

healthwatch

Championing what matters to you

Healthwatch England
Annual Report 2020–21



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**Healthwatch England
Annual Report 2020–21**

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About us

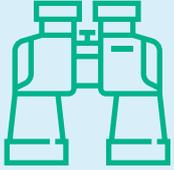
Your health and social care champion

Healthwatch is your health and social care champion. If you use health services or need care we want to hear about your experiences. We have the power to make sure NHS and social care leaders listen to your feedback and improve standards of care. We can also help you to find reliable and trustworthy information and advice.

Wherever you live in England, you'll also have a local Healthwatch nearby. Last year, we helped over two million people like you to have your say and get the support you need.



Our strategy



Our vision

A world where we can all get the health and care we need.



Our mission

To make sure people's experiences help make health and care better.



Our values

- **Listening** to people and making sure their voices are heard.
- **Including** everyone in the conversation – especially those who don't always have their voice heard.
- **Analysing** different people's experiences to learn how to improve care.
- **Acting** on feedback and driving change.
- **Partnering** with care providers, Government, and the voluntary sector – serving as the public's independent advocate.



Our objectives

- To build a sustainable and high-performing network of local Healthwatch services.
- To find out the experiences of people needing or using health, public health and social care services.
- To seek the views of those who are seldom heard and reduce the barriers they face.
- To act on what we hear to improve health and care policy and practice.
- To build on and share our expertise in engagement.
- To be strong, well-governed and use our resources for the greatest impact.

Foreword

Sir Robert Francis QC,
Chair of Healthwatch England

Our nation's health faces enormous challenges. The COVID-19 pandemic has thrown long-standing health inequalities into stark relief. With NHS and social care staff exhausted by the crisis and facing an even greater backlog of care, the unequal health outcomes exposed by the pandemic are at risk of becoming worse. We live in troubling times, but it is how we choose to overcome these adversities that will make all the difference.



The power of listening

The pandemic has been brutal, but it has proven the power of listening to service users' experiences. As this report makes clear, harnessing public feedback, often in real-time, alerts decision makers to problems quickly, helps them understand what's working and ultimately leads to better care.

Just a few examples include:

- The harrowing stories that people shared with us about being discharged from hospital with little or no support at the start of the pandemic led to new Government guidance to ensure this does not happen again.
- When the public was worried about how the NHS would use their GP data, we helped prevent issues by advising the NHS to be more transparent and give people more time to opt out.
- Within eight weeks of the launch of NHS 111 First, we provided rapid feedback to help identify teething issues and improve the public's experience.

This report highlights the unique role Healthwatch can play to help NHS and social care deliver support that works. Many organisations gather feedback, but only we have services in every area, a remit that covers all health and care issues, and the ability to reach all communities, ensuring that they can all get involved in the decisions which matter to them.

Throughout the recent crisis, our independence, the quality of our insight, and our strong partnerships have enabled us to quickly bring the good and bad to policymakers' attention and find solutions that work. We have been able to do this despite some local Healthwatch services facing significant funding cuts.

Addressing the immediate challenges

With nearly six million people now waiting for treatment, I'm committed to doing all we can to help hard-pressed services deliver the care that so many desperately need.¹

Using people's experiences, we will continue to help decision makers understand who cannot access care or where people's needs have been overlooked or ignored. When someone needs support, we will help highlight where people's journey between services has broken down and needs fixing. And, using the positive feedback we receive, we will continue to highlight good practice that is leading to higher quality care.

Building a better service for all

With the NHS and social care system on the verge of major reform, we have a chance to go further. To build on what we've learned to hard-wire people's views, especially those who are not being heard now, into the planning and running of services.

The introduction of Integrated Care Systems and the Government's injection of extra funding to bolster care, gives us a unique chance to design services that truly work for local people, reduce unequal health outcomes, and are sustainable.

Nationally and locally, Healthwatch is committed to playing our part by championing equality and inclusion and helping services reach every bit of the community. We will also work hard to make sure the views of local people are represented in the new NHS structure.

Partnership of equals

However, the opportunity to ensure services work better for us all in a post-pandemic world will require the new system to be different. When planning services, the public's views should no longer be a 'nice to have'. Instead, investing in genuinely listening to the public needs to be a 'must have'. Services should no longer make decisions about care behind closed doors. Instead, we need a culture that openly values and acts on people's feedback.

We have a real chance if we can get the new system right by creating a true partnership between services and the public. The prospect of overcoming the adversities we face now and building a future health and care service that truly meets the needs of all people.

And finally

I cannot thank enough all the staff at Healthwatch England for their tremendous achievements in continuing to ensure the patient and public voice has been heard where it matters despite the challenges the pandemic has thrown at them. Particular thanks must go to Imelda Redmond, who has retired after nearly five years in the post of National Director, for her inspiring leadership.

And we should all be grateful to the staff and volunteers in the Healthwatch network who have done so much to make a difference to the lives of their communities.



**We live in troubling times,
but it is how we choose to
overcome these adversities that
will make all the difference.**

Sir Robert Francis QC



Our year in review

We supported more than two million people to have their say on care and get the right advice.

