



ALBERT

PRINCE CONSORT

**Annual report 2019-20**

**Guided by you**

Healthwatch Wolverhampton  
Regent House  
Bath Avenue  
Wolverhampton  
WV1 4EG

W: [www.healthwatchwolverhampton.co.uk](http://www.healthwatchwolverhampton.co.uk)  
T: 0800 470 1944  
E: [info@healthwatchwolverhampton.co.uk](mailto:info@healthwatchwolverhampton.co.uk)  
F: HWwolverhampton  
T: hwwolverhampton  
I: hwwolverhampton

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# Guided by you

Healthwatch Wolverhampton is the independent patient champion created to gather and represent views of the public. Healthwatch plays a role at both a national and local level to make sure the views of the public and people who use health and social care services are taken into account.

We listen to views, concerns and suggestions about health and social care services and use the information to help shape and improve them. We engage at a strategic level with commissioners and providers to improve the quality of local services using patient experience.

Healthwatch Wolverhampton is one part of a 152 part Healthwatch network across England. We were created in response to the Health and Social Care Act 2012 and are funded by the Department of Health through City of Wolverhampton Council.

 We are the independent consumer champion for health and social care services. We're here to find out what matters most to the people and communities that use these services.



# Message from our Interim Chair



Robin Morrison, Interim chair  
of Healthwatch Wolverhampton

This annual report sets out the work that we have undertaken during 2019/20. It explores some of our key successes and how we have made a difference based on what people have told us about their experiences of health and social care services.

Our work has been recognised both nationally and locally, having received the Highly Commended award from Healthwatch England for our work with the Deaf community and the Employer of the Year award from Juniper Training for our work providing student placements and recognising the support we have given to their students.

We have undertaken 22 Enter and View visits, our statutory power to observe service delivery and engage with the people both receiving and delivering the services. Our reports have highlighted some of the great work taking place across Wolverhampton and we have made recommendations to providers where needed.

I want to pay tribute to all our volunteers who have worked hard to support all our areas of work from Enter and View to supporting us on the Healthwatch Advisory Board (HAB), helping us to gather the views of the public and make a difference.

In February this year we said farewell to the Chair of our HAB, Sheila Gill. We would like to thank Sheila for her dedication to Healthwatch during her time with us and we wish her every success.

We have had to adapt to challenging times with the arrival of Coronavirus. We have stepped up to the challenge ensuring that our website and social media platforms have been updated on a daily basis with information from the Government, Public Health England and what is happening locally. We wanted to let the public know that Healthwatch is still working and how they could contact us.

Our condolences go out to everyone who has been affected by Coronavirus and we want to thank the NHS and social care staff including carers, residential homes staff and domiciliary care staff for the work they have been doing in tackling the virus and saving lives under very difficult circumstances.


I also want to thank the staff team for their hard work during the year, gathering service user feedback and supporting people in a range of ways and for adapting to the challenges of Coronavirus.

# About us

## Here to make care better

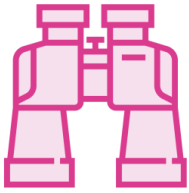
The network's collaborative effort around the NHS Long Term Plan shows the power of the Healthwatch network in giving people that find it hardest to be heard a chance to speak up. The #WhatWouldYouDo campaign saw national movement, engaging with people all over the country to see how the Long Term Plan should be implemented locally. Thanks to the thousands of views shared with Healthwatch we were also able to highlight the issue of patient transport not being included in the NHS Long Term Plan review – sparking a national review of patient transport from NHS England.

We simply could not do this without the dedicated work and efforts from our staff and volunteers and, of course, we couldn't have done it without you. Whether it's working with your local Healthwatch to raise awareness of local issues, or sharing your views and experiences, I'd like to thank you all. It's important that services continue to listen, so please do keep talking to your local Healthwatch. Let's strive to make the NHS and social care services the best that they can be.

 I've now been Chair of Healthwatch England for over a year and I'm extremely proud to see it go from strength to strength, highlighting the importance of listening to people's views to decision makers at a national and local level.

Sir Robert Francis, Healthwatch England Chair





### Our local vision is simple

Health and care that works for you. People need health and social care support that works – helping them to stay well, manage any conditions they face and to get the best possible care from services.



### Our local purpose

To find out what matters to you and to help make sure your views shape the support you, your families and communities need. Our main job is to raise people's concerns with health and social care decision makers so that they can improve support across the country. The evidence we gather also helps us recommend how policy and practice can change for the better.



### Our local approach

People's views come first – especially those who find it hardest to be heard. We champion what matters to you and work with others to find solutions. We are independent and committed to making the biggest difference to you.



### How we find out what matters to you

We play an important role in bringing communities and services together across Wolverhampton. Everything we do is shaped by what people tell us. Our staff and volunteers identify what matters most to people by:

- Visiting services to see how they work
- Running surveys and focus groups
- Going out in the community and working with other organisations.

## Wolverhampton Health Advocacy Complaints Service (WHACS)

Healthwatch encourages partnership working and continues to enjoy being co-located with the Wolverhampton Health Advocacy Complaints Service (WHACS), with an advocate working from the Healthwatch offices. The advocacy service is a separate service which receives independent funding to that received by Healthwatch but we co-locate as we see the real synergies between the two contracts, with Healthwatch gaining valuable insight from the themes and trends coming through from the advocacy cases.



Find out more about us and the work we do

**Website:** [www.healthwatchwolverhampton.co.uk](http://www.healthwatchwolverhampton.co.uk)

**Twitter:** @hwwolverhampton

**Facebook:** @hwwolverhampton

**Instagram:** @hwwolverhampton

# Meet the team

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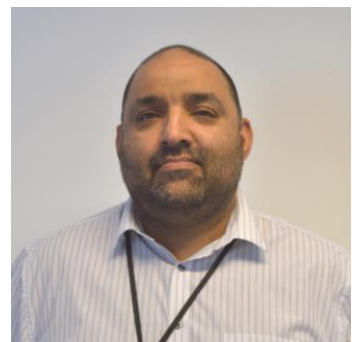
**Tracy Cresswell**  
Healthwatch Manager



**Emily Lovell**  
Engagement and  
Information Lead



**Ashley Lovell**  
Engagement and  
Information Lead



**Rasham Gill**  
Community  
Outreach Lead



**Judith Stroud**  
Complaints Advocate



**Andy Davies**  
Information and  
Signposting Officer  
*Started November 2019*



# Our priorities

Last year people told us about the improvements they would like to see made to health and social care services in 2019-20. These were our four priorities for the year based on what you told us.



## Isolation and Loneliness

Following from phase one in 2018/19, we wanted to understand the experiences of older people in relation to social isolation and loneliness, how this is managed and what support could be offered to help old people overcome loneliness.



## Maternity

Following from the Isolation and Loneliness project in 2018/19 with new mothers, we wanted to consider the experiences of new parents around their care after the birth of their baby, including at the hospital and within the community.



## Cervical Cancer

With low levels of cervical screening attendance in the City, the focus of the project was to understand why women do not respond to screening invitations and what can be done to improve attendance.



## Mortality

Due to Coronavirus and the sensitive nature of this project, this priority has been deferred over to 2020/2021.

**More information on these priorities can be found under the "How we've made a difference" section of this report.**

# Highlights from our year

Find out about our resources and the way we have engaged and supported more people in 2019-20.



Annual Public Meeting, July 2019, Low Hill Community Centre

## Health and care that works for you



### **27 volunteers**

helping to carry out our work. In total, they gave up an estimated **450 hours of their time**.

### **18 students**

Carried out work experience with Healthwatch Wolverhampton, giving up to **750 hours of their time**.

## Providing support



### **138 community events**

were attended by Healthwatch staff, volunteers and work experience students.

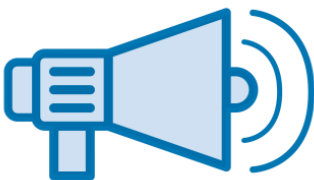
### **3,139 people**

were engaged with by Healthwatch Wolverhampton at community events.

### **646 patient experiences**

were shared with Healthwatch Wolverhampton to help improve health and social care services in Wolverhampton.

## Reaching out



### **8,814 people**

Contacted us on our freephone number, leading to **140 information and signposting enquiries**.

### **604,612 accounts**

were reached through our social media; Twitter, Facebook and Instagram.

## Making a difference to care



We published

### **24 reports**

about the improvements people would like to see with their health and social care, and from this, we made **192 recommendations for improvement**.

# 2019-20 Timeline



**April 2019**  
Highlights included our Spotlight on care assessments event. 741 people were engaged with in the community and online.



**October 2019**  
Highlights included receiving Highly Commended in the Championing Diversity and Inclusion Healthwatch England awards.



**May 2019**  
Highlights included Mental Health week. This month we engaged with 432 people in the community and online.



**November 2019**  
Highlights included holding a pop-up shop, where we engaged with over 500 across the week.



**June 2019**  
Highlights included volunteers' week, PPG week and receiving our employer award from Juniper Training.



**December 2019**  
Highlights included hosting a Samaritans fundraiser and a Volunteer afternoon tea in the Mayor's Parlour.



**July 2019**  
Highlights included our Annual Public Meeting. This month we engaged with 391 people in the community and online.



**January 2020**  
Highlights included attending Wolverhampton College's Health Fayre.



**August 2019**  
Highlights included General Practice Nurse (GPN) focus groups and drop ins at different health and social care settings.



**February 2020**  
Highlights included delivering a presentation at the Deaf Studies Conference on our work with the Deaf community.



