



Responding to Covid

Then and now

Healthwatch Wolverhampton Annual Report 2020-21

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Message from our Chair

The motto of our city is **“Out of Darkness Cometh Light”**, this could not have been more relevant during the past year. The pandemic has been a challenge for all of us in many different ways. At Healthwatch Wolverhampton we had to adapt to a fast changing situation to ensure we were able to represent the views of the public, understand peoples concerns and support them to find the right information at a time when misinformation was rife and our usual means of engaging with the public were put on hold.

But out of darkness cometh light, and the team did an amazing job supporting the most vulnerable with their prescriptions, making welfare calls, providing care packages to our volunteers and keeping the vital work of Healthwatch going during unprecedented times. Throughout the pandemic, Healthwatch Wolverhampton supported local, regional and national messages regarding the pandemic with the creation of a Coronavirus Hub on our website with information about the symptoms of Covid-19, Myth busters, where to get tests, vaccinations and support.

The work of Healthwatch did not stop during the pandemic as we continued to engage with the public about their experiences of health and social care services and highlight the feedback at all levels, including with commissioners, Public Health and NHS Trusts. Wolverhampton is a diverse city, and we have engaged with many different communities and seldom heard groups during the year, including the D/deaf and hard of hearing, LGBT+ (Lesbian Gay, Bisexual and Trans), the homeless, and a wide range of ethnicities.

We made big steps in setting up our Youth Healthwatch and were also successful in a bid to pilot a new online engagement platform for Healthwatch England, which will allow people and services to get involved in our projects in a different way. We have welcomed three new members to our Healthwatch Advisory Board (HAB), Tina, Roger and Wendy, they will join myself, Maggie, Jane and Yankho in supporting the team.

In this Annual Report we will share with you our key challenges and successes, how we responded to Covid-19 and continued to gather the views of the public. We will also take a look back at previous years to demonstrate how people’s feedback can have an impact, and look forward to a year that we all hope will be very different.



I would like to take this time to thank all of the staff team at Healthwatch Wolverhampton for their hard work and dedication and all our volunteers and HAB members for their continued support and patience during such a challenging year. Finally, I would also like to thank everyone who has contacted us and shared their experiences of health and social care, as well, as all the organisations who have been involved in supporting our work.

Rose Urkovskis, Chair of Healthwatch Wolverhampton

About us

Here to make health and care better

We are the independent champion for people who use health and social care services in Wolverhampton. We are here to find out what matters to people and help make sure your views shape the support you need, by sharing these views with those who have the power to make change happen.

Helping you to find the information you need

We help people find the information they need about services in their area. This has been vital during the pandemic with the ever-changing environment and restrictions limiting people's access to health and social care services.

Our goals



1 Supporting you to have your say

We want more people to get the information they need to take control of their health and care, make informed decisions and shape the services that support them.



2 Providing a high quality service

We want everyone who shares an experience or seeks advice from us to get a high quality service and to understand the difference their views make.



3 Ensuring your views help improve health & care

We want more services to use your views to shape the health and care support you need today and in the future.



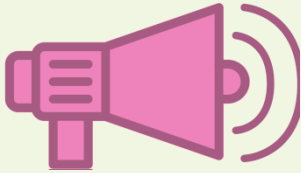
“Local Healthwatch have done fantastic work throughout the country during the COVID-19 pandemic, but there is more work ahead to ensure that everyone’s views are heard. COVID-19 has highlighted inequalities and to tackle these unfair health differences we will need those in power to listen, to hear the experiences of those facing inequality and understand the steps that could improve people’s lives.”

Sir Robert Francis QC, Chair of Healthwatch England

Highlights from our year

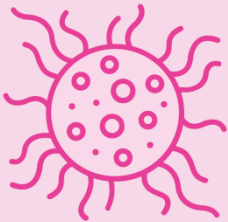
Find out about our resources and how we have engaged and supported people in 2020-21.

Reaching out



- We heard from **2935 people** this year about their experiences of health and social care
- We provided advice and information to **198 people**
- **51,330 people** visited our website
- We reached **157,485 people** on social media

Responding to the pandemic



- We engaged with and supported **845 people** specifically about COVID-19 during the year including **641 welfare calls** to vulnerable people and **80 prescriptions** were dropped off to those in most need
- Our Coronavirus Hub on our website was viewed **26,532 times**
- We shared or posted **339 Covid-19 related posts** on social media, that is **59%** of our total social media content for the year

Making a difference to care

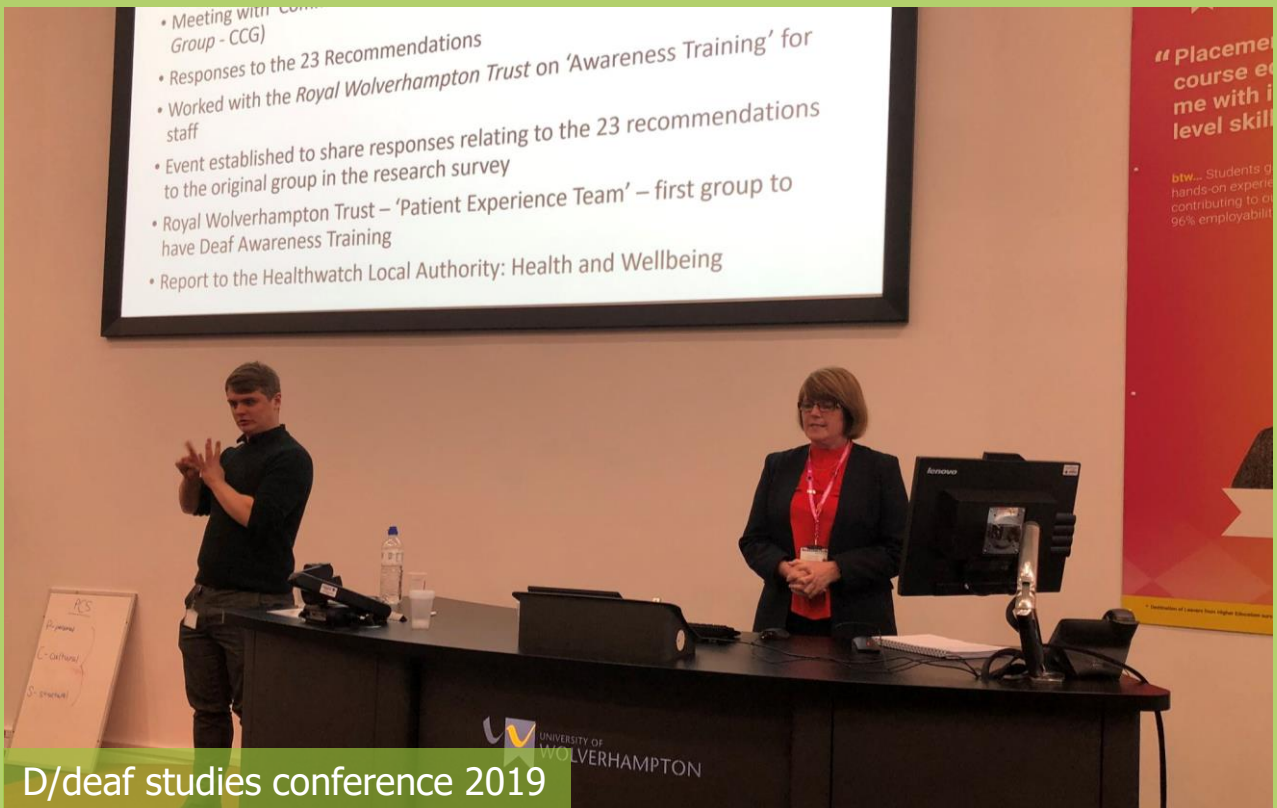


- We published **2 reports** about the improvements people would like to see made to health and social care services. From this:
- We made **9 recommendations** for improvement
- Feedback from the public during the year has helped to shape our priorities for 2021/22. **70 people** took part in our February listening event to support this.

