healthwatch North Lincolnshire

BEYOND THE FRONT DOOR:

HEALTH ACCESS FOR CARE HOMES

Date: November 2026



Contents

1. Introduction 2

1.1 About Us 2

2. Background 3

2.1 Why this subject? 3

2.2 Research 3

2.3 Methodology 5

3. Key Findings 5

4. Conclusion 31

5. Recommendations 32

6. Provider Responses 33

7. References 40

8. Acknowledgements 41

Disclaimer

Please note: This report is based upon feedback provided to Healthwatch North Lincolnshire from staff working in care homes. The findings are based upon staff comments, which are not verified for factual accuracy.

Quotes in the report are written as received, to ensure opinions are kept in context, as such there may be grammatical errors within quotes.

1 Introduction

1.1 About Us

We are the independent champion for people who use health and social care services. We exist to make sure that people are at the heart of care. We listen to what people like about services and what could be improved. We share their views with those with the power to make change happen. We also help people find the information they need about services in their area.

We have the power to make sure that people's voices are heard by the government and those running services. As well as seeking the public's views ourselves, we also encourage services to involve people in decisions that affect them. Our sole purpose is to help make care better for people.

In summary Healthwatch is here to:

- Help people find out about local care.
- Listen to what people think of services.
- Help improve the quality of services by letting those running services and the government know what people want from care.
- Encourage people running services to involve people in changes to care.

2 Background

2.1 Why this subject?

In 2025 Healthwatch North Lincolnshire carried out a project looking at GP telephone consultations. The results of the survey showed that overall people prefer face to face GP appointments rather than those carried out over the telephone. Generally, it was felt that face to face assessments would lead to a more accurate diagnosis and some patients also felt that they had a greater understanding of their condition when speaking to their GP in person.

During the project Healthwatch considered whether Care Home residents experience problems accessing GP services. As this was unknown, we decided to carry out a separate project looking at this matter. We then decided to expand this to include other key areas of health including hospital services, dental services and opticians.

2.2 Research

Healthwatch completed research on what care home residents could expect when accessing healthcare. This included looking at the Enhanced Health in Care Homes (EHCH) model.[1]

[1] https://www.england.nhs.uk/long-read/providing-proactive-care-for-people-living-in-care-homes-enhanced-health-in-care-homes-framework/

The implementation of EHCH was a key Ageing Well programme set out in the NHS Long Term Plan (2019).[2] This signalled a new direction for care delivery, towards proactive care (formerly known as anticipatory care) centred on the needs of a person, their loved ones and care home staff.

The EHCH model focuses on individual residents' needs. The summary of the contractual elements required by the care home includes:

- being aligned to a Primary Care Network (PCN)
- having a named clinical lead (who is responsible for overseeing implementation of the framework)
- undertaking a weekly home round supported by the care home MultiDisciplinary Team (MDT)
- having established protocols between the PCN, care home and system partners for information sharing, shared care planning, use of shared care records and clear clinical governance.

This framework should be considered alongside other policies relating to wrap-around care for people in the community.

[2] https://webarchive.nationalarchives.gov.uk/ukgwa/20250506042016/https:/www.longtermplan.nhs.uk/publication/nhs-long-term-plan/

2.3 Methodology

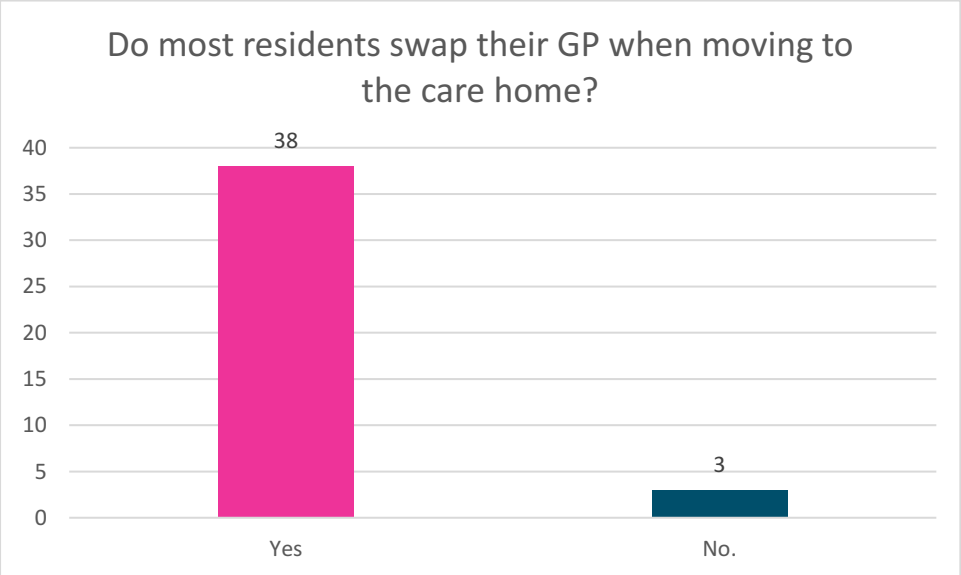
Healthwatch North Lincolnshire undertook a telephone survey with care homes within North Lincolnshire. The survey was produced with questions aligned to the Enhanced Health in Care Homes framework.

The survey ran from January 2026 until March 2026 and we received 41 responses. We have examined the results, and the key findings are provided in this report.

3. Key Findings:

GP Surgeries

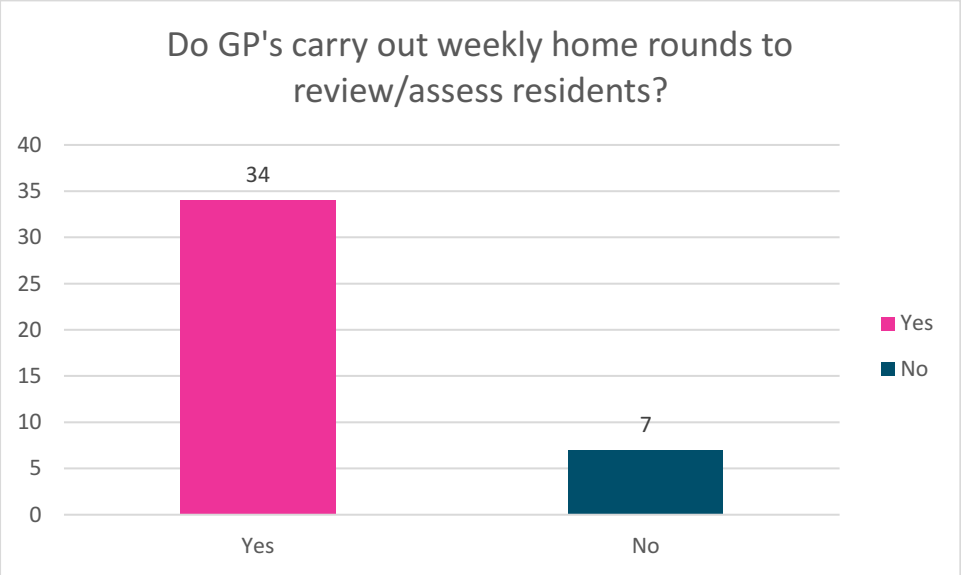
As part of this survey we wanted to understand if residents who move into a care home remained with their own GP practice or were moved to a GP practice affilliated to the care home.