**September 2019**  
Highlights included Carvers marathon, college freshers and sexual health week.



**March 2020**  
Highlights included hosting a Time For a Cuppa Event for our Volunteers and beginning our response to Covid-19.

# How we've made a difference

Find out how we have made a difference to health and social care services in 2019/20.



General Practice Nurses Focus Group, Zebra Coffee Morning for D/deaf communities, Lighthouse Cinema, August 2019

# Community Outreach

Community outreach plays an important role in collecting patient experiences for Healthwatch Wolverhampton. Our Community Outreach Lead carries out drop-ins across health and social care settings as well as attending events across the community to gather the views of people who use services in Wolverhampton.

Listed below are just a few examples of where we have been over the last year:

- Newcross Care Home
- Asian Ladies Group Prem Vadhaou
- WV Active Aldersley and Central
- Grove Medical Centre
- P3 Café
- St Joseph's Church, Places of Welcome
- New Cross Hospital, drop ins across various departments
- Diabetes UK, Molineux Stadium
- City of Wolverhampton College
- Continence Team, Lower Green Health Centre
- Tea and Chat, Central Library
- Baitta Atta Mosque, Places of Welcome
- Cannock Road Medical Practice
- Aldergrove Manor Care Home



## Helping homeless people access health and social care services.

In January 2020, the Healthwatch team undertook a training session of how to better engage with hidden groups and to support the relationships that we have with the groups that support the seldom heard. We have been actively engaging with P3, a charity aiming to improve lives and services for people who are homeless, we carried out drop ins at their P3 Café, speaking to the community and assisting them to access health and social care services.

Following this, a service user with no fixed abode got in contact with us as they were

unable to register with a GP. Healthwatch contacted the Clinical Commissioning Group (CCG) who wrote out to GPs to remind them to take homeless patients and also provided a leaflet for us to share with the patient to help them register with a GP. Unfortunately, the patient still experienced difficulty finding a GP to register with so we got back in touch with the CCG who signposted us to a GP that would take the patient.

The patient was able to register with this GP and rang to thank Healthwatch, they explained that they were experiencing further problems with finding a hostel, so we signposted them to the Local Authority who would be able to provide further support.

## Pop up shop: Healthwatch week at the Wulfrun

In November 2019, we held a pop up shop in the Wulfrun Shopping Centre for a week where we engaged with over 500 people and were supported by 22 providers. Each day was themed to link in with a different health awareness days, posters were displayed to promote this.



The event started with a day of general health and social care topics. We were supported by various providers including; Breast Cancer Support Group, Flu Campaign team, Alzheimer's Society, Carer Support team, Antibiotics Awareness, Compton Care, Personalised Care, Special Educational Needs and Disabilities team and End of Life Care. There was also a CPR training session with St John's Ambulance.

The week also had another theme, National Alcohol Awareness Week. Therefore, we decided to focus Tuesday on alcohol and substance misuse and were supported by; Personalised Care, Recovery near you, Refugee Migrant Centre and Carer Support team.

Wednesday's focus was cancer due to it being; mouth cancer, lung cancer and pancreatic cancer month. Healthwatch were supported by Macmillan, the Cancer Research and the Breast Cancer Support Group, the Patient Advisory Cancer Team (PACT), Carer Support, the Wolverhampton Clinical Commissioning Group and Personalised Care.

Thursday was world diabetes day so we focused on diabetes and healthy lifestyles. This day we were supported by; WV Active, P3, Carer Support and the TB Nurses Team.

On Friday we chose to focus on men's health due to it being 'Movember', this is the much publicised month that sets out to raise awareness of prostate cancer, testicular cancer, mental health and suicide prevention. We were supported by Macmillan, Cancer Research and the Breast Cancer Support Group who all focussed their support and information to men, as well as the Carer Support team and Head4Health.

The event ended with the start of National HIV testing week, so we were supported by Embrace, the Sexual Health Service in Wolverhampton who were carrying out STD tests and supplying free contraceptives and advice. There was also a CPR training session with St John's Ambulance.

This event was also supported heavily by our dedicated group of volunteers, who actively engaged with members of the public and other service providers.

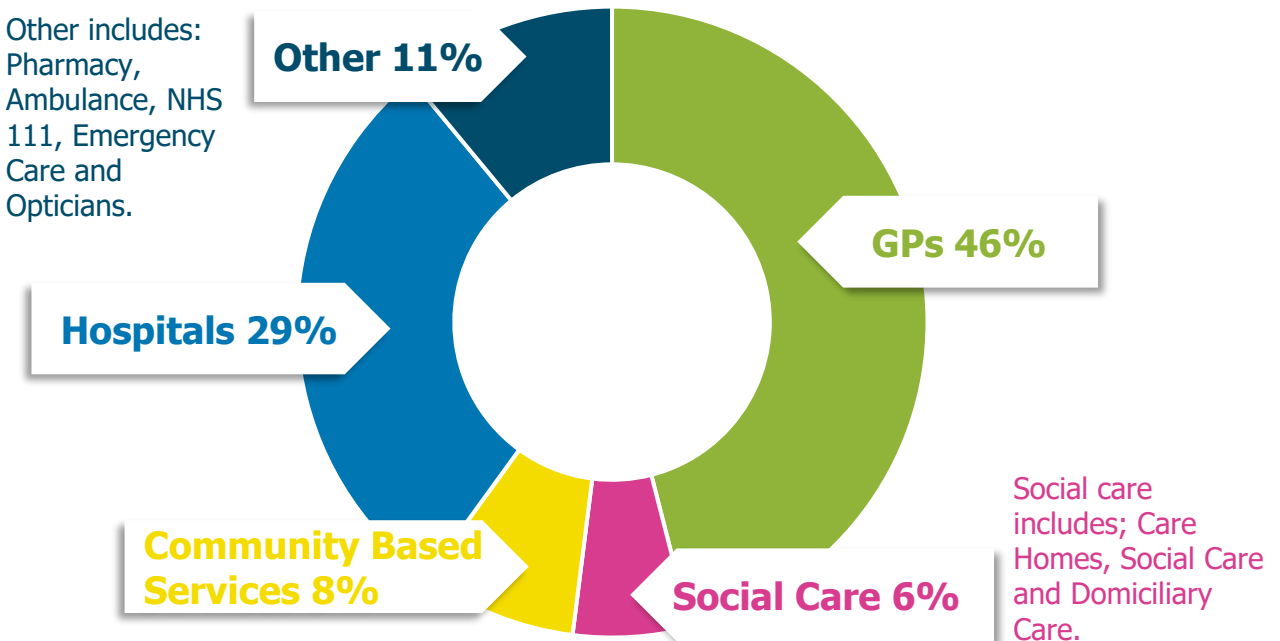


# What People Have Told Us

Over the past 12 months we have collected over **640 patient experiences**; feedback from the people using health and social care services in Wolverhampton.

This feedback helps to make positive changes and improvements to the health and social care services in Wolverhampton. By Healthwatch actively engaging with commissioners and managers of services, playing a role in strategic meetings and carrying out Enter and View visits we are able to ensure that patient voice is heard and represented. Feedback is also used to shape our work plan and priorities, so we can ensure a larger change and impact for those communities. We are also able to signpost and refer service users to complaints and advocacy services, to ensure they are getting the answers they want from the people who deliver their care.

The graph below shows the themes of patient experiences we have received across 2019/20.



## Collecting patient experiences in our community.

Our community outreach lead regularly attends Tea and Chat meetings at the Central Library. During these meetings we have worked with the Community Support Team to listen to people and their stories of

health and social care services. Some of these experiences have been signposted to Wolverhampton Health and Advocacy Services (WHACS). By working with WHACS and the Community Support Team we have been able to help people get the answers they needed as well as enabling them to get the right support and care.



## Continuing our work with the D/deaf community

We have continued to work with Zebra Access, commissioners and providers to engage with the community around various health issues.

“The Deaf community especially feel that they are now truly included within the consultations that they have had at the coffee morning. The Deaf community historically do not get involved with community consultations, so it has been amazing to see such development and passion from both the community and Healthwatch.”

Sean Noone, Zebra Access

As part of the work carried out, a lot of emphasis has been on BSL users, however we have presented the findings to BCHA (Bone Conduction Hearing Aid) and to the audiology staff at West Park. Both meetings were well received, and they were all given a communication card to support them when speaking to professional staff. Whilst we were in the pop-up shop in the Wulfrun Centre a patient came to let us know that they had just used the card in a shop and the assistant was not looking at them so they showed them the card which asked them to look at them so they could lip read, which they did.



Tracy, Healthwatch Manager and Liz, ECS Managing Director, collecting the award

We were shortlisted for the “Championing Inclusion and Diversity” award for the work we have carried out with this community, the awards were presented at the Healthwatch England Annual Conference on 1 October 2019 and we received ‘Highly Commended’; a huge acknowledgement for Healthwatch Wolverhampton.

As this piece of work started back in 2018 with Wolverhampton University looking at the issues that the D/deaf community were experiencing, it was a pleasure to be invited to present at a deaf conference held by the University around the issues that we had found but also the health studies found across the country, they were very similar. We presented on the work that we had been doing with the community and how they felt more engaged.

“We were delighted that Healthwatch was a part of this conference and it was a great pleasure to work with you and have the opportunity to present the highly successful journey and outcome of this research initiative. Thank you for working so closely with us on this.”



Tracy speaking at the Deaf studies conference at the University of Wolverhampton

## Spotlight Meetings

Spotlight meetings allow Healthwatch to focus on a topic of concern raised by patients. They give opportunity for members of the public to listen to and question changes providers and commissioners are making to services.