Nationally



464,000

People turned to us for advice and information

15,700

People shared their experiences of care

+279%

Use of our services has gone up year-on-year²

Locally across 152 services



1,700,000

People turned to us for advice and information

717,000

People shared their experiences of care

+84%

Use of our services has gone up year-on-year³

Our most important stories from 2020-21



spring

From running advice lines to delivering medicines, our 3,700 volunteers helped combat COVID-19.



We quickly alerted regulators about care homes using 'Do not attempt to resuscitate' forms without consent.



With online appointments becoming the norm, our top tips helped professionals and patients get the most out of digital appointments. Sir Simon Stevens, the former NHS CEO, [shared our guidance](#) with NHS leaders on carrying out remote appointments.



54,000 people came forward during our campaign, which aimed to get the public talking about health and care issues they faced.

Summer



Teaming up with the British Red Cross, we called for improvements to make leaving hospital safer during the pandemic.



We urged the Government to act after reporting a 452% increase in people struggling to see an NHS dentist.⁴ Although reform takes time, the Government asked dental practices to maintain accurate information online in response to our recommendations.

Autumn



When the public struggled to see their GP face-to-face, we asked the NHS to confirm this right for all patients.



When NHS 111 First allowed people to book A&E appointments, we found greater public awareness was needed to increase take-up.



With the COVID-19 vaccination programme starting, we talked to different communities to understand their hesitancy.

Winter



Listening to your experiences

Services can't make improvements without hearing your views

From March 2020, your experiences became even more essential when the country went into lockdown because of COVID-19. To help the NHS cope, non-urgent surgery, treatment and appointments were often delayed. Support for patients also moved online overnight.

With big changes, it was hard for NHS and social care services to know whether you were getting the support you needed.



Reaching out to more people

We partnered with the Care Quality Commission (CQC) and launched 'Because We All Care'. The campaign let people know that services value their feedback and explained how they could share their story to help with the COVID-19 response.

We worked hard to listen to people most likely to need support, especially older people, those with long-term health conditions and their carers.

Thanks to the help of local Healthwatch, NHS, charities and local government supporters, more than 54,000 people shared their experiences with us and CQC.⁵

As a result, we were able to bring urgent issues, such as safe hospital discharge and vaccine prioritisation for carers, to the attention of national and local decisions makers.



My daughter is 16 with Autism and with a complex mental health history. She wanted to complete the feedback as she has had some really positive experiences and not so. A brilliant idea to get their views.⁶

Carer



In focus: Moving dentistry up the agenda

We saw a surge in feedback when it came to NHS dentistry.

We first alerted the NHS to problems getting emergency care at the start of the pandemic. Dental practices closed for 11 weeks and re-opened at reduced levels, to keep staff and patients safe. With accounts of people left in pain and resorting to 'DIY' repair methods, NHS England increased the provision of emergency dental care and clarified how the public could get help.

When services re-opened, safety restrictions meant that dentists could see fewer people. The British Dental Association warned that over 14.5 million dental appointments had been missed because of COVID-19, and more people came forward to tell us they found it hard to get treatment.⁷ We saw 452% increase in feedback about NHS dentists, with access and affordability as the two main concerns.⁸

Proportion of people telling us they found it hard to access dental support



Twin crisis of access and affordability

Paul, from Dorset, found it difficult to get NHS treatment after his crown became loose.

“I called a local dentist and was told they could take a look on private care as no NHS dentist would see me. They replaced it with a temporary crown, which cost me £110, and quoted me £2,000 for a permanent one. I was warned to get it fixed permanently or would get an abscess. I spent the next week calling every dentist in Dorset and no one would see me on NHS.”

Paul eventually found private dental care for £700.

“In my experience, the NHS dental service doesn’t exist. The broken system is easily blamed on the pandemic. However, you can still get a private dentist, but not on NHS. I spent weeks and weeks in so much pain and ate very little, feeling tired and exhausted – this is not an experience I ever want to go through again.”

Over the last year, we have repeatedly highlighted the experiences of people like Paul to the Government, including issues such as:

- Dentist not taking on NHS patients, people finding they had been removed from dentists’ lists, and unclear advice about where to get help.⁹
- Many patients having to wait months for an appointment.
- Dentists only offering private treatment that people could not afford.
- People in pain provided with medication but no further treatment or told to treat themselves with dental repair kits.

Looking ahead: Time to reform dental care?

For some people NHS dentistry was not accessible or affordable even before COVID-19 struck. However, the pandemic has compounded these issues and the impact has been felt most by those who can least afford private treatment.

[Polling we undertook in early 2021](#) found that people from lower income households, when compared to people from richer households were:

- Less likely to have visited the dentist during the pandemic.
- More likely to have avoided treatment due to the cost.
- Less likely to say they will see a dentist in the future.

People from an ethnic minority background also had similar responses.

Because of this inequality, we’ve called for rapid and radical reform of the way dentistry is commissioned and provided. Only by changing the way services are commissioned can we create a system where everyone has equal access to affordable dental care. Any reform also needs to result in better information for patients and clarity on the obligations of your dentist.



1 in 4

People struggle to pay for or avoid dental treatment altogether because they cannot afford the costs.¹⁰

Other issues you've helped highlight

One of our key strategic goals is to find out the experiences of people needing or using health and social care services. Over the year, your feedback helped us bring a host of issues to the attention of policy makers.