Health and care that works for you



- **49 volunteers** were registered with us during the year, including **17 young people**
- **We employ 5 members of staff.**
- We received **£194,289 in funding** from our local authority in 2020-21
- We received **3 complaints** about Healthwatch which has helped us to review the way we work ensure we are meeting the needs of the public and partners



D/deaf studies conference 2019

Then and now:



How feedback can make a difference

Annual Reports allow us to share a snapshot of the work we have undertaken over a 12-month period and demonstrate how people's feedback and experiences have helped to make a difference.

The time from feedback to implementation of change can take over a year, so this year we have decided to include a new section to our Annual Report, "Then and Now". We will share examples of work we have undertaken or been involved with in previous years and what has changed since that initial work was done.

We have chosen six examples to demonstrate how changes happen over time, sometimes over several years. These include service changes, changes to the way we as Healthwatch work and how, by working with communities, we can improve their level of engagement and confidence to speak up.

We know how frustrating it can be when change is slow, and we hope this section will encourage people to continue to share their feedback and experiences with us and see how that can translate into making a difference.



Then and now: Care Assessments



Then: understanding people's experiences

In 2016 Healthwatch England undertook a national project to understand whether service users were experiencing delays in receiving care assessments, care packages being put in place and regular review of their care needs. In 2018 Healthwatch Wolverhampton replicated the survey carried out by Healthwatch England to understand if there had been any changes in the delivery of care assessments.

On reflection the survey carried out in 2018 mirrored the results of the survey from 2016, with some potential improvement in the timeline of care reviews being undertaken on a routine basis.

In response to the report from 2018, Healthwatch Wolverhampton carried out a Spotlight on Care Assessments in April 2019 to help inform the public of changes that had been put into place. David Watts, former Director of Adult Services presented at the event to explain the changes that were taking place within care assessments in Wolverhampton and why.

Why?

Changes were being made based on the feedback from service users, carers and employers over months and years, and talking to other local authorities. It was identified that the current ways of doing care assessments were time consuming, focused on deficits rather than empowering the service user, impacted on staff morale and were bureaucratic.

What?

Changing the ways that staff carry out the care assessments gives them more time to have the “3 conversations”, meaning staff can have clear conversations with the service users, less paper work and more face-to-face time. It helps staff to understand the service user as a person and find out what is important to help them. Changes were made in the language that is used to be more empowering. It ensures the first person who services users have a conversation with can support them by drawing resources from other teams to allow for continuity of care and support.

The three conversations are:

- 1. Conversation One** Focuses on listening to what really matters so that the person is connected to people and / or resources in the community to help them get on with their life independently.
- 2. Conversation Two** Takes place when someone needs some short term, intensive support to help them regain control of their life, making sure the person is connected to resources that will be useful.
- 3. Conversation Three** Recognises that some people need ongoing support from adult social care and focuses on what this support should look like to enable someone to live a “good life”, building on the approaches taken in conversation one and two.

How?

This project was piloted in teams based in the East of the City and Mental Health teams over a 13 week period. The evaluation identified the impact and changes made to service user experiences. Below are some examples of this:

- More time for workers to spend with family and carers etc.
- Cleared waiting lists, with nobody waiting longer than 3 weeks
- People are no longer at the end of their tether
- Staff have huddles to solve issues together, rather than in silo
- Feedback from service users is positive; they are seen quicker, do not have to be handed over numerous times and retell their stories to multiple people



Now: positive changes made to care assessments

As of 2020/21 the “3 conversations” have now been rolled out to all adult teams across Wolverhampton, including the hospital team, mental health and local authority teams. During lockdown teams have made good use of technology where appropriate to complete conversations with the people they work with. Where it was not appropriate to use technology and visits were deemed essential, face-to-face visits have taken place, following a full risk assessment.

The “3 conversations” are planned to be piloted within the Disabled Children's and Young Peoples team.



D/deaf focus group for the NHS Long Term Plan 2019

Then and now: D/deaf Community



Then: partnership with the University of Wolverhampton

In 2017 Healthwatch Wolverhampton worked in collaboration with the University of Wolverhampton to understand whether D/deaf people in Wolverhampton were experiencing any issues in service provision within health and social care settings which might lead to health inequalities since the introduction of the Equality Act 2010.

It followed work undertaken by Healthwatch Wolverhampton earlier the same year, which identified that GPs needed to have British Sign Language (BSL) interpreters more readily available and not to assume that Deaf patient's family members could be there for them.

A public consultation was organised by the University of Wolverhampton and facilitated by Healthwatch Wolverhampton. It covered areas including GP practices, Hospitals, Urgent Care, Dentists, Opticians, Pharmacists, Community services, Nursing and Care homes, Complaints and Interpreting services

This work started a strong relationship between Healthwatch and Zebra Access who have supported us with our continuing engagement with the Deaf community since this project took place.

Following the consultation we published a report in 2018 which outlined the key issues and recommendations. We found that across the board, communication, lack of understanding and lack of interpreter provision was common. We also identified other barriers including Dentists wearing facemasks prevents people being able to lip read, and the lack of D/deaf specific community services in Wolverhampton.



Now: D/deaf forums and more



“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, Former Community Development Officer, Zebra Access

Since the initial consultation, we have worked with Zebra Access who provide interpreting services and support for the D/deaf and Hard of Hearing. A D/deaf Health Forum was created, and meetings have taken place to help provide information and continue to provide an opportunity for people to have their say. Topics of the D/deaf Health Forum included Dementia, Mental Health, Cancer and Diabetes.

An area that was highlighted in the consultation was that communicating to receptionists in various services can be difficult. To help address this, we created a communication card which could be presented to show what their communication needs were, e.g. "BSL interpreter needed" or "I can lip read". We have received some feedback that shows this has been a big help.



Communication card

Name _____

I communicate using: (Please tick all that apply)

- British Sign Language (BSL)
- Book me a BSL interpreter
- Book me a double appointment
- I lip-read / hearing aid user, please look at me



D/deaf forums



When Wolverhampton CCG and the Royal Wolverhampton NHS Trust were planning on creating videos to support the discharge process, Healthwatch continued to advocate for a BSL interpreter to be included and highlight the communication difficulties of D/deaf people.

From the discussion we have had, it is clear that more work needs to be done to raise awareness of D/deaf and hard of hearing peoples' needs when trying to access services, including that for some, English is not their first language, so written communication may be difficult to understand.

Throughout the pandemic, we have heard peoples' feedback and experiences of accessing services, and understand that there are a number of barriers that have been in place during the year. Face masks, which help to keep us all safe have created a major communication barrier; stopping people from being able to read facial cues or lip read.



Stall at New Cross Hospital 2017

Then and now: Red2Green



Then: invited to support a trial programme

In 2017 Healthwatch Wolverhampton was invited to take part in a project called Red2Green that was being led by Emergency Care improvements Programme (ECIP) around hospital discharge.


We visited 10 medical wards over a 5-day period and engaged with 107 patients from a wide range of demographics including 54 males and 53 females, ages ranged from 18 to 80+ and included people from various ethnic minorities.