### Spotlight on... Care Assessments

In April 2019, we held a spotlight on care assessments. 16 people were in attendance, from general public to professionals to hear about changes being made to social care assessments across the City. David Watts, Director of Adult Social Care and Louise Haughton, Principal Social Worker delivered a presentation, addressing the why, what and how. Below are examples of the questions raised at the Question and Answer session.

#### Why?

Based on feedback of service users, carers, employees and consulting with other Local Authorities, it was identified that the current system was not working. It was time consuming, focused on deficits, lowered staff morale and was bureaucratic. Below are examples of questions that was raised by the public during the Question and Answer Session

#### What?

Moving away from tick box assessments encourages "good conversations". Less paperwork allows for more face to face time with service users to find out what is important and develop solutions that are personal. Language would become more empowering and less negative. Having the first person you have a conversation with support and work with you, and bring the right people in to help if they need to.

#### How?

This was piloted in the East of the City and with mental health over a 13 week period, this was evaluated to identify the impact of this change in working. Impact was positive, more time for workers to spend with service users, family, carers etc. Waiting lists were also cleared with nobody waiting longer than three weeks for assessment so people are no longer at the end of their tether. Feedback from service users was positive, they are seen quicker and do not have to be handed over numerous times, so they are not retelling their story.



David Watts speaking at the Spotlight on Care Assessments

#### Question and Answer session

**Q:** How do you challenge an assessment?

**A:** Audit of case files are carried out on a regular basis, service users are contacted, we carry out quality assurance. The City Council carry out two surveys a year, one for the service user and one for the carer.

**Q:** How are the general public aware of these changes taking place around care assessments?

**A:** We are trying to encourage staff to be more proactive.

**Q:** How are you working with care homes around these changes?

**A:** Some of the care homes are engaging with the Council especially around the SPACE project and other forums.

## Spotlight on Prescriptions

We received a number of concerns around prescriptions, where patients' medication was either being removed or changed without patients being involved or informed. Healthwatch arranged to meet with the Medicine Optimisation team from the CCG to understand why this was the case. This meeting identified that the patient voice was not represented at the Area Prescribing Committee (APC) and it was agreed that Healthwatch would be invited to be part of the Committee as the patient voice.

We also chose to hold a Spotlight Event on prescriptions to give the public an opportunity to understand the changes to prescriptions and to ask the speakers questions. A presentation was delivered by the CCG.

We held the meeting in the South East of the City in February, there were 10 people in attendance including public, staff and professionals.

Discussions took place around the effect of Brexit and that medication was being held centrally and the CCG's have been told to order as normal.

A discussion took place around stock shortages, the National Pharmacy Association have shared a leaflet with all Pharmacists regarding the stock shortages. The CCG explained that the CCG drugs budget is £45 million, and this covers all prescriptions, hospital medications and injections. Nationally they have been given lists of medication that should not be prescribed but can be bought over the counter such as paracetamol.

There was another discussion which took place around why medication has been changed, the CCG explained that this should take place with the patient and they hoped that the practice would do this.



### Question and Answer session

**Q:** If the hospital or your consultant puts you on medication, can a GP change it?

**A:** When a GP writes and signs a prescription they are legally responsible for it. It depends on how well they know that area and if they feel comfortable with that.

**Q:** Who monitors the copy drugs? The manufacturers name is completely different but the active ingredient is the same but mix is not.

**A:** The Medicine Health Regulatory Authority give a licence and ensure it is of a certain quality.

**Q:** A cream was taken off a prescription without letting patient know.

**A:** The practice will have a process in place, you would hope they would inform the patient.

# Healthwatch Priorities

## Isolation and Loneliness Phase 1 and 2

We engaged with over 55's who were housebound and new mums to gain an understanding how they were affected by isolation and loneliness. We engaged with new mums via focus groups and the over 55's via surveys with support from care agencies and District Nurses.

**Below are the themes that came from both cohorts.**

**Importance of Groups** - There has been a reduction in the groups that are available to new mums and the older people, which has resulted with this cohort being more isolated.

**Access to information** - This has been identified as a barrier to the groups that participated in our project.

**Mobility** - For the elderly and the people confined to their own home, mobility was a barrier to them, and they have become more isolated

**Cost** - Due to the lack of disposable income for some of the cohorts, this had reduced to them not being able to socialise with friends.

**Access to transport** - This was a particular issue for new mums especially accessing groups across the City.

**Family** - A lack of family support was viewed as a reason why people became isolated.

**Lack of confidence** - This was identified as one of the reasons why people become isolated and lonely as they are less likely to participate in activities etc.

### Recommendations included:

- An increase of information, professionals that people engage with should be properly equipped with information on statutory and voluntary provision.
- Groups were seen to be important and that numbers had reduced; it was recommended that mapping exercises take place to identify the need for greater provision.
- It was recommended that a range of befriending services be provided that are able to deliver face to face befriending and telephone befriending services.

**The full report can be accessed on our website:**  
[www.healthwatchwolverhampton.co.uk](http://www.healthwatchwolverhampton.co.uk)

The Coronavirus pandemic has emphasised the gap of support for isolation and loneliness for the people in Wolverhampton.



"This report highlights the damaging effects loneliness and isolation can have on our mental and physical wellbeing at any stage of life. As we emerge from the grips of the coronavirus pandemic, promoting inclusion and social connectivity will play a key role in recovery planning across our strategic partnerships to ensure people in the City of Wolverhampton experience longer, healthier lives." Ankush Mittal, Public Health

## Healthwatch Priority: Maternity Services

We carried out this project by focus groups and surveys, to understand how both mums and dads were engaged / supported after the birth of their child.

Overall the response was positive during the birth, however the support after birth was mixed.

### Below are areas identified:

#### Support for and communications with partners

– new fathers were lacking the support and advice that they need to support their partners and new babies.

**Information on baby care** – some commented they lacked information and advice especially around feeding and bathing.

**Feeding support** – this was mixed as the support they had received in the hospital was not as effective as the support they had received in the community.

**Home Visits** – the overall comments made were positive around the midwives and health visitors, however some comments would have wanted more contact with the health visitors and midwives.

### Recommendations included:

- Support for and communication for new fathers so they are able to provide support to their families.
- Consideration of how first-time-parents can be provided with more or better information and guidance on basic care to increase confidence on returning home.
- Consideration to be given on how feeding advice can be personalised according to the preferences expressed by the mother.
- Consideration to be given on how to provide information in advance around what contact new parents might expect from their community midwife and health visitor following the birth of their baby.

**The report was shared at Health Scrutiny in February and the Hospital took note of the recommendations, they shared that a lot of work had already been carried out.**

**The full report can be found on our website:  
[www.healthwatchwolverhampton.co.uk](http://www.healthwatchwolverhampton.co.uk)**



## Healthwatch Priority: Cervical Screening

We carried out this project by focus groups and surveys, to understand why women were not going for screening and to identify the barriers. We had 177 responses to the survey and 7 participants taking part in the focus group

As the screening does not start until women turn 25, we felt it was important to include 18-24 to test their awareness on the reasons for screening.

### Below are themes identified and recommendations made:

Women do not understand the reason why they have the screening, with some thinking it was to check for sexually transmitted infections or for problems with the womb rather than the pre-cancerous cells in the cervix – **More information to be included in the cervical screening invitation especially around the process and the purpose of the screening.**

The reason for women delaying going for screening is mainly that they found the process embarrassing, they were self-conscious of their body image, did not want to undress in front of strangers and the person carrying out the procedure especially around male practitioners – **more work to be targeted with specific groups and the more information and advertising could help overcome some of the barriers.**

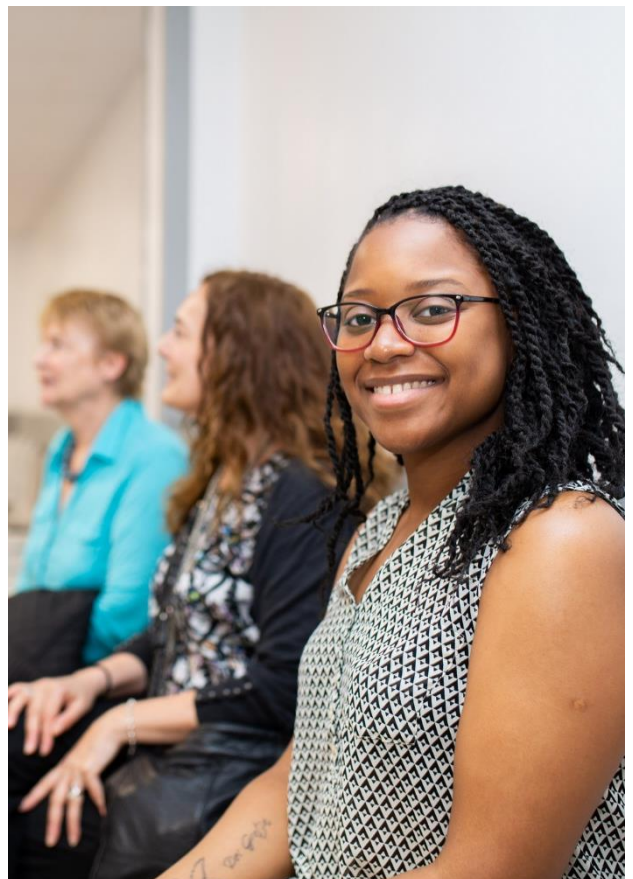
Encouragement for attending cervical screening appointments – **peer support and information could be developed and rolled out to specific community settings.**

Availability of appointments was used as a barrier for some women going for the screening – **As GP's practices were identified as the choice where women would prefer to go, it is suggested that the practices look at how extended hours appointments specifically for cervical screening would support breaking down the barriers.**

HPV vaccine and cervical screening was unclear as was the eligibility for the vaccine and the vaccination programme – **more information to be provided on the vaccine, the vaccination programme and what it means for those who have been vaccinated.**

**The findings of the report will be shared with Public Health as the screening uptake is lower than the national level.**

**The full report can be found on our website:  
[www.healthwatchwolverhampton.co.uk](http://www.healthwatchwolverhampton.co.uk)**



## General Practice Nurses

As a Black Country, we were commissioned by Wolverhampton CCG, on behalf of the local STP, to undertake local engagement with patients, focussing on their knowledge and experiences of General Practice Nurses (GPN). We worked with Healthwatch Dudley, Sandwell and Walsall carrying out focus groups, drop in sessions and surveys. A total of 220 people gave their feedback.