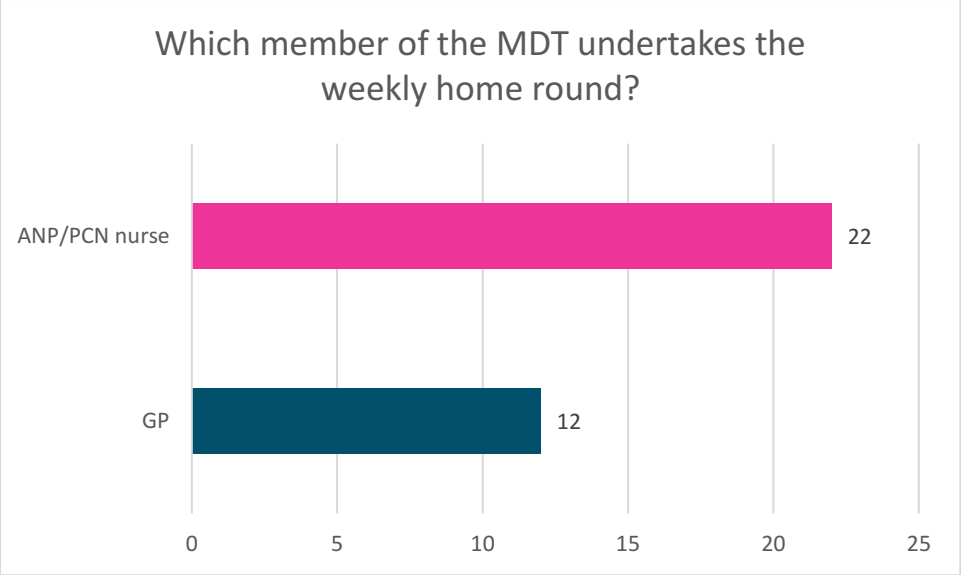
38 respondents stated that their residents/service users were moved over to the GP affiliated with the care home. In addition, several care homes responded that residents were given a choice if they wished to remain with their existing GP practice. This happened especially if they were in the same area or if they were short stay residents, such as those coming in for respite.

Weekly home rounds by GP practices

As one of the contractual elements of the EHCH model was that a weekly home care round was undertaken we wanted to understand if this was taking place.



It became evident whilst undertaking the survey that the home round was mainly undertaken by an Advanced Nurse Practitioner (ANP) or Primary Care Network (PCN) nurse rather than a GP.



Most care homes that had weekly rounds carried out by ANPs or PCNs were satisfied with the service provided:

"PCN visits twice weekly. Has worked well since she has started to visit."

"Triage is good from ANP"

"Nurse undertakes reviews regularly. Staff are understanding. Will undertake blood tests."

"Very responsive ANP who will visit residents if required. Respect forms completed by ANP."

A couple of comments suggested that although ANPs and PCNs were visiting GPs themselves could provide more support.

"Satisfied with SPA GPs could do more. Should still be able to see GP Whilst PCN sees residents they would still like to see a GP."

"Lucky to have the nurse. Without her we would have an issue as GPs don't want to come out. Nurse practitioner visits weekly and undertakes a ward round."

Personalised care and support planning

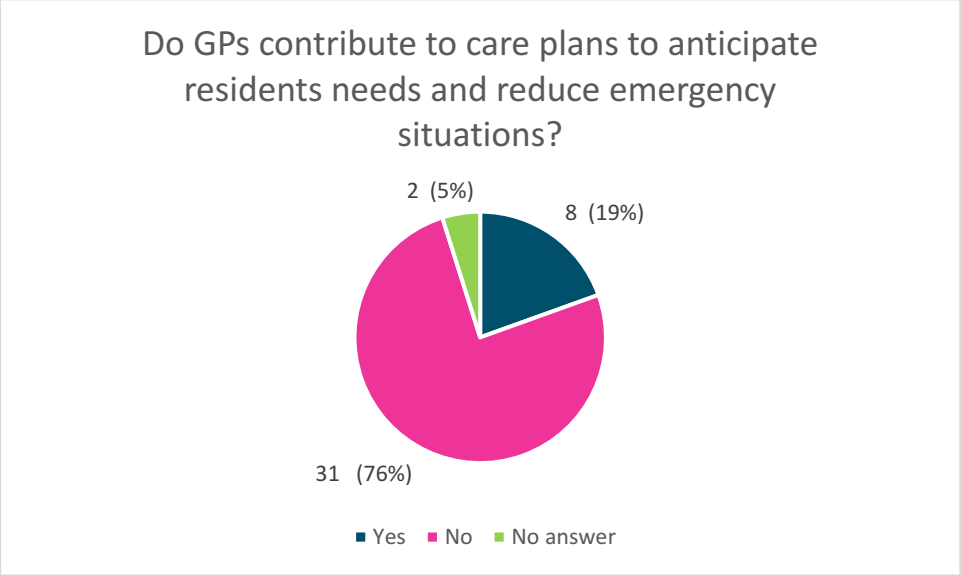
Personalised care and support planning (PCSP) covers the whole person – their life, health, care, wellbeing and death. It facilitates integrated, co-ordinated care by providing a single plan that enables people, their loved ones and the staff supporting them to work together to agree goals, identify support needs, implement personal plans and monitor progress that supports holistic care.

A personalised care and support plan must meet the 5 criteria below:

1. People are central in developing and agreeing their personalised care and support plan including deciding who is involved in the process.
2. People have proactive, personalised conversations which focus on what matters to them, paying attention to their needs and wider health and wellbeing.

3. People agree the health and wellbeing outcomes they want to achieve, in partnership with the relevant professionals.
4. Each person has a sharable, personalised care and support plan which records what matters to them, their outcomes and how they will be achieved.
5. People are able to formally and informally review their personalised care and support plan.

We asked care homes whether GPs contributed to care plans to anticipate residents needs and reduce emergency situations. 76% said that they did not.



For those that did the following comments were received.

"Very responsive ANP who will visit residents if required. ReSPECT forms completed by ANP."

"GP will usually complete escalation plans for residents in case of emergency."

We also found that not all residents had a Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) form completed[3]. If one had been completed the resident's GP or ANP would undertake this with the resident and family as appropriate.

The ReSPECT process creates personalised recommendations for a person's clinical care and treatment in a future emergency in which they are unable to make or express choices.

These recommendations are created through conversations between a person, their families, and their health and care professionals to understand what matters to them and what is realistic in terms of their care and treatment.

Where possible, the PCSP should be digital, aligned to the information standard for personalised care and support plans[4] and be part of the digital social care record so that people receiving care, their MDT and, where appropriate, those involved in the care of the person (their loved ones/carer/advocate) have easier access to information about what matters to them and their agreed goals and actions.

[3] https://www.resus.org.uk/respect

[4] https://www.england.nhs.uk/personalisedcare/technology-to-support-personalised-health-and-care/

Digital care records are a vital enabler and key infrastructure for integrated working between health and social care staff, by enabling information exchange between the MDT and other health and social care professionals and services involved in the person's care. A digital care record helps ensure continuity of care as well as best outcomes for the person. Digital records should be used wherever possible to facilitate sharing of a person's PCSP and with this the co-ordination of care, as well as to avoid the need for a person and/or those important to them to repeat themselves unnecessarily.