We asked patients about their length of stay on the wards. On average the majority patients stayed between 1 day and 9 days. We also asked questions about what symptoms brought them to hospital. Did they know what was going to happen to them while at hospital, did they know what they would need to do to go home, did they know when they were expected to go home and did, they understand the Red2Green project?




Now: trial project becomes the norm

Part of the project was to encourage patients to ask questions of the medical professionals and understand how confident they would be in asking them. These questions are included in the Red 2 Green poster below:



#Red2Green
& SAFER - Caring for ALL our patients

<p>Join our Red2Green movement</p> <p>Red2Green is a simple initiative.</p> <p>A red day is a day where there is a 'delay' to your care / treatment or discharge.</p> <p>A green day is a day where we have made progress towards discharge and an improvement in your health.</p> <p>We want to make every day a green day and we will challenge and question every delay.</p> <p>We encourage you or your relative to get involved!</p>	<p>What to expect</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: left;"> <tr> <td style="background-color: #e91e63; color: white; padding: 2px;">S</td> <td>Senior Review: You will be expected to have a review by a Doctor by midday</td> </tr> <tr> <td style="background-color: #e91e63; color: white; padding: 2px;">A</td> <td>All patients will have an expected discharge date based on their personal care plan</td> </tr> <tr> <td style="background-color: #e91e63; color: white; padding: 2px;">F</td> <td>Flow of patients: You will be transferred from an assessment area to a ward as soon as possible</td> </tr> <tr> <td style="background-color: #e91e63; color: white; padding: 2px;">E</td> <td>Early discharge: On your day of discharge you should be transferred to the discharge lounge by 10am to avoid you going home at night</td> </tr> <tr> <td style="background-color: #e91e63; color: white; padding: 2px;">R</td> <td>Review: Sometimes other members of the hospital team may get involved in planning for you to go home. This will help us identify anything you might need to support you when returning home.</td> </tr> </table> <p>University Hospitals  of North Midlands <small>NHS Trust</small></p>	S	Senior Review: You will be expected to have a review by a Doctor by midday	A	All patients will have an expected discharge date based on their personal care plan	F	Flow of patients: You will be transferred from an assessment area to a ward as soon as possible	E	Early discharge: On your day of discharge you should be transferred to the discharge lounge by 10am to avoid you going home at night	R	Review: Sometimes other members of the hospital team may get involved in planning for you to go home. This will help us identify anything you might need to support you when returning home.	<p>What we encourage you to do</p> <p>It matters to us that our patients are involved in their care during their hospital stay.</p> <p>We encourage you to ask these questions:-</p> <ol style="list-style-type: none"> 1. What is the matter with me? 2. What is going to happen today? 3. When am I going home? 4. What is needed to get me home? <p style="text-align: right; color: #e91e63;">Remember- "It's ok to ask"</p>
S	Senior Review: You will be expected to have a review by a Doctor by midday											
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Patient feedback included:



"The 4 questions would support the staff and the patients"

"I think it is important for staff to spend time talking and including you in any treatment or decisions about my care"

"I felt uncomfortable asking the 4 questions to the doctors as they talk about you, not to you, do not explain things"

"I have not asked them but would feel comfortable asking them in the future"

In 2019 this project was being used in the hospital as it was included in a Quality Visit that Healthwatch Wolverhampton was a part of, supporting the Clinical Commissioning Group (CCG).

During the Quality Visit, Healthwatch engaged with patients on the wards, and asked them if they knew and understood the poster that was promoting Red 2 Green and what this meant for them. The poster was displayed in clear view of all the patients within the wards and there was a mixed response from the patients when asked about it.

In 2021 Red to Green has become incorporated as a routine in the Discharge 2 Access dashboard that the trust is using.



GP communication report 2018

Then and now: GP Communication



Then: proposed changes highlight patient concerns

In 2018 Healthwatch Wolverhampton carried out a project on communication between GP's and their patients. This project was carried out due to proposed changes of how GP practices would communicate information and engage with their patients, and the Clinical Commissioning Groups were also proposing changes as part of their 5 year forward plan. GP communication was also something we were receiving feedback from patients about.

Healthwatch gathered feedback from patients about the communication that they received from their GP practice, whether they received enough communication from the practice and what knowledge and what level of involvement they had about the practice's Patient Participation Group (PPG).

We found that the key patient engagement method for the CCG was PPG's rather than engaging with the wider patient cohort. We also found concerns about the lack of communication that patients were receiving about the proposed changes happening at their practice and concerns about the level of involvements patients were having with their PPG and the lack of communication from their PPG.

[You can read the GP communication report here.](#)



Now: communication issues persist

However, the recommendations made in our GP communication report and a range of patient feedback before and after the project took place, shows that communication from GP practices continues to be an issue and has been highlighted throughout the pandemic.

The pandemic meant that contacting the GP practices was a challenge for many patients. This was raised to Healthwatch who ensured their concerns were reported to the relevant practices.

As part of the Long Term Plan, GP practices are working more closely together as part of Primary Care Networks (PCN's). Patients are able to access services more easily across the PCN's, with appointments being shared across practices, mental health support being imbedded into the practices and GP services staying open for longer. However, we have continued to have patients call us for support who have not been informed about out of hours appointments or the ability to visit another practice within the network.

GP receptionists have taken the role of Primary Care Navigators meaning that they question patients to ensure they are getting the appropriate level of care and are referred to the correct practitioner. Communication of their role to patients has not been effective and therefore there is a tension between patients and reception staff.

The pandemic has caused issues with appointments going online and difficulties getting face to face appointments, as well as, difficulties with patients getting through to the practice when calling them. GP practices have supported the vaccination roll out to help fight the pandemic which resulted in some patients having to wait longer for appointments.

There has been confusion around whether GP practices have been open, which they have. They have just had to work differently due to the pandemic. Some patients have seen this as "they are not open". GP practices have continued to see patients face to face depending on their clinical need.

Healthwatch continues to share the patient concerns they receive with the practices, CCG and CQC.

In our Enter and View paperwork we have incorporated specific questions about how GP practice engages and communicate with their patients. One of the areas the Authorised Representatives observe is how patients are encouraged to get involved with the practice PPG.

Due to current changes being made within CCG's and Wolverhampton being part of the Black Country and West Birmingham CCG in shadow form from 1 April 2021, Healthwatch will continue to be the critical friend, ensuring that patients within Wolverhampton are aware of the changes taking place, how they can get involved including more awareness of the Patient Participation Groups, and any other groups that are being formed for patients' voices to be heard.



Bentley Court

Then and now: Bentley Court Enter and View



Then: Enter and View visit results in 30 recommendations in 2018

Enter and View is a key tool that Healthwatch uses in order to observe services being delivered. They gather the views of service users during the visit. Enter and View reports contain recommendations following the visit and are widely shared. Volunteers receive training and are known as Authorised Representatives; they support the staff team in the Enter and View programme.

In August 2018 Authorised Representatives took part in an Enter and View visit at Bentley Court. They identified several issues which were addressed in the Enter and View report which had 30 recommendations, as well as several additional questions. [You can view the 2018 report here.](#)

Since the visit took place, a new manager was appointed. It was agreed that an Enter and View visit would take place in 2020 following feedback we had received. The same Authorised Representatives from the 2018 visit undertook the Enter and View visit in 2020 and were impressed with how much had changed in the two years since their last visit.

In 2018 residents told us that they were unable to access GP's or other services when they needed them and felt that the home was not supportive in ensuring they were able to access additional services. Staff at the home had a different opinion.