**Feedback from patients was collated into recurring themes, offering insight into their patient experiences. These included:**

### Understanding of roles and skills

The majority of patients lacked knowledge of the role of GPNs meaning a possible underuse of appointments. Having more information would allow patients to make an informed decision of choosing to book their appointment with their GPN. Patients felt the responsibility of sharing this information lay primarily with the practices.

### Appointment preferences and availability

Patients seeing the GP instead of their GPN was seen as a default decision rather than a preference. Although GPN availability was a positive for booking with them.

### Information sharing and signposting

Patients found that they were unable to book with GPNs online, so development of this was recommended. The approach of being signposted to a GPN by reception was widely supported by participants, although this is not done in all practices.

## What was the impact of this?

The engagement events across staff and patients have highlighted some significant wider and more complex system issues that need consideration and discussions at a leadership level.

**The recommendations were built into GPN Development and Retention "Case for Change".**

### Provide more information on nurse services

Not all participants were aware of services available or provided by their GPN. It is recommended that this information is provided by individual practices due to discrepancies between services offered.

### Forms of information sharing

Participants felt that information should be made available on practice waiting room noticeboards or by leaflets made available at reception. Consideration should also be made to reach a wide range of patients, including those who do not attend regularly.

### Signposting and active promotion of nurse services by reception staff.

It is recommended that reception staff are utilised more regularly to help signpost patients to GPN appointments when appropriate. This was largely supported by patients.

# Enter and View

Enter and View is a programme of work that uses our statutory power, allowing us to observe the way NHS and social care services are delivered. Enter and View visits are not inspections, they allow us to gather service user feedback and use it to make recommendations for improvement. In 2019/20, 22 Enter and View visits were conducted in a variety of settings, a 57% increase on last year.

Enter and View visits are used to respond to patient experiences shared with Healthwatch. Visits can be announced, unannounced or semi-announced depending on the nature of the visit. Revisits are also conducted to observe if service recommendations have been put in place by providers.

Relationships built with external providers such as CQC, CCG and Quality Teams have allowed us to share themes and intelligence in a more strategic way to ensure Enter and View is having a larger impact. Recommendations made to service providers are shared with various stakeholders. Of the 22 visits undertaken in 2019/20, over 190 recommendations were made.

Visits are based on the eight principles of Healthwatch, which underline the expectations from health and social care services. These include essential services, access, a safe, dignified and quality service, information and education, choice, being listened to, being involved and a healthy environment.

## Visits in 2019/20 included:

Wednesfield Dental Practice

Ashmore Park Medical Centre,  
Bilston Health Centre, Dr Mudigonda  
Castlecroft Medical Practice  
Duncan Street Surgery  
Highcroft Hall Residential Care Home  
Keats Grove Surgery  
Mayfield Medical Centre  
Thornley Street Surgery  
Whitmore Reans Health Centre,

Bentley Court Care Home  
Bethrey House Care Home  
Eversleigh Care Centre  
Oaks Court House Care Home  
The Cedar Grange  
The Croft Care Home  
Wulfrun Rose Nursing Home

Acute Medical Unit, New Cross Hospital  
Rheumatology Centre Cannock Chase Hospital  
Rheumatology Centre New Cross Hospital  
Wards C16 & C18 New Cross Hospital





## Authorised Representatives

Enter and View Visits are run by a group of trained volunteers and staff called Authorised Representatives. Authorised Representatives are not medically trained but are able to give a laypersons perspective to health and social care services.

Each Authorised Representative has their own set of skills and knowledge which has enabled us to shape and adapt our Enter and View visits over the last 12 months. We would like to say a special thank you to each Authorised Representative for their hard work and dedication to the 2019/20 Enter and View programme.

- Andy Davies
- Anu Sandhu
- Ashley Lovell
- Beverley Davis
- Dana Tooby
- Darren Richardson
- Emily Lovell
- Janet Chand
- Josie Slater
- Judith Stroud
- Kerry Southall
- Kirpal Bilkhu
- Maggie Makombe
- Mary Brannac
- Matthias Katanga
- Pat Roberts
- Raj Sandhu
- Ranjit Khutan
- Rasham Gill
- Roger Thompson
- Rose Urkovskis
- Sam Saini
- Sheila Gill
- Tina Richardson

### Wednesfield Dental Practice

Following group catch ups with Authorised Representatives, some asked for a bigger variety of Enter and View visits. This accompanied with an increase of patient experiences lead to an unannounced visit at Wednesfield Dental Practice.

The visit to Wednesfield Dental Practice was mixed, none of the patients engaged with raised concerns however, Authorised Representatives did observe and raise some safety concerns, which were reported to the senior staff member and CQC. Recommendations were made around patient feedback and involvement, health and safety, lack of interpreters and inclusivity and diversity.

Since our visit, the practice has addressed and corrected all health and safety issues. They have also compiled and started using a survey to collect patient feedback and experience which will form the basis of a 'You Said, We Did' notice board.



Wednesfield Dental Practice

The practice also acknowledged that using family and friends as an interpreter was not good practice and are now sourcing interpretation for the practice.

Authorised Representatives addressed concerns that there were no chairs with arms to aid people to stand up, nor a space for wheelchair users in the waiting room. Since the visit, the practice has ordered chairs with arms and has also made a designated space in the waiting room for wheelchair users.

## Enter and View Visit to Ashmore Park

Following patient experiences and a formal NHS complaint from WHACS, it was decided an unannounced visit to Ashmore Park would be carried out.

The visit was very positive, it was clear that the practice was making excellent steps in offering more support to patients with additional health needs. Patients did raise concerns around access to appointments and patient involvement so this was reflected in our recommendations.

The service acknowledged the positive impact Enter and View has and have already made improvements and put in place changes based on our ten recommendations. The practice have updated information to increase awareness of appointment access, as well as redesigning the Patient Participation Group (PPG) board to encourage more members.



Ashmore Park

Following our visit, staff have also recently enrolled in refresher care navigation training and have been reminded to actively encourage patient feedback through Friends and Family Test slips.

The overall report is very much seen as a positive for our practice and we will continue to work towards all the recommendations listed above with some having been put into place already.

## Enter and View Visit to The Croft

At the time of our visit, The Croft was the only care home in the City of Wolverhampton to be rated as outstanding by Care Quality Commission (CQC). We chose to carry out a semi-announced visit to observe good practice that could be shared amongst other care homes.

The home was beautiful and demonstrated an excellent level of care and good practice. Residents were happy and enjoyed living there, they were involved, listened to, and had choice in their care and daily life. Staff promoted resident's dignity, privacy and independence and treated residents with compassion.

We only made one recommendation to this home which was; "to continue to share good practice" as this was done actively with different homes.



The Croft Residential Home

Following the visit, the good practice shared has allowed us to identify further improvements and recommendations in other homes. It has also been used as further examples in Enter and View training sessions for Authorised Representatives to learn from.

I would just like to say that it was a pleasure to meet Emily and Tina. Many thanks for the report. Your findings are appreciated.

## Enter and View has big impact at Acute Medical Unit (AMU), New Cross Hospital


Following a patient experience given to Healthwatch Wolverhampton from a patient who had a fall in AMU after staff were pressuring the patient to use the toilet, despite the family repeatedly telling staff that the patient needed more support. After discharge, the patient had incurred large bruises and was struggling to breath and was readmitted. During an appointment, the patient was found to have fractures, it was suspected these were sustained from the fall in AMU.

This patient was referred to WHACS to make a formal NHS complaint with the support of an advocate.

Following this and more patient experiences of AMU, it was decided to carry out a semi-announced Enter and View visit.

The visit to AMU was good staff were enthusiastic, and this reflected in positive patient feedback. Patients were extremely complimentary of the care they were receiving, and we hope that this good practice continues.

Five recommendations were made to AMU relating to paperwork, dietary requirements, patient and family member communication, family and friends test results being displayed.

 The Acute Medical Unit (AMU) welcomes the Healthwatch report from their visit to AMU on 31<sup>st</sup> January 2020. In response to the report, we have developed an action plan to address recommendations made.



In response, the Trust wrote an action plan for AMU to address the recommendations in the report. All actions referred back to the principles of Healthwatch and were due to be completed by the end of April. Actions included:

- Ensure all staff are aware and competent at completing end of life paperwork – staff to be informed through the safety brief and walk around.
- Ensure adequate SWAN champions on AMU.
- Practice Education Facilitators to focus on the end of life paperwork/SWAN care in order to ensure that all staff members are fully competent.
- Content of Healthwatch report will be shared with both medical and nursing staff as way of reminding them of the importance of ensuring that all relatives are kept informed.



All Enter and View reports and more information can be found within the Enter and View section of our website.

