

The impact of waiting for NHS surgery in Somerset

November 2021



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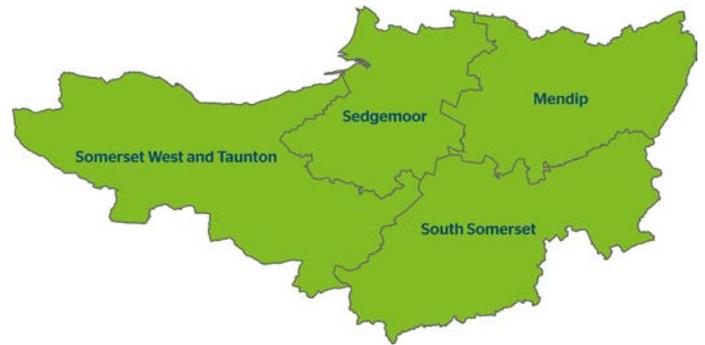
Any enquiries regarding this publication should be sent to us at info@healthwatchsomerset.co.uk

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Introduction

About us

Healthwatch Somerset is the county's health and social care champion. We listen to your experiences of using local health and care services and hear about the issues that really matter to you. We are independent and impartial, and your feedback is confidential. We can also help you find reliable and trustworthy information and advice to help you to get the care and support you need.



As an independent statutory body, we have the power to make sure that NHS leaders and other decision makers listen to your feedback and use it to improve standards of care. This report is an example of how your views are shared.

Background

During 2018/2019 we became aware, through national data and local feedback, that the referral for treatment waiting times for consultant-led elective care in Somerset were increasing. We identified the importance of hearing the experiences of people from Somerset who are waiting for consultant-led elective surgery, and how this wait may impact on their general health and wellbeing.

Elective surgery is the term for operations planned in advance.¹



According to NHS England the maximum waiting time for non-urgent consultant-led treatment is 18 weeks from the day your appointment is booked through the NHS e-Referral Service, or when the hospital or service receives your referral letter.² We acknowledge that both locally and nationally the NHS are experiencing operational difficulties due to Covid-19 and staff shortages across health and social care, so that waiting times have inevitably lengthened. There is particular concern for people who have been waiting a year or more because this may increase potential for a patient to develop additional health and wellbeing issues.

At the end of March 2021, a total of 6,382 people in Somerset were waiting for elective surgery which is a 62.1% increase compared to March 2020 just before the start of the Covid-19 epidemic. Despite the backlogs and other challenges faced by the NHS, there were 2,568 completed surgeries in Somerset during March 2021.³

¹ Royal College of Surgeons of England: [Types of surgery](#)

² NHS: [Guide to NHS waiting times in England](#)

³ Data provided by the Somerset Clinical Commissioning Group

Our approach

In August 2020 we met with members of the Somerset Clinical Commissioning Group (SCCG) to discuss and plan how best to carry out this research. Due to Covid-19, engagement work was halted during January 2021.

The project resumed in May 2021, and it was decided to directly target those who were waiting 40 weeks or more for surgical treatment, as this is a standard historically used by Somerset Foundation Trust (SFT), Yeovil District Hospital and SCCG. It was agreed that a public survey would be launched to capture other experiences from any elective surgery patients in Somerset.



We were aware that the outbreak of Covid-19 has caused many delays to the delivery of NHS services nationally as well as locally. We were keen to see how this may have affected the length of time, quality of service, and health and wellbeing of people in Somerset who have been referred for treatment.

The feedback and data we collected have been used to create this report that will help inform the SCCG's Quality and Safety Committee (QSC) of service users experiences; the QSC team exist as part of the monitoring of NHS service performance accountable to the SCCG Governing Body.⁴

What we did

- We met with the SCCG Quality Lead for Planned Care and Patient Safety, and representatives from both SFT (Musgrove Park Hospital) and Yeovil District Hospital FT.
- We produced an online survey to record people's experiences of waiting for elective surgery in Somerset.
- People could also participate in the survey over the phone, either by arranging a call back from a volunteer or by telephoning our freephone number and speaking to our Team.
- The survey ran from 26 July-19 September 2021.
- 500 invitations to participate in the survey were distributed through Musgrove and Yeovil hospital sites, directly to people in Somerset who were waiting for surgery.
- We promoted the survey through press releases, media interviews, social media campaigns, posters, volunteers, and network organisations.

A poster for Healthwatch Somerset. The top section is dark blue with the text 'Your local health and social care champion' and the Healthwatch Somerset logo. Below this is a photograph of an elderly man with a cane and a healthcare professional in a white coat. The middle section is pink with the text 'How has waiting for surgery affected you?' and a sub-headline 'Waiting for surgery can have an impact on your independence, work and relationships, as well as your mental or physical health.' Below this is a blue section with the text 'Share your experience to help the NHS understand your health and care needs while waiting for treatment.' The bottom section is white with the text 'Complete our online survey' and the URL 'www.smartsurvey.co.uk/s/RFT-HWS/' followed by 'or scan this QR code' and a QR code. Below the QR code is the text 'Survey closes 6 September 2021'. The bottom left section is blue with the text 'If you prefer, get in touch' and contact information: '0800 999 1286 (Freephone)', 'info@healthwatchsomerset.co.uk', and 'healthwatchsomerset.co.uk'. The bottom right section is blue with the text 'Follow us' and social media icons for Facebook, Twitter, LinkedIn, and Instagram.

⁴ Somerset Clinical Commissioning Group: [Committee terms of reference](#)

- The promotional posters were translated into Polish and Romanian to promote responses from speakers of these languages.
- The survey was highlighted at several face-to-face public events and groups that we attended.
- The Chair of the Healthwatch Somerset Board appeared in an interview for BBC Points West news and also BBC Radio Somerset.

Our volunteers

We have a team of 34 active volunteers. Five of our volunteers supported this engagement, they made 13 phone calls, and contributed about five hours of their time. Their contributions included:

- Interviewing respondents over the telephone and recording their comments.
- Entering survey responses onto the survey website.
- Promoting the engagement through their networks, families, and friends.



Comments made on one of our social media posts (21 August 2021):

“I am amazed how well, considering the circumstances, that Yeovil Hospital staff have coped, during the epidemic. In spite of everything, staff have continued to keep treating me, safely, as an outpatient, for a continuing ophthalmic problem.

“I have had a number of ‘procedures’ at both Yeovil and the Yeatman and felt totally safe with their arrangements for keeping outpatients secure from the risk of Covid.

“I also received the two doses of vaccine in a smooth and efficient process, in spite of the meddling and mendacious behaviour of national politicians!

“I have been contacted by my local surgery for routine blood pressure and blood tests, in spite of the problems caused by Covid. I received a scan within a matter of weeks of it being requested by my specialist.

“Well done to ALL the staff involved! You deserve the thanks that appear to be totally missing from some other comments on this thread!”

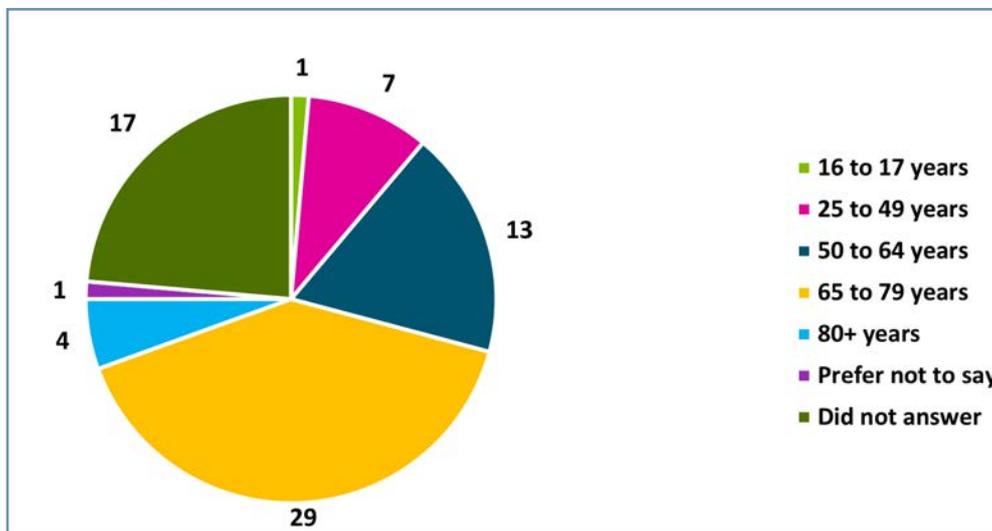


Who we spoke to

We had 72 responses to the survey.

