

# Healthwatch Windsor, Ascot & Maidenhead

## ‘What Matters Most’

Results of our resident prioritisation survey

April 2023



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## Introduction

The purpose of this report is to share our priority work areas for 2023/24.

It documents the topics chosen by local people and the reason why they chose those areas for us to prioritise.

### **Who we are and what we do:**

We are the independent champion for people who use health and social care services. We're here to make sure that those running services, put people at the heart of care.

Our sole purpose is to understand the needs, experiences and concerns of people who use health and social care services and to speak out on their behalf.

We focus on ensuring that people's worries and concerns about current services are addressed. We work to get services right for the future.

### **How we work**

We listen to what people like about services and what they think could be improved. No matter how big or small the issue, we want to hear about it.

Where possible, we let people know when changes are planned to services in our community and help them have a say. We also encourage those in charge of local care to involve people when changes are being planned to services.

### **Our approach**

People's views come first – especially those who find it hardest to be heard.

We champion what matters to people and work with others to find ideas that work. We are independent and committed to making the biggest difference to our local communities.

## **How we decide on our priority work areas**

Local Healthwatch cover both health and social care services for children and adults. That is a huge remit and therefore we need to prioritise where we spend our time and resources each year to make the most difference. Local

Healthwatch choose priority areas in different ways, but all priorities are set within our local health and social care context and taking into account the views and experiences of local people. However, even though we may be working on new priority areas for 2023/24, we will continue to monitor progress on work we have done previously.

When deciding on priorities we take into account information from local people, voluntary and community organisations working with local people, statutory organisations (such as the NHS and local authority) and the feedback we already hold in our information database. The findings below are from our survey of local people undertaken during March and April 2023.

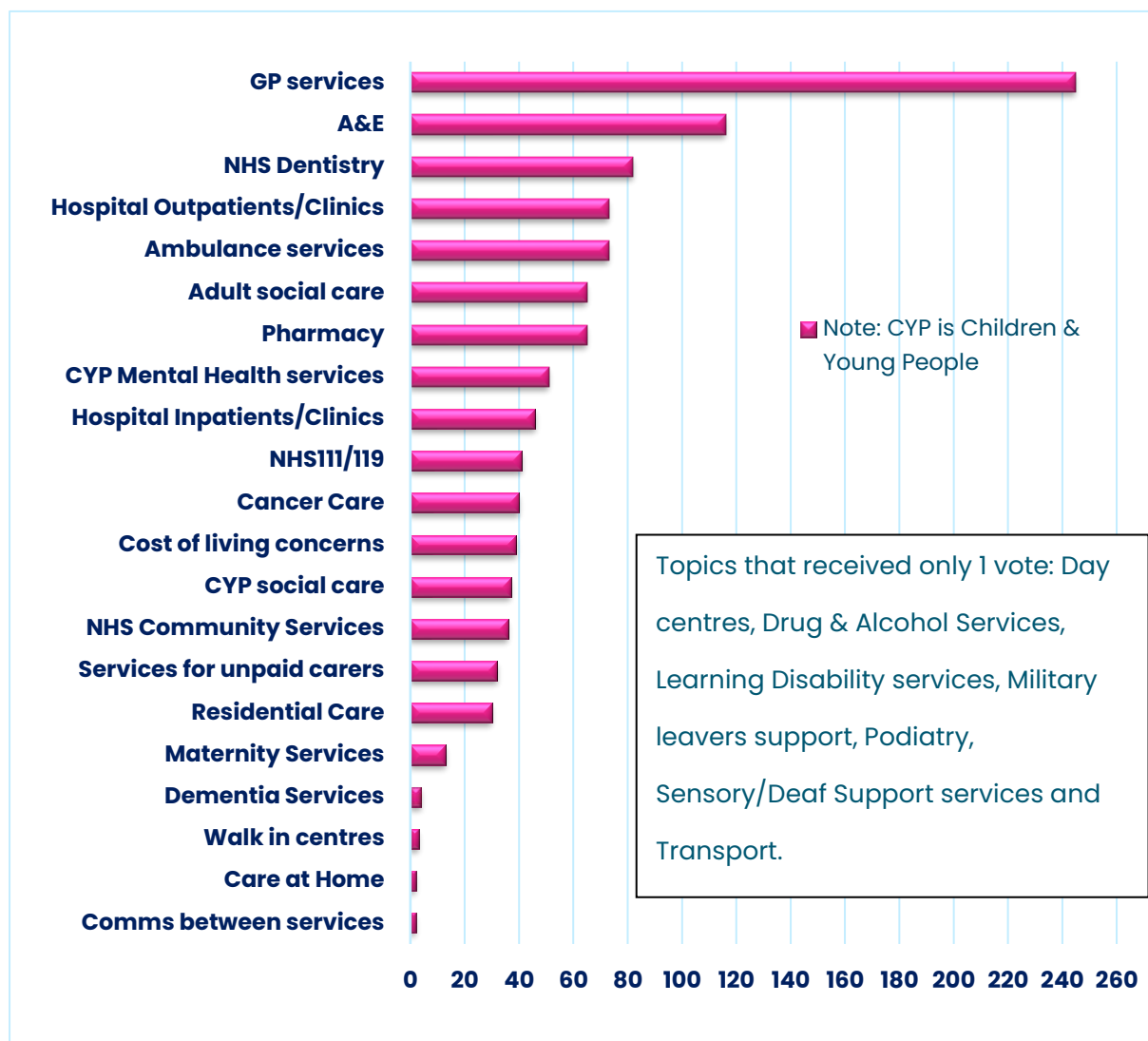
# Findings

We received 298 completed responses to our survey asking local people about the areas they would like us to focus on.

