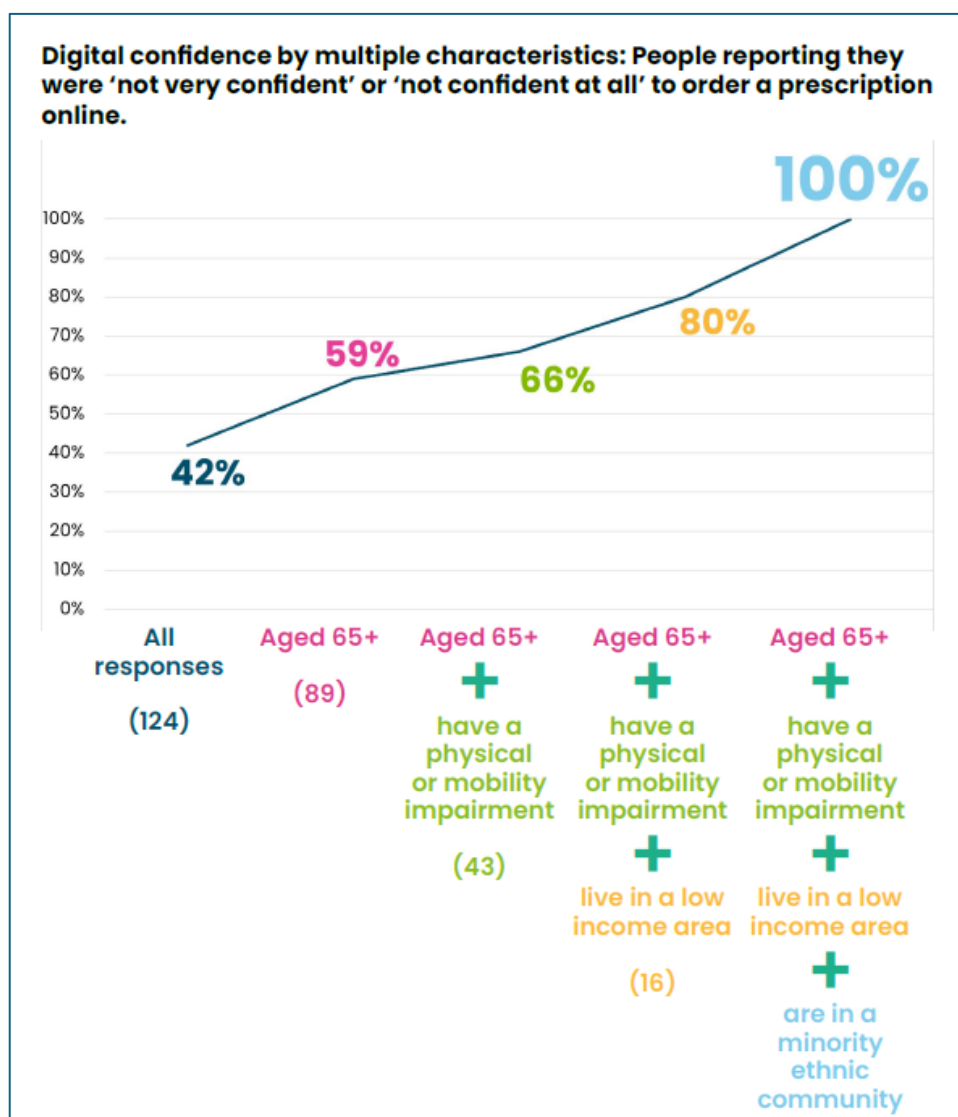
“I went to acquire a fit note for a non-urgent skin infection. The person I saw seemed very ignorant of autism and it's issues, she appeared to have a dismissive attitude blaming lack of sleep when I'm having meltdowns at work. I was told she couldn't assess me for the fit note and it had to be passed to someone else, she wouldn't even hear of my 2nd reason for being there which would have taken seconds to look at and prescribe. I feel completely let down by the whole system.”

People told us that they feel services are under too much pressure, and that this is sometimes reflected in the quality of services they receive.

“Staff are under too much pressure to maintain health checks for people with long term conditions. I seldom have a review of my treatment for inflammatory bowel disease.”

Move to digital

There was a lot of feedback about digital access to health care services including use of apps and platforms such as the NHS App and PATCHS. This was split between a lot of positive feedback from digitally literate people for whom it makes things easier, alongside concerns from people who are digitally excluded. For this significant section of the population, digital can make access much more difficult or even impossible. Some feedback suggested that services were not always giving people alternative non-digital options to carry out tasks such as booking an appointment or ordering a repeat prescription. This is particularly significant when considering how digital exclusion can further exacerbate health inequalities.



The graph below is taken from a community check-in about repeat prescriptions in Leeds and shows how digital exclusion increases when a

person has an increasing number of characteristics are associated with health inequalities.

Waiting times for treatment

We had feedback from people in Leeds, Wakefield and Kirklees about long waiting times for hospital appointments and treatment, and the impact this can have on their physical and mental health as well as in some cases their employment, finances and social lives.