During the visit we engaged with members of staff. From our discussions it was clear that some staff were unsure how often care plans were reviewed and that while the home was signed up to the Red Bag scheme, which is aimed at ensuring residents' belongings are kept in one place to and from hospital, some residents' belongings have been mislaid. Staff were also unsure how the care home provided a safe space for their residents who are Lesbian, Gay, Bisexual or Trans (LGBT+), or residents of ethnic minorities. During the discussions, some staff were unsure about the level of care some residents receive.

During the visit, it was felt by residents that they were treated with respect and dignity, but staff were not always quick to respond and there was mixed feedback regarding how the home keeps residents informed about lunch times or news at the home. Residents were all happy with the level of choice they were given and felt comfortable asking questions or raising concerns with the staff.

Following the visit, there were a number of concerns raised in the report which had 30 recommendations. The manager at the time did not agree with the findings.



Now: January 2020 visit highlights changes made

In January 2020 a follow up Enter and View was undertaken. We learned that there was now a new manager in place and that changes had been made following their appointment. [You can view the 2020 report here.](#)

The Authorised Representatives explained how impressed they were with the changes, suggesting it felt like a different home. Improvements had been made to the home following the previous visit, this made the home feel much more welcoming and friendly. Residents' doors had been painted different colours and resembled front doors. The floor which was home to residents with dementia now had a range of interesting pictures on the walls including photos representing the history of Wolverhampton as well as old movie posters. Signage around the home had also clearly been improved.

Residents' explained that they felt they were able to access additional services and that the home was really good at helping to get appointments with GP's. Relatives' were also happy with the care their family members were receiving and explained that the residents seem to like living at the home and were doing much better since being there.

From talking to the residents, it was clear that they felt the response times when pressing the call button was improved.

The home had also improved the way in which they engaged with and kept residents informed. With residents explaining they received a regular leaflet with updates as well as staff updating them verbally too. Relatives also explained that they felt well informed by the home.

Being involved, listened to and provided with choice were also improved by the home with both residents and relatives feeling that there were a lot of activities taking place, as well as residents' choices being respected. Following the Enter and View visit, only 4 recommendations were made.

Here are some quotes from residents during our 2020 visit:



"I don't feel safe anywhere else"

"The staff always let me know if anything is happening. It's not a problem for me to find things out"

"I do like it here - they look after me"



Carvers Marathon 2019

Then and now: Engagement HQ



Then: face-to-face engagement

Prior to the COVID-19 pandemic our approach to engaging the public was to be physically in the community, sadly the pandemic brought a stop to all face-to-face engagement as it was no longer safe. This resulted in a radical shift in the way we engaged the public, we had to adapt and the only way to do this was digitally.

We used to deliver a whole range of engagement face-to-face, including training, volunteer inductions, dementia friends' sessions, public meetings, information stalls and consultations. From March 2020 we had to think of ways to do this digitally, and we were constantly aware that not everyone is online.

Throughout the pandemic we have had great results using digital methods to engage with the public and to understand people's concerns regarding the virus as well as health and social care. Through the use of our website and social media platforms we have been able to ensure that people got the information they needed, challenge misinformation and conduct consultations and focus groups. We also found that young people were more willing to get involved with our Youth Healthwatch.

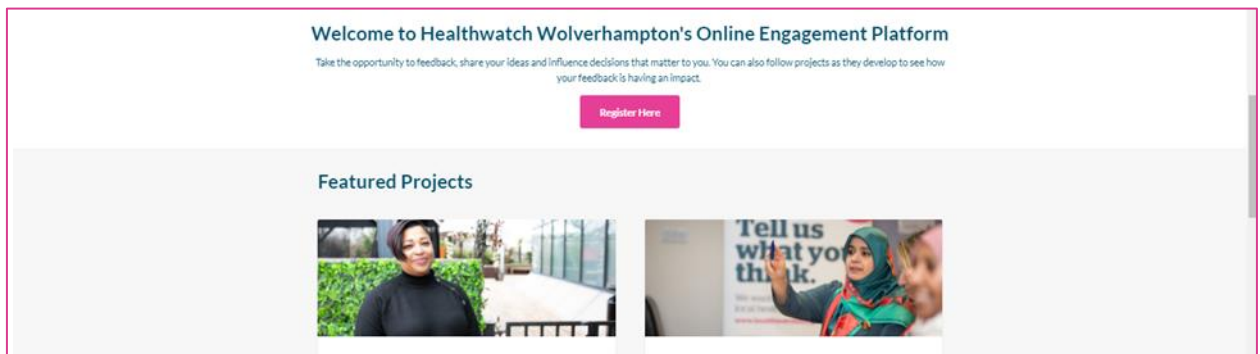
We cannot wait to return to face-to-face engagement, for us it's the best way to engage people. However, we have come to learn that digital engagement has a place in our approach even after we return to some kind of normality.



Now: adapting our approach to engagement

Part of our response to Covid-19 was to move all of our engagement online. Over the last 12 months our staff team have been engaging with members of the public through Zoom, on MS Teams or over the phone. Whilst adjusting to the change has presented unique challenges, it has also presented equally great opportunities.

In December 2020, Healthwatch England offered a grant opportunity for local Healthwatch to take part in a new engagement platform trial. The pilot project tests two similar systems to see if they can support Healthwatch to have a deeper and more meaningful engagement with people online. The pilot will run from February 2021 to July 2021. **Click the image below to visit our Engagement Platform.**



Following a successful bid, Healthwatch Wolverhampton launched their platform on April 1 2021, celebrating Healthwatch's 8th birthday.

The online platform is a community space that provides the public with opportunities to feedback, share ideas and influence decisions that matter to them. They can also follow projects as they develop to see how their feedback is having an impact. This will include our 2019/20 and 2020/21 Healthwatch priorities as well as other projects. Individuals are able to complete surveys, polls, take part in discussion forums and mapping exercises. The platform also offers a 'Who's Listening' function which will enhance our partnership working and allow members of the public to contact the staff team about different projects.

While this platform is being used on a trial basis, we will continue to use digital technology in some form to support our engagement efforts as well as communicating our work and progress.



"We are extremely excited to have successfully bid for this opportunity. The Engagement Platform will allow us to have a diverse approach to engaging with the public and service providers as we come out of lockdown."

Tracy Cresswell, Healthwatch Wolverhampton Manager

You can register to join us on our Engagement Platform using the details below.



To find out more or to register for the platform > > >

Visit our website

<https://healthwatchwolverhampton.uk.engagementhq.com/>



Responding to COVID-19

Healthwatch plays an important role in helping people to get the information they need. This role was vital during the pandemic, helping to share key messages and combat misinformation. Healthwatch also responded to COVID-19 in a range of other ways including volunteering staff time to support the local response in our communities.

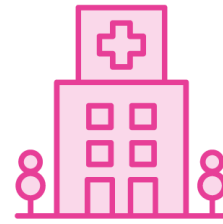
This year we helped 845 people by:

- Providing information and signposting support
- Supporting the vaccine roll-out
- Delivering prescriptions to the most vulnerable
- Conducting welfare calls to the most vulnerable
- Helping people to access the services they need
- Helping people access accurate and up-to-date information

Top four areas that people have contacted us about:



20% on GP services



16% on Hospital services

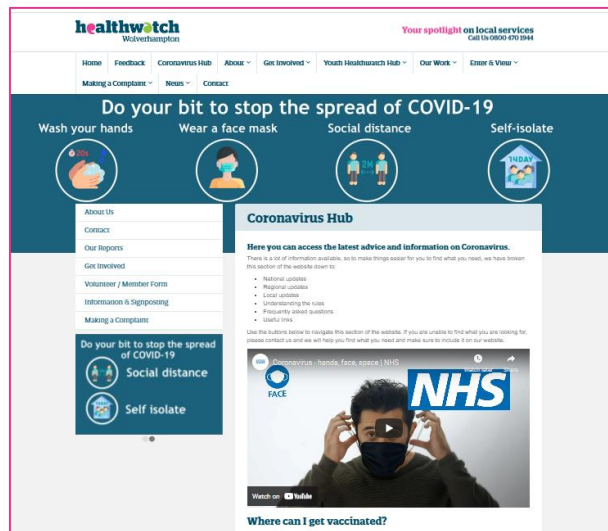


11% on Medication



10% on Mental Health

Coronavirus Hub



During the initial weeks of the pandemic we identified that there was a lot of information being shared and there was some confusion in our communities.