The top 5 topics chosen were:

- GP Services
- A&E
- NHS Dentistry
- Ambulance Services
- Hospital Outpatients/Clinics

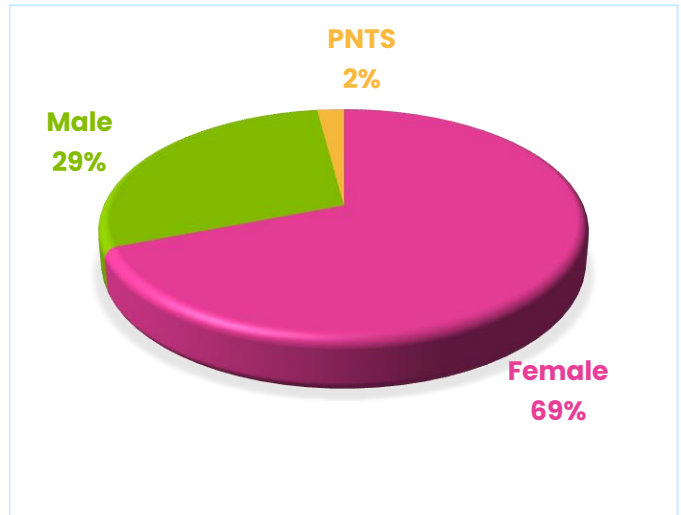
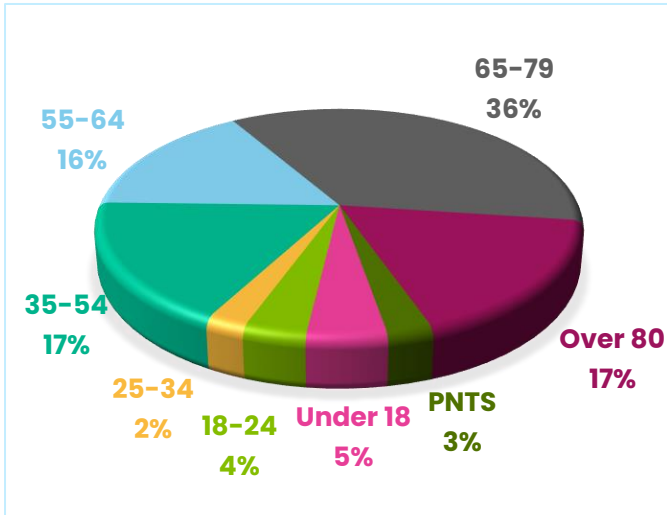
The graph below shows the number of times each topic was chosen:



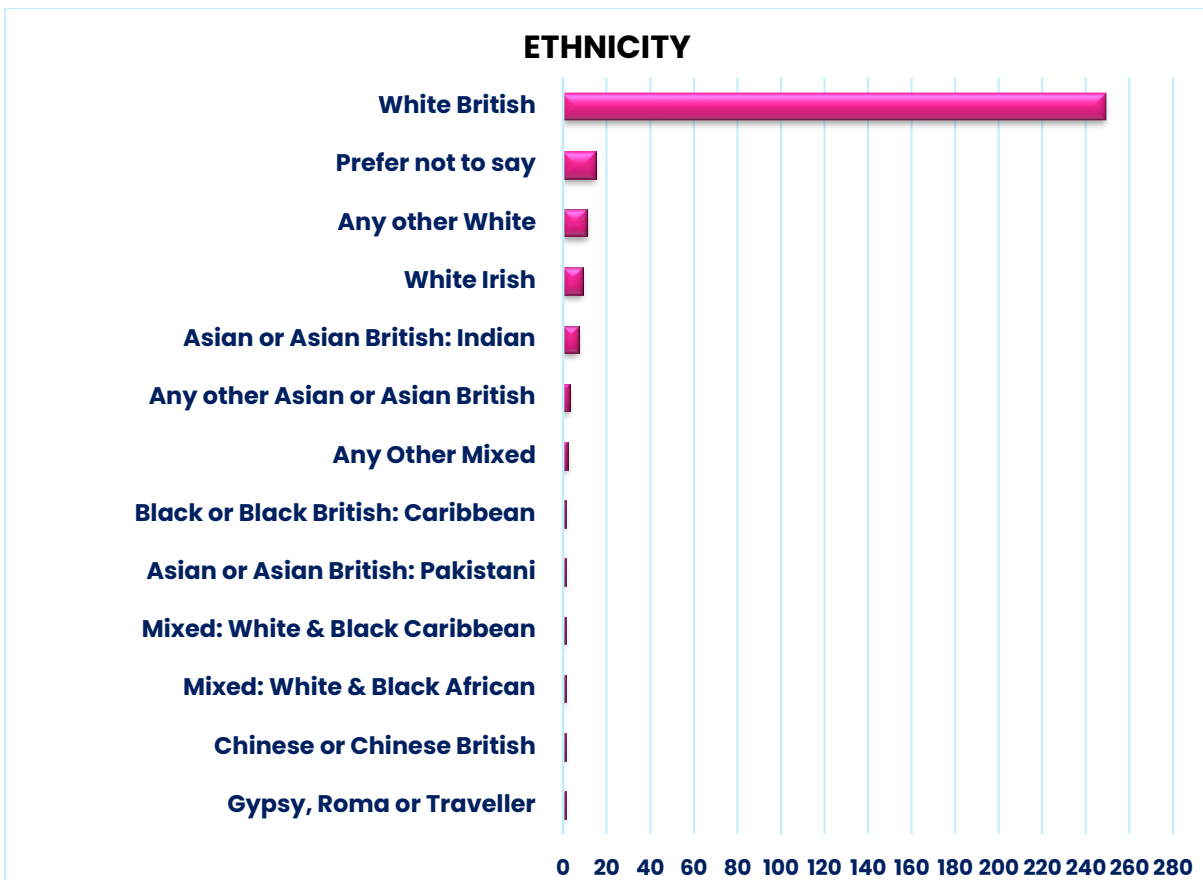
## Overall Demographics (where provided)