“The GP service and other NHS bodies has provided a huge delay to any investigations. My husband has lost over two stone in weight and it is now five months on and he is now unable to work.”

Common feedback was that people were not kept in the loop whilst they were waiting and would appreciate more updates.

“They need more communication about the wait, so they know they're not forgotten about”

“Improvements could be by being kept informed which I know is staff intensive but may mean people do not contact as much”.

Long waits for Urgent Care

Although there were some positive experiences of using Accident and Emergency departments, we received feedback in Leeds and Wakefield about very long waits (in some cases 10 hours plus). Insight showed that this was particularly challenging for older people and those with dementia.

“Advised to take 86 year old mum to A&E after fall. Waited 4 hours, passed from pillar to post before being told at midnight that it would be 6 hours at least to see a doctor... Unable to cope with the wait through the night we discharged ourselves and went home with no idea what to do next.”

“I had to go with my mum to A&E. She had dementia. I had to stay with her 24+ hours as she was stripping off and trying to walk around and no one to sit with her, another woman in her eighties was having to do the same with her husband. I was in my 50's and exhausted but she must have been.”

We did hear about this example of good care during a three hour wait at the King Street walk-in service in Wakefield.

“The waiting room was very busy and noisy. My teenage child was getting overwhelmed with the background music, voices, bright light etc. So, after

waiting for around 45 minutes, I told the receptionist we were leaving because my child was struggling. She very kindly said there are quiet rooms where we could wait and took us to a large room which even had a bed in it. So, my child was able to lie down and get some relief from their pain whilst waiting to see a nurse practitioner. I am so pleased they were able to offer this at the walk-in centre.”

Finding an NHS dentist

Healthwatch continues to get significant numbers of enquiries about the difficulty finding an NHS dentist, and also particularly the impact this has on people on benefits or low income in terms of affordability of treatment if the only option is to go private. Some have no other option but to forgo treatment resulting in increasingly poor oral health.

Cuts and having to pay for services

When services are reduced or referral criteria tightened, this can exacerbate health inequalities. We heard about reductions in services offered by third sector organisations that are a “lifeline” for people. We heard from people who say they have no other option but to go private, either because of the long wait or the reduction in the eligibility for treatment or care. We also heard from those who are in the same boat but simply cannot afford to go private, and so go without.

“My child was under care of CAMHS for depression but was only given 8 sessions of counselling and then discharged so now I am having to pay privately.”

Coordination

Coordination both within services and across the system continues to be a theme we have heard from insight. People fed back that records are not always joined up and services do not always communicate with each other effectively. This can result in people having to provide information multiple times and details being missed.

“When my father then goes into hospital again after appointments elsewhere there are gaps in the record and disturbingly medical staff often do not know about the medical history. There is a lack of consistency in healthcare as a result.”

Mental health support

There are two recurring themes under mental health, people not being able to access the support they need (adults and children), and also negative feedback about the quality of mental health support received including not enough support, people not feeling listened to, lack of trauma-informed communication and compassionate care.

“I feel incredibly let down by the staff, from the get-go they were rude and condescending, basically telling me that I need to pull myself together and sort myself out, it really did leave me incredibly suicidal after one meeting.”

Change in Audiology provider in Leeds

Healthwatch Leeds had 157 enquiries during the quarter about the change in provider of audiology services from Specsavers to Westcliffe Health Innovations which happened on 1st April 2024. People told us that they were confused, frustrated and angry at the lack of communication and information provided to them about the change. Many were left in limbo not knowing where to go without an up and running local service that they could access.

“I am now seriously considering stopping wearing my aids as I feel nervous about putting them in my ears every day without advice on hygiene and general care or an audiologist I can contact, with any concerns. I am a huge supporter of the NHS but now feel 'dumped' and a victim of a discriminatory system - an elderly 'have not'.”

The changes affected many older people, many with mobility issues, disabilities or dementia who had relied on a very local service from

Specsavers. Many expressed worries about having to travel to Bradford to access an audiology service, particularly during the period of several months before all the local hubs were operational.

Autism and ADHD assessments

We had feedback in Leeds, and Calderdale about long waiting lists for Autism and ADHD assessments, difficulty navigating the right to choose process and across all areas getting the right support for these conditions.

Unpaid carers

We heard from carers in different parts of West Yorkshire of the negative impact that caring was having on their mental health and some told us about difficulties getting enough respite care to give them a break. This is echoed by the Carers Leeds' report published in June 2024 that stated 56% of unpaid carers reported that caring had a negative impact on their physical health and 70% on their mental health.

“Carers report feeling more anxious this year and lower levels of support from the people around them. They are also less satisfied with health and social care services in Leeds. This is, in part, due to increased challenges with accessing these services.”¹

Prescriptions

People have told us that medication shortages and lack of alternative medication can be an issue with people having to wait over a week in some cases to get their medication. People fed back that if blood tests and repeat prescription reviews don't line up with when prescriptions are needed, medications are not dispensed.