29 participants were aged between 65 to 79 years old; 17 people did not indicate their age.

Figure 1: Age of all respondents



34 People identified themselves as female and 21 as male, 17 people did not provide their gender.

11 people identified themselves as a carer; 46 participants said they had a disability.

A breakdown of survey respondents by postcode can be seen in **Appendix 1**.

Key messages

- 48 out of 72 of people had been waiting over 40 weeks for their surgery.
- Many people indicated a lack, or absence, of communication from their specialist during their wait.
- A large proportion of people told us they had experienced one or more of the following due to waiting for surgery:
 - Their condition had deteriorated.
 - Their mobility had reduced during their wait, and this had impacted on their ability to carry out everyday tasks.
 - They had experienced changes in their daily mood.
- 35 of 46 people relied on family and/or friends to help them manage their daily tasks.
- Many people indicated that they did not know how much longer they would have to wait for their surgery.

What people told us

Referral details

Sybil's story

Sybil is 86 and lives alone.

She is an amputee (leg below the knee) and was awaiting hip replacement surgery on her good leg. After her first X-ray Sybil was referred to Musgrove Park Hospital in October 2019. She saw the surgeon in February 2020, but then the Covid-19 pandemic began and so did the delays. Sybil eventually had surgery in March 2021.

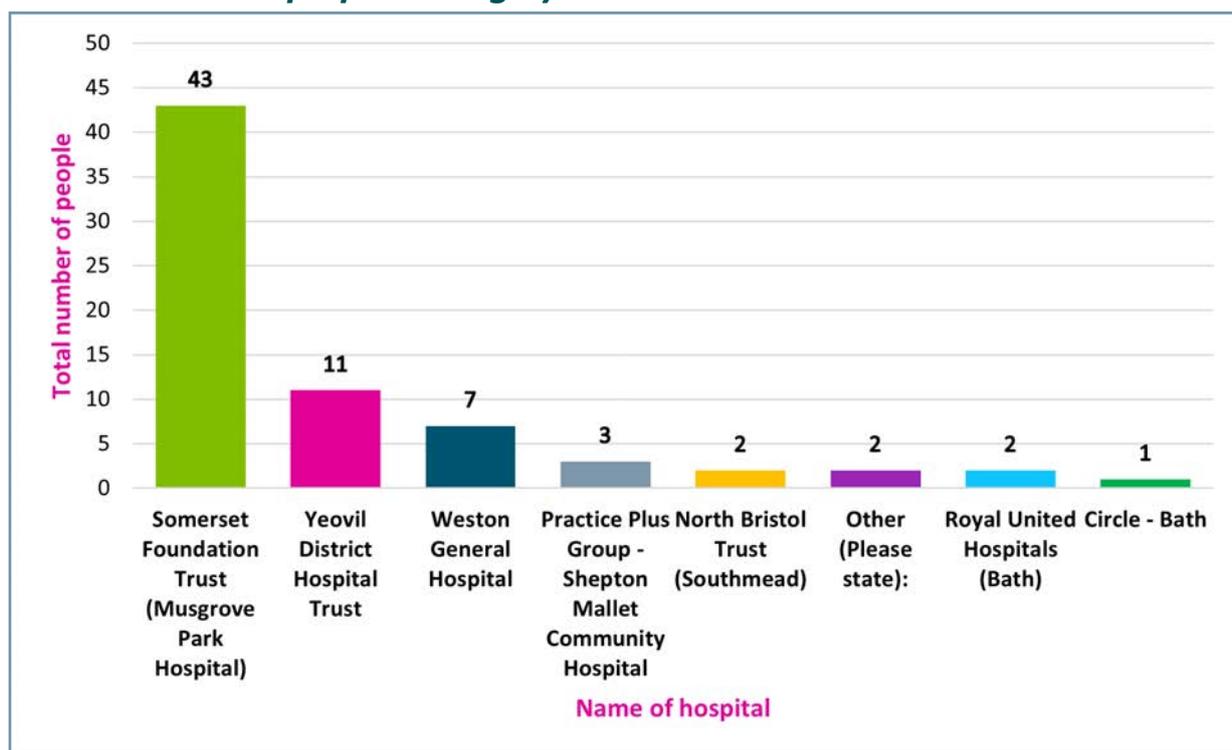


38 people said they have been waiting over 12 months for their surgery.

A full breakdown of waiting times per hospital can be seen in **Appendix 2**.

71 people told us which hospital they would be attending for their surgery.

Figure 2: Locations of proposed surgery



The three 'other' locations given were:

- Southmead Hospital and the Royal Devon and Exeter NHS Foundation Trust
- Bristol Heart Institute

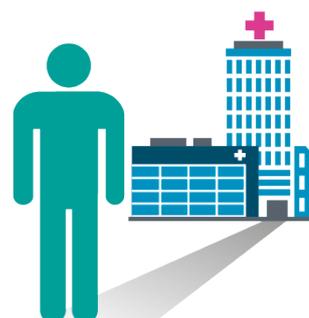
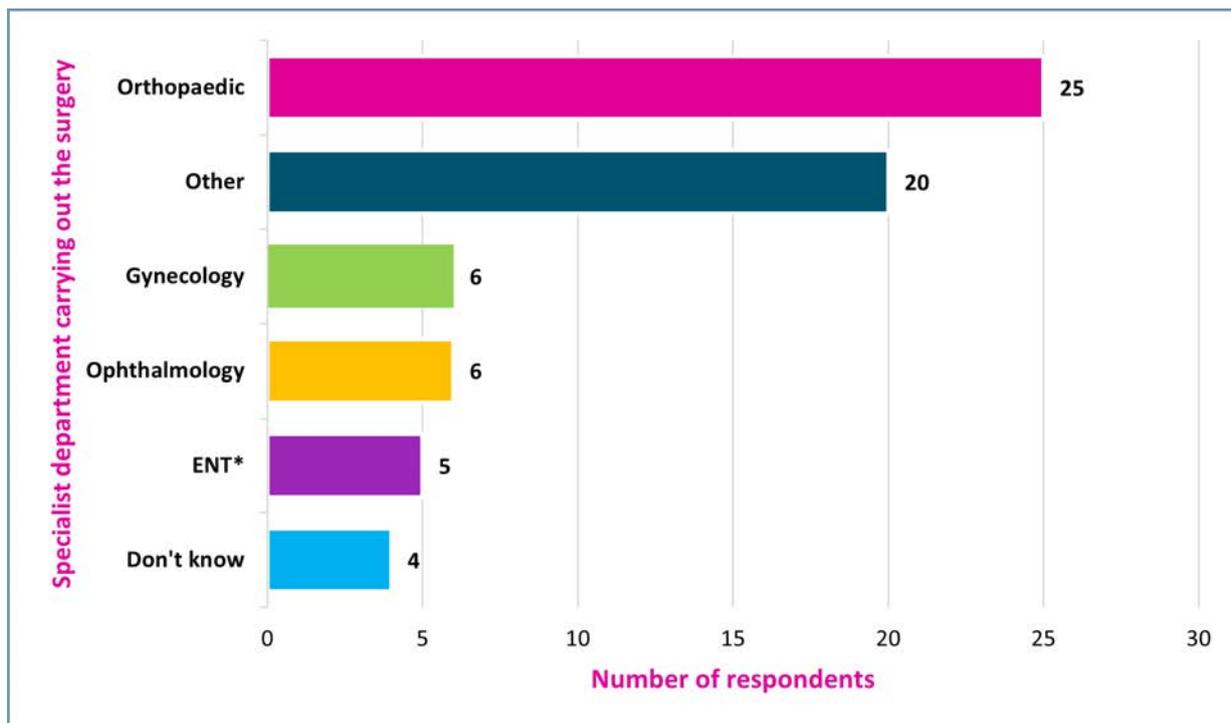


Figure 3: Departments people have been referred to



* Ear, nose, and throat.

Four people did not answer this question. All 'other' responses can be seen in **Appendix 3**.

Communications

Sybil's story

During her waiting time Sybil telephoned both the admissions line and the surgeon's secretary to check on progress every two weeks.

"The waiting time was dreadful." She was in constant pain and at times thought she couldn't go on any longer. She felt suicidal at times.