### AGE

### GENDER



PNTS – Prefer Not To Say

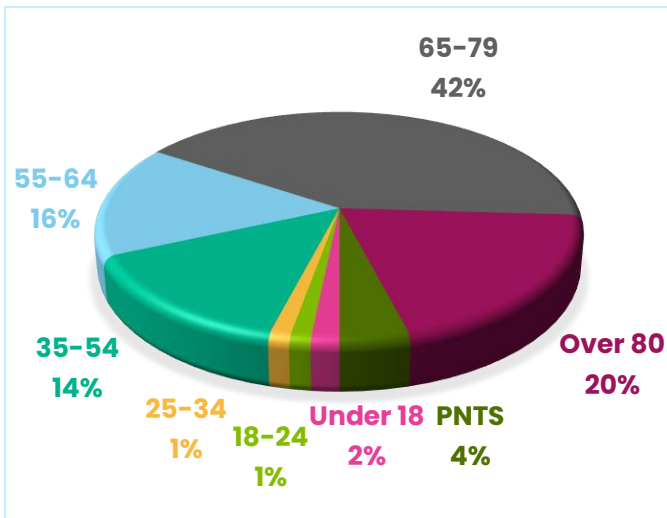


**44% of respondents identified as having a disability or long-term condition.**

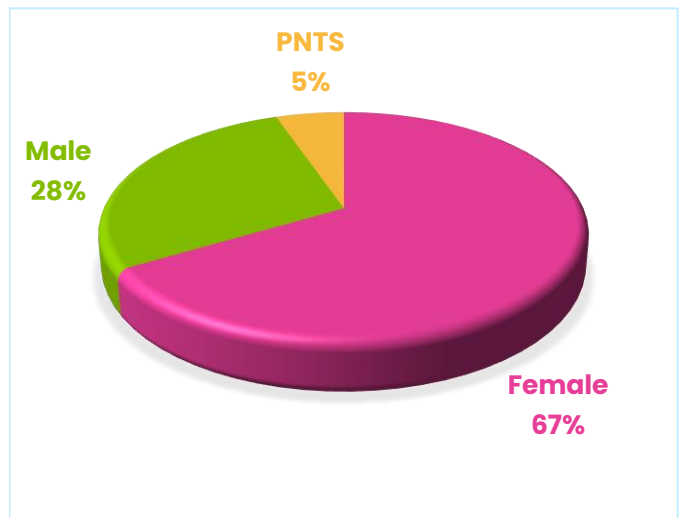
## Breakdown of Results for Top 5 Priorities

### GP Services (245 votes)

#### AGE

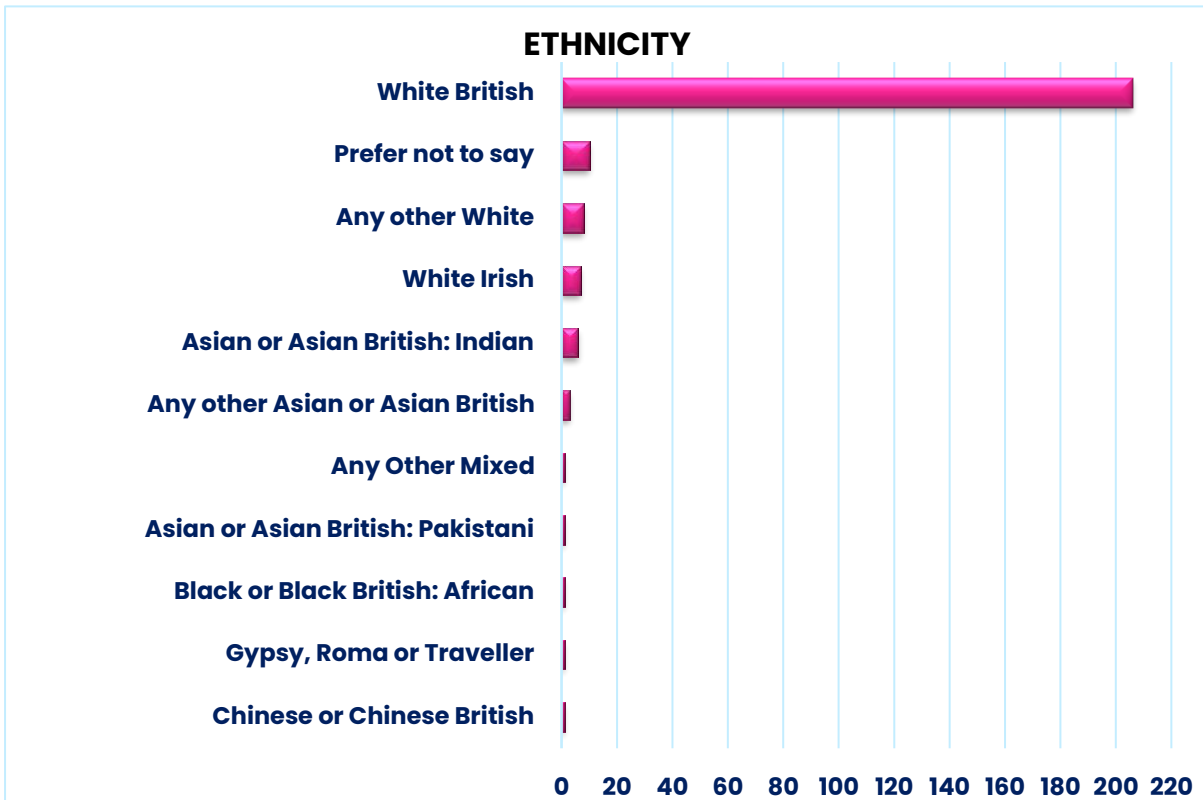


#### GENDER



PNTS – Prefer Not To Say

#### ETHNICITY



**44% of respondents identified as having a disability or long-term condition.**

## Reasons for choice

Choices (where provided) have been themed:

Reason for choice	Number of times reason given
Hard to contact GP practice for appointment (issues with phone systems and queuing), long wait for actual appointment and wanting to have face to face rather than phone appointment.	82

Examples of comments from respondents:

“GP Surgeries are essential for health and my piece of mind, especially as I am single and elderly.”

“Almost impossible to see doc without jumping through multiple hoops.”

“I feel stressed even thinking about trying to get an appointment to see the doctor, so I don't. Issues worsen until I have to and then the whole process is awful”.

“Doctors surgeries need to crawl out of the Covid regulations and return to normal service again.”

“Important to be able to easily and quickly contact GP and get an appointment when needed. This can prevent unnecessary escalation of conditions and eliminate unnecessary visits to A&E.”

“In our area it is almost impossible to see a doctor. Sometimes we have to go to A+E instead.”

“It's hard to get an appointment with a GP and not everyone has access to a smart phone or computer.”

“At 74 years I need to be able to access a GP without the stress of not knowing if I can get an appointment”.



"It's vital that residents can have confidence they can access GP in a reasonable time. Nationally adverts are run about picking up symptoms early but getting appointments are difficult."

"As a parent I want to be able to see my GP if my child is ill without a long wait."

"F2F GP contact seems to be a vanishing service and it shouldn't be".

"It is important to get F2F or telephone appointments easily, to deal with a health issue People with disabilities e.g., hearing and visual cannot make appointments easily".