You told us that	What happened
<p>Some of you with existing health conditions thought you should be shielding but had not been told to. You were confused about which advice to follow, and who to contact for help. Deaf people also said that information was not accessible.</p>	<p>We got the Government to answer your questions and provide advice in more formats like British Sign Language. We also mobilised our volunteers to help support people shielding at home.</p>
<p>Many of you who had loved ones living in care homes were concerned about the blanket bans introduced during the lockdown and the emotional impact on isolated residents.</p>	<p>Thanks to your views, guidance for care homes was updated to encourage the use of testing and other safety measures to allow families to resume visits.</p>
<p>'Do Not Attempt to Resuscitate' (DNAR) forms had been applied by some services to patients. This went against national guidance and many families were distressed about not being involved in end of life care decisions for their loved ones.</p>	<p>We alerted CQC, who wrote to all social care providers and GPs reminding them of the need to discuss and agree end of life plans with people and that DNAR forms should only be applied on an individual basis. CQC followed this with a review of how DNAR forms had been applied during the COVID-19 pandemic.</p>
<p>When the Government first published the priority list for who would get COVID-19 vaccines, many of you were worried that unpaid carers and people with a learning disability were not included. Both of whom were at higher risk of COVID-19.</p>	<p>After we worked with partners to raise the issue, people caring for family and friends at high risk of COVID-19 and individuals with a learning disability were made priority groups for COVID-19 vaccines.</p>

Ensuring you are included

Understanding people's stories from all walks of life to improve care for everyone

The past year has starkly shown that healthcare is not equal for all. Factors such as ethnicity, culture, location, poverty, education and discrimination can affect your health and life expectancy. We want a world where we can all get the health and care we need. But to get there, everyone needs to be included in conversations about how to break down the barriers people face.

One of our objectives is to do more to seek the views of those who are not being heard.



In focus: Understanding vaccine hesitancy

The COVID-19 vaccine roll-out has been a big achievement. However, when the vaccine campaign started, uptake was lower amongst African, Bangladeshi, Caribbean and Pakistani communities.

In March 2021, we joined forces with the NHS Race and Health Observatory and Traverse – a social research organisation – to dig deeper. Using [the latest research](#), we identified steps that the NHS and Government could take to improve confidence in public health campaigns.

Steps to increase trust

People from ethnically diverse backgrounds explained why they were concerned about having a vaccine and what would help increase trust in future public health communications.

- 1 Individual agency** – Give people more information so they make an informed choice.
- 2 Independence** – Share messages using organisations and individuals that people trust and see as independent, like doctors, scientists, the NHS and everyday people they know.
- 3 Transparency** – Make all the information about the vaccine public and accessible to avoid confusion.
- 4 Don't over target** – Avoid making people feel singled out and forced into a decision. Focus on engaging people locally, as individuals, and ask their opinion.



Over

15,000

people shared their views about the COVID-19 vaccine with us.



We heard from

95

people from specific communities to understand vaccine hesitancy through in-depth interviews.



We gave

1,000

front-line staff working on the vaccine roll-out training and information.



Attitudes towards the vaccine are individual. We may be from the same ethnic backgrounds, but we still don't have the same experience.... This 'one-size fits-all' approach is not right and the initial research about people's feelings needs to be deeper.

Research participant





Ethnic health inequality will persist until we can put aside stigma and condemnation and take everyone's concerns seriously and at face value.

Sam Rodger, Senior Policy and Strategy Lead,
NHS Race and Health Observatory



Helping asylum seekers raise issues

At the start of the pandemic, the Government placed asylum seekers in hotels to ensure everyone had COVID-19-secure accommodation. But in Reading, they were struggling to get the health and care they needed.

Healthwatch Reading wanted to change this. Using interpreters and translated information, they helped 43 asylum seekers tell their stories and the problems they were facing.

Healthwatch Reading worked with their MP to raise these issues in Parliament. At the same time, BBC Radio Berkshire and the Reading Chronicle also covered their findings. As a result of Healthwatch Reading's tireless work to give asylum seekers a voice, the NHS and local authority agreed to fund a caseworker specifically for them. This has meant more asylum seekers have registered with a GP and, crucially, get the care and treatment they need.

Looking ahead: Accessible information

NHS and social care services are legally required to communicate in a way that people with disabilities, impairments or sensory loss understand. Yet, people continue to tell us communication is a struggle, which has worsened over the pandemic. For example, we heard there was a lack of easy read COVID-19 information for people with learning disabilities, limited BSL translators for deaf people, and difficulty understanding staff wearing masks.

Things need to change. That's why we're teaming up with charities like Mencap, Sign Health and RNIB to campaign for more accessible health and care information. Together we'll work to:

- Raise awareness of the rights that people have to accessible information.
- Find out if the right to accessible healthcare information should be extended to more people.
- Improve policy when it comes to providing information in an understandable and accessible way.

Analysing what's working

Understanding the full picture of people's experiences

Your experiences help us identify issues affecting thousands of people. Through months, and even years of research, and by looking beyond services to other life factors that affect your health, we can build a clearer picture of how care needs to improve.