44 out of 64 respondents said they had not received any updates from their specialist about their waiting time. 13 of the people who did receive updates found them either very useful, or somewhat useful.

20 respondents told us they had previously received an appointment that had been cancelled, 16 of these cancellations were made by a medical professional. The reasons given for all the cancellations can be seen in **Appendix 4**.

"Appointments set up keep being cancelled with no information as to when it might be rescheduled."

"Just to let me know my surgery is known about and that an update will be given regularly."

When asked what updates people would like from their specialist, 40 out of the 53 responses would like to receive regular updates about their appointments and how long they will have to wait.

Of the 32 people who told us about their experience of contacting their specialist regarding their waiting time, 16 were told that due to the pandemic there was no estimated waiting time for their surgery. Ten respondents indicated that they were not given any information about their surgery including waiting times, procedures, or what to expect/do before and/or after surgery. Six people were given information and were happy with the response from their specialist.

Some people acknowledged that the Covid-19 pandemic had contributed to the increase in waiting time for their surgery.

“Specialist has never contacted me first-hand I’ve always had to contact them. It would have been good if they contacted me to ask how I am. A letter just to tell me I’m still on the list would have been useful.”

“I know we’ve been through a pandemic but I have no freedom due to this crippling me.”

“What is there to say? The frustration of ‘remote’ treatments with iPhones and computers is a major problem. Government stats show that 40% of people over 65 do not own either... how come the NHS missed this?”

Health and wellbeing

Sybil’s story

Driving is Sybil’s lifeline. It allows her to go out, maintain independence, and help her friends. She is the go-to person for her friends who ask for lifts for many things, like shopping and to appointments.

We asked people if their condition had deteriorated during their wait for surgery, 53 responses said yes.

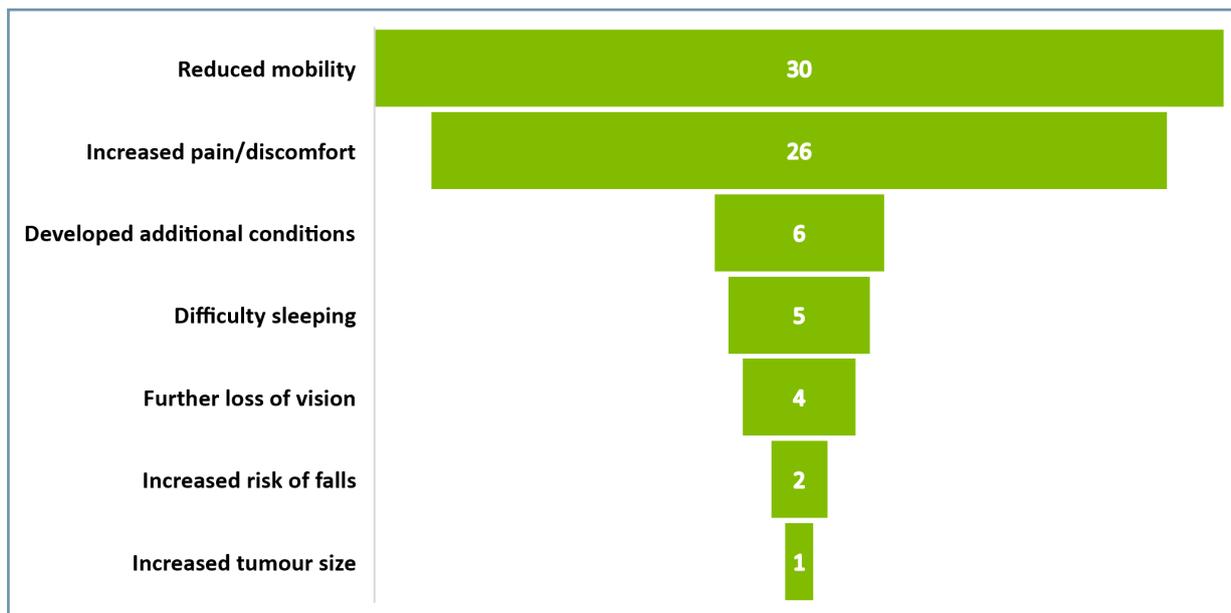


“Spread around my body - I now have chest and heart problems. I was pregnant but had to have a termination. I can’t try for another baby till I’ve had my surgery and that worries me because I’m getting older whilst I’m waiting.”

“Intense pain, worse now, mobility diminished, quality of life diminished. Can’t do basic functions such as walking due to hip pain.”

“Increased pain, limited mobility, poor sleep, irritability, low mood, deteriorating personal relationships.”

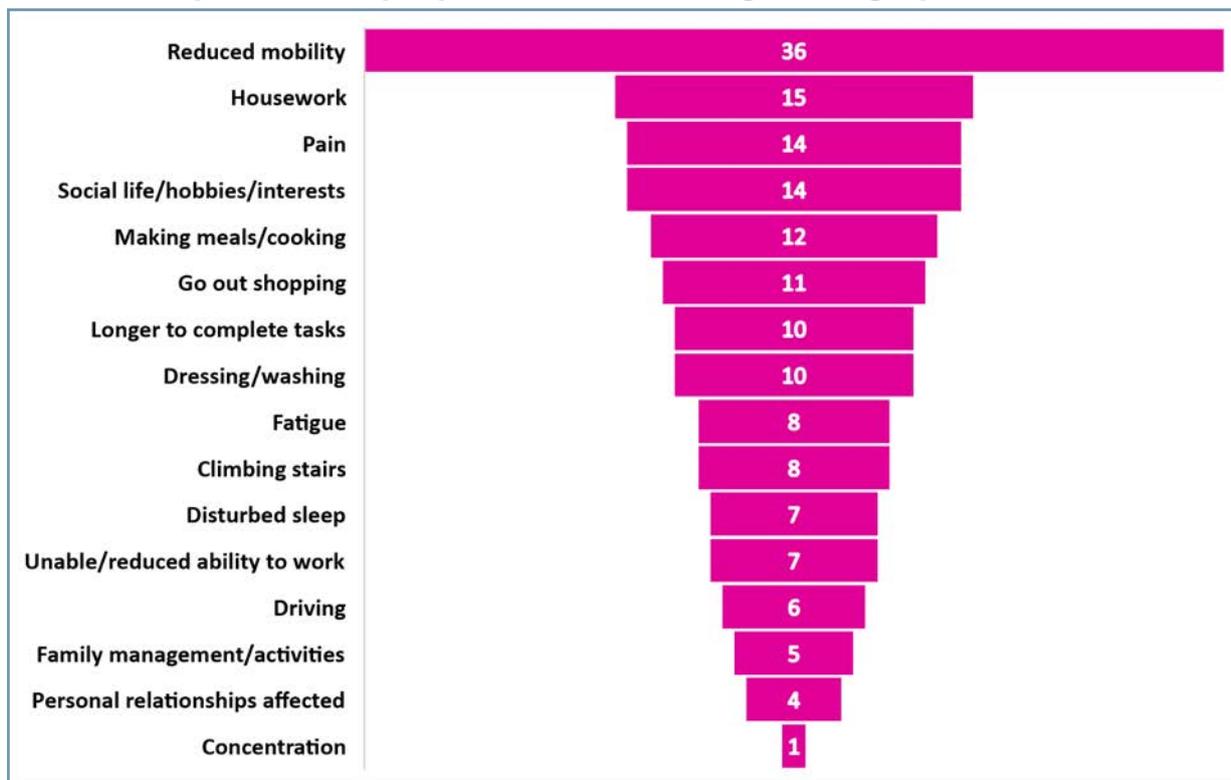
Figure 4: How conditions have deteriorated during the wait for surgery



51 people told us how the wait for surgery had impacted on their ability to carry out everyday tasks. The most common issue was a reduction in mobility which could be for a variety of reasons such as pain, loss of sight, medication, or unpredictable symptoms such as gastric distress.

“Not sleeping, more pain, can’t go out as could be incontinent.”

Figure 5: The impact on everyday tasks whilst waiting for surgery



“Difficulty preparing meals, housework, looking after my husband as he has dementia.”