We worked quickly to develop a Coronavirus Hub on our website which acted as a one-stop-shop. The Hub had information about local restrictions, national messages, myth busting information and a frequently asked questions section.

This was picked up by other Healthwatch organisations. The hub was **viewed 26,532 times**, ensuring that people were accessing accurate and up-to-date information at a local, regional and national level.



Contact us to get the information you need

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



www.healthwatchwolverhampton.co.uk/coronavirus/

0800 470 1944

info@healthwatchwolverhampton.co.uk

Welfare calls to vulnerable people

Healthwatch worked with Social prescribing making welfare calls to **641 service users**. Most of the service users were happy and were being supported by family members, however there were a number of people that needed signposting for further support including:

- Signposting to Carers support for carers assessment
- Signposting to the City’s vulnerable helpline number with support for food parcels.
- Signposting to the Black Country mental health helpline number
- Contacting GP practice’s who would get a GP to contact the service users back
- Signposting to Silverline, Samaritans, AGE UK and Neville Garratt Centre
- Signposting service users to their GP for further advice after concerned around checks that service users should have been having such as COPD checks etc

Christmas Chats for the lonely

Healthwatch staff volunteered to make themselves available over the Christmas period should anyone want a chat if they were feeling lonely.

We had only one call arranged via our contact with Social Prescribing who explained they had a service user who was going through a difficult time and was suicidal. The call was scheduled for Boxing Day. The call was made and the person explained **“it’s too late”** and ended the call. Knowing some of the person’s situation, we were very concerned for the safety of the individual.

We made calls to the Police who were unable to help and then the Ambulance service who contacted the individual several times, they finally got through and individual again said it was too late. The Ambulance service was able to get the address of the individual and make a visit. They were taken to hospital and assessed and referrals were made to mental health services.

We followed up with Social Prescribing a few weeks later who explained the individual was doing much better now and **“Thank you for all that you and your colleague did on Boxing Day, I am so very grateful. It was literally a life saver”, “Your team’s Christmas calls were invaluable, thank you”**

healthwatch
Wolverhampton

WE ARE HERE FOR YOU THIS CHRISTMAS

Don't spend this Christmas in silence

We are here if you want someone to talk to during Christmas and New Year. Book your chat with us in advance, chats are available:

Christmas Eve: 11:00-3:30 and 6:00-8:00
 Christmas Day: 12:00-2:30 and 6:00-8:00
 Boxing Day: 11:00-3:30 and 6:00-8:00
 New Year's Eve: 11:00-3:30 and 6:00-8:00
 New Year's Day: 11:00-3:30 and 6:00-8:00

YOU WILL NEED TO BOOK YOUR CHAT IN ADVANCE BY CONTACTING US ON:

CALL 0800 470 1944 (9AM-5PM) / TEXT 07732 683455
EMAIL INFO@HEALTHWATCHWOLVERHAMPTON.CO.UK

Staff answer the call for NHS volunteers

During the early stages of the pandemic NHS England ran a recruitment campaign for volunteers to help support the COVID-19 response. Over 750,000 people signed up including staff from Healthwatch Wolverhampton.

Staff supported the NHS by volunteering to make calls to people who were self-isolating or shielding.

During the calls we found some people did not know why they were being called, some had already received calls that day and some did not want the calls. This was feedback locally to help try and improve the local response.

Many of the people contacted said that they were ok and grateful for the calls being made. The conversations ranged from simply talking about the weather, what was happening in their local neighbourhood, if they needed extra support with shopping or prescriptions etc and talking about the support they were getting.

It was heart-warming to hear examples of how communities were pulling together to help people in their streets and local areas with shopping and other support.



Baby clothes and vaccination support

Tracy, Manager of Healthwatch Wolverhampton, heard that the Royal Wolverhampton NHS Trust were asking for items for premature babies. As a keen knitter, she decided to start knitting baby clothes and donate them to the trust.

Tracy also volunteered during the initial vaccination roll out, attending vaccination centres to help book people in for their jab.

Help with food delivery

An individual rang for advice as they were housebound and could not get an online shopping slot with the major supermarkets. We did some research and discovered that two Co-ops local to the person, had volunteer shoppers. We rang the individual back to advise them of these options.

They rang back about 2 hours later to advise that they had spoken to Co-op and had a delivery of essential items, that would 'tide them over' until they could get an on-line shopping slot arranged.

Support while partner was in hospital

A member of the public called us and explained that they were at a very low point mentally. Their partner was in Intensive Care with COVID-19.

All their household bills and bank accounts were in their partners name; and they were worried that the situation would **"spiral out of control"**, adding to an already very stressful time.

We suggested that they rang the utility companies to explain the situation and ask for leniency due to the unprecedented circumstances of the pandemic and signposted them to the Citizens Advice if they felt they needed extra support.

Collaboration with the Community Support Team

Healthwatch Wolverhampton and the Community Support Team met virtually to put together a plan to support individuals who were shielding or self-isolating particularly for the collection and delivery of medication.

It was agreed that:

- Healthwatch and the Community Support Team would be in regular contact
- Referrals would be made by the Community Support Team
- The Community Support Team would contact the service user to introduce Healthwatch and arrange delivery of prescriptions
- Healthwatch would contact pharmacists to ensure prescriptions are ready
- Healthwatch staff would deliver the prescriptions

In a few circumstances we arranged for people to have prescriptions delivered to them from the pharmacists and contact was made with GP practices if no prescription was ready when appropriate.

Two members of Healthwatch delivered to over **50 residents** of Wolverhampton from W/C 27.04.2020 to W/C 15.06.2020.

Here are 4 case studies from our collaboration:

Case study 1

We received referral from Community support team on 27 April to deliver medication to one of their service users. The individual was contacted to introduce Healthwatch and to let them know that we would be delivering their medication.

There was lots of confusion between the GP and Pharmacist regarding the medication. When we contacted the pharmacist, they said that they had only received the request and it needed to be signed off by the GP and it could take 72 hours.

We contacted the pharmacist on 28 April as the individual was without their medication, the pharmacist informed us that the medication was ready as they had moved it to the front of the queue following our contact with them the day before. The prescription was collected and delivered without any interruption to the individual.

Case study 2

A referral was received on 6 May; and the individual was contacted on 7 May. They had complex needs and needed their medication in a Dossett box for ease. After several calls made by us to the GP practice and pharmacy it was agreed that a Dossett box would be put in place and would be delivered on a weekly basis. However the pharmacy asked if someone would be able to collect the medication the following week as they needed a little more time to arrange delivery.

We updated the individual and informed them that we would be delivering their medication and collecting any surplus medication.

We collected the medication on 14 May and returned the surplus medication back to the pharmacist. This had been agreed in advance with the pharmacy as they were not accepting surplus medication back from patients.