Making sure you can see your GP

For years, struggling to access GP services has been one of the most common issues you have told us about. With the pandemic creating new challenges for GP's and making some existing issues worse, we've spent the last year identifying what is and isn't working.

Supporting you to get better digital appointments

Before the pandemic, only a minority of NHS GP appointments happened online or over the phone.¹¹ Today, nearly half of appointments are remote. Some of you have welcomed the digitalisation of care brought on by the pandemic – it's convenient and easier to fit around your lives.

But the online format is not one that all patients or GP staff are used to. That's why we teamed up with organisations including National Voices to look at how remote consultations were working from your perspective.

Thanks to those who shared their experiences, we [developed a checklist](#) for both patients and health professionals on how to get the most out of remote appointments.

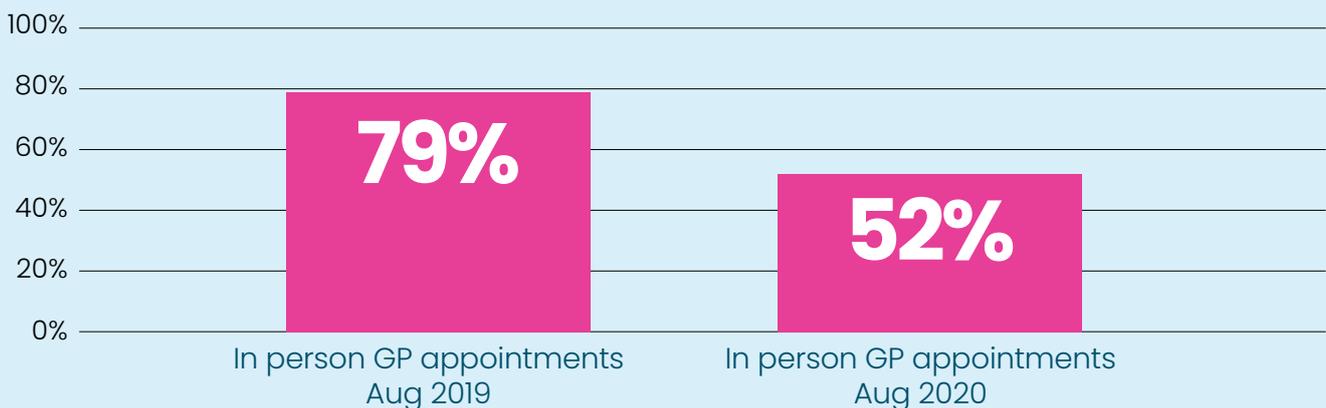
Tips for patients

- Let your GP know you're comfortable with the format.
- Prepare questions you want to ask before the appointments.
- Ask your GP to summarise next steps.

Tips for health staff

- Give patients a specific time slot for the appointment, as waiting around causes frustration.
- Check your patient is confident using technology.
- Check they're somewhere quiet and confidential.

COVID-19 pandemic led to a shift to remote GP appointments¹¹



I didn't know what to expect. The physio created space to ask about how I was doing. I felt heard and was able to ask questions. It was refreshing.

Maria



Raising your access concerns

Drawing on the experiences of 200,000 people, as well as the NHS's GP patient survey, our '[GP access during COVID-19](#)' report highlighted four key issues:

- 1 Poor communication about changes** – People were confused about whether GPs were open and seeing patients.
- 2 Problems booking appointments** – Long waits on the phone, problems booking appointments because of triage systems, and unreliable call-backs from doctors left people feeling anxious.
- 3 Appointments not meeting needs** – Whilst remote appointments are convenient for many people, others were concerned about whether their health issue was correctly diagnosed. Remote appointments were difficult for some disabled people, such as those with sensory impairments, people with long-term health conditions, those without internet access, and anyone who didn't speak English.
- 4 Gaps in support** – People could not get the treatment needed to manage their condition without regular health check-ups and reviews.

Tackling digital exclusion

Digital healthcare does not work for everyone. Our report, '[Locked out](#)', examined the barriers some people face when trying to see a doctor and the effect this had on them.

Using in-depth interviews with older people, disabled people and individuals whose first language is not English, we found that services frequently overlooked individual support requirements. Not checking if patients lacked digital skills, could afford technology, had a disability or a language barrier left people feeling excluded.

Not knowing how to seek alternatives to remote booking systems or appointments meant some people became entirely reliant on their families for accessing healthcare, received poorer quality care or gave up trying to get help altogether.

We also spoke to staff working at GP practices, who were keen to retain the efficiency of remote care but acknowledged that this had excluded some people. They felt a better balance between face-to-face and remote methods was needed.



Before it was much easier, I would go to my GP in person, and the receptionist understood what I needed. My GP was also patient with me, and face-to-face, it was easier to talk about my health. Now it's different, I know they do telephone consultations, but it is not suitable for people like me. My English is weak, and I am not sure I would be able to explain myself on the phone.

Research participant



Helping people access digital healthcare



With more care moving online, Healthwatch Haringey mobilised a team of volunteers to help people with poor digital skills access GP and hospital e-consultation systems. The volunteers demonstrate how to use apps remotely, over the phone, and at community hubs. People who don't have a mobile phone or tablet can also loan one as part of the scheme.