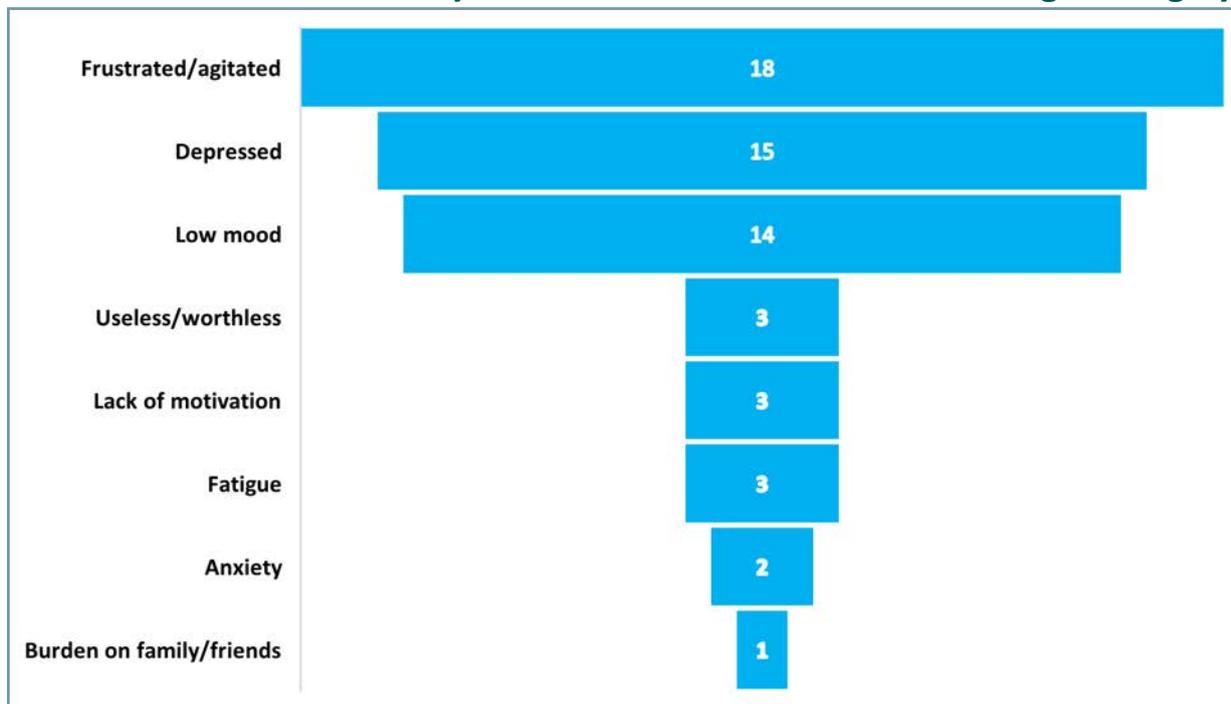
“Can’t walk anywhere and mobility is almost nil. This affects every aspect of normal life.”

“Can no longer join in family activities in the way I would normally, for example, country walks, playing with grandchildren.”

41 people told us how waiting for surgery had affected their daily mood; almost half of these responses included feelings of agitation and/or frustration because of their condition. Some people indicated more than one type of mood change.

“Can’t shop, do housework, care or use stairs, drive, pain at night, can’t sleep, can’t bathe properly.”

Figure 6: How an individual’s daily mood has been affected whilst waiting for surgery



“I feel useless, a burden on family. Loss of independence. What’s the point?”

“When it is very bad I get short tempered depressed and very irritable. This is quite a lot as you can imagine.”

“Sometimes I am in so much pain that I can just sit down and cry all day.”

“Depression as she can’t lead a normal life - use of anti-depressants.”

Support

Sybil’s story

Due to her amputated leg, Sybil uses aids to get around but developed a shoulder injury that was so painful she couldn’t get about. She had lost a lot of her independence and she lived on painkillers.



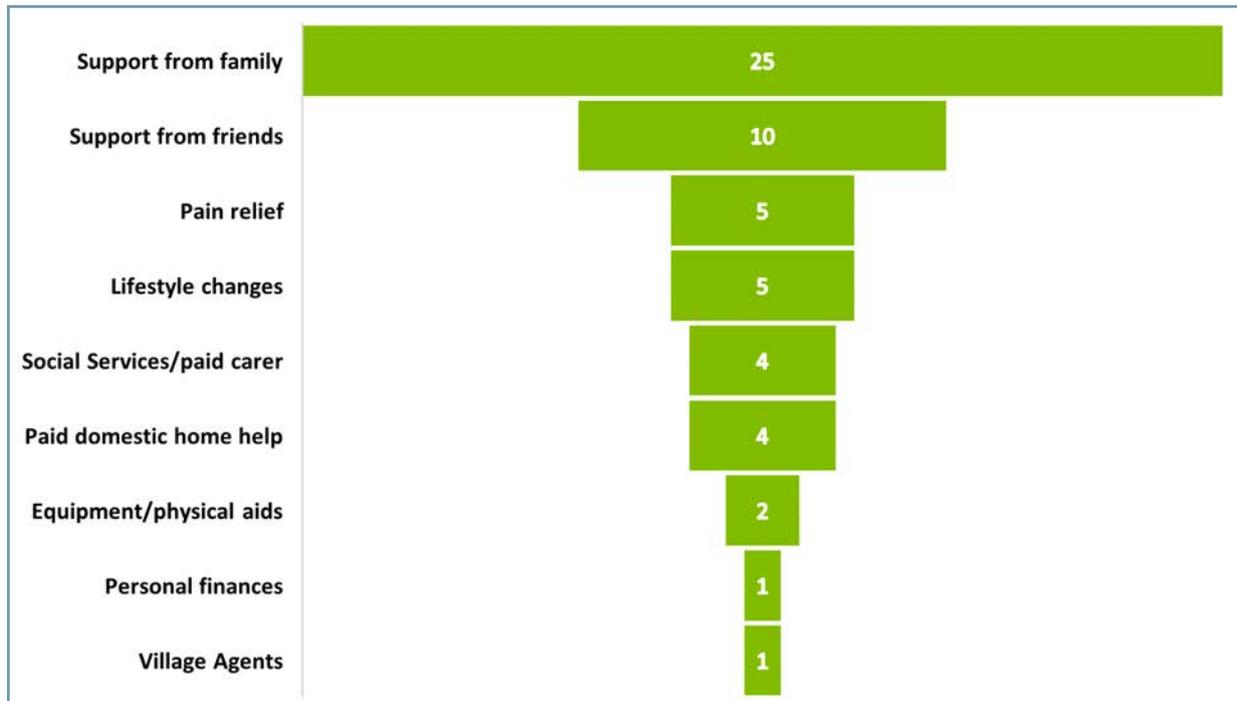
Of the 25 people who told us they had been back to their GP regarding their condition, 16 of them had been between one and four times. Five responses indicated that they had visited an Accident and Emergency department due to their condition; one person told us they had accessed NHS 111, A&E, and called 999. Three of the five people had a negative experience from the service they used.

28 respondents were taking both prescribed and over the counter medicines to help manage their condition. 37 people indicated they were taking prescribed medications, and 36 people

were using over the counter medicines.

We asked people what had helped them manage everyday living tasks. 46 people responded to this question. Some people needed to access multiple types of help.

Figure 7: How people manage everyday living tasks



“Pain killers - paracetamol and ibuprofen. Support from friends, family etc.”

“Just got to plod on. I work full-time. I support my elderly parents.”

“Friends getting shopping, twice weekly. Transport to and from chapel services on Sundays. Son and daughter-in-law as often as they can, they live in Monmouthshire. A lady doing some cleaning once fortnightly. Now beginning to have more help from Admiral Nurses, Village Agents, the Filo Project and moving to Extra Care Housing.”