"Local GP seems to be breaking down, having to go to Windsor for blood tests when no transport."

"GP Services - we all need to see a doctor at any given time. For a variety of reasons, appointments are getting harder to get so I believe something has to be done about the situation."

"Access to GP has become increasingly difficult. I have to queue outside my doctor's surgery from about 7am. I feel this is unacceptable."

"Accessing a GP is the main problem that people receiving palliative care worry about."

"Fed up with not getting face to face appointments."

"Prompt access to GPs in person is key for speedy referrals - since the start of the pandemic, this has not happened, and it is deeply disturbing that it can take weeks to access GP services."

"Often don't seek help due to difficulty in seeing a GP and feeling it's not important this can lead to bigger & more serious issues later on."

"GPs are essential to our towns health - there appears to be no town plan to attract more of them into our town."

"It is becoming more and more difficult to see a doctor and waiting an hour on the phone to be answered is not unusual."

“The initial process of phoning GP practice for an appointment, without fail, results in being informed there are no appointment available for at least 2 weeks regardless”.

“As my husband and I are over 60s, we are using GP services more. Sometimes it is impossible to get an appointment. When my husband had shingles on his face (near his eye), we had a hell of a job to see a GP.”

“Getting an appointment is very difficult. If you get through by phone, there is nothing bookable for 2 weeks. If you understand computers, you have to wait for a call after filling an online form before you can see a GP.”

“GP Services - we need to be seen by a doctor - not speak on the phone. The doctor needs to see the person to assess signs of the person's general health, and not just rely on what they have said over the phone.”

“Too many patients are storing problems which increase as either think GP's too busy to see them, then get worse and then not able to see a GP or not given a face-to-face appointment. If seen told only 10 minutes and not able to deal with all their concerns”.

“GP appointments system not fit for purpose. No prioritising just take potluck. Not reassuring that there is any help readily available.”

“Replies by texts from e-consults where there is no identification of the person replying i.e., not a Doctor/Nurse etc.”

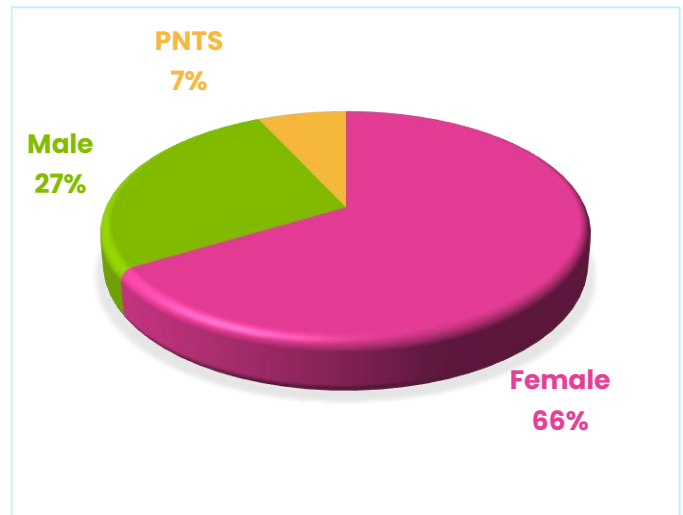
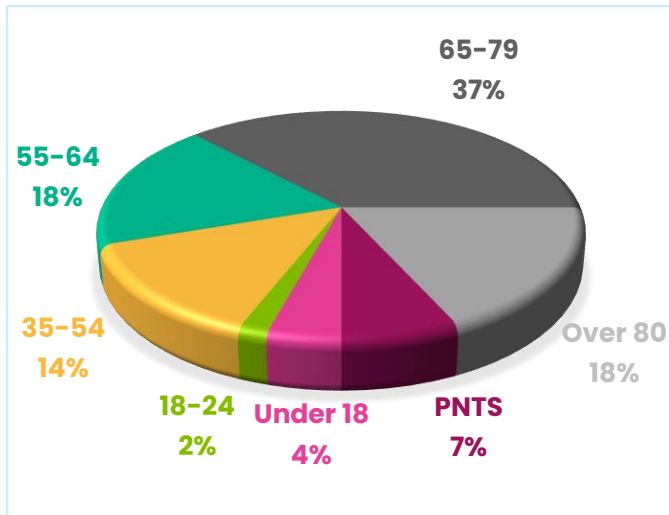
“Always health concerns have to be reported on e-consults containing the same patient information where it could be shorter with the reason you're contacting the GP Service.”

“Too many GPs are over worked with no time to talk to a patient about the bigger picture.”

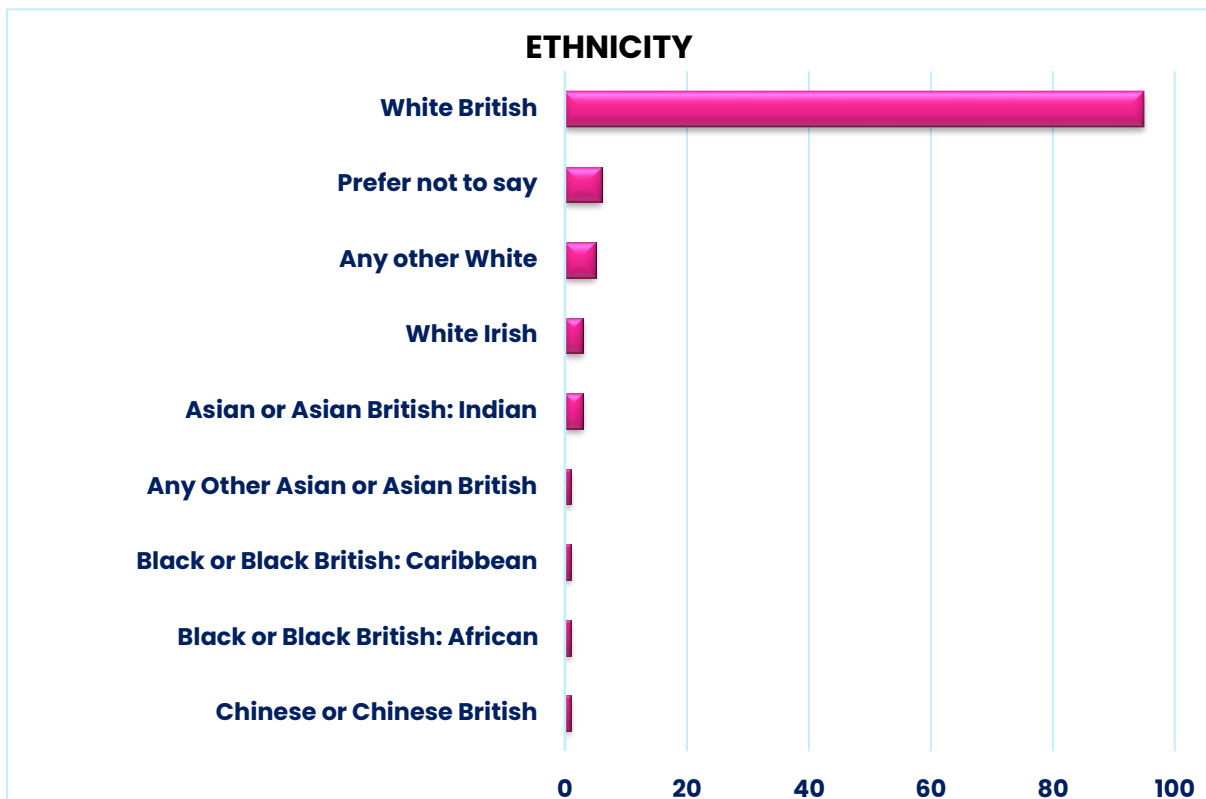
## A&E (116 votes)