So far, the project, run in partnership with three local hospital trusts and the Clinical Commissioning Group, has helped over 60 people access appointments. Healthwatch Haringey is now aiming to roll out the project to care homes, helping residents use technology to keep in touch with loved ones.

Looking ahead: You should decide how to see your GP

Although the NHS responded positively to the issues people have raised, many of you are still struggling to see a GP. We've called on NHS England to review primary care and to take steps to reduce the access barriers people face. We've recommended that:

- You should have the right to decide what kind of appointment you need – face-to-face, remote, or a combination.

- Virtual appointments should have dedicated time slots, so you don't have to wait for hours.
- GP records should indicate whether you are happy to have a virtual appointment.

[NHS England has written to all GPs](#) with guidance that all practices must respect preferences for face-to-face care and should offer in-person appointments.

Acting on feedback

Your feedback is helping to improve health and social care every day

You might think ‘What’s the point? Nothing ever changes!’ but we’re listening and taking your views directly to NHS leaders and decision makers to improve standards of care.

Change takes time, but with your help we’ll continue to act on what you tell us to help improve health and care for everyone.



In focus: Making it easier to get to hospital

If you're physically unable to travel, can't afford transport, or live in a rural area, getting to a hospital appointment can feel impossible. Thousands of people experience these barriers every day, with some missing out on vital care like chemotherapy and dialysis.

Thanks to people sharing their experiences, we have helped the NHS identify issues with patient transport services and pushed for improvements.

Inconsistent eligibility criteria

Together with Age UK and Kidney Care UK, we looked at the challenges 3,000 people faced travelling to NHS services. Our report '[There and back](#)' found that although the NHS offers a Non-Emergency Patient Transport Service to help patients who need extra support, it wasn't working the way it should.

One of the main issues we heard was the eligibility criteria for this service was vague and applied inconsistently across England. Patients and families were often left unclear about whether they could get help, leading to confusion, and missed appointments.

NHS commits to improvements

Due to our call for change, NHS England reviewed the Non-Emergency Patient Transport Services, and announced several changes in August 2021.¹² The NHS is consulting on proposals for new, clear, and consistent eligibility criteria for support, and has also committed to improving the coordination and communication of appointments using better technology.

These changes will have a significant impact for people who rely on patient transport. It's a great example of the positive changes that happen when people speak up, and services listen.



I have arthritis in my knees and have to wear special leg braces. Amazingly, I don't qualify for hospital transport. I've been forced to rely on my savings and am spending £1,000 a year on transport to the hospital.

Hospital patient



Other ways we're acting on your views

Raising concerns about how the NHS uses your data

When the NHS announced that anonymised GP patient data would be used to help with patient planning and medical research, both professionals and the public raised concerns. Issues included people not knowing about the changes or how to opt-out.

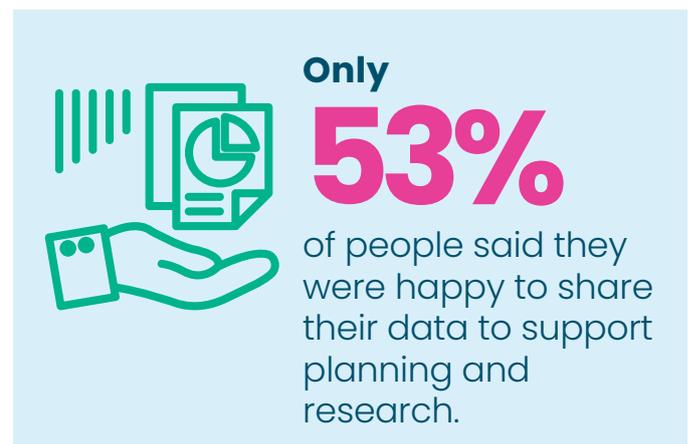
To inform discussions, we repeated research we first did in 2018 to find out what you thought.¹³

We found that:

- 57% of people had heard about the plans, most likely because the controversy spiked public interest. However, many people did not understand the issue because of poor official communication and false information from other sources.
- Only 53% of people said they were happy to share their data to support planning and research.
- More than a third of people (29%) didn't know whether to opt-out of sharing their data.

Although most people trust the NHS to keep their data safe, the number of people who said they were happy to share their data had fallen significantly since we asked in 2018.

We reported your concerns to NHS Digital and others involved, highlighting the need for transparent information and more time for the public to opt-out of data sharing. In response the NHS postponed the scheme until it meets stricter criteria.



Understanding whether NHS 111 First is working

From December 2020, NHS 111 started rolling out the ability for you to book urgent appointments with A&E and other services. We wanted to find out whether people were getting a good experience and rapidly help with improvements during the roll-out.¹⁴

The majority of people who used NHS 111 (79%) felt they got the help they needed and liked the idea of being able to book urgent appointments. The issue was that most (73%) had not heard of the new NHS 111 First service.

We also heard that some people who had used the new service had turned up to for appointments, but services had not been told.

With the Government investing extra funding to support the rollout of the new NHS 111 First service, we were able to highlight the need for greater public awareness and better communication between NHS 111 and services.



My wife was told to go straight to A&E. But when she got there, she had to wait on her own for three hours as 111 did not make an appointment for her.