**Website: [www.healthwatchwolverhampton.co.uk](http://www.healthwatchwolverhampton.co.uk)**

# Strategic Relationships

Healthwatch Wolverhampton acts as a critical friend to local strategic partners and plays an active role in representing your views. We have attended many strategic and operational meetings as listed below:

- Area Prescribing Committee
- Better Care Fund
- Black Country Healthwatch Meeting
- Black Country Sustainable and Black Country Healthwatch Meeting
- Black Country Sustainable Board Meeting
- Café Neuro Co-ordinators Meeting
- Cancer Strategy Group Meeting
- Care Quality Commission (CQC) Information Sharing
- Carers Support Development Workshop
- Carers Wellbeing Cafe
- Dementia Action Alliance
- Deterioration Patients Task Group
- Discharge to Assess (D2A)
  - Steering Group
  - Communications and Engagement Group
  - Evaluation Meeting
  - Operational Monthly meetings
- Equality and Diversity Steering Group meeting
- Flu planning meeting
- Head of Patient Experience Team bi-monthly meetings
- Health and Scrutiny Panels
- Health and Wellbeing Together
- Healthwatch CQC/Cross Directorate Event
- Healthwatch England Conference
- Healthwatch Network Meetings
- Integrated Care Association Meetings including:
  - Governance
  - Clinical
  - End of Life Sub-group
  - Frailty Sub-group
  - Children and Young People Sub-group
  - Mental Health Sub-group
  - ED and UCTC
- Investing in Volunteer Meetings
- Joint Engagement Assurance Group (JEAG)
- Maternity Voices Partnership
- Meeting with Deputy Chief Nurse Wolverhampton Clinical Commissioning Group (CCG)
- Meeting with Deputy Chief Nurse (RWT)
- Meeting with Chief Executive and Chair of RWT
- Meeting with Deansley Outpatient Department (RWT)
- Mental Health Stakeholders Forums
- Mortality Reduction Meeting
- NHS Long Term Plan
- Patient Advisory Cancer Team Meeting
- Primary Care Committee
- Primary Care Operational Meeting
- Quarterly meeting with Care Quality Commission
- Royal Wolverhampton NHS Trust Annual General Meeting
- Safeguarding Board
- Safeguarding meetings
- Safer Provision and Caring Excellence (SPACE) programme Care Home Improvement
- Special Education Needs and Disability (SEND) Health Steering Group
- System Development Board
- Vocare Meeting
- WCCG Annual General Meeting
- WCCG Commissioners Meeting
- WCCG Governing Body
- West Park Hospital Quality Visit
- Wolverhampton Equalities Meeting
- Wolverhampton Information Network Stakeholders
- Wolverhampton Lesbian, Gay, Bisexual and Trans Alliance

Listed below are examples of how the relationship between Healthwatch and partners have made a difference to the members of public in Wolverhampton.

### **Issues with Radiography**

We met with the Deputy Chief Nurse at the Trust around the issues that patients have had in Radiography. The Hospital updated us on the issues that they were having and the action plan they have in place to remedy some of the issues.

Healthwatch made several suggestions which they are going to take on, one was around that they often ask patients via a survey and change things as a result of the survey, however they do not let the patients know the changes have been made from their suggestions, so the manager suggested a "You Said, We Did", this was going to be looked at throughout the Hospital by the patient experience team.

Another suggestion Healthwatch made was to update patients on the delays, this should be done not just by putting the information on the board, but the receptionists explaining to the patients the reasons behind the delays.

### **Patient Experiences at West Park Hospital**

Attended a Quality Visit at West Park alongside the Quality Team from the CCG, Healthwatch engaged with patients around their experience on the wards, and how they were engaged / involved in their discharge plans. A number of the patients were not aware of being involved, they got up at a certain time in the morning for their breakfast, then just sat in their chairs for the rest of the day. This was fed back into the report about ensuring that patients had activities during the day, other than receiving therapy. There was a vacant day room that could be utilised for patients to carry out different activities, communication with the patients was also included into the report about ensuring that patients and their relatives are being involved in the discussions about them and their care.

### **Patient Communication at RWT**

At Health Scrutiny, Healthwatch asked Chief Executive of RWT how they were updating the public on outcomes of complaints that had been made. It was agreed that the Trust would produce a 6 monthly newsletter for the general public highlighting what had changed from patients raising complaints.

### **Isolation and Loneliness Report**

We met with Public Health around the Isolation and Loneliness report that we had compiled, it was well received and the information in the report will be used to inform and support the work that Public Health is planning to carry out in the City with other stakeholders. Healthwatch will be part of the planning meetings

### **Working with Stakeholders**

We attend the local Quality Assurance Meeting with RWT, CCG, CQC and Safeguarding, we share the issues we have around care / nursing homes. Some of the information gathered at these meetings feeds into our Enter and View visits.

**Long**

**Term**

**Plan**

**#WhatWouldYouDo**

# Highlights



Healthwatch Wolverhampton received 299 survey responses.



Our network held over We held focus groups with students at City of Wolverhampton College and with the D/deaf community.



Healthwatch Wolverhampton attended various community groups with the survey.

## NHS Long Term Plan

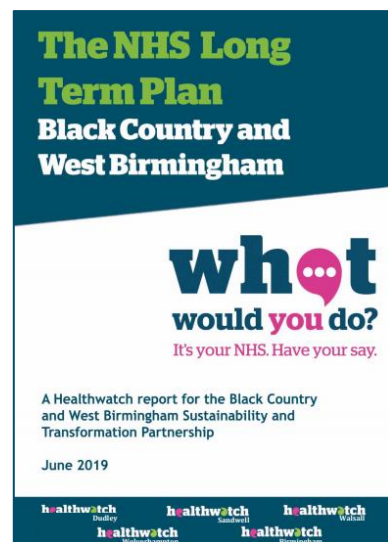
Following a commitment from the Government to increase investment in the NHS, the NHS published the 'Long Term Plan' in January 2019, setting out its key ambitions over the next 10 years. NHS England asked Healthwatch England, with the support of local Healthwatch to undertake public engagement. The focus was to gain insight into how people view local healthcare services and use the findings to shape local action to support delivery of the Long Term Plan.

As a Black Country Healthwatch (which consisted of West Birmingham, Dudley, Walsall and Sandwell) we agreed that the focus groups we carried out would be around "Self Care", as this is part of the Sustainable Transformation Partnership (STP) work and agreed that we would use the questionnaires that Healthwatch England had designed.

The questionnaires were aimed at people with a health condition and a general survey.

Over 1500 people completed the surveys and over 200 people attended focus groups across the Black Country and West Birmingham.

In Wolverhampton we completed 299 surveys, going out into the community, attending events, carrying out drop-ins across various health and care settings. We also carried out 2 focus groups with students at City of Wolverhampton College and attended the coffee morning held by the D/deaf community with over 25 people in attendance.



The full report can be found on our website: [www.healthwatchwolverhampton.co.uk](http://www.healthwatchwolverhampton.co.uk)

## Summary of findings

Below is a summary of the common findings across both reports covering the whole of the Black Country and West Birmingham that was presented at the STP partnership meeting in July.

### Information, signposting and health education

People told us that they needed improved access to timely information and signposting to support them to self-care. This includes more accessible information which meets their needs i.e. easy read, no jargon.

### Access to Services

People want quick, timely access to professionals for diagnosis, treatment and support. This includes improved access to GP appointments and mental health services.

Following diagnosis individuals want effective signposting to information and services that empower them to self-care.

### Support in their communities

People valued support and services in their areas through the voluntary and community services and want this to be supported and increased utilising community assets.

Individuals identified key roles or 'one stop shops' as important to access information and services quickly.

### Ongoing Engagement and Involvement

People value being involved and welcome ongoing conversations about health and social care. Individuals want to see more engagement take place to share their experiences and ideas.

### Next Steps:

1. We asked the STP Board to discuss and specifically identify how the local plan will address the issues and themes raised in the report.
2. Following the publication of the local plan, clear communications to be carried out which highlights how the insight gained from this report was used and how it specifically influenced the plan.

 "The Black Country and West Birmingham Sustainability and Transformation Partnership (STP) received this report at our July Partnership Meeting.

We are committed to understanding and acting upon what matters to people. We recognise that part of the solution to the challenges we face rest in our ability to create the right environment for people to have more choice and control in their own health, this report will help us to do just that.

We would like to extend our thanks, not only to the Black Country Healthwatch teams who have worked collaboratively to produce this report but also to our neighbouring Healthwatch in Birmingham. Your collective effort to represent the views of local people will be key to informing our Long Term Plan. Our thanks also go out to local people who took time to express their views, whose experiences have provided these useful insights".