The individual was thankful to Healthwatch for the support they received.

Case study 3

An initial referral was received on 28 April. We contacted the service user who informed us that this would be a regular collection. We collected and delivered their medication on 30 April and agreed that they could contact us when their next prescription would be ready, this was a regular collection for Healthwatch.

We updated the Community support team and updated the database as required.

The individual was grateful for all the ease and support that they had received from Healthwatch.

"The Community Support Team have worked collaboratively with Wolverhampton's Healthwatch for some time. This essential support was increased during the pandemic due to a rise in people's anxiety around getting their medication and being able to speak with their GP.

It became apparent very quickly that pharmacists were unable to meet the demand of the delivery of medication and in some cases the charge for delivery was unaffordable. Healthwatch did not hesitate to step in, they collected and delivered prescriptions throughout the City, offering emotional support and advice at a very difficult time for people in our communities.

The feedback we received was very positive.

" I'm so relieved Healthwatch rang me and arranged for the medication to be delivered the same day, caring for two people and shielding myself it was impossible for me to get it"

"It wasn't just the delivery of the medication but the chat on the doorstep, giving me reassurance that I could call them if I needed further help"

" I couldn't get through to my Doctor, it was just ringing. Healthwatch called my doctor and arranged for a telephone consultation and then collected the medication I needed; I can't thank them enough"

Joanne Evans, Community Support Service

Case study 4

We received a referral and contacted the service user to let them know that we would deliver their prescription that afternoon. However when we went to pick up the prescription from the pharmacy, they informed us that the prescription was out for delivery.

We contacted the individual to inform them that they would be receiving their prescription via the pharmacy delivery driver. During the call the individual just wanted to talk so we spent a while listening to them. At the end of the call they said that the Healthwatch staff member was easy to talk to and it was agreed that we would contact them on a weekly basis to catch up with them.

Red Zone Confusion

In March 2020 we became aware of some confusion resulting from a text message that was sent to patients from Ettingshall Medical Practice. It explained that the practice was allocated Red Zone status but no explanation about what that meant. This caused some confusion online and misinformation started to spread including that the area was highly infectious.

After talking to the practice we identified that there was a colour code system being used in the City. Red Zone was designated to Ettingshall medical Practice as it would be the practice that patients with covid or suspected of having covid would be advised to go to. Whereas other patients would be diverted elsewhere to ensure patient safety.

This was feedback on the original social media post and the public thanked us for getting the correct information.

Please be aware that until further notice Ettingshall Medical Centre has been allocated Red Zone status. Please DO NOT attend the surgery, if you need to contact the surgery please call Bilston Urban Village on [01902 409905](tel:01902409905). If you need to collect a prescription or sick note you will need to go to Bilston Urban Village.

5 m Like Reply

Support with hospital referral

We were contacted by a patient who had a lump appear on scar tissue following an operation. They went to New Cross Emergency Department and were told that due to Covid, they would need to arrange an ultrasound scan via their GP.

The patient had an initial telephone consultation, however, as they had heard nothing after a month, they rang the hospital who informed them that no correspondence had been received from the GP practice.

The patient asked Healthwatch to get involved as their surgery insisted that they had arranged the scan and would not ring New Cross Hospital to verify the appointment had been made. Healthwatch rang the GP practice who informed us that they would investigate this, and they would sort out the confusion for the patient.

The patient rang a few of days later to thank Healthwatch for their intervention, as they were **"at the end of their tether"**, and with out Healthwatch involvement they would never have got resolved.



Cancer operation delay

We were contacted by a concerned relative regarding their parents cancer operation being delayed. After getting permission from the patient, we contacted Royal Wolverhampton NHS Trust to understand the situation and get some answers for them.

We found out that the operation had been postponed as a result of COVID-19 and changes to working restrictions within the Trust. The information gained from the conversation with the Trust was shared with the patient along with details for the Macmillan nurses and a referral was also made to the Macmillan. A manager at Macmillan organised phone support with the patient.

We later received feedback from the patient that conversations they had with Macmillan had been a great support during a difficult time.

Neighbourly concern

A member of the public contacted Healthwatch asking if they could support their elderly neighbours, as they had recently been discharged from hospital and were waiting for follow up care from their GP; but they had been struggling for over a week to get an appointment.

With the couple's consent Healthwatch contacted the Practice Manager who was able to arrange an appointment for them. The couple was very appreciative and thanked Healthwatch for the support and assistance provided.

Healthwatch members make a difference

During the second lockdown a Healthwatch Member shared details of our work with a local resident. They then contacted us about the renewal of their disabled blue badge which they had been waiting 3 months for.

We contacted the Community Support Team at the City of Wolverhampton Council and they received the renewed badge within a few days.

Another Healthwatch Member contacted us during the lockdown as a person had contacted them and wanted to arrange a visit as they were feeling very isolated.

We suggested that the person they were trying to support contact AGE UK as they have friendship telephone lines and the Silverline, where they would be able to chat safely without putting the Healthwatch member in a potentially difficult situation and safeguard themselves from any risk.

Healthwatch support encouraged me to volunteer

At the beginning of lockdown, a patient was ringing on a regular basis. They were struggling with the adverse effect COVID was having on their mental health. Healthwatch supported them by listening to them; giving them an opportunity to share their feelings and giving them time to talk. Healthwatch suggested they should reduce the amount of time they were watching Corona virus coverage on TV and the amount of time that they were spending on social media, as it was upsetting them. We also suggested they consider engaging in more outdoor activity such as spending time in their garden.

They were encouraged to do things that made them happy, such as restarting their LGBT+ support group virtually and were signposted to agencies for counselling support .

Healthwatch supported them by contacting their GP around issues they were experiencing around medication and getting appointments.

"Healthwatch supported us with the set-up of LGBT+ Sparkle group with their advice and backing. Running the group has kept my partner and me active. It has also helped us cope with the lockdown".

"Healthwatch Wolverhampton have helped me personally to better cope during the second lockdown when I was really low. The first lockdown was a real struggle. They were a lifeline in the first lockdown as I suffer with anxiety and depression."

They have continually thanked Healthwatch in meetings and have become a volunteer as well as being a big ambassador; sharing our information to everyone they have come into contact with and vice versa. Healthwatch has also benefited from supporting the LGBT+ Sparkle group, as it helped us to network with a range of guest speakers from organisations and hear the experiences of members of the community. The support group has been involved in our Mental Health focus groups and Covid-19 report.

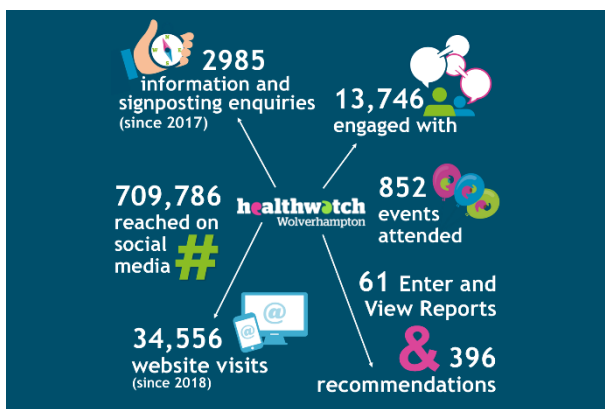
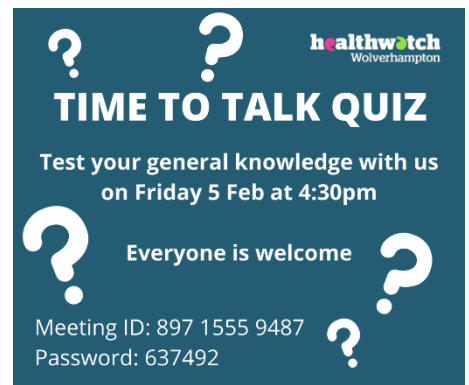
Time to talk

Time to Talk takes place in February and aims to help encourage people to talk more about mental health.