East Sussex resident



Looking ahead: Access to social care

Social care is under pressure from all fronts, including a lack of support for people and their families, accurate information and advice, and staffing shortages. The Government has announced important reforms to funding and charging, but these won't come into effect until 2023 at the earliest.

We're looking at when your social care needs are not being met to help decision makers understand the true impact if you can't get the care you desperately need. We want to ensure that the new system is clear about who is eligible for support, provides good access and is supported by high quality information so you can make informed decisions.

We advised the Government to use the expertise of local organisations to provide the public with personalised information. We're pleased to see the Government commit £5 million to test new ways to help people navigate social care in the latest white paper.¹⁵

Partnering to get things done

The power of working with others

We can only be successful if we work hand-in-hand with others. Both nationally and locally we partner with others to pool what we know about an issue, as well as our expertise to get things done.



Leaving hospital safely

Over the years, both Healthwatch and the British Red Cross have regularly heard that leaving hospital can be a difficult experience.

This continued during the pandemic after the NHS gave hospitals the green light to quickly discharge patients. Although this helped free up beds, it also affected care quality and safety for some patients.

Robin's dad was admitted to the hospital with a heart attack. While the family were grateful for his care, the lack of communication and support when he was discharged from the hospital was stressful.

"After a week in hospital, a nurse advised dad to self-discharge... We were really worried as dad hadn't been tested for COVID-19 or given any support with aftercare. We didn't really know how to take care of him."

After hearing first-hand, the impact that the new discharge process was having on people's health and wellbeing, we teamed up with the British Red Cross to take a closer look at people's experiences.¹⁶



82%

of people we spoke to who were discharged did not receive a follow-up visit and assessment at home, despite everyone leaving hospital being entitled to one.



After a week in hospital, a nurse advised dad to self-discharge... We were really worried as dad hadn't been tested for COVID-19 or given any support with aftercare. We didn't really know how to take care of him.

Robin



Improving policy

Together we made several recommendations, which were taken on board when the Government updated their discharge guidance for NHS hospitals.

Changes included the introduction of holistic welfare checks for everyone leaving hospital. The checks now cover a wider range of issues that people might face, such as practical, social, psychological and financial needs.



Better practice in Brighton and Hove

The voluntary and community sector provides care for many people leaving hospital. With the arrival of the pandemic, Healthwatch quickly realised that patients being discharged would potentially be left without support.

To make sure this didn't happen, Healthwatch Brighton and Hove set up a wellbeing check service, working with their local council, Clinical Commissioning Group and Brighton and Sussex University Hospitals Trust.

Between April and September 2020, Healthwatch Brighton and Hove spoke to over 1,400 people who were referred to them directly from the hospital. By teaming up with others, Healthwatch Brighton and Hove were able to signpost vulnerable people onto extra care or support, such as help with food shopping or mental health services.



Looking ahead

Championing better care for everyone

In 2022, we'll focus on the following areas to make the biggest difference to the communities we serve.

Better public engagement in care

One of our key objectives is to promote the importance of public engagement in care so that your voice is heard when the NHS makes decisions.

Later this year, the Health and Care bill should pass, bringing significant changes to the way services are funded, planned and delivered. Traditionally, the NHS and social care services have worked independently, and many of you have complained that this has resulted in disjointed care.

The new legislation aims to focus on collaboration and coordinating local services to address local

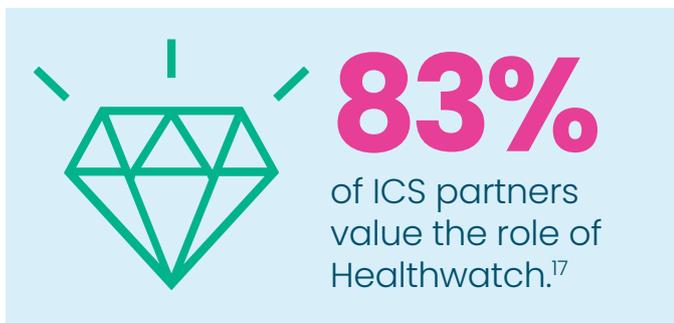
populations' needs, improve people's experiences of care and reduce inequalities. In practice, this means each part of England will be covered by one of 42 Integrated Care Systems, which will take on the commissioning and decision making duties currently held by Clinical Commissioning Groups and NHS England.

Local Healthwatch already has a strong voice at a local level but we need to ensure that decision makers in the new system continue to act on your views.

Getting ready for the new NHS structure

NHS decision makers involved in the new ICS structure value our role. They want to understand what our communities are telling us, get expert advice on engagement and to be challenged when we think the wrong decisions are being taken.

If we are to effectively amplify the voice of our communities, we'll need the resources and new ways of working in place. To help make this happen, we've created national guidance to help ICSs get the best out of working with local Healthwatch. We've also developed a full support programme, so your local Healthwatch has the right tools to champion your views in the reformed NHS.



It is vital, possibly more so than ever, that the public is heard as we design more integrated, people-centred services. Without that public voice, we will end up designing services that may work for the system but will not work as well as they could do for the people who rely on them. Healthwatch is, and must remain, their megaphone.

Health Minister Edward Argar MP





Stronger together in London

Across England, GP surgeries are under strain and people are struggling to see a doctor. In London, six local Healthwatch services partnered with Our Healthier South East London ICS to help improve GP access.