# Helping you find the answers

Find out how we gave people the information and signposting advice they needed to find the right support



Carvers Marathon, September 2019

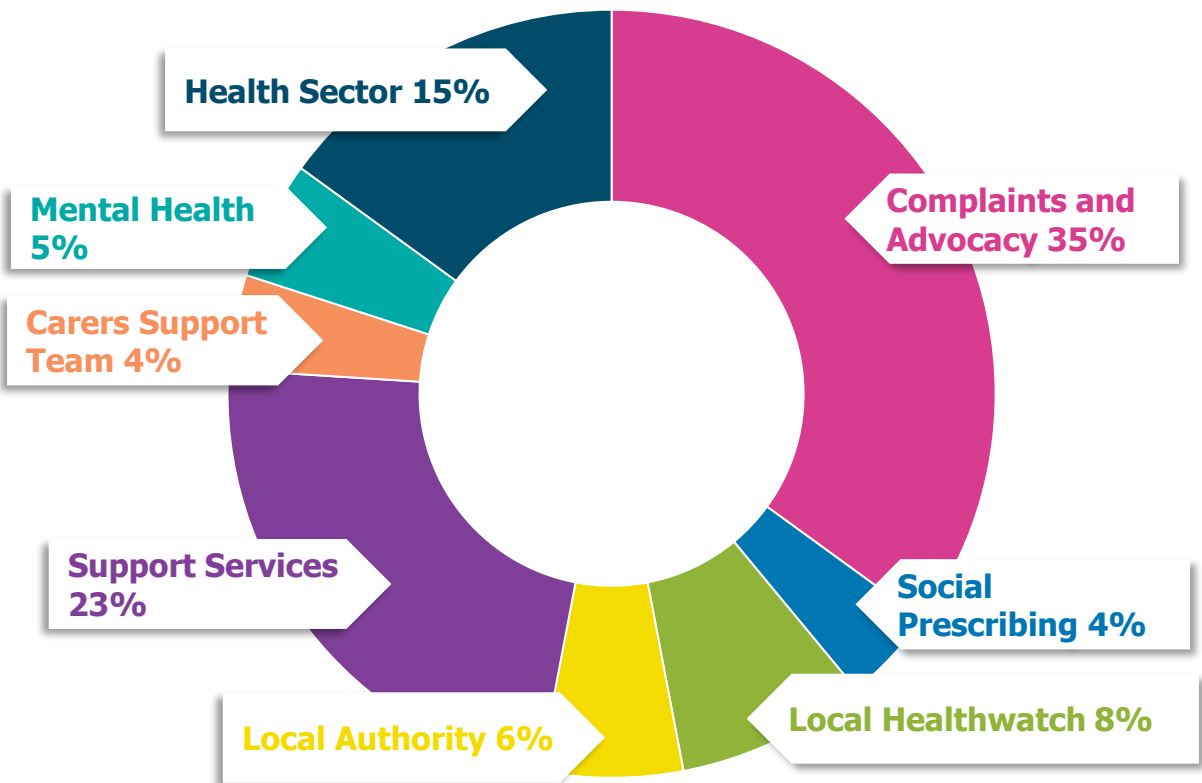
## Finding the right service can be worrying and stressful.

Healthwatch plays an important role in helping people to get the information they need to take control of their health and care and find services that will provide them with the right support.

This year we helped **140 people** get the advice and information they needed by:

- Providing advice and information articles on our website.
- Answering people’s queries about services over the phone, by email, or online.
- Talking to people at community events.
- Promoting services and information that can help people on our social media.

## Here are some of the areas that people asked about.



The Community Support Service can introduce you to community groups and services that could reduce isolation and improve the life you live, the way you want to live it. The majority of the people who attend are homeless or on a low incomes, this is a chance for them to have their voice heard, or just a general chat to meet others. Healthwatch have supported this ever changing group for some time, they have listened to concerns in relation to GP’s, hospital appointments and dentists. This has done wonders for the group as at times, engaging with NHS is difficult, especially, if they do not have a regular abode or if they are not registered with a GP, due to travelling around the City. Community Support Service



## Support with Hearing Services

During outreach in the Mander Shopping Centre, a patient spoke to our Community Outreach Lead advising that they had just been fitted with a new hearing aid but that they find it too heavy and uncomfortable. Our Community Outreach Lead signposted the patient to their GP so that they could refer the patient to West Park Hearing Services.



## Orthotics referral

A patient contacted Healthwatch Wolverhampton to see if the NHS provided a service to get specialist shoes due to them having one leg shorter than the other. Healthwatch checked to see if a service was offered under the Royal Wolverhampton NHS Trust and signposted the patient to their GP so that a referral could be made to the Orthotics Department at New Cross Hospital.



## Supporting a foster carer

A foster carer was referred to Healthwatch from their GP practice as they were having issues with school transport for a child with multiple medical conditions. Healthwatch contacted the appropriate person at the CCG who contacted the consultant and wrote a statement to support the family. Healthwatch also raised this at a local Special Educational Needs (SEND) meeting, the manager for the information and support service said they could offer more support. Healthwatch signposted the family to them.



### Contact us to get the information you need

If you have a query about a health or social care service or need help with where you can go to access further support, get in touch. Don't struggle alone. Healthwatch Wolverhampton is here for you.

**Website: [www.healthwatchwolverhampton.co.uk](http://www.healthwatchwolverhampton.co.uk)**

**Telephone: 0800 470 1944**

**Email: [info@healthwatchwolverhampton.co.uk](mailto:info@healthwatchwolverhampton.co.uk)**

## Beginning our response to Covid-19

Since the start of the Coronavirus Pandemic in March 2020, we have adapted to new ways of working. Our community outreach, Enter and View Programme, student placements and volunteer work have all been postponed until it is safe to continue. The team also began to work from home and continue to ensure people get the information they need while supporting the key messages of Coronavirus from the Government.

At the beginning of the pandemic we created a page on our website dedicated to Coronavirus updates. This page contains links to Government guidance, Public Health information, local information, easy read and BSL (British Sign Language) interpreted videos, information for long term conditions and myth busting. **480 people** have viewed this page since it was launched. Our social media has also been dedicated to supporting Government messages and in March 2020 alone we reached **20,066 people**.

We had also come across a number of concerns raised by members of the public through social media, including patients becoming increasingly concerned over a text they had received from Ettingshall Medical Practice which said the practice was now located in a 'Red Zone' without any further explanation. This message caused a lot of speculation of whether this was a highly infectious zone.

Healthwatch Wolverhampton contacted the practice who explained the 'Red Zone' was part of a colour coding system being used by the City to enable them to manage services effectively and safely. It meant that this practice would be used for treating Covid symptomatic patients only and all other patients would be directed elsewhere. This message was shared publicly by Healthwatch to alleviate further concerns.



# Complaints and Advocacy

Find out how WHACS have supported Wolverhampton residents in 2019/20.



Mander Centre, October 2019

**Wolverhampton Health Advocacy Complaints Service (WHACS)** is now in its fourth-year co-operating with Healthwatch Wolverhampton. Although it is a separate service and receives independent funding, the partnership has ensured a broader provision of support whether that is helping with a letter of complaint, a phone call or attending a local resolution meeting.

WHACS supported 74 Wolverhampton residents to make a formal NHS complaint and attended 14 local resolution meetings in 2019/2020.

Our referrals are received in a variety of ways, mostly via the Advocacy and Healthwatch Freephone numbers, and contacting us by email. Other referrals are made during events and outreach which reinforces how the partnership between WHACS and Healthwatch Wolverhampton ensures we are reaching as many residents as we can.

WHACS continues to promote self-advocacy and self-empowerment by providing everyone who contacts us with a Self-Help Information Pack containing information about the NHS complaints process. Approximately 17% complainants have used this resource. Where a complainant has a more complex complaint, they receive one to one support tailored to their needs.

Themes of NHS complaints this year included:


- Quality of care and treatment
- Medication changes
- Access to Services
- Diagnosis
- Delays / Cancellations

The majority of complaints have been resolved through direct communication with the service provider and the outcomes achieved include:

- An apology
- An explanation
- A change to process/procedures

When a complainant has not been able to resolve the complaint directly with the service provider, the advocate will support them to refer the complaint to the Parliamentary Health Service Ombudsman (PHSO).

We supported 7 complainants to refer their complaint to the PHSO in 2019/20.

 Regular updates, explained what was happening at every stage and discussed options, provided appropriate help, support and information, achieved the outcome I was seeking from the NHS procedure.

## What our clients say

Complainants have the opportunity to provide us with feedback on the service they have received from their advocate as this helps us monitor and improve the service.

During 2019/2020, feedback included the following comments:

- "A very reliable advocate – credit to WHACS"
- "Judith has been brilliant, and I wouldn't have known how to go about doing the complaint without her intervention"
- "My advocate kept me up to date with all correspondence and fought hard to achieve a possible outcome"


### Case study: Improving patient experience by accessing "life changing" treatment.

A patient with multiple ligament injuries contacted WHACS to help them get the answers they needed from their consultant. With the help of an advocate, the patient asked the doctor a selection of questions as to why they were still in an excruciating amount of pain after years of operations and steroid injections in their leg.

During a consultation with both the patient and advocate, the doctor went through the

patient's previous treatments and gave full explanations as to why they had not been successful.

The consultant offered a new method of treatment during the consultation, providing success stories of other patients with similar conditions. The patient chose to try the new treatment there and then, after 10 minutes the patient was able to move and walk around without pain, something they had not been able to do in a very long time. The patient looks forward to starting exercising again with regular treatment.

 Patient contacted WHACS to say that after their first full treatment, it had been a life changer. The patient is much more mobile and already thinking about being able to restart their career.



# Our Volunteers

Find out about how our volunteers have supported Healthwatch Wolverhampton to ensure every voice is heard.



Johnathon carrying out work experience, January 2020



**At Healthwatch Wolverhampton we are supported by 27 volunteers to help us find out what people think is working, and what people would like to improve to services in their communities. Our volunteers are invaluable to our work.**

This year our volunteers:

- Raised awareness of the work we do at events, in the community and with health and care services.
- Visited services to make sure they are providing people with the right support.
- Helped support us in the day-to-day running of Healthwatch Wolverhampton.
- Listened to people's experiences to help us know which areas we need to focus on.

## Christmas Volunteer Celebration

To say thank you for all the hard work our group of volunteers had given over the past year, we chose to celebrate their successes with an afternoon tea at the Mayor's Parlour. The event was co-ordinated between members of HAB and staff. The event was extremely well attended by our volunteers and their family and friends.

Volunteers enjoyed an afternoon with entertainment; Zoe Cresswell sang festive songs, Amanda Kenny delivered a session of laughing yoga and Emma Purshouse, the first ever Poet Laureate for Wolverhampton performed a selection of health-related poems.