### AGE

### GENDER



PNTS – Prefer Not To Say



**38% of respondents identified as having a disability or long-term condition.**

## Reasons for choice

Choices (where provided) have been themed:

Reason for choice	Number of times reason given
Waiting times are too long.	28
It's a vital service under pressure and needs more support.	20
Need more walk-in centres to take the pressure off A&E.	4

Examples of comments from respondents:

"The need to improve A and E in hospitals and not make them so chaotic."

"A&E. Waiting times need to be reduced both for safety and ease of acute suffering."

"Having attended A&E recently, it was like a war zone, with patients lying on the floor, waiting to be seen. It is the long wait to be seen."

"Concern that A and E is under extreme pressure and relying on trollies, agency staff etc."

"A and E - Less queuing which releases ambulance services."

"A and E medical staff to link in with specialist departments so they know who does what."

"Reopen A&E at St. Marks Hospital, Maidenhead. As a growing town, this is very much needed, also with nearby motorways."

"A and E have to carry the Doctors because you can't get appointments."

"I have heard friends and family have had to wait many hours before being seen and then when needing admission from A&E they have had to wait many more hours to be admitted and even then no bed available - further capacity in system needs to be found."

“A&E Essential to save lives and minimise long term disability. Waits over 4 hours are unacceptable. Acute care needs adequate funding.”

“A&E is vital. Travelling from Maidenhead to the nearest A&E takes time due to the congestion of all the surrounding main road. This could be the difference between life or death.”

“A&E doing an excellent job under stressful conditions. Wheelchairs not working making it more stressful for patients who need this facility.”

“A&E waiting times are unacceptable – people are there for emergencies and should be categorised accordingly. I've been there with my husband suffering from kidney stones and had to wait 3 hrs to be seen”.

“We have a family history of stroke and heart attacks, so we are very worried if we cannot get to A and E. There are long waiting times with no local hospital in Maidenhead, the nearest being at Slough and Reading and High Wycombe! Too far.”

“A and E contains people who should be at the GPs or Walk In Centres.”

“Emergency admission is appalling; my mother was on a trolley in the corridor for hours – it is inhuman.”

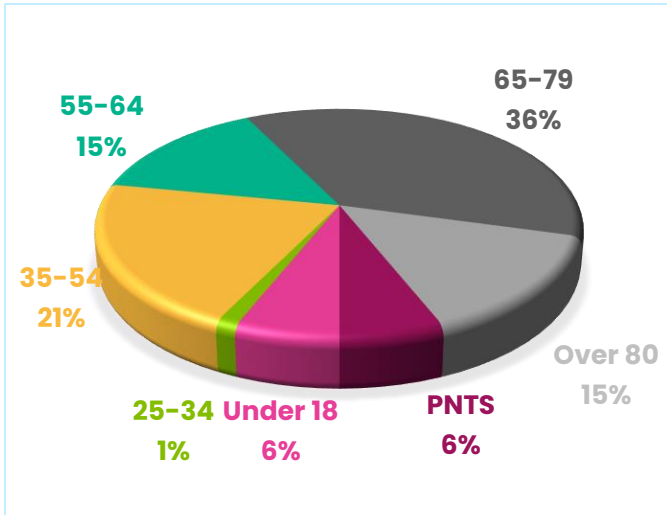
“A & E are obviously essential when stuff goes wrong, and underpin a lot of NHS community services, for example GPs often refer patients to A&E.”

“Need to ensure that A and E works rather than waiting 7 to 8 hours”.

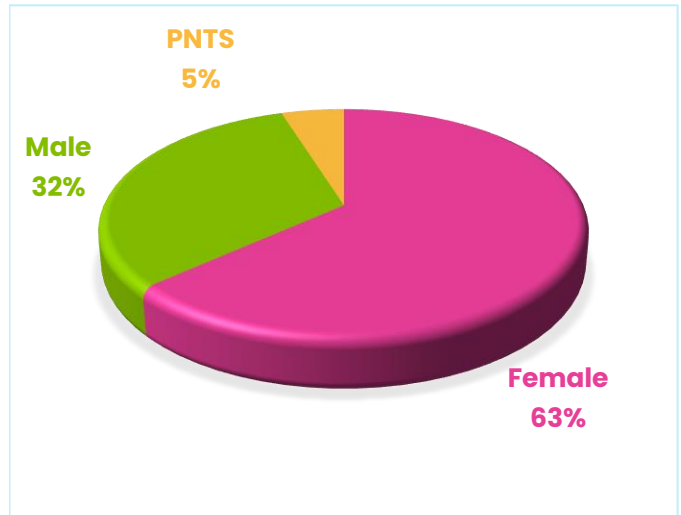
“Important to reduce numbers attending A&E that are either trivial or could be dealt with locally.”