To support Time to Talk, our Youth Healthwatch volunteers created an animated video that you can watch here.

We also held a quiz, which was well attended. It had rounds such as general knowledge and a specific round about mental health to help raise awareness.

In the spirit of talking about mental health, Ashley, one of our Engagement and Information Leads, posted a video on our Facebook page opening up and talking about his experiences living with anxiety and depression.



Happy Birthday Healthwatch

April 1 2021 marked 8 years of Healthwatch. To celebrate we held a birthday celebration event to showcase the impact we had made over the years and we created an infographic to help show some of the work we have done in numbers.

The event was well attended by members of the public and organisations who have supported us, this includes Professor David Loughton, Chief Executive from the Royal Wolverhampton NHS Trust.

Hello Yellow

In October 2020 the team and volunteers came together for "Hello Yellow" which was in aid of Mental Health Day. We held a virtual event and asked everyone to wear something yellow, the event was to encourage people, including young people, to talk about mental health and show that there is no shame in talking.



Supporting Compton Care

On 22 December 2020 a donation of **£1500** was made to Compton Care to help support the vital work they do in the community.

Compton Care sent a letter thanking us for our donation explaining the impact the donation could make including possibly **funding 11 visits by a healthcare assistant** to a patient's home to provide vital personal assistance and care.

COVID-19 report

During the pandemic, we wanted to understand the impact that COVID-19 was having on people's physical, emotional and mental wellbeing. In total we carried out four surveys and six focus groups with the public to collect people's views and experiences. The focus groups included people from a range of backgrounds, including young people, LGBT+ community, D/deaf community, homeless support services, and carers. We also carried out a survey specifically around the impact COVID-19 was having on Cervical Screening Services.

We found that while most people felt the information about the pandemic was easy to understand and access, there were many people who found it confusing particularly around the guidance that was being promoted. People also highlighted the amount of misinformation that was being circulated which was also adding to the confusion **"the information online is a maze of fake news and information that is not easy to spot... we are all confused"**.

We also found that 40% of people who took part in our surveys felt that accessing services had been impacted by the pandemic and 10% of people said their experience of social care had been impacted.

When asked if their mental health had been affected by the pandemic 60% said it had, with people saying that they had felt an increase in anxiety and stress and they felt lonely, isolated and claustrophobic. People also explained that existing mental health conditions had been made worse **"I am suffering more panic attacks and my depression is worse"**. One person told us **"I have felt unable to call my mental health team because they have more important things to be dealing with. I don't want to be an extra burden"**.

The response from our Cervical Screening Survey showed that 63% of people felt their appointments were not affected by the pandemic. Some people told us that they had been invited for their screening but **"I've had the letter but haven't booked due to nonessential appointments being discouraged should I book?"** We also found that 25% of people who took part did not know what the symptoms were for cervical cancer and 12.5% were unsure.

During our focus groups the LGBT+ Sparkle Social Group referred to research conducted by the LGBT Foundation which highlighted concerns regarding people being in lockdown with homophobic family members and unable to move due to the restrictions. They also explained that hospital appointments for Trans people were being affected and the impact this had on their mental health **"Hospital appointments, especially for Trans people has had a big impact, there is no additional support for Trans people while they wait, and they can be waiting years anyway"**.

The D/deaf community explained that the amount of information being shared was overwhelming and not always accessible to them; **"We have no idea what is happening locally, only nationally. This causes anxiety because nothing is available locally in our first language. It makes us feel like second rate citizens"**. They also expressed how difficult it was to cope with some of the changes with one person saying they felt **"almost grief"** at being isolated from other members of the community and family.

Young carers expressed how difficult the year had been, **"I've been doing this now for 5 years but it is too much for me this year, especially with my mental health being up and down"**. Some expressed how they felt they had **"no choice"** but to help. They also found that they were having to provide extra support above what they would normally do and this was difficult for them at times.

We held a focus group with people who provide support to homeless people, and they said that the homeless community were **"amazed that services were working together in a way they had never experienced before."** They also raised that mental health had become a major **"burden"** of the services and that improvements to mental health provision were needed.

[You can read the full report on our website.](#)



Volunteers

At Healthwatch Wolverhampton we are supported a strong team of 49 volunteers to help us find out what people think is working, and what improvements people would like to make to services.

Volunteers are a big part of Healthwatch work and support us with work such as Enter and View, Office Work and Community Outreach. Face to face volunteer work was postponed in March 2020 and all engagement moved online.

It was really important to us that volunteers were engaged with throughout the pandemic, especially during the first lockdown where many were shielding or lived on their own, so the team regularly phoned volunteers during this time.

We also started running volunteer coffee mornings and quizzes on Zoom to give volunteers a chance to catch up with the team and with each other.

Supporting Volunteers

During Covid

Some of our online sessions have been open to members of the public that were interested in becoming volunteers which helped our recruitment of volunteers in the last 12 months. Over the past year we received **43 applications** for volunteering, sadly not all of them completed the interview and induction process but some did join our **49 strong team** of valued and dedicated volunteers.

Sadly, we also lost some volunteers during the Covid-19 pandemic who decided to step down from their role due to restrictions and the nature of their volunteering role. We would like to thank these volunteers for their time and support over the years.

During volunteer's week at the start of June, care package parcels were hand delivered to all volunteers to thank them for their hard work over the previous year. These included hand-written cards, a box of biscuits, a box of cakes, mints, hand cream and a mindfulness puzzle book. Volunteers passed on their grateful messages of thanks to staff that delivered these.



Volunteer care packages – Volunteers Week June 2020

Towards the end of 2020 we began to reintroduce volunteer work virtually. Volunteers were asked to take part in a GP website review following intelligence we had received from patients during lockdowns. Volunteers were also encouraged to take part in our various projects and coffee mornings and activities across the year and got involved in our "Hello Yellow" event – to raise awareness of, and encourage young people to speak about, their mental health and our Christmas jumper day where we raised money for Save the Children.

Our volunteers and staff are thoroughly looking forward to when face to face engagement and work can return, and look forward to what next year will bring.



Hello Yellow for Mental Health October 2020



Christmas Jumper Day December 2020

Our volunteers

Elena

"My name is Elena and I am student at Health and Social Care. I volunteered for the Healthwatch team to help the community. I was welcomed into this beautiful team and met wonderful people. I am excited to get involved in projects and be helpful to people when they need it. I participated in meetings and was very interested. I was also present during the week with Mental Health Awareness Week".

Maggie

"I started volunteering for Healthwatch in 2018, and I am passionate about being in the position to help others, especially when I can utilize my skills to make a difference in the lives of others. My motivation comes from personal experience of working with vulnerable people. So, volunteering matters to me. Volunteering with Healthwatch interested me as the organisation intend to strengthen the collective voice of people/users of health and social care services.

As a volunteer, I would like to think that I make a valuable contribution in my community through Healthwatch to:

- improving the experience of care and support
- strengthening the relationship between services and communities
- improving public health and reducing health inequalities
- supporting integrated care for people with multiple physical and/or mental health needs.

At a personal level volunteering has brought a positive impact as it has increased my social inclusion with people of different professional levels and expertise. As a result of this, volunteering has boosted my self-esteem, well-being and social engagement. For example, I have gained some core skills of chairing within the volunteering role.