We raised money for Samaritans; some of our HAB members wrote to organisations asking for donations that could be used for raffle prizes, we had a good response and these were raffled off at the event. Along with a cake sale supported by HAB members, staff and



Volunteers enjoying afternoon tea at the Christmas Celebration Event.

City of Wolverhampton College (staff and students) that was carried out earlier on in the week, we raised a total of **£365** and a cheque was presented to the Mayor.

Students from City of Wolverhampton College who had completed their work experience with us were also invited to be part of the celebrations along with their tutor. They enjoyed the experience and had their photo taken with the mayor.



### Volunteer with us

Are you feeling inspired? We are always on the lookout for new volunteers. If you are interested in volunteering, please get in touch at Healthwatch Wolverhampton.

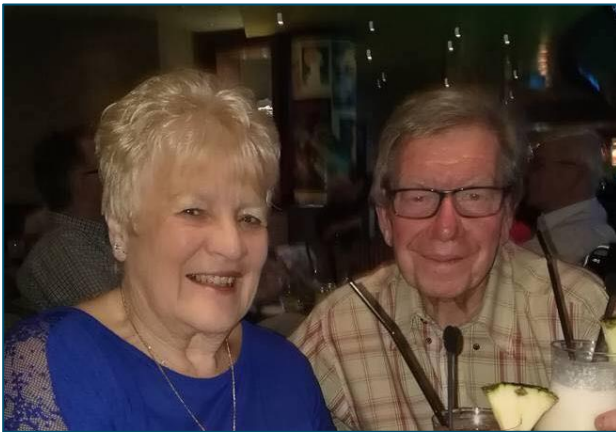
**Website:** [www.healthwatchwolverhampton.co.uk](http://www.healthwatchwolverhampton.co.uk)

**Telephone:** 0800 470 1944

**Email:** [info@healthwatchwolverhampton.co.uk](mailto:info@healthwatchwolverhampton.co.uk)

# Our volunteers

We could not do what we do without the support of our amazing volunteers. Meet some of the team and hear what they get up to.



## Jane and Colin

We like engaging with people either with surveys or promotion tables at events. This gives an insight to people's thoughts and feelings and a voice to express what they would like to see happen within the NHS Health and Social Care. We endeavour to signpost people to the appropriate areas for answers to problems or just to say thank you for services they have received. As Volunteers we envisage that by talking with people we show how Healthwatch can be the contact they may be looking for which gives us a great feeling of satisfaction.



## Tina

I was in the care field for 28 years and felt that becoming part of Healthwatch would enable me to give back to the community after my long illness. I enjoy volunteering as I feel it's an important service for the public to be able to access support with any issues within the local community regarding social care. I do the Enter and View visits and I really enjoy this. The staff are always helpful and make me feel part of the team which I think is very important as we support each other in our roles.



## Kerry

My experience as a volunteer for Healthwatch has been very enjoyable, interesting and I like to think that my volunteer role helps not only Healthwatch but our community, all the staff are helpful, supportive and friendly and were supportive with my ICT course, helping me gain experience for my course by letting me work in an office environment. I would encourage new volunteers to support Healthwatch.



## Ranjit

Ranjit has a background in health and now teaches the future public health workforce, he said; I'm deeply interested in supporting services to be the best they can be, to help the public resolve issues when they have them and to help them navigate complex health systems. I am particularly interested in supporting those populations who have the greatest need, experience the greatest inequalities or are the most vulnerable - e.g. the elderly, those with mental health problems or minority ethnic groups.



## Josie

Josie worked as a Clinical Coding Summariser at a GP Practice in Penn before retiring. She said; most of my involvement with Healthwatch has been supporting the team in "Enter & View" visits. I felt I could make a reasonable and valid contribution. I also felt I had the understanding of difficulties that can be encountered. Healthwatch has an important role to play in these very demanding times and I hope that my contributions help a little towards their achievements.



## Mary

Mary began volunteering after a suffering a stroke. She said; I have always enjoyed being involved in matters that are important to me. As a volunteer I take part in Enter and View with other members of Healthwatch. We go around nursing homes and hospitals and doctors surgeries where we observe and interview staff and patients or residents to get their opinion that we then report to Healthwatch.

There are some tasks that I have difficulty in performing but together with the members of Healthwatch we found out what works for me. I feel I am valuable and can contribute with my experience.

# Work Experience Students

Throughout 2019/20 we have worked closely with Juniper Training Ltd and City of Wolverhampton College to provide students with work placements. In total, **18 students** have had work placements through the year, contributing up to **750 hours** of their time.

Throughout placements we work closely with students to tailor their experience so they can enhance their skills and work set. Students took part in a range of activities including administrative tasks, community outreach and Enter and View. Students were also able to take part in a range of training activities including; suicide awareness, Dementia Friend sessions, Enter and View etc.

By the end of placement, students gained valuable experience of working in a business environment as well as a clear understanding of why we gather patient experiences and how the work we do influences services.

We have found that often the learning and support becomes a two-way process, with students sharing their knowledge and skills with us. An example of this was that one student was able to provide advice on how best to use our social media channels based on their own experience.

Both staff and students have found this work incredibly valuable, it has been great to see students grow with confidence and recommend friends to join us for their placements.



A student on his work placement from Juniper Training Ltd.

## University Student Placement

One of the students that had carried out their college work experience placement with Healthwatch had been sharing their experience with their family member.

Their family member, who was studying at University contacted Healthwatch to see if they could carry out their placement with us. We discussed what would be entailed and agreed that the student would start as soon as they had finished their final exams, however due to COVID-19 this has now been pushed back to September.

## What students say

As this element of our work has grown, we have started to evaluate student's experiences to ensure they are finding placement beneficial and to see what we could improve upon. Some feedback we have received includes:

- "Really friendly staff that communicated well. Challenged me by giving me the task to make calls. Took out the best of me and put my previous skills to practice."
- "I'm going to miss you guys, continue working well and hope you have a good rest of the year. You have taught me well".
- "I think you have managed to fit me effectively in to your work environment and managed to make me feel like I am part of the team. You also managed to make me gain knowledge in both Healthwatch and actual business working environment, giving me confidence I wanted and needed for future".

“Our business students have been completing 30 hours of work experience with Healthwatch, the time spent with Healthwatch has given the students chance to see what life in the ‘real world’ is. For each student the experience has been different as they have all gained different things, some have come back with more confidence, some with a lot more experience or using the phones... I cannot praise the team enough for the help and support they give to our students”.

Julie Flavell, Wolverhampton City College



In June 2019, Juniper also presented us with an Employer of the Year award, recognising our support and work provided to their students and the difference it had made to them.

Previous students were also invited to our volunteer Christmas celebration event, held at the Mayor's Parlour in December 2019. Julie shared her experience of working with us and what the benefits had been to her and her students. It was also great for staff to catch up with students, since their time with us.

### Supporting Youth Healthwatch

During placement, students were encouraged to take part in Youth Healthwatch work or even join as a volunteer. One student, who showed a keen interest has supported us to create social media pages for Youth Healthwatch and even posted videos and stories of what Healthwatch is.

Students also supported us hosting a Youth Have Your Say Event in February to encourage young people to share their experiences. One young person showed up to this event and shared the issues they were experiencing around care across Local Authority borders and complex needs.

Students also supported us when delivering presentations about Youth Healthwatch and volunteering to 170 students at the University of Wolverhampton. This resulted in a number signing up to become volunteers.