Information Sharing

NHS England state that 'appropriate information sharing is essential for the provision of safe and effective health care. Patients could be put at risk if those who provide care do not have access to relevant, accurate, high clinical quality and up-to-date information about them…"[5]

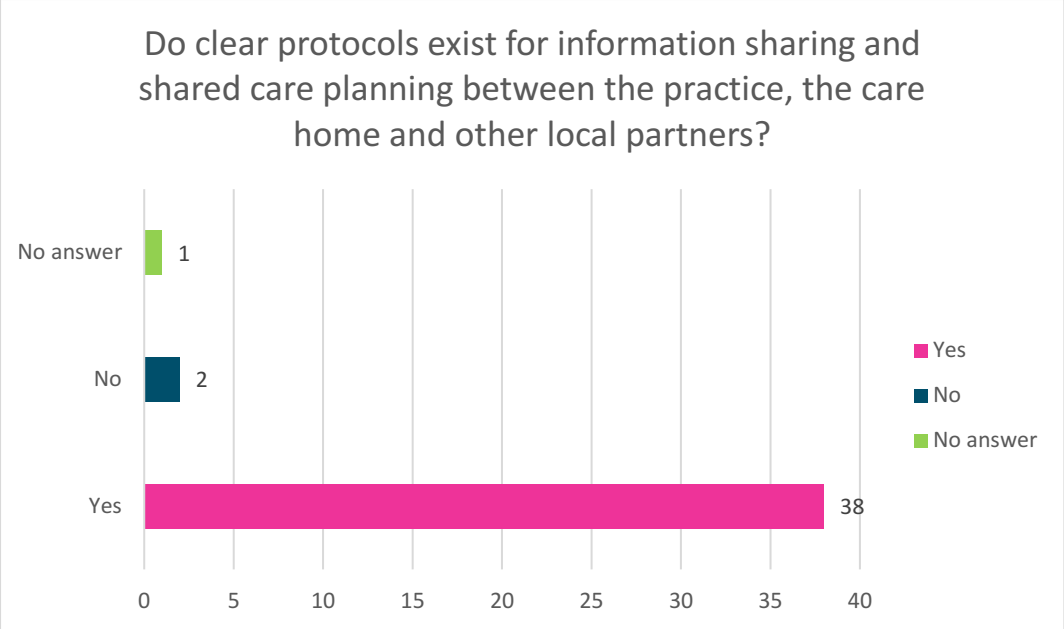
Sharing data held in electronic patient records impacts on patient care and is crucial to maintaining and improving health. Using templates to ensure information is collected in a standardised way and collated for national datasets to support more proactive and preventative care.

Personalised care represents a new relationship between people, professionals and the health and care system. It shifts power and decision

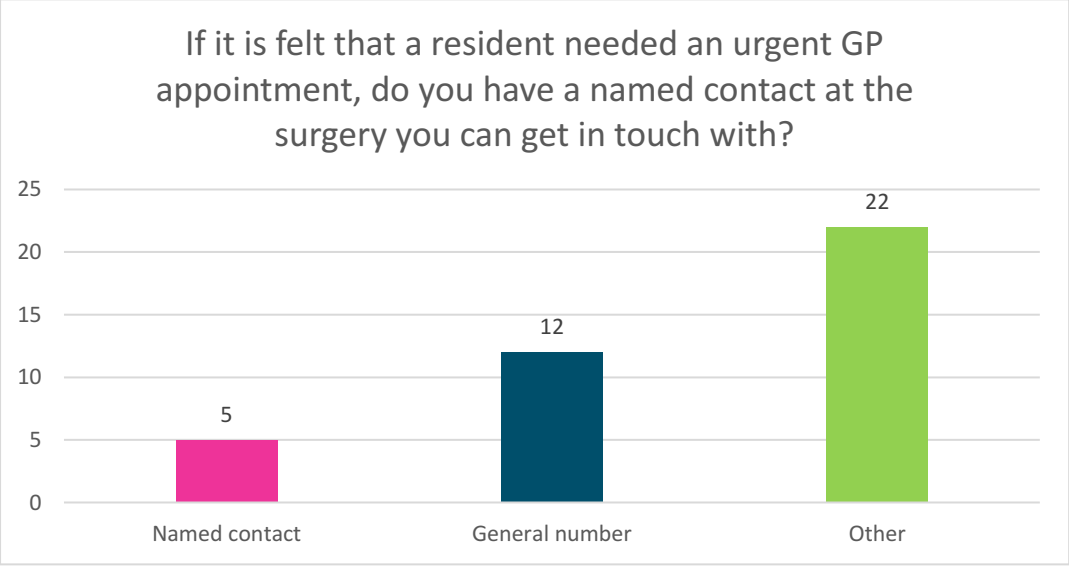
[5] https://www.england.nhs.uk/long-read/data-and-clinical-record-sharing/#:~:text=Sharing%20data%20held%20in%20electronic,to%20maintaining%20and%20improving%20health.

making to give people a voice, to be heard, to be connected to each other and their communities.

38 (93%) respondents stated that they had clear protocols and processes in place to ensure effective information sharing and shared care planning between the care home, GP practice and local partners.



GP appointments



We received 22 'other' responses when we asked whether the care home had a named contact at the GP surgery who they could get in touch with for an urgent GP appointment. Of these 22, 16 responded that they contacted the Single Point of Access (SPA) if they required an urgent GP appointment. In addition, 5 responded that they would contact a named person, with a further 12 contacting the GP's general number.

"Online form to complete. Face to face and telephone appointments."

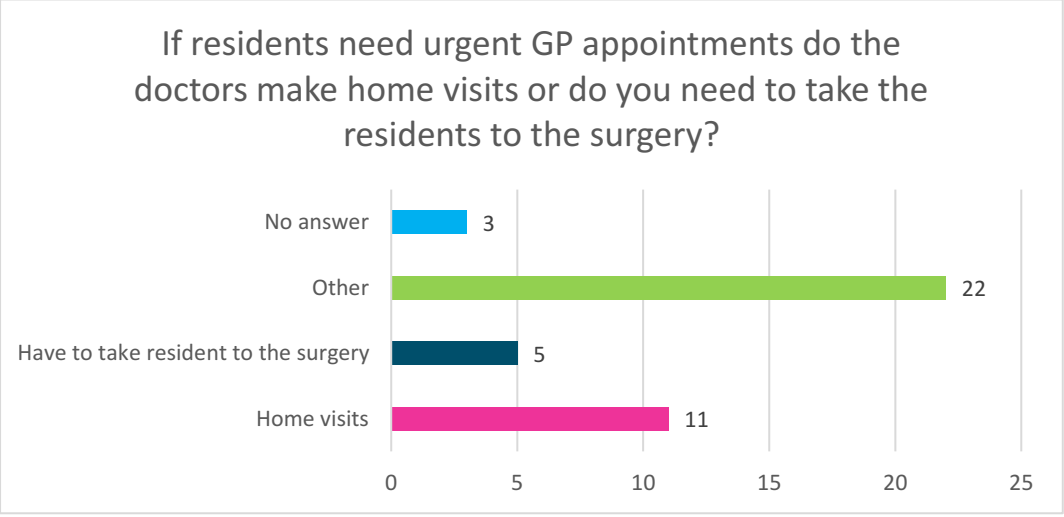
"Contact SPA. Can be waiting some time as SPA busy."

"Direct email to named contact. Very responsive."

"Email surgery and then triaged. Also contact SPA."

"If known to GP they will have a video call. Otherwise SPA."

GP care home visits



22 care homes responded 'other' to the question regarding GPs undertaking home visits. Of these 13 replied that they would contact SPA with one responding that if they contacted their GP they would be advised to contact SPA.

"GP will tell us to contact SPA"

6 of the 22 care homes that responded said that an ACP or District Nurse would come out to visit a resident if required.

