
Hywel Dda Community Health Council

When things go wrong

September 2021



Accessible formats

This report is also available in Welsh.

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You can download it from our website or ask for a copy by contacting our office.

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About the Community Health Councils (CHCs)

CHCs are independent bodies that reflect the views and represent the interests of people living in Wales in their National Health Service (NHS). CHCs encourage and support people to have a voice in the design, planning and delivery of NHS services.

CHCs are often thought of as the independent watchdog of the NHS within Wales. There are 7 CHCs in Wales. Each one represents the “patient and public” voice in a different part of Wales.

Each CHC:



Carries out regular visits to health services to hear from people using the service (and the people providing care) to influence the changes that can make a big difference



Reaches out to people within local communities to provide information, and gather views and experiences of NHS services. CHCs use this information to check how services are performing and to ensure the NHS takes action to make things better where needed



Gets involved with health service managers when they are thinking about making changes to the way services are delivered so that people and communities have their say from the start



Provides a complaints advocacy service that is free, independent and confidential to help people to raise their concerns about NHS care and treatment.

CHCs hear from the public in many different ways. Before the coronavirus pandemic, CHCs regularly visited different NHS services to hear from people while they were receiving care and treatment. CHCs also heard from people at local community events, and through community representatives and groups as well as at CHC meetings and in our offices.

Since the coronavirus pandemic, these ways of listening to people have not always been available, so CHCs have focused on hearing from people in different ways. Whilst we cannot meet people on a face-to-face basis because of the restrictions in place, we have found that many people have learned new ways of doing things differently using technology. This includes surveys, apps, video-conferencing and social media, which we have used to hear from people directly about their views and experiences of NHS care.

We also know that not everyone has been able to do this and there may be people finding it harder to be heard under these very unusual pandemic times.

One of the other ways that Hywel Dda CHC regularly hears from people in the three counties, is through our advocacy service. Whilst many people manage their own NHS complaints without support, we usually have about 120+ people being supported by our advocacy service at any one time. These people tell us what has happened in their experience of NHS care or that of a relative and what they feel has gone wrong. Our advocates help them take these complaints through the NHS Complaints Process.



Our advocates have helped thousands of people over the past two decades. CHCs have always been able to help people with NHS complaints and we want to be able to share some of this work with you on a regular basis. We have to be careful in the way that we do this because people need to be assured that their own personal experiences will not be shared in detail with others. Our service is confidential.

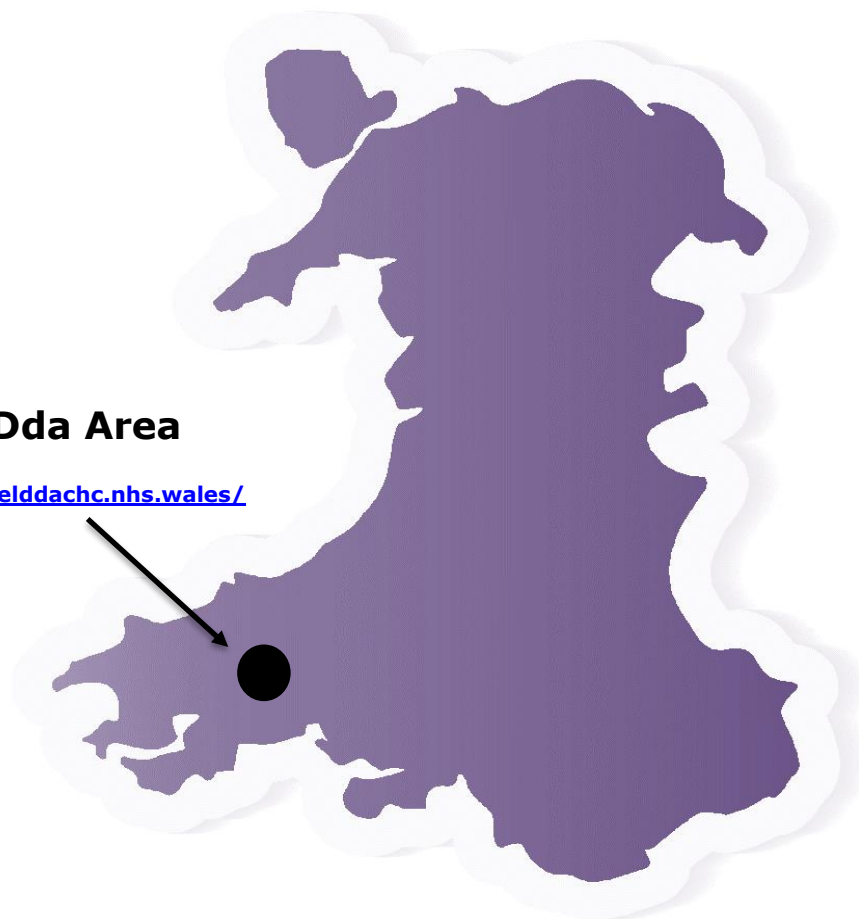
By anonymising our complaints and leaving out information that may be identifiable, we can share some of complaint information and outcomes with you. Sometimes, the outcome of a complaint may be that people simply have their questions answered and this can set their mind at ease.