## NHS Dentistry (82 votes)

**AGE**

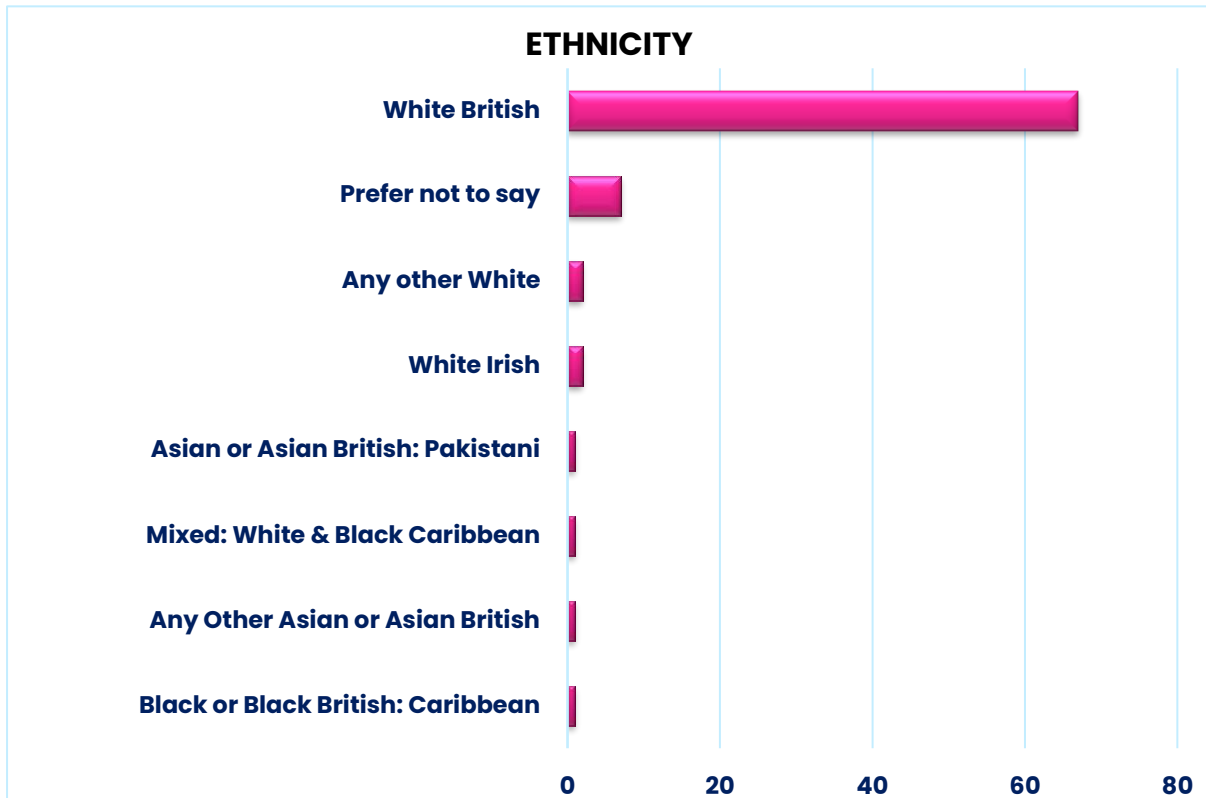


**GENDER**



PNTS – Prefer Not To Say

**ETHNICITY**



**44% of respondents identified as having a disability or long-term condition.**

## Reasons for choice

Choices (where provided) have been themed:

Reason for choice	Number of times reason given
No NHS dentists/high cost of private.	42

Examples of comments from respondents:

“NHS Dentist – I have issues with my teeth and private dental care is too expensive especially with the price of other necessities at the moment.”

“Finding an NHS dentist prepared to take you on is nigh on impossible.”

“Desperate need for NHS Dentists.”

“I would love to have an NHS dentist, but they are impossible to find.”

“NHS dentists. Dentistry is a critical part of healthcare that should be accessible to all, but the private service now offered is extortionate.”

“There are no NHS dentists. My income means I cannot afford to go privately. My teeth are disintegrating.”

“The ICB has interest with the Community Dentistry therefore, I would love to hear any information with the services they offer and how the public can access this service.”

“I can't afford a private dentist that costs a fortune. An NHS dentist should be available without restriction.”

“After years of not going to the dentist I went but had to be a private patient. The cost scared me as I was unable to be an NHS patient. This was 2022. I've since been able to sign up as an NHS patient.”

“it is difficult now to register with an NHS dentist which means that many people receive no attention or preventive advice. This will build up future problems for the service – for children and adults problems, and expensive for the health service.”

“It is impossible to find an NHS Dentist, especially one that our residents can go to, or come to our home (Care home).”

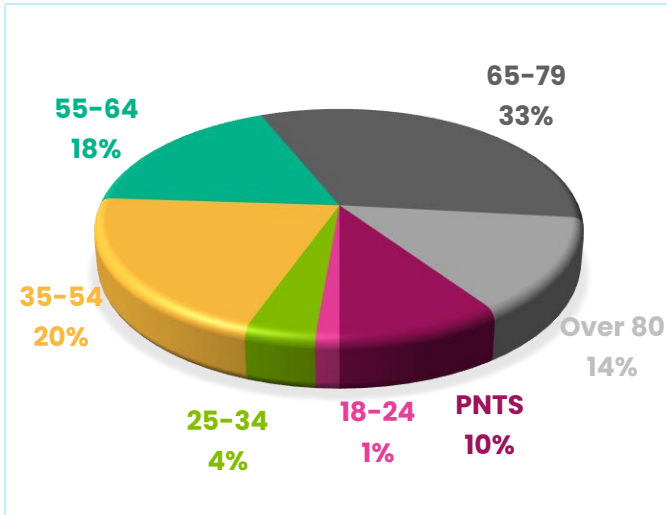
“Dentists are so expensive and with cost of living so high. Paying £300 to a dentist or heating your home is an obvious choice”.

“Dentist surgeries appear only to be really interested in pushing non-NHS paid for services.”