"Nurse Practitioner will visit and then liaise with GP"

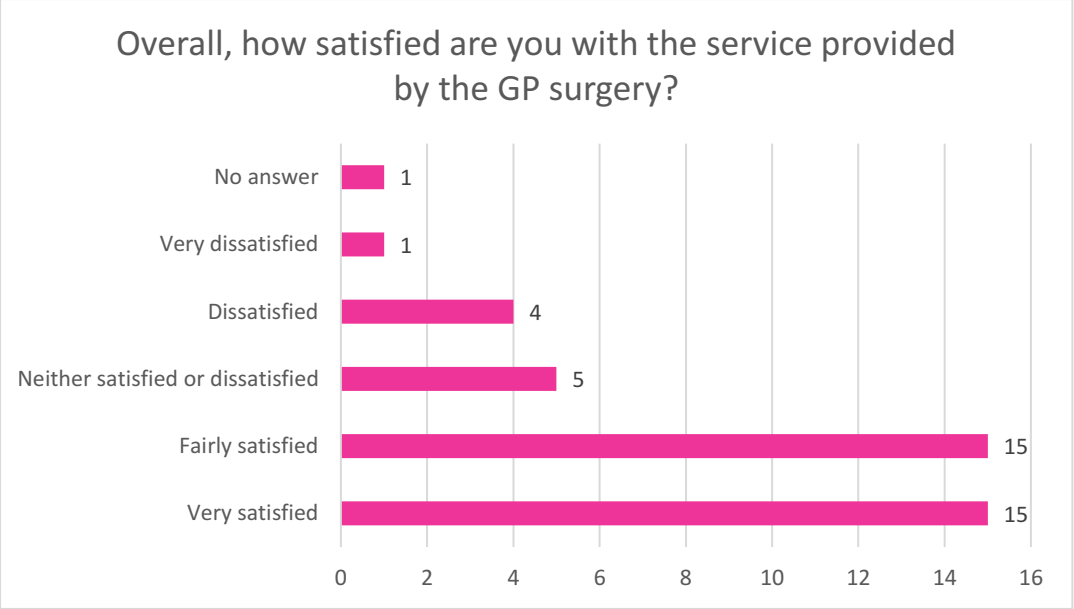
"Nurse practitioners visit weekly"

"PCN nurses visit regularly. Really good"

"Lucky to have the nurse. Without her we would have an issue as GPs don't want to come out. Nurse practitioner visits weekly and undertakes a ward round."

Satisfaction with GP service

Overall, 75% (30) of those who responded were either fairly satisfied or very satisfied with the service delivered by the GP practice.



Responsiveness of GPs and SPA

Care homes had mixed opinions over the responsiveness of the GP surgery. Some felt that they received a positive service, but others felt that the GP would signpost them to SPA.

"GP surgery is responsive. Surgery will contact the care home regarding reviews that are due."

"No issues highlighted We have to contact the GP surgery if we need advice. No weekly visits."

"GP will come and see patients which is appreciated by staff. GP knows residents' medical history whereas SPA do not have this information. Weekly telephone home round."

"Satisfied with SPA GPs could do more. Should still be able to see GP Whilst PCN sees residents they would still like to see a GP."

"Struggle with GP surgery when a resident has an ongoing issue that is known to the surgery. Surgery will still refer to SPA."

"Difficult to get through to SPA and residents end up in hospital Passed between services"

"Everything online. Have to do video calls."

"Use email to GP surgery and will usually get a prompt response especially regarding medication. GP will usually complete escalation plans for residents in case of emergency."

"It can be frustrating as the GP surgery is only about 100 yards away but for urgent new cases we have to go through SPA. A doctor could walk up the road but we can be waiting 5 hours for an ECP. Doctor visits weekly and is very good with the residents."

"Fabulous service."

Responsiveness of ACP and PCN nurses

Comments about the ACP and PCN nurses were mostly positive.

"Very responsive Very good relationship with GP surgery Direct email named contact who are very responsive."

"Very responsive Will visit if required. Will send referrals to services such as dietician, OT etc"

"Residents have to wait for a ward round by PCN from the GP surgery. Not visited by GP. PCN will do weekly ward round as required."

"Good knowledge of residents. Easily accessible for appointments. Good relationship with ANP."

"ANP will undertake weekly home rounds."

"Nurse practitioner does weekly home round."

Opticians

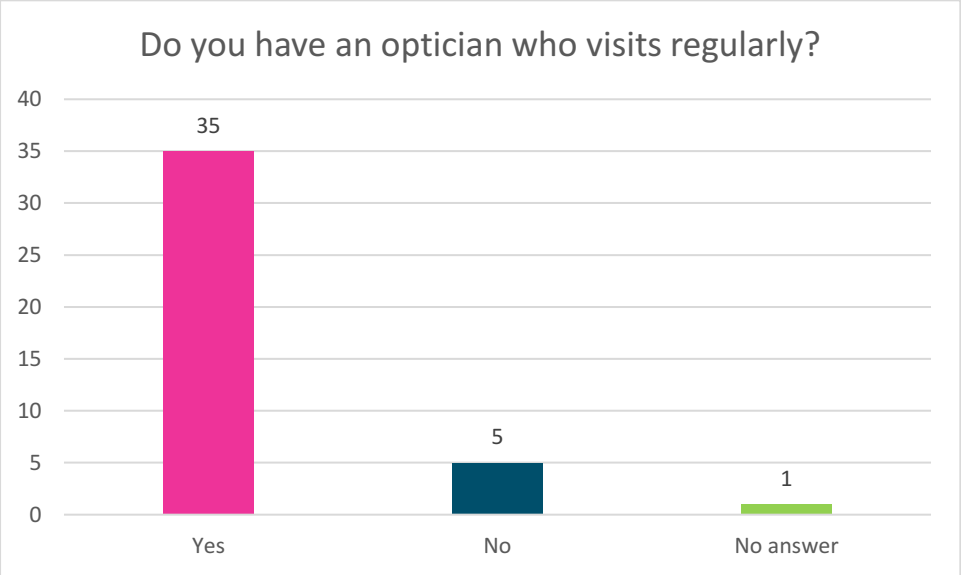
According to a study undertaken by the British Geriatric Society[6], eye examinations are more efficient and better for the residents if they are carried out at the care home rather than in hospitals.

The study highlights that 64% of care home residents have some form of visual impairment, which can lead to an increased risk of falling.

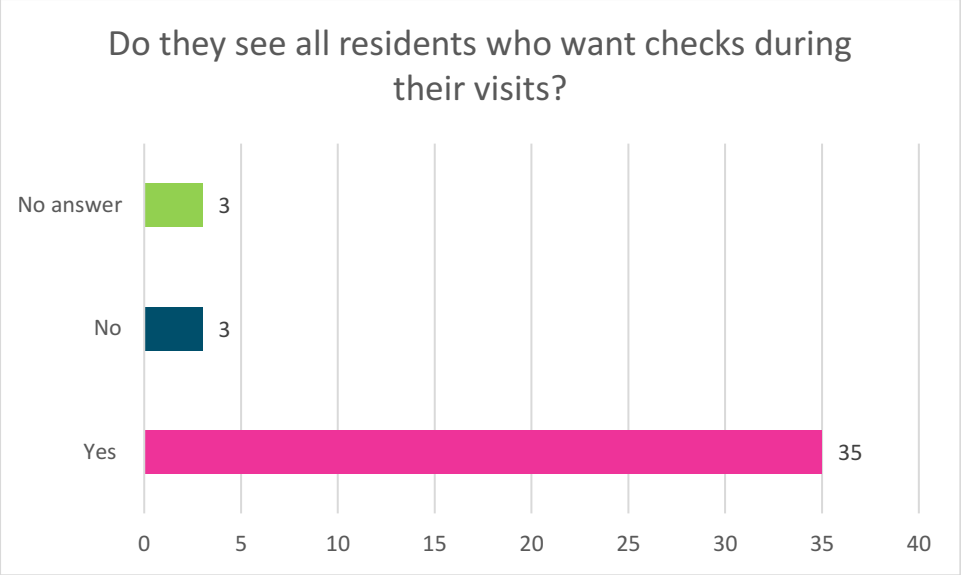
[6] https://www.bgs.org.uk/a-multi-disciplinary-approach-to-transforming-eye-care-services-for-care-home-residents

The study shows that residents in care homes often have sight loss due to conditions such as cataracts, glaucoma and retinal diseases. This reinforces the importance of timely eye care and access to treatments. The study from the British Geriatric Society suggests that this can be inconsistent in care home settings.