They wanted to dig beneath the surface to pinpoint issues and give services the independent evidence they need to make decisions.

Over 1,000 people shared their opinion via community engagement run by six local Healthwatch. Because Healthwatch pooled resources, they covered a wider population and were able to spot problems affecting people using GP services across the entire region. For example, the way people were being triaged online left them feeling confused and anxious.

Healthwatch have been able to pass this critical insight to the ICS, who will be looking to fix the issue when planning services, so that people have a better experience in the future.

Reducing health inequalities

In May 2021 we refreshed our strategy, including a new objective to help tackle inequalities.

We've always been committed to this important goal. However, the pandemic has shone a stark light on the impact of existing inequalities when using health and care, highlighting the importance of championing the voices of those who all too often go unheard.

Over the next three years, our goal is to reduce health inequalities by making sure your voice is heard, and decision makers act to reduce the barriers you face – whether that's because of where you live, income or race.

We plan to do this by:

- Supporting local councils to prioritise equality, diversity and inclusion within commissioning of local Healthwatch.
- Enabling local Healthwatch to have the right culture, skills and policies in place.
- Having diverse board members, staff and volunteers who reflect the communities we serve.
- Having accessible communications and campaigns, as well as building strong links with individuals and organisations trusted by people who face inequalities.
- Demonstrating how we prioritise equality within our work and having a solid evidence base of the barriers to equal care.

Other areas we will focus on

Building a sustainable and high-performing local Healthwatch service

We will

- Build the skills and knowledge of our staff and volunteers.
- Help secure the money local Healthwatch need.
- Make our brand and values stronger.
- Demonstrate the impact we make to communities.
- Strengthen our approach to equality, diversity and inclusion.

Finding out your experiences of needing or using services and making sure you get the advice you need

We will

- Strengthen our national and local campaigns.
- Improve our systems to capture and understand what you say.
- Provide advice that answers common questions.

Acting on what we hear to improve health and care policy and practice

We will

- Help improve access to services like GPs and dentists.
- Raise awareness of the impact when social care needs are not met.
- Carry out rapid research to help policy makers understand the impact of COVID-19 on your access to support.

Our resources

What funding we get nationally and locally

To help us carry out our work, Healthwatch England is funded by the Department of Health and Social Care. We also receive additional funding from NHS England to support specific public engagement projects. Our strategy commits us to using our resources wisely to help achieve the greatest impact.

Our income and expenditure

Income		Expenditure	
Annual grant from Government	£3,417,906	Expenditure on pay	£2,000,481
Additional income	£39,337	Non-pay expenditure	£1,040,030
		Office and management fee	£451,328
Total income	£3,457,243	Total expenditure	£3,491,839

In focus: The resources of local Healthwatch services

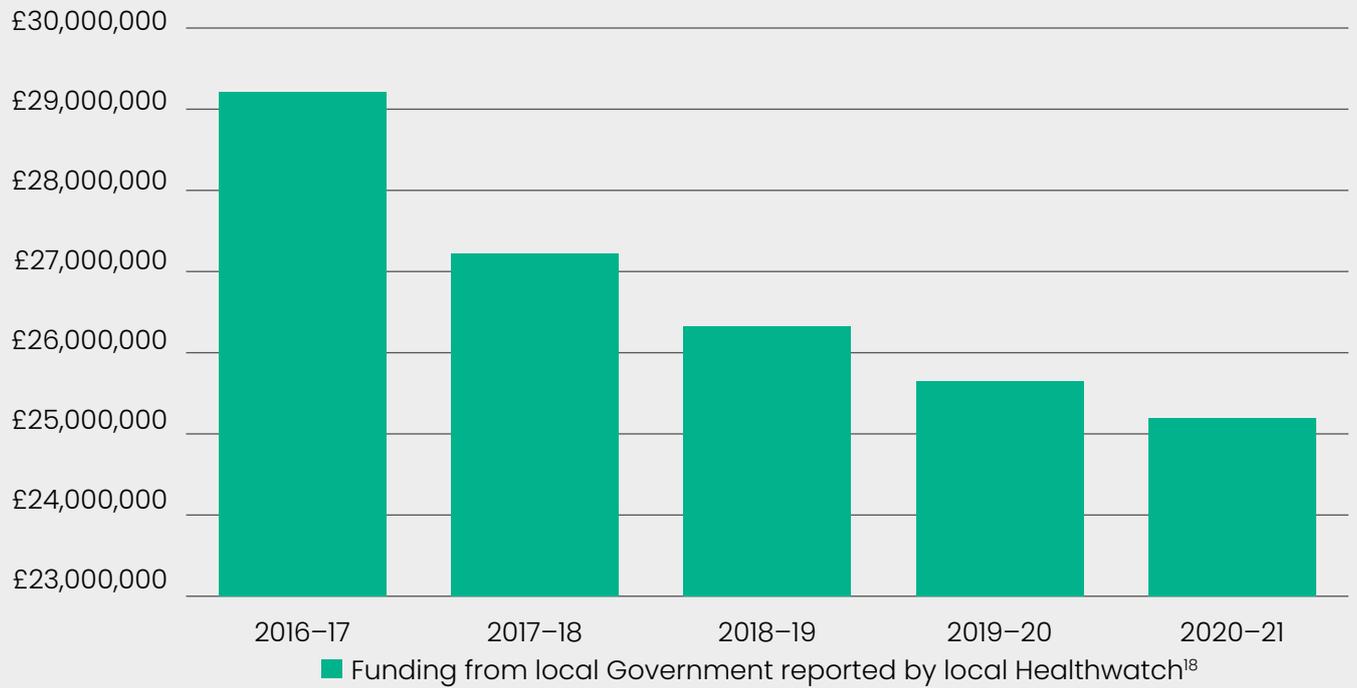
Local Healthwatch across the country are independently funded by councils and supported by staff and volunteers. We help them with training, advice and support and are committed to building a sustainable and high-performing network of local Healthwatch services.