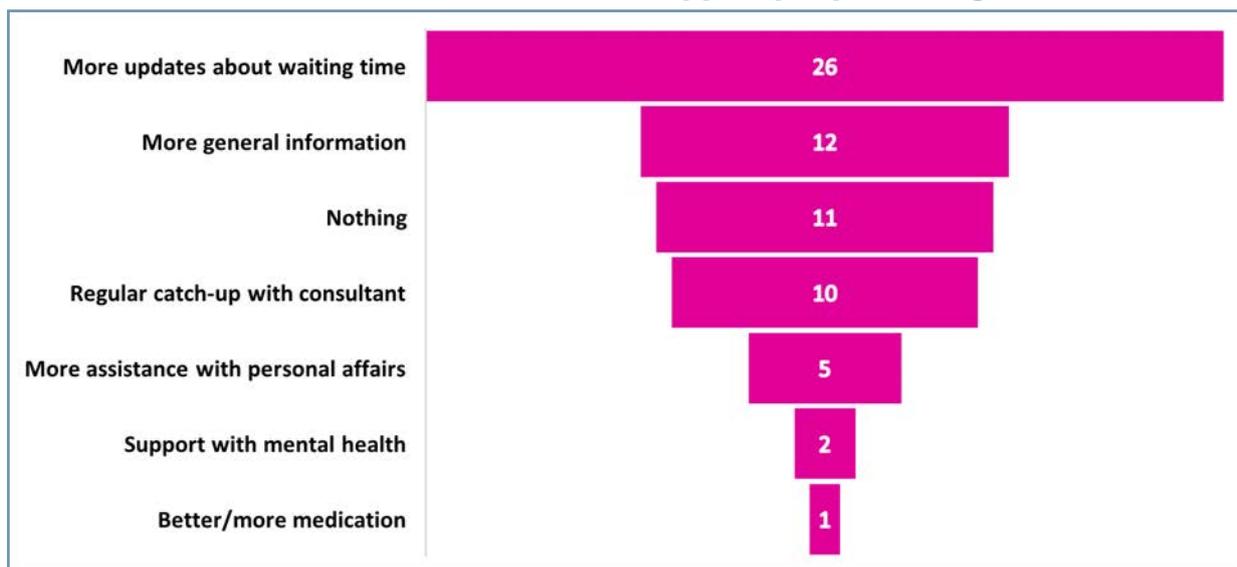
“My family, and friends. I have shopping delivered and have a cleaner. My son bought me a mobility scooter as DWP turned me down for PIP. I struggle to make ends meet.”

We also asked what support people thought they would need after they had had their surgery. Six of the 29 responses said they would need support from their family.

A breakdown of these responses can be seen in **Appendix 5**.

50 people told us what more could have been done to support them during their wait. 26 of these wanted more regular updates/information about their waiting time.

Figure 8: What more could have been done to support people during their wait



“More updates. And the right people checking up on me. It would be really helpful to access a scheduled phone call with the specialist, rather than just ringing the GP who can’t tell me anything.”

“More regular updates. I am a doctor myself so am aware of the issues within the NHS, however, I have heard nothing for 11 months.”

“Nothing for me personally, my consultant has been very good. The only reason my surgery is on hold is I had a pulmonary embolism a few months ago and after a lung function test and echocardiogram it is better to wait a few more weeks. I’m more than happy the way I am being looked after so no complaints of Yeovil hospital from me.”

Anything else...

When asked if there was anything else that people would like to tell us about the wait for their surgery, 52 people made comments. 15 of these comments referred to the effects the long waiting time has had on their life.

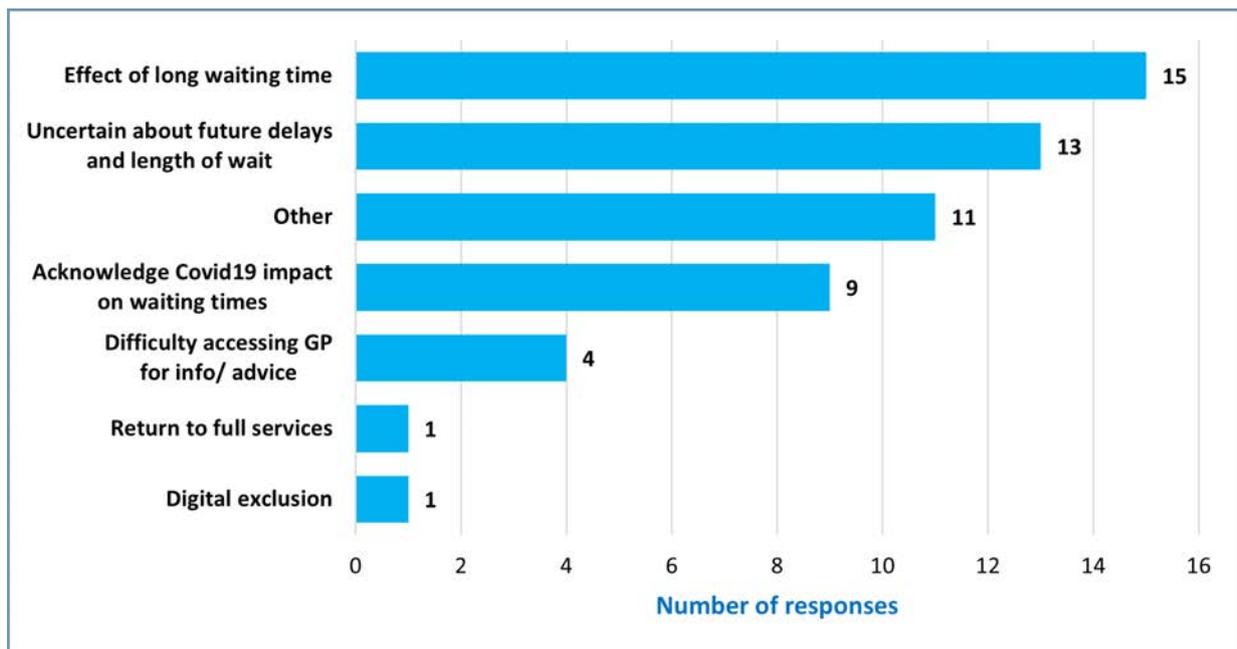
Sybil’s story
 Sybil’s outcome is good - she was extremely well looked after and now she **“wouldn’t even know there had been anything wrong with that hip”**.



“I accepted the wait because of Covid. But not knowing has been very frustrating. I have been isolating because of other health issues. And now have just been diagnosed with gall stones and told I have to have my gall bladder out. So am now waiting for an appointment with specialist. Was told two weeks, it’s been two months so far.”

“I was very happy as the procedure took place quickly, kept me informed and looked after me well.”

Figure 9: Responses to 'Is there anything else you would like to tell us?'



Two of the 11 commenters did not give consent for their written comments to be published anonymously in reports, so only nine of the 11 'other' responses are listed below:

'Other' responses:

1. "Ended up borrowing £12,000 to have the surgery done privately."
2. "I am concerned that having turned down two dates which were cancellations that this will affect my chance of getting my surgery."
3. "What good would it do? The backlog of those waiting for surgery still exists, they're being dealt with to the best of staff ability. I just have to wait I suppose, can't afford to go private."
4. "Friends and neighbours have been very kind."
5. "I was very happy as the procedure took place quickly, kept me informed and looked after me well."
6. "Not really. I'm not exactly an emergency, so understand waiting time has extended and you have to just deal with things."
7. "My wait was interrupted by a fractured right ankle, and I had surgery for this in March 2021 and the fantastic consultant has discharged me wishing me good luck with the knee."
8. "A very isolating experience."
9. "Very upset that I have had to give up my car."

The survey questions can be seen in **Appendix 6**.

Recommendations

We acknowledge that both locally and nationally the NHS are experiencing operational difficulties due to Covid-19 and staff shortages across health and social care services. Our recommendations take this into account, and we believe their implementation would be beneficial regardless of the current or future length of waiting times.

1. Patients felt forgotten, therefore frequent communication and provision of information to all patients waiting for surgery, regardless of the length of their waiting time, should be proactively delivered by the specialist and/or their team. We recommend that contact should be made at least once every two months. These communications could be simple and generic in nature but must be sympathetic to different access needs including those who do not use digital devices. It is clear throughout the experiences we gathered that lack of communication can impact on health and wellbeing of the patient.
2. Provide a 'package' of printable information which would include useful advice about who to contact for specific needs/information and useful telephone numbers to external support such as GP surgery link workers/health coaches, social prescribing, and the Village Agents. This could also include a 'Frequently asked questions and answers' section. We advise that it is undertaken with public participation such as the Healthwatch Somerset Volunteer Readers Panel. This information will need to be reviewed at least twice a year to ensure that it is up to date.
3. Patients' conditions and needs are all different, they need to be treated as individuals. Regular welfare checks for health and wellbeing should also be carried out; these could be done in partnership with/by the patients GP surgery at least once every two months. We recommend performing a baseline check/survey at the time of referral which could be used to help monitor changes, this could be done in part by the Patient Health Questionnaire.⁵ The check/survey should be repeated regularly, therefore a criterion should be developed to identify patients at the highest risk. This would assist in the early identification of potential issues and kickstart treatment/support/holistic management before they impact the patient further.
4. Additional consideration/support should be given to patients who have unpaid caring responsibilities as their condition will influence the people they care for as well as their own health and wellbeing. One example being that unpaid carers may not be able to accept short notice appointments as they may have to organise respite care. This will cause further delays which wouldn't be experienced to someone without caring responsibilities. We would expect patients with caring responsibilities to be identified and highlighted in their case notes so that appropriate adjustments/consideration can be given throughout their care plan with the specialist.
5. Many patients are supported by friends and family who could be considered unpaid carers, therefore additional packages of support and information for unpaid carers should be provided to patients waiting for surgery. Identifying and signposting these patients to their local Village Agent (Community Council for Somerset) will provide them access to additional support.