In others, changes are made to systems, which improve things for everyone. In other instances, a complaint can identify that training or support is needed for staff in the NHS and again, the outcome should then be that lots of people have better care.

Hywel Dda CHC represents the interests of people living within the three counties of Carmarthenshire, Ceredigion and Pembrokeshire. We can support anyone living in these areas with concerns and complaints about NHS care wherever that care is received.

Hywel Dda Area

<https://hywelddachc.nhs.wales/>



Background

Our CHC advocates help people when they have complaints about NHS care. Not everyone needs or wants advocacy support when they make an NHS complaint but we regularly have positive feedback from people who have used the advocacy service:

"...her professionalism, assistance, patience, empathetic manner and can do attitude has really made a hugely difficult and stressful time a lot easier. "

"I don't think I could have done this without your help and the service that you offer on behalf of people like myself. You really are doing such an important job. I have found this process incredibly healing."

"I do feel that you have been beside me throughout, and your words of encouragement made such a difference during the investigation, from the bottom of my heart I am very grateful to you for all your work. I shall always think of you with great respect."

"I would like to thank you for everything you have done for me, I really appreciate it. Hopefully I won't need to make another complaint but should I need to I will not hesitate to contact you. Thank you ever so much once again."

This report will give you a snapshot of the cases that our advocates have been involved in recently.

We hope to be able to provide more reports in the future and your feedback would be helpful.

What we have been involved in

Mental Health complaints

We help people when they have faced challenges in getting appropriate care and input for their mental health. Our advocates are not mental health advocates but are specialists in NHS complaints. People often turn to our advocacy service when they feel that their care is not how they expected it to be or when things have gone wrong and they need to complain about what has happened.

Case 1

Mr X was frustrated with the lack of support he had received from Adult Mental Health Services. Prior to being abruptly removed from his Community Psychiatric Nurse's (CPN) patient list, he received no help or feedback regarding his symptoms. During this time he was also referred back and forth between two services on more than one occasion. He found the situation distressing and his existing mental health problems worsened. He felt that no-one was interested in helping him and everyone simply wanted to pass him on to someone else.

Witnessing this, Mr X's mother who we will refer to as Mrs Y, reached out to the CHC advocacy service to help her make a complaint about her son's care. Mr X was willing for his mother to do this on his behalf and authorised her to act on his behalf.

The advocate drafted a letter of complaint on behalf of Mrs Y and when she and her son had seen and checked this letter, it was sent to the Health Board in February 2019.

Two months later she received a response from the Health Board but she was unhappy with this.

After discussing her options with her CHC advocate she decided that she would like to refer her complaint to the Public Service Ombudsman for Wales (PSOW). The advocate helped her with this and a letter was sent to the PSOW in July 2019. A lengthy investigation took place and 2 years later she received a response.

The PSOW looked at relevant legislation, policies and guidance and also sought professional advice. The Ombudsman recommended that the Health Board provide a full and sincere apology. It was also recommended that changes were made within the referral process and recognised that there had been shortcomings in communication.

The Ombudsman found that the lack of communication created stress and anxiety for Mr X. The Ombudsman investigation also found that there was only limited communication about medication withdrawal and there had been insufficient therapy support as well as an issue about assessment. The Ombudsman recommended that the Health Board review its assessment processes and that this should be accompanied by staff training and supervision.

The Health Board agreed that it would implement the Ombudsman recommendations. Mrs Y was pleased that some positive actions had resulted from her raising her complaint and this meant that things would be better for people in the future.

Case 2

Ms A's partner faced many delays and difficulties in obtaining a dual diagnosis for his mental health. They both felt let down by the Health Board and frustrated with the lack of support and communication.

Ms A submitted concerns to the Health Board in October 2019 before approaching the CHC advocacy service for support. The CHC Advocacy service helped monitor the progress of the report and when Ms A was unhappy with the explanation and conclusions that the Health Board provided in their response 4 months later, the advocate helped her take the matter further.

The CHC advocate helped Ms A submit her complaint to the Public Service Ombudsman for Wales (PSOW), helping write the letter and in collating the information that Ms A wanted to present with her letter. In spring 2020, Ms A received a response which partly upheld her complaint. The PSOW recommended that the Health Board should apologise to Ms A and her partner for any delays experienced.

The PSOW also said that the Health Board should review the way that psychiatric assessments were made so that these could happen in a timely manner. The Health Board also had to tell the PSOW of any changes that they made as a result of this review.