We asked care homes whether they have an optician who visits their residents on a regular basis. 35 respondents stated that they do.



The results were overwhelmingly positive about the responsiveness of the optician they used and the service they offered. 35 stated that the optician will see all residents who want a check during their visits.



Most opticians would visit either six monthly or annually and deliver glasses to the care home. Several opticians would also visit residents at other times if needed.

"Visit yearly. Will also undertake ear checks."

"Visit annually Would register on portal if required at other times."

"Visit annually. Deliver glasses to the home Very responsive."

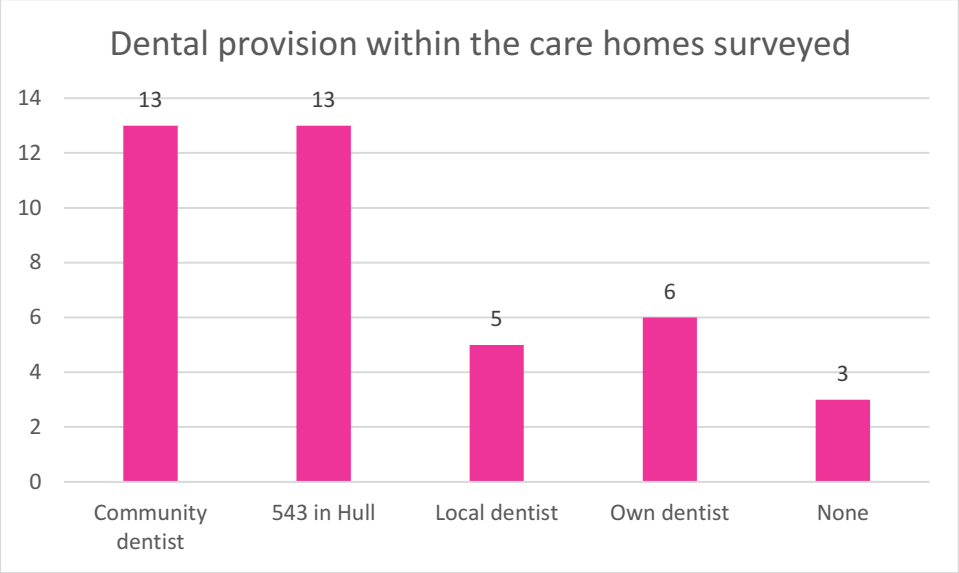
"Glasses are also delivered."

"Will visit 6 monthly and will visit the home if urgent."

Dental services

The British Dental Association estimated that over 12 million people were struggling to find NHS dental care.[7]

A report by The Nuffield Trust in 2023 stated that 'NHS dentistry in England is at its most perilous point in its 75-year history.'[8]



Respondents told us that accessing a dentist could be challenging with some stating that there can be a long wait for the Community dentist at the Ironstone centre.

"Ironstone dentist. 24 months waiting list. Appointments were regularly cancelled. Urgent 111"

[7] https://www.bda.org/news-and-opinion/news/mirror-joins-call-for-real-reform-of-nhs-dentistry/

[8] https://www.nuffieldtrust.org.uk/research/bold-action-or-slow-decay-the-state-of-nhs-dentistry-and-future-policy-actions

"Were part of a pilot scheme last year but nothing happened from this. Community dentist. Ironstone has 18 month waiting list."

"Use Ironstone. Long waiting list. Struggle to get patients in who are not registered."

"Community dentist at Ironstone centre. Up to 18 months waiting list. Would contact SPA if urgent."

The 543 Dental Centre in Hull was a preferred dental practice by almost a third of respondents. Several stating that they were very responsive and would visit the care home if required.

"Use dentist in Hull. Would use SPA if emergency."

"Contact 543 dental practice in Hull"

Six respondents replied that residents kept their own dentist when they moved into the care home, examples of comments include:

"Some residents keep their own dentist, and family will take them to appointments. BUPA will do checks at the home, but they have to have extractions at the dental practice."

"Residents use own dentist. Local dentist will attend if required"

Pharmacy services

There were 40 responses to the question around pharmacy services.

Nine out of the forty responses used a Dispensing Centre in various localities including Coventry, Bradford and Leicester. Those who used these centres had positive feedback:

"Coventry Dispensing team. Order and delivery monthly."

"Use The Dispensing Centre in Leicester. Medication ordered and delivered monthly. Barrow pharmacy for other medication as required in between monthly deliveries."

"Use Lakes pharmacy who deliver monthly. This is based in London. Will use Ancora pharmacy if stocks running low whilst waiting for delivery."

"Vision pharmacy who have been fantastic. If urgent medication is required they will ensure they can get it at their local pharmacy."

Those respondents who used either pharmacies based at the GP practice or local high street pharmacies had mostly positive experiences. The main issues were around being unable to source certain medication and incorrect labelling on medication.

"Pharmacy provision very good. Order online and collect within 20 minutes"

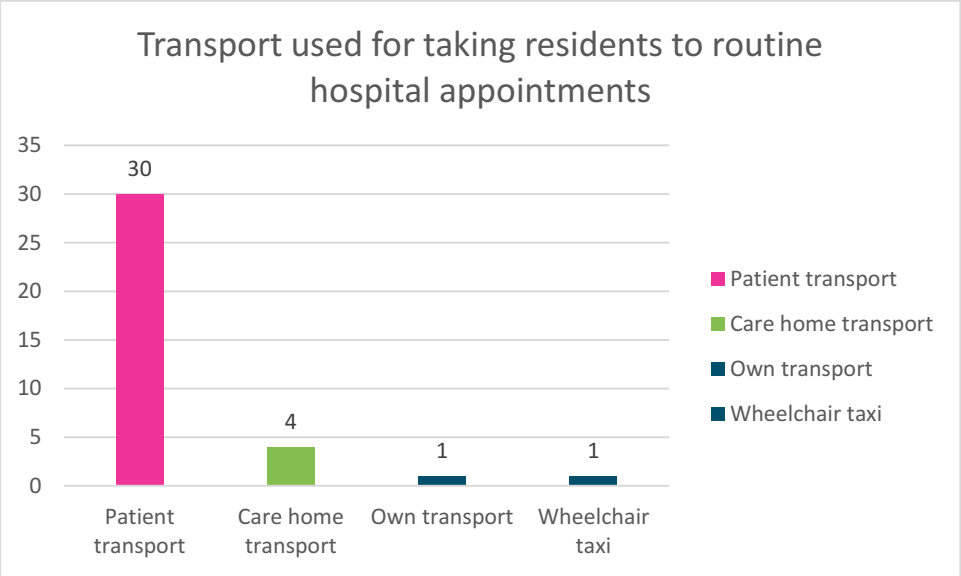
"Riverside surgery at Broughton. Can only order on a Tuesday. Often chasing medication. Medication labels not always accurate. 'as directed' is not acceptable. Need clear instructions."