⁵ [Example of full Patient Health Questionnaire \(pp.6-11\)](#)

Next steps

We will be inviting the QSC to work with us to respond to the issues raised during this engagement and plan improvements to the service currently delivered to patients waiting for elective surgery.

Our findings will be presented to various organisations who have significant interest in elective surgery waiting times, and the report will be published on our website. It will also be shared with Healthwatch England.

We aim to follow up this engagement in approximately 12-months' time to investigate how the QSC have responded to this report.



Stakeholder responses

Combined response from Somerset Foundation Trust and Yeovil District Hospital Foundation Trust



Somerset
NHS Foundation Trust



Yeovil District Hospital
NHS Foundation Trust

We welcomed the survey undertaken by Healthwatch as it enabled us to learn more about our patients' experience as they wait for treatment. The sample of 500 patients provided to Healthwatch were patients waiting specifically for surgery but we are aware that the online version of the survey was open to anybody, regardless of what they were waiting for and how long for. It is therefore to be expected that the recommendations based on the patients' feedback are fairly generic, but the feedback is still very useful. Working in partnership with patients and their families will help those waiting longest get their care as soon as possible. We look forward to continuing to work with Healthwatch and members of the public to ensure we balance the needs of everyone on our waiting lists.

Recommendation 1 - to make contact with patients on waiting lists every two months. We have already taken steps at both hospitals to contact patients on our waiting lists if we haven't seen them for some time and if we haven't yet booked their next appointment or treatment, or if this is some time away. We put this in place in September following the initial feedback from the survey and other feedback from our patients. It is not possible to contact every waiting patient on a very regular basis because of the large volumes of patients we have on our waiting lists. It would also not be relevant or could be confusing for patients we had very recently seen, or were due to see shortly. But we are prioritising contacting those patients we haven't seen recently so that we can check in on their symptoms as well as ensure they do not feel forgotten. At present we contact these patients by letter or telephone at regular intervals, dependent on the speciality and patient need. In the future we will be introducing the use of emails and text messages where patients are happy to receive these. This may allow us to increase over time the number of patients we are routinely in contact with.

Recommendation 2 - to provide printable information with advice on additional support. We agree this will be useful and will work to supply a leaflet to accompany the letters to patients as outlined above. In future for patients contacted by text or email we will include a link to the same information on a webpage, but will retain the printed version for those patients that require it. We will welcome Healthwatch's input into the content of this information.

Recommendation 3 - to instigate regular welfare checks for health and wellbeing. We are concerned about the potential impact of this process on primary care, given the current position within Somerset. However, this recommendation mainly relates to management of patients by Primary Care, which Somerset CCG is better placed to comment on.

Recommendation 4 - to flag patients with caring responsibilities so that appropriate adjustments can be made. There is already work in place to develop a flag on the Patient Administration Systems (PASs) at both hospitals to indicate where a patient has carer responsibilities. This work is being taken forward by the Carers Working Group, a group across both providers that is chaired by the Associate Director of Patient Centred Care at SFT. In the interim, any information on patients with caring responsibilities is already taken into account when arranging appointments, so that reasonable adjustments can be put in place, working with patients to meet the needs of their specific health and care circumstances.

Recommendation 5 - signposting additional support for family members caring for patients waiting for treatment. We will add this additional information to the patient information planned as part of recommendation 2, and will also make it available on our websites.

Response from Somerset Clinical Commissioning Group



Somerset CCG would like to thank Healthwatch for their continued support and assistance in gaining this vital information to be able to better understand and improve services for the Somerset population.

This report has given Somerset health care providers valuable insight into the impact that long waiting times can have on our patients within the system. It has shown that there is a need to improve the communication ensuring regular updates are given. It has also highlighted the mental and physical impact this can have on day to day activities, having to rely on family and friends and increasing the need for additional health care service support.

The CCG and health and care partners recognise that waiting for planned care can be an anxious time for patients. Alongside our recovery plan programme, we have been working together to develop our preventative programmes to help support people as they wait for treatment. Our Somerset patient population is getting older and it's important to aim to reduce the risks of surgery, particularly cardiovascular disease.

We will be looking at the patients who have been waiting the longest for treatment and offer those people practical things they can do, supporting them to undertake activities such as physical activity, diet and nutrition advice to ensure they remain as fit and well as possible as they wait for their treatment.

People waiting for hip and knee replacement surgery are receiving support to help them with physical activity and exercises they can do to make sure they are ready for surgery and to help support them after their operation.

We are pleased to acknowledge that the survey has already had a significant impact on the improvement work that is being carried out by our Acute Trusts and the CCG will continue to work with all providers in supporting further improvements for the benefit of our patients.

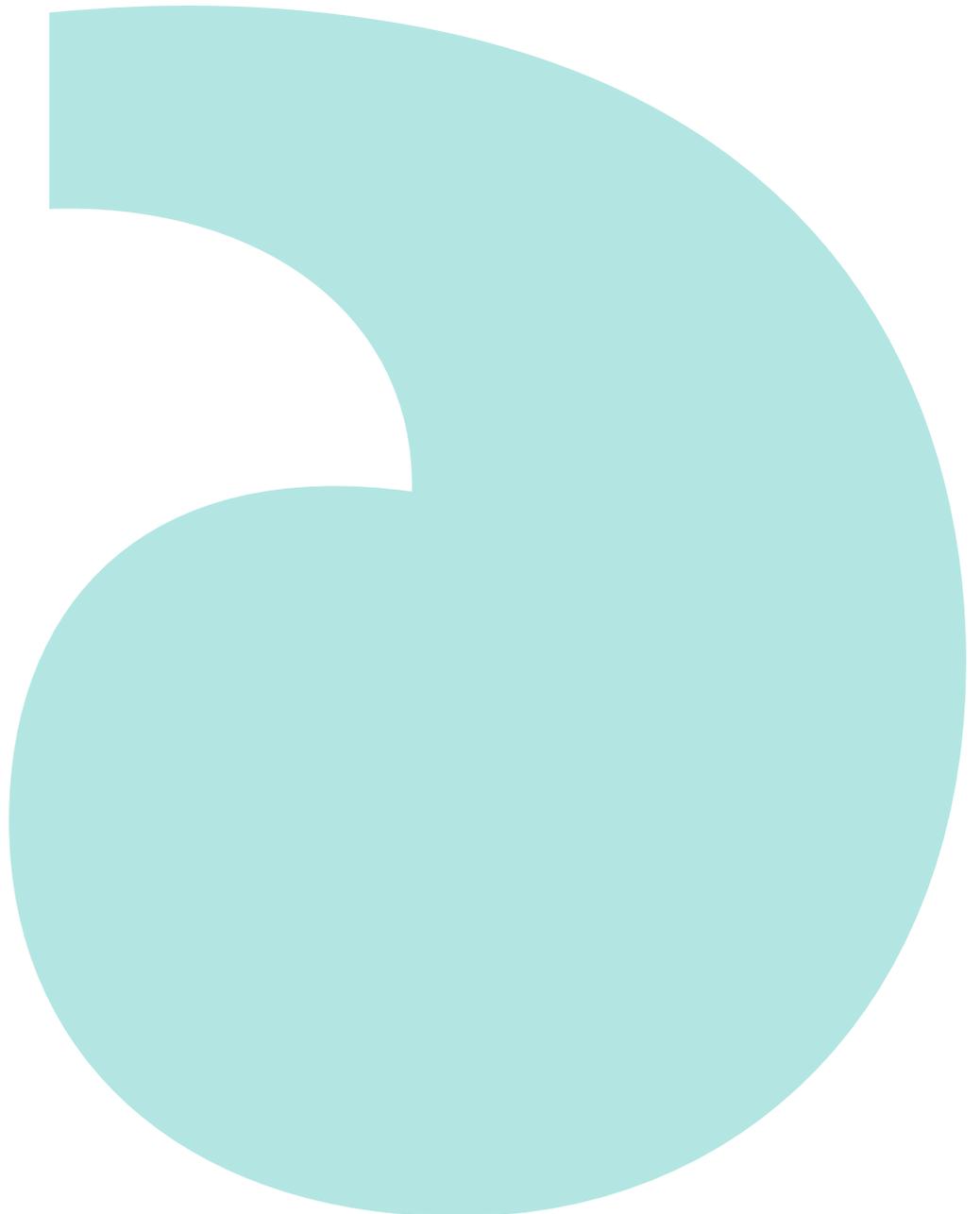
Thank you

We would like to thank everyone who took the time to contribute their views and experiences throughout this engagement.