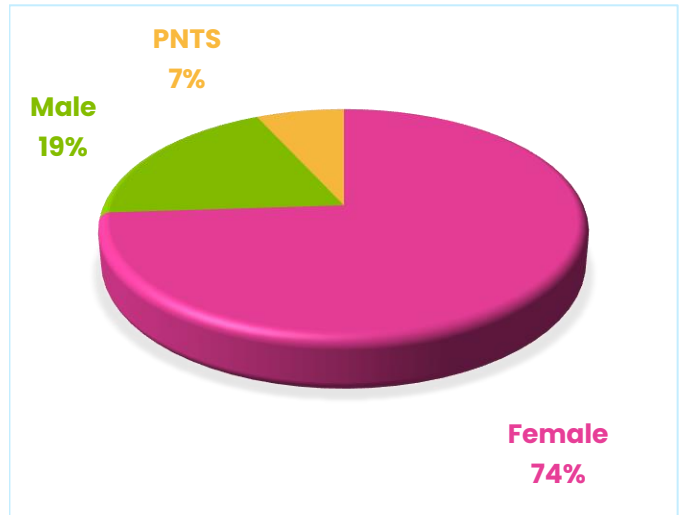


## Ambulance Services (73 votes)

**AGE**

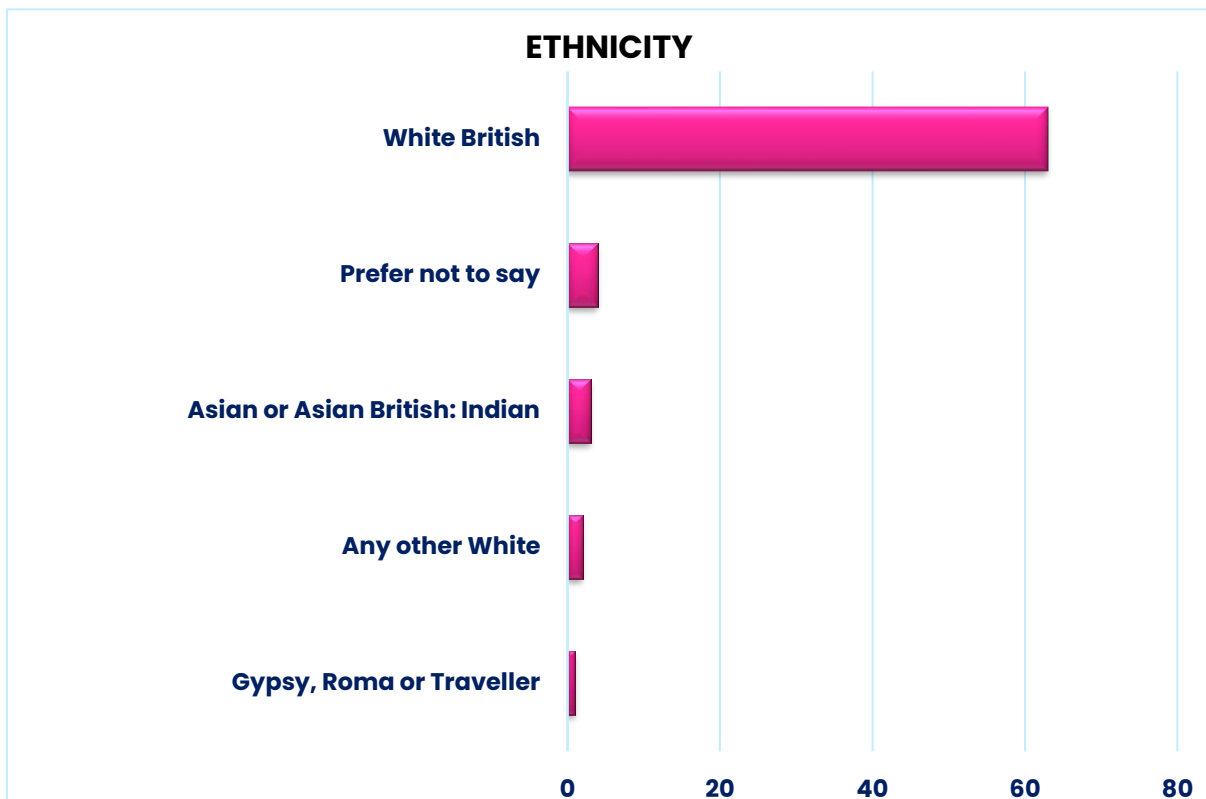


**GENDER**



PNTS – Prefer Not To Say

**ETHNICITY**



**31% of respondents identified as having a disability or long-term condition.**

## Reasons for choice

Choices (where provided) have been themed:

Reason for choice	Number of times reason given
It's a vital service and needs more support/staff/funding etc.	21
Waiting times are too long.	15

Examples of comments from respondents:

"I am concerned about the long wait for an ambulance."

"If I had a fall I would like to know an ambulance would be available."

"Ambulance services. I recently had to wait 12 hours for an ambulance for my elderly father. The crew were amazing, and I think that they and we deserve better!"

"Ambulance - I'm very concerned that we have insufficient cover in this area. Or sufficient cover, but the crews are held up at A&E or on calls that could be mitigated with better social care in the community."

"I am a first aider at work and worry about having to summon an ambulance due to being on hold and then waiting hours for an ambulance. It worries me that there are not enough spaces, all people should have the automatic right to access NHS services."

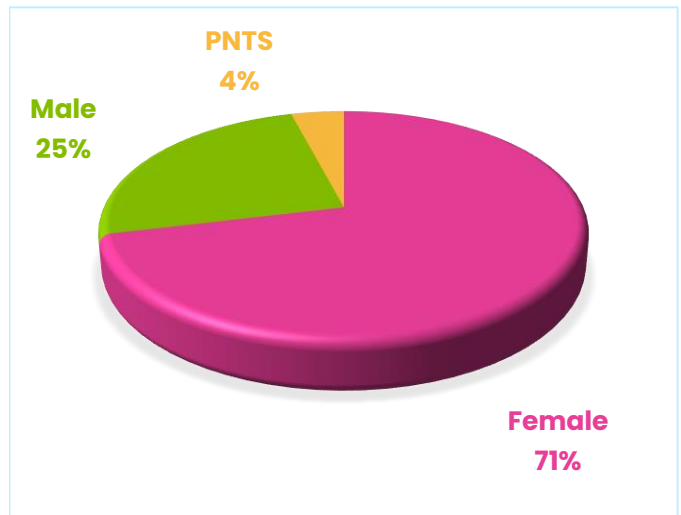
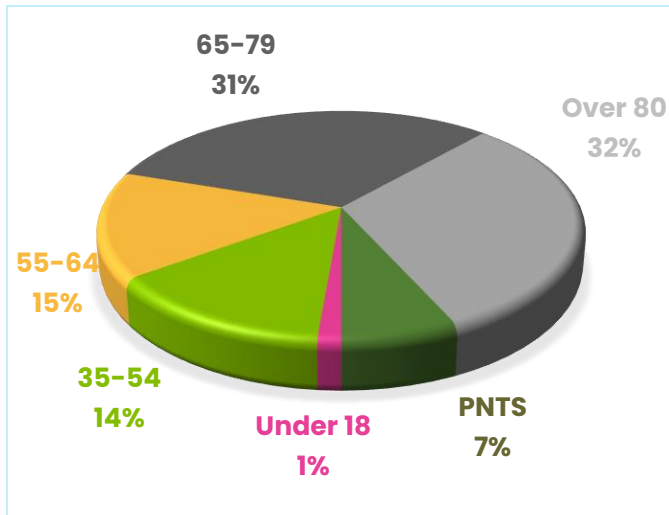
"Ambulance services: Staff treatment and wellbeing needs to be prioritised to ensure patients get best and quickest response. Burnout in NHS needs urgent attention."