"Riverside Broughton pharmacy. Struggle to get certain medications from pharmacy. Including Methadone which can be time sensitive. Not always understanding."

"Riverside surgery pharmacy good service"

Hospital appointments

When residents need to visit the hospital for routine appointments how do you find this? (this could include waiting times / explanations given by medical staff / patient transport / diagnosis / medication).



30 respondents used non-emergency patient transport for routine hospital appointments and most of these had a positive experience with booking and using it.

"No issues with patient transport."

"Booking system good with patient transport. Usually pick up on time."

"No issues with patient transport…"

However, waiting times for patient transport were variable but could be between 2-3 hours. One respondent stated that a resident had waited 6 hours to be collected from an appointment. Other comments included:

"Book transport via YAS. 2-hour window for transport."

"Booking patient transport can be 'a nightmare' can be 3 hours waiting for an ambulance."

"Transport to appointments works well but residents have to wait a long time to go back to care home."

"…Booking patient transport no issues. Waiting times for pick up are variable."

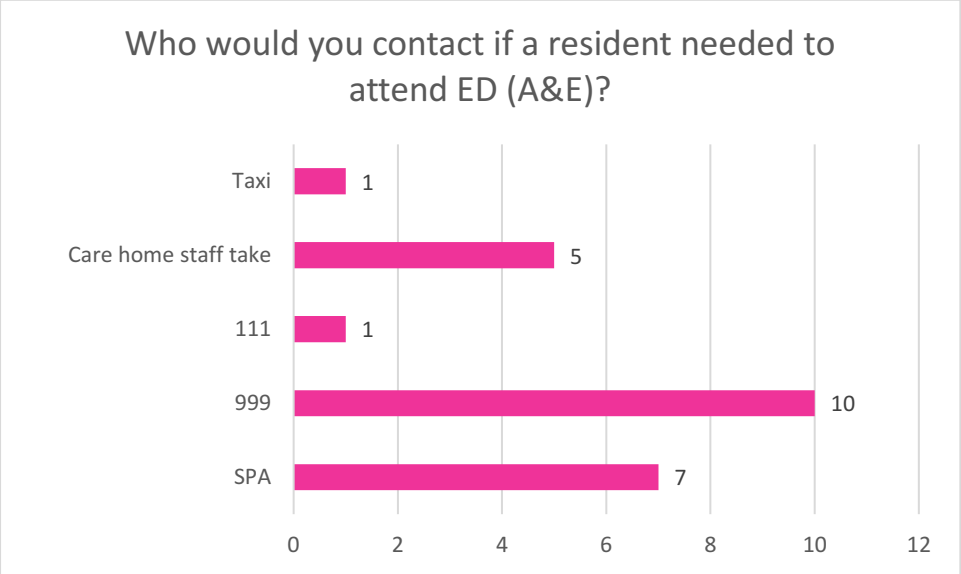
Some care homes stated that they used their own company transport:

"Use own company vehicle Very rare [we] would need patient transport…"

"Use own company cars and family/staff travel as escort."

Visiting the Emergency Department (ED)

Most care homes would ring 999 if there was an emergency with a resident and SPA if advice was required.



Waiting times in A&E

Information provided around waiting times in the ED were mixed. But some care home staff highlighted that residents could experience long waits.

"Waiting times in A&E can be long"

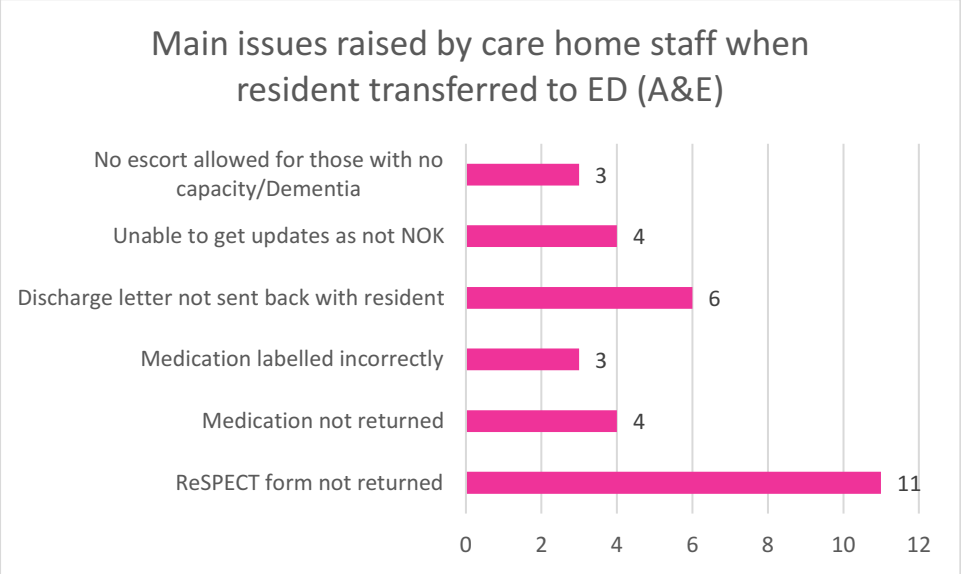
"Variable wait times between 1 and 12 hours"

"Long wait in A&E"

"...Having to stay in A&E for several days"

Experiences of residents using the ED

Care home staff were asked, when residents need to visit the ED how do you find the experience? (this could include waiting times / explanations given by medical staff / communication / diagnosis / medication).



Poor communication, medication discrepancies and non-return of ReSPECT forms and discharge letters were the main issues highlighted by respondents. 11 respondents discussed issues around the non-return of ReSPECT forms when residents have visited the ED. This would be time consuming for the care home staff as they would then have to request a new ReSPECT form from the GP practice often leading to residents not having one in place if it were needed.

"ReSPECT forms [are] not returned from A&E. Staff have to contact GP surgery for a new one."

"ReSPECT forms are not always accepted by paramedics if it is photocopied and not the original copy."

"[There are] concerns regarding ReSPECT forms not being legally binding and not being adhered to by health care professionals. Staff would discuss it with the resident if they had capacity to make a decision whether to go to hospital or not."

Some respondents explained that medication was not always returned with the resident and new prescribed medication was either wrongly labelled or labelled 'take as prescribed'. Care home staff are unable to administer this medication until it is prescribed by the GP with clear instructions on how it is to be administered, which leads to delays in the resident receiving the medication.

"Resident transferred to hospital following a fall. Medication, MARS chart and care plans sent with resident. Transferred back to the care home with no medication or discharge letter."

"No issues with A&E other than medication will say 'take as prescribed' on the label. Need clear instructions."

"Medications amended and staff not informed. Medication not labelled accurately at times."

"Not usually any major issues. Had to submit a Safeguarding referral several months ago as resident given the wrong medication in A&E.

Communication with the ED department was cited as being difficult at times. Particularly in relation to care home staff enquiring about one of their residents and being informed that no information could be given to them as they are not the Next of Kin (NOK). This can be difficult for the care home staff as they must then contact the resident's NOK who will then have to contact the ED.