A special thank you to Sybil who kindly allowed us to share her personal story in more detail and for supporting the interview with BBC Points West.

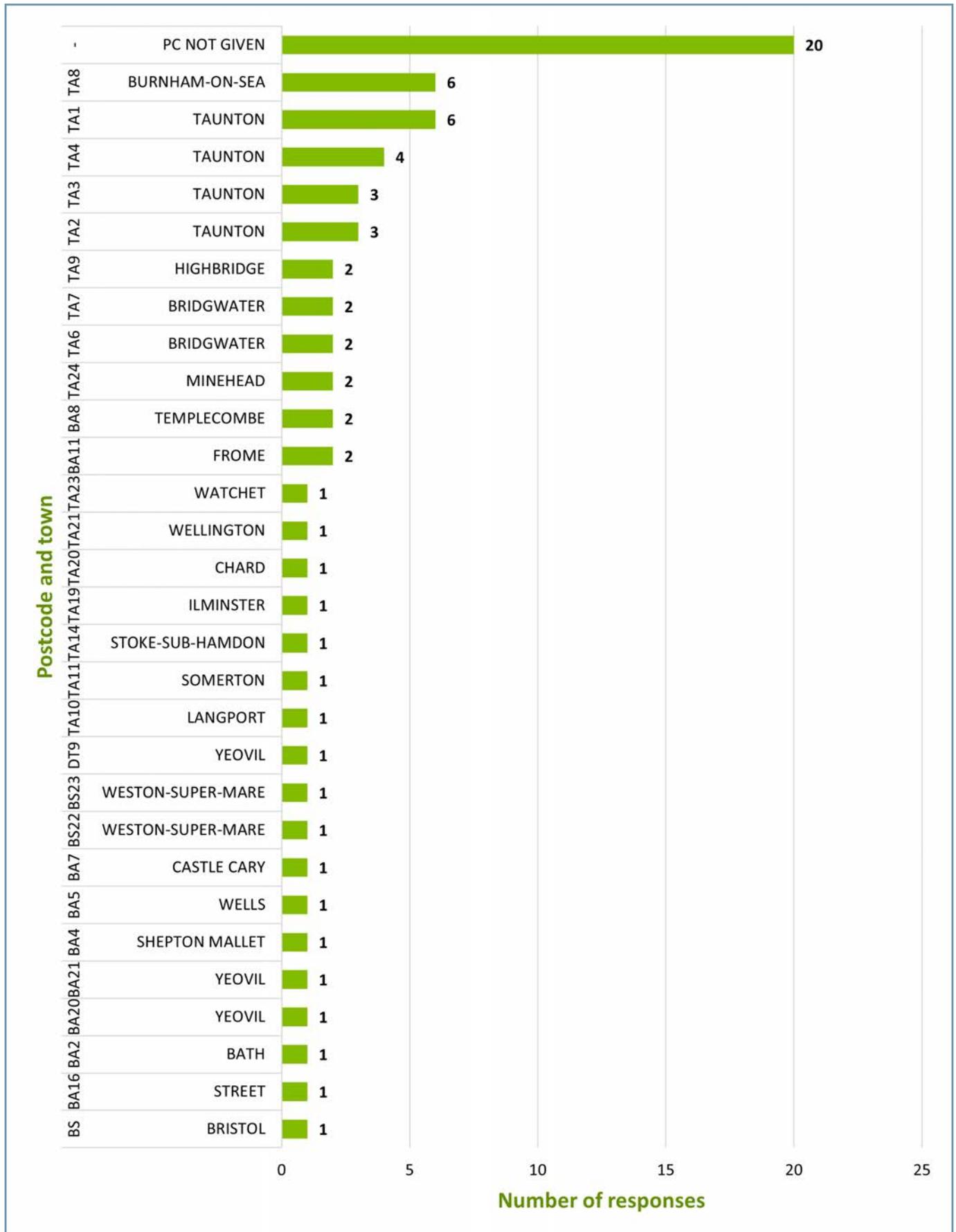
Additional thanks must be given to our dedicated volunteers, Somerset Clinical Commissioning Group, Somerset Foundation Trust, Yeovil District Hospital Foundation Trust, and the numerous voluntary and community sector organisations who helped to support the engagement activity.

Without their support we would not have been able to reach such a targeted audience or achieve such comprehensive coverage of Somerset County.