"Ambulance service - excellent but waiting times far too long."

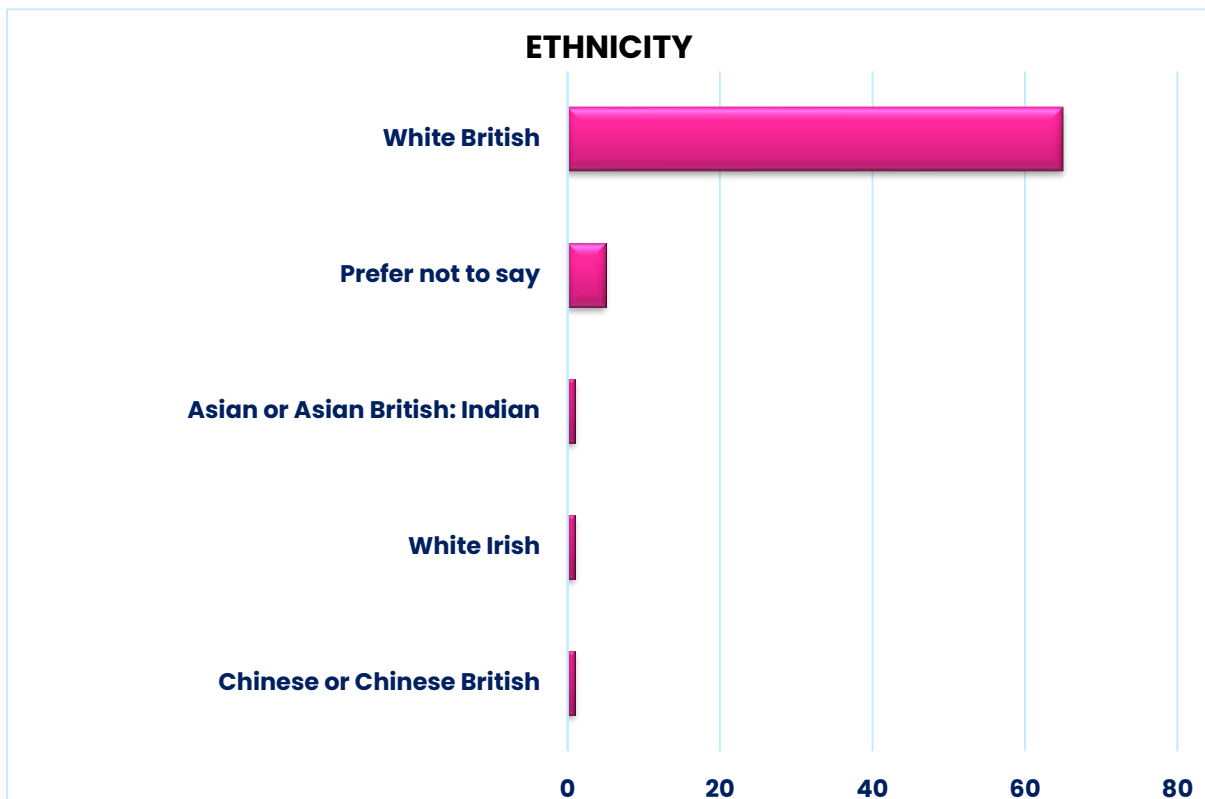
## Hospital Outpatients/Clinics (73 votes)

### AGE

### GENDER



PNTS – Prefer Not To Say



**53% of respondents identified as having a disability or long-term condition.**

## Reasons for choice

Choices (where provided) have been themed:

Reason for choice	Number of times reason given
Waiting times too long.	10
Needs clinics closer to home.	3
Need better communication between primary and secondary care.	2
More physios needed.	1
More dietitians needed.	1
Healthier food available in O/P and clinics needed.	1
Too many appointments cancelled.	1

Examples of comments from respondents:

“Waiting times to see specialists too high.”

“Outpatients clinics could be closer to home when you do not drive.”

“Hospital services are important and need to be there for all of us potentially when needed.”

“Dietitian to be able to offer more than 4 appointments a year for patients diagnosed with ARFID to support with food chaining and therapy, due to pressure on the service the dietitians say that the intensity of treatment needed is not available on the NHS”.

“Easy access to Outpatients. Choice of locations to access, flexible appointments.”

“I attend regular outpatient appointments. I find that there is little or no linkage between my GP surgery and the hospital service and so neither seems to be aware of my contacts with the other. It really needs to be more joined up.”

## Next Steps

We will meet with our East Berkshire Healthwatch Advisory Group to agree our priorities for 2023/24 from the findings of this report.

We will also work with our Integrated Care System (ICS) and Local Authority to share findings and work in collaboration on any projects agreed to help improve the lives of people in Windsor, Ascot & Maidenhead.

**healthwatch**  
Windsor, Ascot and  
Maidenhead

Healthwatch Royal Borough of Windsor, Ascot and Maidenhead,  
supported by Help & Care  
A49 Aerodrome Studios  
2-8 Airfield Way  
Christchurch  
BH23 3TS

t: 0300 111 3303

e: for this project, Healthwatch East Berkshire Manager  
[tess.scott@healthwatchwam.co.uk](mailto:tess.scott@healthwatchwam.co.uk)