152 Healthwatch in England received £25,220,917 from local authorities to carry out their statutory activities in 2020–21. Healthwatch England also supports local Healthwatch and other organisations by making direct grants, which support specific projects to involve people in health and social care.

Grants from Healthwatch England to local Healthwatch

We provided over £513,800 in grants in 2020–21 to support the involvement of people in health and care services.

Local Healthwatch funding over time



Our people

We would not be able to do what we do without our staff and volunteers.

Nationally



40

Staff work with the public, policy makers and partners to make care better.

Locally across 152 services

586

Full-time equivalent staff are supported by us to deliver the Healthwatch service to local communities.



3,700

Volunteers give up their time to understand local people's views, provide advice and help improve services.¹⁹

On average each local Healthwatch has

4

full-time equivalent staff.

Our committee

We are governed by a committee who set our strategy, provide scrutiny and oversight, and approve policies and procedures that are needed for us to work effectively. They also spend time holding public meetings to hear everyone's views and use this knowledge to inform our decision making.

Members

Sir Robert Francis QC, Chair
 Phil Huggon, Vice Chair
 Lee Adams
 Pav Akhtar (commenced November 2021)
 Amy Kroviak (Stepped down December 2021)
 Andrew McCulloch
 Sir John Oldham (commenced August 2020)
 Danielle Oum
 Helen Parker
 Umar Zamman (commenced November 2021)

Thank you

Thank you to everyone who supported our work in the last year, especially:

- The people, service users and carers who took the time to share their stories of care and ideas for how services can be improved.
- Our excellent local Healthwatch volunteers and colleagues working so hard in every community.
- The voluntary organisations, like Age UK, British Red Cross, Kidney Care UK, National Voices, the Patients Association, the Kings Fund and the Richmond Group, that have supported our research to help highlight the issues people face.
- The health and social care professionals who have listened and made changes to address the problems people have raised.
- Our national partners in the Department of Health and Social Care, Care Quality Commission, NHS England, NHS Digital, NHS Improvement, NHSX and other statutory organisations who have acted on what the public have said.

References

- 1 Statistical press notice, [NHS referral to treatment \(RTT\) waiting times data](#), NHS England, January 2022.
- 2 In 2019-20, 126,492 people either viewed Healthwatch England advice and information online or shared their experiences with us. In 2020-21, 479,972 viewed Healthwatch England advice and information online or shared their experiences with us.
- 3 In 2019-20, local Healthwatch reported an estimated 1,310,000 people either accessed advice and information or shared their experiences. In 2020-21, local Healthwatch reported an estimated 2,417,000 people either accessed advice and information or shared their experiences.
- 4 We saw a [452% increase in NHS dentistry data](#) between July to September 2020, compared with the previous three months - April to June 2020.
- 5 These views were captured by Healthwatch England and CQC between July 2020 and March 2021.
- 6 Respondent to OnePoll survey of 1,000 people (500 carers and 500 non-carers) March 2021.
- 7 [‘Dentists face uphill struggle, as missed appointments top 14m’](#), British Dental Association, October 2020.
- 8 We saw a 452% increase in NHS dentistry data between July to September 2020, compared with the previous three months - April to June 2020.
- 9 [What are people telling us: July to September 2020, December 2020](#), Healthwatch England.
- 10 [Dentistry During COVID-19 Insight Briefing](#), Healthwatch England, May 2021.
- 11 [‘Appointments in General Practice’](#), NHS Digital, May 2019 to October 2021.
- 12 [‘Improving non-emergency patient transport services’](#), NHS England, August 2021.
- 13 [‘Patient data is crucial for the planning of health services - and so is building trust in how the NHS uses it’](#), Healthwatch England, July 2021.
- 14 [‘Is NHS 111 First making a difference?’](#), Healthwatch England, March 2021.
- 15 [‘People at the Heart of Care: Adult social care reform white paper’](#), Department of Health and Social Care, December 2021.
- 16 [‘590 people’s stories of leaving hospital during COVID-19’](#), Healthwatch England and British Red Cross, October 2020.
- 17 [‘Mapping the relationship between local Healthwatch and Integrated Care Systems’](#), Healthwatch England, September 2021.
- 18 Estimated funding received by local Healthwatch reported on an annual basis from 2016-17 to 2020-21.
- 19 Estimated staff and volunteers numbers reported by local Healthwatch for 2020-21.



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