GP Surgeries and Primary Care

People usually turn to their GP in the first instance when they have a health problem. Most people will usually have more contact with their GP than any other NHS professional. But, there are times when people are unhappy with the care they have received from their doctor's surgery and decide to complain. We help people take these complaints forward so that things can be put right, wherever possible.

People sometimes worry about complaining about their surgery because they know that this is often the first place they need to go to when they are unwell. Our advocates will help make the complaint clear and try to make sure that the relationship with the GP surgery continues. We know that sometimes this does not happen and people will move to a different GP surgery, although for some, this is not always a possibility.

Case 3

Mr B was frustrated at the difficulties he was facing in getting prescriptions from his surgery and had made a complaint about this. In his complaint he had said that more than one member of the administration team in the surgery had been unhelpful and obstructive in dealing with him. He also said that the prescription issues meant that his treatment started a week later than it should have.

Mr B recognised that some aspects of his health care had been managed very well but his concern was that some areas were lacking and this had resulted in him having a poor experience.

After submitting his complaint, Mr B felt that the response he'd had to his complaint wasn't good enough and that the Health Board responsible for this practice had also not dealt with his concerns satisfactorily.

The practice had reviewed their systems and identified areas for improvement which were implemented quickly. As part of the complaint investigation and response, checks were undertaken on the practice's prescribing systems and on Mr B's medical records for accuracy.

Mr B was not convinced that enough had been done to make things better and approached the CHC advocacy service for support, to find out what he could do to take this further. A meeting was held between Mr B, the CHC advocate, Health Board staff and surgery staff.

At the conclusion of the complaint Mr B remained dissatisfied with the surgery and chose to consider options outside of the Complaints Process.



Hospital complaints

When people have to receive hospital care, this can sometimes be worrying because it often means that they may need to have tests, investigations or treatment. People are often nervous about having appointments and seeing different people but often it is lack of information which can cause significant frustration.

Case 4

Mrs C was extremely concerned to find that the urgent referral submitted by her GP was downgraded to non-urgent. She was told that she would have to wait 18 months for an appointment.

In the meantime, she experienced further symptoms and found the prospect of waiting such a long time to be seen by a clinician, very distressing.

With the support of the CHC advocacy service she submitted a complaint to the Health Board. The Health Board advised her to contact her GP to send another referral if they felt it was clinically necessary. Mrs C was happy with the outcome and has now been provided with an appointment.

Case 5

Ms Y was very frustrated at the lack of information she received from the hospital. She had an ultrasound undertaken in a hospital but didn't hear further until suddenly she was told she needed an urgent appointment. She went to her appointment and had further tests done but again didn't hear anything more. She had to chase up the results herself and felt that even though she was the patient, she was the person not being told anything of relevance.

Feeling unhappy about this, Ms Y wrote her own letter of complaint and asked the CHC advocacy service to help her with her complaint. The letter was sent to the Health Board in Spring 2021 and about four months later she had a response to her complaint.

The Health Board apologised that there had been an oversight and that the administrative process had gone wrong. The Health Board also said that it would contact Ms Y directly to discuss the results and the plan for managing her care. Ms Y was happy with the way that her complaint had ended.



Case 6

Mrs X had concerns regarding the care and treatment both she and her baby received during the pregnancy, labour and following the birth in October 2020. She was concerned that she was not tested for possible Group B Streptococcus (GBS) during her pregnancy, despite her raising this as a possibility as there was a strong family history. She went on to develop a serious infection during her labour, prolonging her hospital admission. Her baby was later admitted to hospital as an emergency having also developed symptoms of serious infection. Mrs X was concerned that the difficulties she and her baby experienced were caused by a GBS infection that might have been avoided.

Mrs X contacted the Health Board in December 2020 to raise her concerns. It was agreed that a meeting would be arranged with the service and she was asked to submit a list of her concerns and questions. She contacted the CHC advocacy service for support during this meeting.

A virtual Teams meeting took place in January 2021. Following the meeting the Health Board wrote to Mrs X in June 2021 with a written summary of the explanations provided at the meeting.

The Health Board acknowledged that whilst the decisions made during Mrs X's labour were made for the best outcomes for her and her baby, communications with her could have been better and this was raised with the teams involved as lessons for learning on how communication could be improved.



Thanks

We are grateful for the people who have allowed us to help them with their complaints. It is important that we know what is happening in our local services and the kind of care that people are receiving. Whilst we hope that most people have a positive experience of health care, when things are not right, we can help. Where we find that a number of people are all having the same kind of experience, we can ask the NHS to look at this

If people don't complain or tell anyone when things go wrong, then nothing changes and the same thing can happen again and again.

You don't need to make an NHS complaint to be able to tell us about your care and your experiences. If you just want to let us know what your experience was like, without doing anything more about it, we are always willing to listen to patient stories.



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