NHS England guidance on 'Information sharing in Social Care' states that all staff who are directly involved in providing care to an individual have a legitimate relationship with that person and can share information about that individual across organisational boundaries on that basis.[9]

"NOK have to ring A&E to find out any information as A&E won't give it out to care home staff."

"In December 2025 staff would ring A&E for updates on their residents but would not be told anything as not regarded as NOK."

Three respondents stated that it was distressing for residents especially those living with Dementia and those deemed as not having capacity, when an escort was not allowed to travel with them to the hospital.

[9] https://transform.england.nhs.uk/information-governance/guidance/information-sharing-in-social-care/

"Transfer to A&E can be distressing for patients living with Dementia."

"Difficult when patients living with Dementia or don't have capacity are transferred to A&E.

"Can be distressing for residents"

Patient Transport

Emergency transport

Care home staff would use 999 in an emergency but waiting times for ambulances were variable. Two respondents said that the wait for an emergency ambulance had been between 12 and 14 hours. One respondent commented that they had waited 12 hours due to the ambulance control not deeming the incident urgent.

"Residents can be waiting for at least 2 hours for an ambulance."

"Resident had a fall and an ambulance was 14 hours."

"Had 12 hour wait for ambulance transport to transfer patient to A&E. Ambulance control did not deem the request was urgent."

A couple of respondents commented on residents waiting in ambulances at the ED.

"Residents can be kept waiting in ambulances at A&E."

"Waiting in ambulance when arrive at A&E"

Non-emergency patient transport service (NEPTS)

Whilst some care homes used non-emergency patient transport others used other means of transport to transfer residents to hospital including cars, taxis or the resident's family would take them. Seven respondents stated that they would contact SPA for advice if the incident was not an emergency.

"Would take residents themselves if required"

"999 if emergency. Taxi otherwise"

"999 for emergency Liaise with SPA"

"Family may take if required Also use patient transport."

"Own cars and escort if non-emergency. Liaise with SPA. 999 if emergency."

"Liaise with SPA to discuss and arrange transport."

4. Conclusion

Whilst the results of the survey show that most of the care home respondents are fairly or very satisfied with their GP practice there are themes around doctors not visiting regularly to undertake 'home rounds'. 15 out of 16 care homes who commented on who undertook 'home rounds' stated that Advanced Nurse Practitioners (ANP) or Primary Care Nurses undertook weekly 'home rounds.'

Those respondents who had a named contact at a GP practice found the practices very responsive in relation to booking appointments and getting advice for residents. However, 41% of those who responded stated they contacted Single Point of Access (SPA) for urgent appointments rather than the GP practice as they found this a more responsive service for them.

Care plans are primarily completed by care home staff. ANPs often support with writing escalation plans around admission to hospital. Not all residents have a Recommended Summary Plan for Emergency Care and Treatment (ReSPECT)[3] form completed. If one has been completed, then it's the resident's GP or ANP that undertakes this with the resident and their family as appropriate.

Accessing Dental services was seen as challenging by a significant number of respondents. Long waiting lists (local community dentist being up to 24 months) and booking dental appointments were cited as challenges.

Optical services within the care homes received positive feedback with 35 respondents stating that they had a regular optician who gave a great service.

Experiences with the ED were mixed. Communication, discharge paperwork (including ReSPECT) and medication were cited as being the most difficult to manage at times.

Respondents stated being unable to get updates on their residents who were in the ED because they were not the Next of Kin (NOK) could be challenging for their staff.

NHS Digital guide around confidentiality in health and social care states that: 'Those involved in the direct care of a patient/service user should establish with them what information they wish to be shared, with whom, and in what circumstances. This will be particularly important if the patient has fluctuating or diminished capacity or is likely to lose capacity, even temporarily. Early discussions of this nature can help to avoid disclosures to which patients would object. They can also help to avoid misunderstandings with, or causing offence to, anyone with whom the patient/service user would want information to be shared.'[10]

41% of care home staff responded that there were issues with discharge back to the care home including ReSPECT forms not being returned, discharge letters not being sent and medication not returned or incorrectly labelled.

5. Recommendations:

- Effective information sharing is essential to ensure safe patient care. Healthwatch North Lincolnshire recommend a process be developed to ensure effective communication, regarding a patient's ongoing treatment, between the ED and care home managers.

[10] https://digital.nhs.uk/data-and-information/looking-after-information/data-security-and-information-governance/codes-of-practice-for-handling-information-in-health-and-care/a-guide-to-confidentiality-in-health-and-social-care/hscic-guide-to-confidentiality-references/section-8

- Healthwatch North Lincolnshire recommend a process be developed within the ED to ensure residents are transferred back to the care home with appropriately labelled medications and ReSPECT forms. If a process already exists, then a review should be undertaken to understand why mistakes are occurring.

- One of the Enhanced Health in care homes (EHCH) framework[1] key contractual requirements of the Primary Care Network (PCN) is that every care home has a named clinical lead and established protocols for information sharing and shared care planning. Healthwatch recommend that every care home has a named clinical contact within the GP surgery for urgent appointments.

5. Provider Responses

Responses provided by service providers are shown on the following pages (p34-p39).

Enquiries to **Sarah Meggitt**
Executive Assistant
Office telephone 03033 304982
Email sarahmeggitt@nhs.net
Our reference TP/smm/26.001

Chief Executive's Office (NLaG)
Diana Princess of Wales Hospital
Scartho Road
Grimsby
North East Lincolnshire
DN33 2BA
Switchboard 01472 874111

23 October 2026

Sent by email: jallen@healthwatchnorthlincolnshire.co.uk
Jennifer Allen
Healthwatch

Dear Jennifer

Thank you for your letter and updated report Healthwatch report 'Beyond the front door: Health Access for Care Homes' sent to Ms Simpson. Please accept this as both the acknowledgment of receipt and the request for actions against the following two recommendations for Northern Lincolnshire and Goole Hospitals (NLAGs) Emergency Departments (EDs).

As part of the formal report your recommendations are submissions under the Local Government and Public Involvement in Health Act 2007 (part 14) as amended by the Health and Social Care Act 2012 (Part 5).

To address the requested recommendations you sent a meeting was held with Jo Ledger, Group Deputy Chief Nurse, Simon Buckley, Nurse Director Acute and Emergency Care Group (NLAG), Jo Goode, Chief Pharmacist and Michela Littlewood, Associate Director of Quality Governance. The Healthwatch recommendations are highlighted in bold below with the responses.

Effective information sharing is essential to ensure safe patient care. Healthwatch North Lincolnshire recommend a process be developed to ensure effective communication, regarding a patient's ongoing treatment, between the ED and care home managers.

A three step check process is currently being piloted at Scunthorpe General Hospital (SGH) ED. This is part of Care, Check and Continue of care for patients, as an aide-memoire. This form includes ResPECT/Medication and Discharge summaries. On completion of this work, we would be happy to share the findings of this pilot with you.

A Discharge Task and Finish Group has been established, which Jo Leger chairs. This oversees ongoing learning and improvement work across all aspects of patient discharges. Discussions have been held with the Care Home Groups to create joint improvements.

In addition, there are also planned electronic improvement systems such as Symphony, to support ED and patient management tracking to improve the clinical journey for patients and aid staff in ensuring patients are admitted and discharged more quickly.

Healthwatch North Lincolnshire recommend a process be developed within the ED to ensure residents are transferred back to the care home with appropriately labelled medications and ReSPECT forms. If a process already exists, then a review should be undertaken to understand why mistakes are occurring.