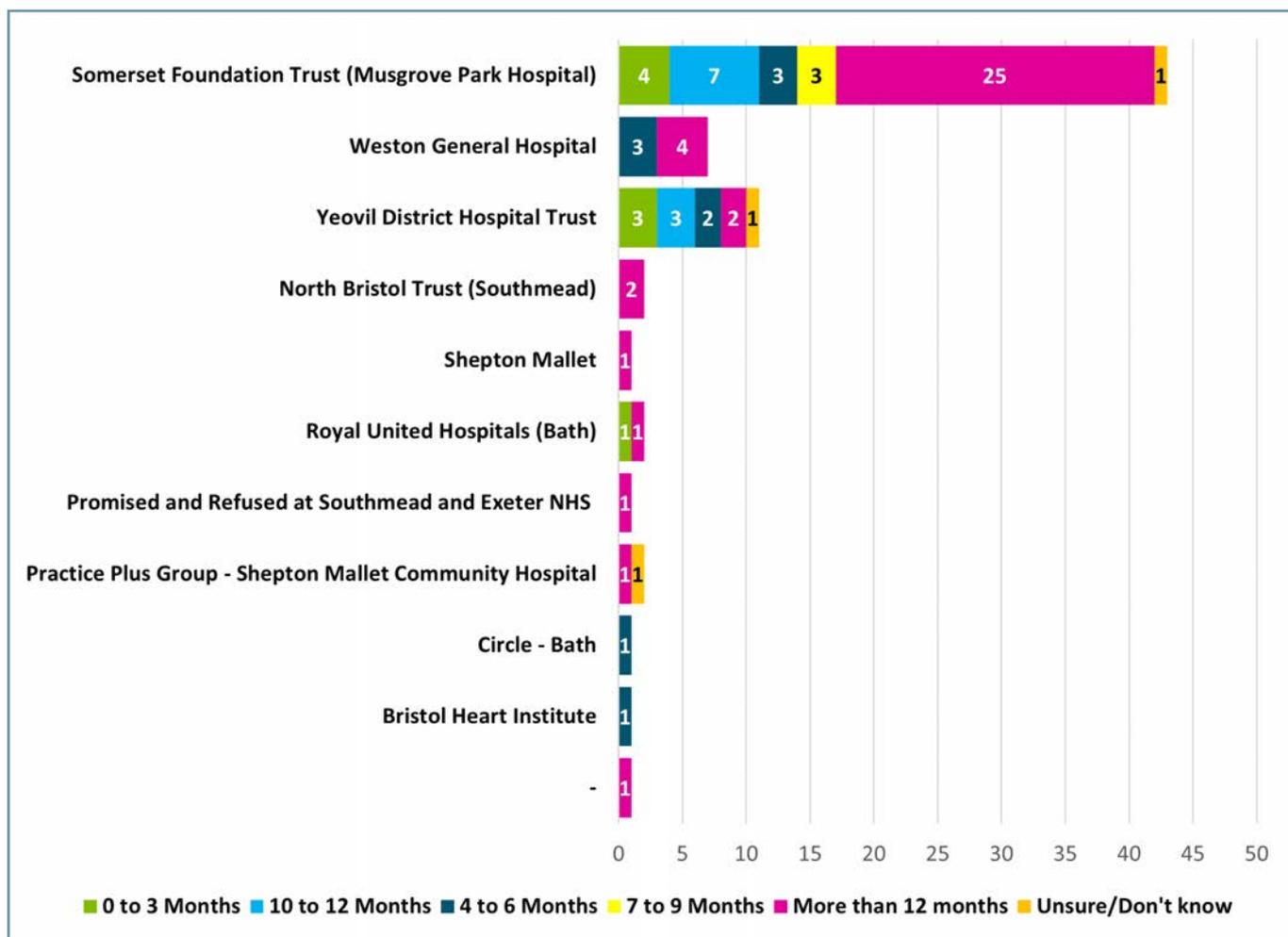


Appendices

Appendix 1: Survey respondents by postcode



Appendix 2: Waiting times per hospital



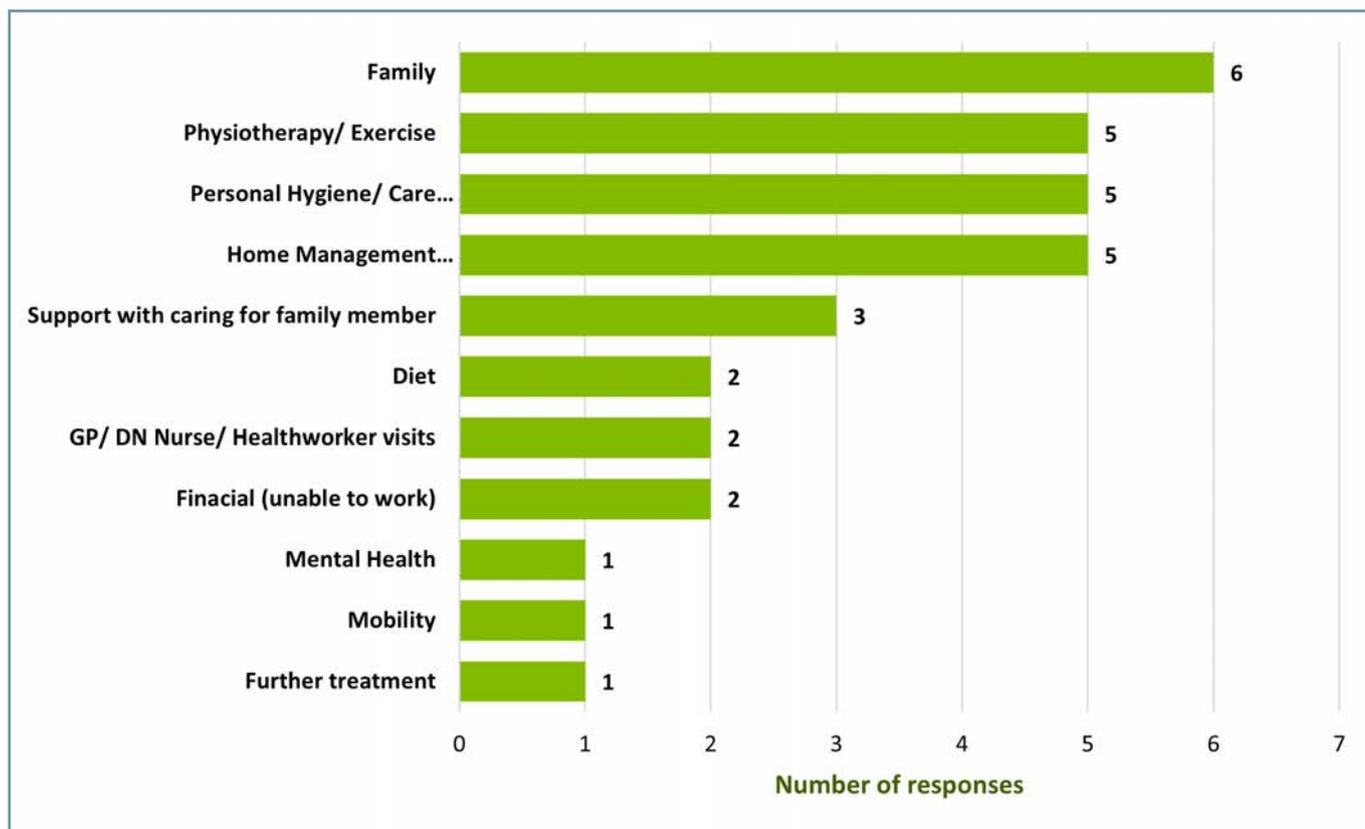
Appendix 3: 'Other' departments

Endocrinology	Osteo
Bariatrics	Trauma department
Colorectal surgery	Gastrology
Hand surgery	Mr Bolland's
Ambulatory care	toac
Waiting to hear from musculoskeletal department Musgrove for months	Endoscopy
Urology	Cardiac surgery department
Everyone	Upper gastrointestinal tract radiography
Urology and surgical investigation unit	Have not been referred
Physio	General surgery

Appendix 4: Appointment cancellation reasons

Who cancelled the appointment	Reason given
A medical professional	Because of Covid.
A medical professional	I needed a tooth extraction before surgery.
A medical professional	Anaemia.
A medical professional	Had a high temperature so postponed as this was during the pandemic.
Unsure/Don't know	My blood sugar level was in excess of the lower limit.
A medical professional	Cancellations ref rheumatoid problems, 6-month appointments cancelled, phone instead so not satisfactory.
-	Covid.
A medical professional	Due to a spinal operation complication before me.
A medical professional	Due to Covid-19.
A medical professional	Don't know.
A medical professional	NHS cancelled my private operation and NHS failed to provide me a date for an operation after taking three and a half years of failure of not finding the nerve damage and asked me to go back to private sector who found it within a month and NHS refused to provide what was previously promised aftercare.
-	It was offered at the time I have a planned holiday.
I did	Covid.
A medical professional	Due to Covid.
A medical professional	Covid.
A medical professional	No beds.
A medical professional	Due to Covid.
A medical professional	I've been on the bariatric pathway since 3 July 2018.
A medical professional	Because of the impact of Covid. Cancelled twice so far.
A medical professional	Slight confusion about the timing.

Appendix 5: Support needed after surgery



Appendix 6: Survey questions

1. What type of surgery are you waiting for?
2. Which hospital will you be attending for your surgery?
3. Which department have you been referred to?
4. How long have you been waiting for your surgery?
5. Are you a planned day case? (A day case will not have a planned overnight stay in hospital.)
6. Have you previously received an appointment for surgery that has now been cancelled?
7. If yes, who cancelled the appointment?
8. Why was the appointment cancelled?
9. We would like to know if you have received any updates from your specialist about your wait time, please select one of the following statements that applies you:
 - a.) I have received regular updates about my wait time.
 - b.) I have received some updates about my wait time.
 - c.) I have received no updates about my wait time.
 - d.) Unsure/don't know
10. Please tell us how useful these updates were:
 - a.) Very useful
 - b.) Somewhat useful
 - c.) Not useful
11. Has your condition deteriorated whilst waiting for surgery?
12. Please describe how your condition has deteriorated while waiting for surgery.

13. Have you been back to see your GP regarding your condition?
14. How many times have you been back to see your GP regarding your condition?
15. Have you contacted your specialist regarding concerns about your wait time?
16. Please describe the response you received when you contacted a specialist about your wait time.
17. Have you used any of the following services because of your condition? Please select all that apply.
 - a.) Accident and Emergency (A&E)
 - b.) 111
 - c.) 999
 - d.) None
18. Do you currently take prescribed medication to help manage your condition?
19. Do you currently take prescribed medication to help manage your condition? Do you currently use over the counter medications and/or other alternative treatments to help manage your condition? (This could be things like paracetamol, anti-inflammatories, massage, acupuncture, and so on.)
20. Has the wait impacted on your ability to carry out everyday tasks?
21. What has helped you to manage these daily living tasks? (This could be people such as relatives, friends, and carers or it could be in the form of a service, therapy, or equipment.)
22. Do you think you will need additional support or help after your surgery?
23. Please describe the type of support you might need after your surgery.
24. Have you experienced changes in your daily mood because of your condition?
25. Please describe how your condition has affected your daily mood.
26. Please briefly tell us if there is anything more that could have been done to support you during your wait for surgery?
27. Is there anything else you would like to tell us about your experience of waiting for surgery?

Why not get involved?



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