Access - Transport

People told us that there is a need for services to be easily accessible via public transport, and when appointments are offered far from home or not on public transport routes the cost of travel can be a barrier. This was more of an issue in rural areas such as Craven and Calderdale.

Risks

- 1. People giving up trying to access their GP because of barriers to access and the resulting impact on people's health.** Risk of people waiting until their health is much worse before they seek help.
- 2. Digital exclusion exacerbating health inequalities.** If people are not given non-digital options to access health services, book appointments and manage their health, the biggest impact will be on people who are already experiencing the most health inequalities.
- 3. People's mental and physical health deteriorating as a result of long waiting time for treatment.** This can have wider impacts on employment, finances and social life.
- 4. Cuts and having to pay for services is at risk of widening health inequalities.** We are at risk of creating a two-tier system, of those who can afford to pay for things no longer provided by the health and care system and those who cannot.
- 5. Increased dependence on family or unpaid carers and associated impact on carers' mental and physical health.** This is a risk both from reduced service offers and if services aren't accessible (e.g. communication needs are not met, or people are digitally excluded). Increased risks of 'falling out the system' for those who have no one to support or advocate for them.
- 6. Emerging risk: Move to NHS 111 to provide mental health crisis support.** We have received feedback from the public that some people don't trust speaking to NHS 111 because it is not perceived as a local service, or one that they have a relationship with. This will be compounded for some people by the fact that we already know from previous work that many aren't comfortable talking about their mental health over the phone.

Good practice examples

Below are some individual examples of good practice based on people's experiences. The examples demonstrate well the "3Cs" of communication, compassion, and coordination, the things people consistently tell us are important to them for good person-centred care.

GP practice

"This is a caring and great GP practice because; the receptionists are always helpful and well mannered; I do not have to wait long for them to reply; no queue; I get an appointment within the day sometimes; or the week but if it is non urgent never longer than two weeks; if I want referring to the nurse or physiotherapist for example I get an appointment quickly. The staff are exemplary. The nurses are very helpful and explain things very well and I feel confident that they listen to me and any problems I may have. I get my check up regularly and never have to remind them. The doctors that I have seen over the last two years show care and listen well to anything I might have to explain. If there is a follow up or an appointment at hospital is necessary, they do that efficiently and explain it well. They usually ask my opinion too and ask if I am happy with what they have suggested. I tend to go to the Doctors if I have something seriously wrong and not at the 'drop of a hat', but if I were to frequently ask to see a doctor, I have the impression that I would be treated with respect."

"My son, who has complex medical, mental, and social issues has received fantastic care from this GP practice. Despite not being the easiest patient, he has received treatment that is way beyond anything experienced from other surgeries. Without exception, the staff (nurses, doctors and admin) have been brilliant and clearly genuinely care for their patients. He has received regular care for vascular ulcer dressings from the nurses. Not the most pleasant task, but always carried out cheerfully and done well. Maybe it's because they are relatively small, but their approach works0".

Maternity care

“I had an excellent experience with St James University Hospital from pre-natal, labour & delivery and post-natal treatments. My experience was wonderful, all the staff that I encountered was very sweet, professional, caring and excellent, including the students. Antenatal- every time my husband called the Maternity Assessment Unit, they always accommodate us quickly every time we ring them. Always advised us to come every time we have concerns such as less foetal movements, temperature, bleeding etc. I felt that they do really care even though I don't see the same healthcare providers all the time. The care they provide is the same.

I had the best midwives. They communicate to us very well, the dignity, patience, empathy and reassurance is always there. They gave us the best care of how they treated me, my husband and my baby! The dignity was maintained all through out, no unnecessary ie (internal examination) was conducted.

After 4 weeks, I came back with mastitis, and everyone is welcoming me and my baby. They do really care. They gave me the information about the do's and don't's. The physician was gorgeous and lovely. She explained it to me well, she told me she will not admit me as it is manageable at home and so that I will be more comfortable at home especially with a newborn.”

Community dentist

“My four-year-old child is physically disabled, and we had a very positive experience at Newsted house. The dentist was sensitive to my son's needs, she asked about sensitivity to light and loud noises. I was anxious as it was the first time my son had been to a dentist in 4 years. Because my son is tube fed, I had some questions and concerns about his tongue and teeth. The dentist was really kind and reassuring.”

Accident and Emergency follow up

“I had left A&E with a broken leg and I had a stability boot on but no plaster cast and everyone was asking me why I didn't have a plaster cast on and I was really stressing thinking I'd left too early and was supposed to wait and get a cast put on my leg and I was in a lot of pain. I rang up the number I was given for if I needed anything and I spoke to a nurse on the phone and he was really good and looked at my records and told me that the fracture was stable and therefore didn't need a cast and he prescribed some painkillers for me. It was a short telephone call but at the start of the call I was in tears full of stress and at the end of the call he had me laughing and I felt so much more at ease. Thank you!”

References

¹ **The State of Unpaid Caring in Leeds 2023**

<https://www.carersleeds.org.uk/thestateofunpaidcaringinleeds2023/>