ORBIS is another new electronic patient record (EPR) supplier, which is being rolled out. This will enable patient information, medical history, diagnoses, medications, treatment plans, allergies, radiology images and laboratory test results to be digitised across Humber Health Partnership. This will mean during 2027 an integrated patient care summary will be sent to the patients' community pharmacist as part of their discharge summary.

The HPP pharmacy Team have regular meetings to oversees medications dispensing and learning from feedback. Pharmacists are working with both NLAG ED departments to look at how medications are sent home for patients.

ReSPECT forms and their completion are part of the Care, Check and Continue of care work. This links with a quality improvement Initiative on ReSPECT conversations which are being rolled out from Hull University Teaching Hospitals NHS Trust (HUTH) to NLAG.

I hope this helps address the recommendations that the report suggested. We welcome Healthwatch's attendance at the Bimonthly Patient Experience and Learning Group to assist in addressing learning across HPP and the wider social care community.

Best wishes.

Yours sincerely



Therese Patten
Interim Chief Executive
Northern Lincolnshire & Goole NHS Foundation Trust

Dr D. Wellings
Dr T. Blumenthal
Dr D. Gone
Dr R. Hector
Dr S. Shepherdson

Central Surgery
King Street
Barton-upon-Humber
North Lincolnshire
DN18 5ER

Business Manager: Lisa Allenby

Tel: 01652 636600

31st July 2026

Jennifer Allen
Manager – Healthwatch North Lincolnshire

Subject: BEYOND THE FRONT DOOR: HEALTH ACCESS FOR CARE HOMES – Response to recommendations from North Lincolnshire North Care Network.

Dear Jennifer,

RE: Health Access for Care Homes Report Response

Thank you for your correspondence and the attached report, "Beyond the Front Door: Health Access for Care Homes." I can confirm safe receipt of these documents on 29 July 2026.

It is encouraging to read that, in general, care homes within our locality maintain strong relationships with primary care services and remain highly satisfied with the care they receive.

Your report highlights the following recommendation requiring a response from our network:

"**One of the Enhanced Health in care homes (EHCH) framework key contractual requirements of the Primary Care Network (PCN) is that every care home has a named clinical lead and established protocols for information sharing and shared care planning. Healthwatch recommend that every care home has a named clinical contact within the GP surgery for urgent appointments.**"

Following a review of this recommendation, North Lincolnshire North Primary Care Network will not be taking further action at this time. This decision is based on the fact that our network is already fully compliant with the relevant elements of both the Network Contract DES and the EHCH framework.

To provide context, our network supports 350 patients residing across 13 care homes. Each home is aligned with one of our three network GP practices. While we fully respect patient choice, our practices strongly encourage residents to register with the specific practice overseeing their care home to ensure continuity.

Each practice maintains a designated clinical contact available to support care homes with clinical and medical advice. These contacts—comprising Advanced Nurse Practitioners, Advanced Clinical Practitioners, and General Practitioners—conduct regular care home visits. They work collaboratively with care home staff to facilitate seamless information sharing and robust, shared care planning.

For urgent medical needs, care homes should continue to utilise the established Single Point of Access (SPoA) arrangements. Routine care requests should be directed to the respective practice, where they undergo standard clinical triage to ensure the most appropriate clinician attends to the

resident. Furthermore, comprehensive cross-cover arrangements are consistently in place to ensure seamless continuity of care during staff leave or absences.

Thank you again for sharing the findings of your report.

If you have any questions or need further clarification, please do not hesitate to contact me.

Yours sincerely,



Mark Cioni BSc (Hons) MSc PGCert CSci FIBMS FHEA

Digital and Transformation Lead and Network Manager.
North Lincolnshire North Primary Care Network.

Response received from Lisa Southern, Manager on behalf of the West Primary Care Network

Thank you for giving us the opportunity to read and reply to your report, we have very robust procedures and protocols established for our EHCH and we have an excellent working relationship with our care homes. I am confident that all Care Home residents have a named GP and that procedures exist between each Practice for Care Home staff to be able to contact Practices.

We are very proud of the work that has taken place building strong links with our Care Homes and have no doubt that our Practices go above and beyond their contractual requirements.

Our PCN utilised the Additional Roles Reimbursement scheme to employ dedicated Care Coordinators to manage the Care Home Ward Rounds and ensure that Care Home Residents receive first class care assisted by the use of established protocols for information sharing and shared care planning.

Kind Regards

Lisa

Lisa Southern

Manager

Digital and Transformation Lead

West Primary Care Network

Response received from Emma Milford-Barnes, Manager on behalf of the South Primary Care Network

Good afternoon,

Following the report you have shared, we as the South PCN are confident that we follow those areas you have highlighted and offer support to all our care homes in areas of additional contact.

Kind Regards

Emma

Emma Barnes-Milford

Operations Administrator

North Lincolnshire South Primary Care Network

6. References & Further Reading

Web Pages

NHS England. (2026) Providing proactive care for people living in care homes – Enhanced Health in care homes framework https://www.england.nhs.uk/long-read/providing-proactive-care-for-people-living-in-care-homes-enhanced-health-in-care-homes-framework/ [Last accessed 7th May 2026]

NHS. (2019) The NHS Long Term Plan https://webarchive.nationalarchives.gov.uk/ukgwa/20250506042016/https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/ [Last accessed 30th June 2026]

Resuscitation Council UK. (no date) ReSPECT https://www.resus.org.uk/respect [Last accessed 7th May 2026]

NHS England. (no date) Digital to support personalised care https://www.england.nhs.uk/personalisedcare/technology-to-support-personalised-health-and-care/ [Last accessed 30th June 2026]

NHS England. (2026) Data and clinical record sharing https://www.england.nhs.uk/long-read/data-and-clinical-record-sharing/#:~:text=Sharing%20data%20held%20in%20electronic,to%20maintaining%20and%20improving%20health [Last accessed 30th June 2026]

British Geriatrics Society. (no date) A multi-disciplinary approach to transforming eye care services for care home residents https://www.bgs.org.uk/a-multi-disciplinary-approach-to-transforming-eye-care-services-for-care-home-residents [Last accessed 7th May 2026]

[1] https://www.nuffieldtrust.org.uk/research/bold-action-or-slow-decay-the-state-of-nhs-dentistry-and-future-policy-actions

British Dental Association (BDA). (2024) Mirror joins call for real reform of NHS Dentistry https://www.bda.org/news-and-opinion/news/mirror-joins-call-for-real-reform-of-nhs-dentistry/ [Last accessed 6th July 2026]

Nuffield Trust. (2023) Bold action or slow decay? The state of NHS dentistry and future policy actions https://www.nuffieldtrust.org.uk/research/bold-action-or-slow-decay-the-state-of-nhs-dentistry-and-future-policy-actions [Last accessed 7th May 2026]

NHS England. (2026) Information sharing in social care https://transform.england.nhs.uk/information-governance/guidance/information-sharing-in-social-care/ [Last accessed 7th May 2026]

NHS England: Digital. (2022) Section 8: Carers, family members and friends https://digital.nhs.uk/data-and-information/looking-after-information/data-security-and-information-governance/codes-of-practice-for-handling-information-in-health-and-care/a-guide-to-confidentiality-in-health-and-social-care/hscic-guide-to-confidentiality-references/section-8 [Last accessed 7th May 2026]

8. Acknowledgements

We would like to thank all organisations who took part in the survey and provided us with information for the project.