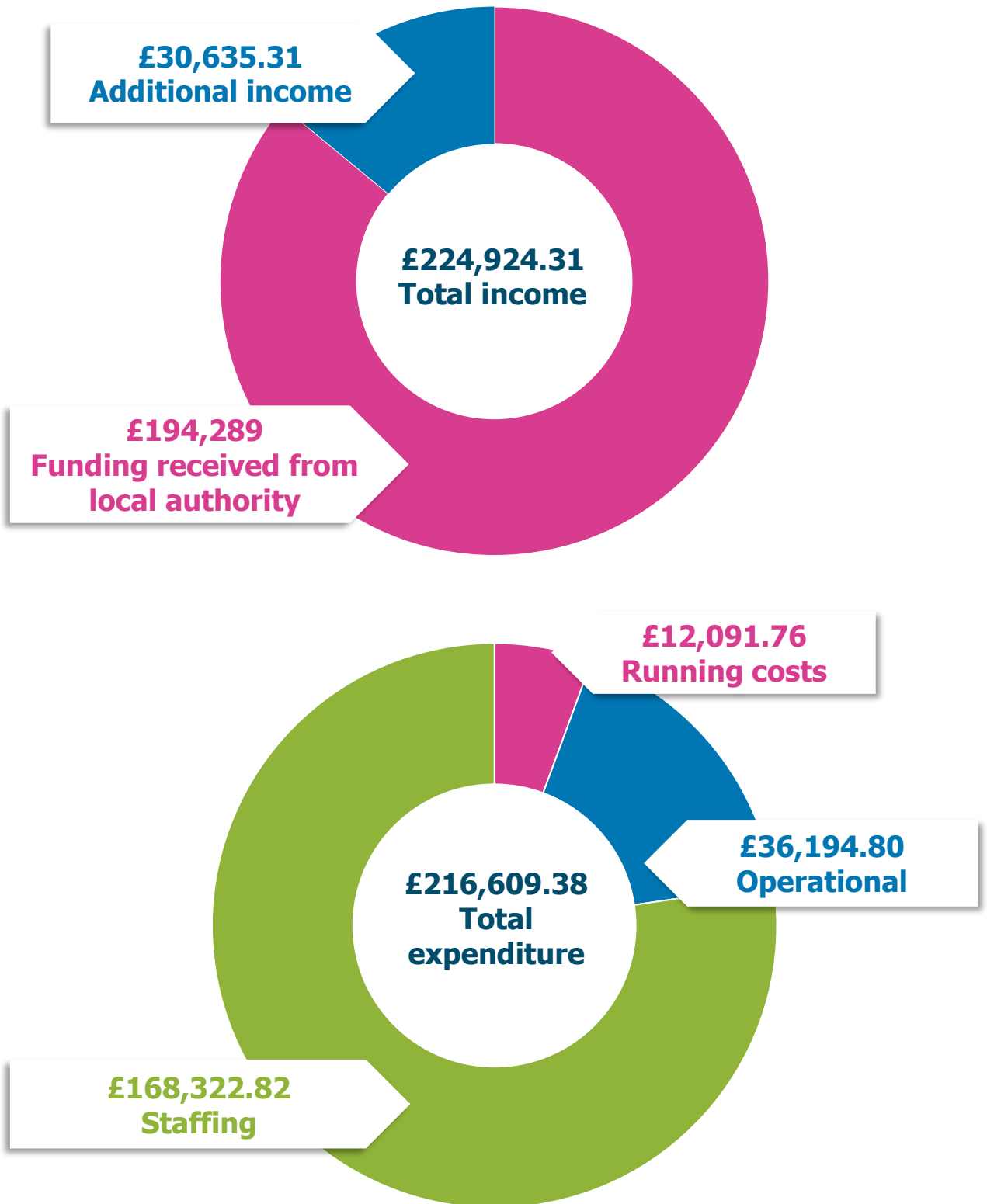
# Our Finances

Find out how Healthwatch Wolverhampton was funded in 2019/20.



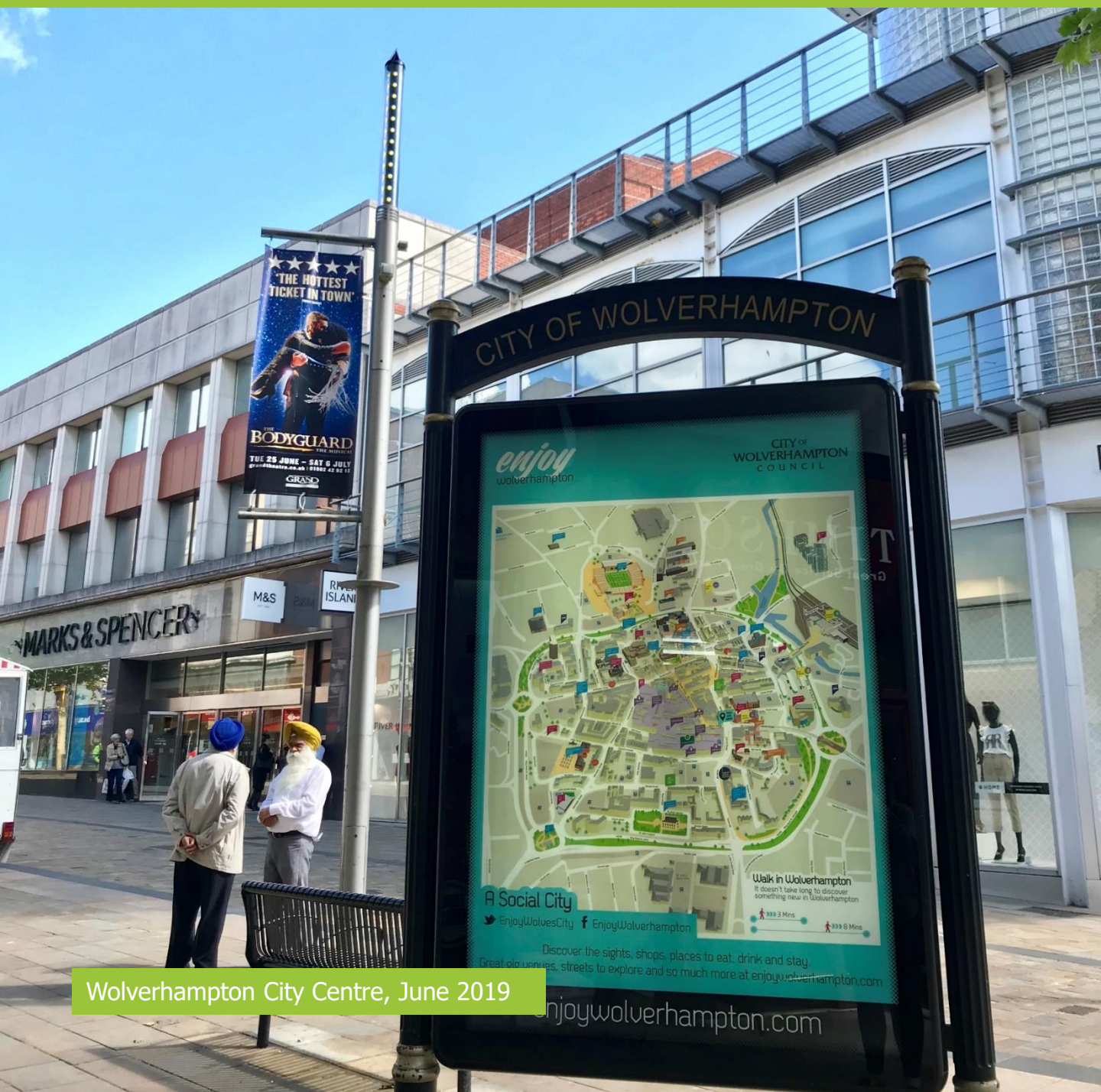
Wolverhampton City Centre, June 2019

We are funded by our local authority under the Health and Social Care Act (2012). In 2019-20 we spent £216,609.38



# Our plans for next year

Find out our plans for 2020/21.



Wolverhampton City Centre, June 2019

enjoywolverhampton.com



It has been a great year for us as we have continued to engage with the public to understand people's experiences of health and social care to make a difference. We have offered work experience to more students and was recognised as Employer of the Year by Juniper training for the work that we done with their students.

We launched our new website and feedback centre, where it gives more opportunities for people to have their say around their experiences.

We presented the work that we had carried out with the D/deaf and hard of hearing community at a conference held at the University of Wolverhampton to interpreting students. This was the last chapter of the work with the University to understand the health and social care needs for the community and what Healthwatch had done to support this community ensuring their voices have been heard.

## Looking ahead

Looking ahead at next year some of the challenges will be the effects that the Coronavirus pandemic have had on the society as a whole, but especially around health and social care.

We continue to work with our Black Country and West Birmingham Healthwatch colleagues ensuring the patient voice is heard especially at the Black Country STP

Our priorities for 2020/2021:

**Mortality** – due to Coronavirus and the sensitivity of this project this was deferred to this year.

**Coronavirus pandemic** - we will be engaging with the public around their experiences throughout the pandemic, that would be anything from sharing the different ways that they have had to have their appointments with professionals to sharing their loss of a loved one.

Identifying any gaps in the city that have arisen from the pandemic and how partners in the city are going to work together to reduce these gaps.

**Urgent and Emergency Care Services** – feedback received is there is a lot of confusion and duplication with services for Urgent and Emergency Care, we will be aiming to understand why people used services for certain ailments prior to Coronavirus and what services they have used during Coronavirus.



**Tracy Cresswell**  
Healthwatch Manager

# Thank you

Thank you to everyone helping us put people at the heart of health and social care, including:

Members of the public that have shared their views and experiences either attending our events, drop ins, contacting us on the phone or using our feedback centre.

All of our amazing volunteers who have supported us throughout this year.

The amazing staff who have adapted to working differently especially around Coronavirus and some have volunteered their time to support the vulnerable members of the community collecting and delivering their medication.

All of the partners and stakeholders who we continue to work with.



Andy supporting the Orange Wolves event.

# Glossary

AMU	Acute Medical Centre
APC	Area Prescribing Committee
BCHA	Bone Condition Hearing Aid
BSL	British Sign Language
CCG	Clinical Commissioning Group
CPR	Cardiopulmonary Resuscitation
CQC	Care Quality Commission
D2A	Discharge to Assess
ECS	Engaging Communities Solutions
ED	Emergency Department
GPN	General Practice Nurse
HAB	Healthwatch Advisory Board
HWE	Healthwatch England
JEAG	Joint Engagement Assurance Group
PACT	Patient Advisory Cancer Team
PHSO	Parliamentary Health Service Ombudsman
RWT	Royal Wolverhampton Trust
SEND	Special Educational Needs and Disability
SPACE	Safer Provision and Caring Excellence
STD	Sexually Transmitted Disease
STP	Sustainability and Transformation Partnership
TB	Tuberculosis
UCTC	Urgent Care and Treatment Centre
WHACS	Wolverhampton Health Advocacy Complaints Service

Healthwatch Wolverhampton  
Regent House  
Bath Avenue  
Wolverhampton  
WV1 4EG

W: [www.healthwatchwolverhampton.co.uk](http://www.healthwatchwolverhampton.co.uk)

☎ 0800 470 1944

@ [info@healthwatchwolverhampton.co.uk](mailto:info@healthwatchwolverhampton.co.uk)

🐦 [HWwolverhampton](#)

📘 [hwwolverhampton](#)

📷 [hwwolverhampton](#)

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Engaging Communities Solutions  
Unit 42, Staffordshire Business Village  
Dyson Way, Staffordshire Technology Park  
Stafford  
ST18 0TW

01785 887809

[contactus@weareecs.co.uk](mailto:contactus@weareecs.co.uk)

Registered company number: 08026718

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