The Healthwatch Wolverhampton team has provided me with training and peer support to be able to do my volunteering role effectively and with confidence. The staff members manners give me the impression that I am appreciated as a volunteer and cultural differences are also embraced".

Praise

"I made the decision to volunteer at youth Healthwatch because I needed the experience and confidence that came with it. I have been so fortunate to work with an amazing team and come up with ideas for numerous campaigns. I really appreciate the idea of organisations like Youth Healthwatch because, it is wonderful to see people actively working together to solve the problems prevalent in the community. My hopes for Youth Healthwatch is that, it continues to be bigger and better and influence the lives of many young people across the country. It is truly a wonderful experience for anyone to have".



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:



<https://www.healthwatchwolverhampton.co.uk/>



0800 470 1944



info@healthwatchwolverhampton.co.uk



Youth Healthwatch

Youth Healthwatch Wolverhampton was created to help give young people a voice in health and social care. It is led by young people for young people. Throughout the year we received 32 applications to join Youth Healthwatch and they have already been busy setting their own priority project. [You can find out more about Youth Healthwatch here.](#)

It was challenging to set up the Youth Healthwatch initially. However during the various lockdowns we had a number of people showing an interest in getting involved. We believe this was due to the digital options to get involved where as previously we were focusing on face to face engagement and meetings.

Throughout the year Youth Healthwatch meet on a regular basis and were involved in a number of our social activities including "Hello Yellow" for mental health and Christmas Jumper Day. They have also given their views on our Urgent Care Survey which was amended following their feedback, before it was sent out to be used and created their own video for Time to Talk Day to encourage people to talk about their mental health which [you can watch here.](#)

Following a number of discussions it was agreed that the Youth Healthwatch priority project for the year would be communication from services to young people including the methods used, and the manner of the communication. This project will cover a range of services including health, social care and even education.



Wolverhampton Health Advocacy Complaints Service

Wolverhampton Health Advocacy Complaint Service (WHACS) has supported Wolverhampton residents for five years now. Although the advocacy service is a separate contract and receives independent funding from Wolverhampton City Council, the partnership with Healthwatch Wolverhampton has ensured our residents across the city have more opportunities to access the service, via freephone, website and email allowing a broader provision of support whether that is helping with a letter of complaint, a phone call or attending a local resolution meeting

This year we helped **60 people** to make a formal NHS complaint and seven through the local resolution process. This year the themes of the complaints we have supported have been:

- Quality of care and treatment
- Adult and Children's Mental Health Services
- Medication changes
- Access to Services
- Diagnosis
- Delays / Cancellations

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.

The pandemic has had an impact on delivering events and the way we do outreach. However virtual meetings on Microsoft Teams and Zoom have enabled us to maintain existing contacts as well as new ones.

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 **25% of complainants** have used this resource. Where a complainant has a more complex complaint, they receive one to one support according to their needs.

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 been unable to resolve the complaint directly with the service provider, the advocate has provided assistance to escalate their complaint to the Parliamentary Health Service Ombudsman (PHSO). We have provided support for eight PHSO complaints this year.



“They helped me all through the process of the complaint. They had listened to me with great patience and understood why I was unhappy with the GP’s behavior. The support gave me confidence to take my complaint further and to achieve the outcome I was looking for”



Contact us to get the information you need

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



www.whacs.co.uk



07732 683 447



advocacy@weareecs.co.uk

Advocacy Case Studies

Local Resolution with West Park Hearing Services

Client received an appointment for 2 December 2020 early morning which is to do with their hearing. As they don't have a car and take their grandchildren to school, and works on Thursdays, they needed to change the appointment. They spoke to the receptionist who they say was very impatient when they were relaying that they needed an appointment between 10:30-1:00 and not on Thursdays as they work on this day.

Client received a rescheduled appointment for 31 December, a Thursday, at 1:45. Client had tried to resolve this themselves and telephoned West Park and knew straight away that the same receptionist had answered the call. They then asked to speak to the manager but was put through to the secretary. The secretary said the manager would call them back the following day 15/12, but they had not received a phone call by 16/12 which is why they contacted the advocate direct by email. They were concerned that if they cancelled this appointment, they would then be referred back to their GP and then have a lengthy wait for a new referral.

The advocate phoned to speak to the manager, but they weren't available. The advocate asked for a call back on Monday 21/12 and the receptionist was not particularly polite to the advocate either.

When a call back had not been received on 22/12, the advocate contacted West Park again. Since the manager wasn't available, they spoke to the secretary advising that it was preferred to resolve this issue through local resolution rather than a formal complaint. The advocate was transferred to the manager in Audiology who was made aware that we had not received any communication from the department manager and wanted to resolve the issues through local resolution, the outcome being a suitable appointment. After accessing client's medical records and speaking to the consultant, we were given an appointment for 11 January at 10:30am.

Client was pleased with the outcome. It is clear that the client would not have received an appointment that met their needs, and so quickly, without the intervention of the advocate.



"They helped with rearranging my hearing appointment. I had tried myself but the appointment I was given was the opposite of what I asked for. They managed this in one week and I had been trying for several weeks but not getting anywhere"

Advocacy Case Studies

Formal Complaint to Primary Care Support England

Client had moved from London to Wolverhampton and registered with a WV10 practice in April 2020. After several months, client's records had still not been transferred and so they contacted Healthwatch.

In September 2020, the advocate attempted local resolution by contacting the practice to find out what was happening with regard to their request. The practice manager was most helpful and able to say that a request for PCSE (Primary Care Support England) to collect records automated from the GP system on 25 April 2020. After three months and the medical notes still not having transferred, the practice on 15 and 17 July requested a brief summary direct from a Doctor at previous practice.

Following discussion with the advocate, the Practice Manager then made an urgent request and received an acknowledgement email from PCSE on 9 September timed 10:17.

Since PCSE had not acted on the urgent request by the practice at securing the medical records, it was agreed that a formal complaint would be made to PCSE. The complaint was submitted on 1 December 2020 and an email from PCSE on 16 December 2020 advised that the records had been delivered to the practice the previous day.

Their response as to why it had taken so long was that the previous surgery had not made the records available, and they were reliant upon them to do so. Only by making a formal complaint, prompts PCSE to phone the surgery asking the surgery to release the medical records as a matter of urgency.

Client is really pleased with the outcome and says without the advocate's intervention they may still be waiting for her medical records. PCSE had received the urgent request in the September and emailed the surgery at that point. It was only when a formal complaint was made that they made the telephone call which produced the outcome needed.



“Without help of an advocate I would still be waiting for my medical records to be transferred from London to Wolverhampton. The advocate helped me all through the process of the complaint and to achieve the outcome I was looking for in a very short time”



Statutory statements

About us

Healthwatch England, 2 Redman Place, Stratford, E20 1JQ

Healthwatch Wolverhampton is delivered by Engaging Community Solutions, Unit 42, Staffordshire University Business Village, Dyson Way, Staffordshire Technology Park, Stafford, Staffordshire, ST18 0TW

Healthwatch Wolverhampton uses the Healthwatch Trademark when undertaking our statutory activities as covered by the licence agreement.

The way we work

Involvement of volunteers and lay people in our governance and decision-making.

Our Healthwatch Advisory Board consists of six Advisory Board Members who work on a voluntary basis to provide direction, oversight and scrutiny to our activities. Our board ensures that decisions about priority areas of work reflect the concerns and interests of our diverse local community. Through 2020/21 the board met four times and made decisions on matters such as signing off our 2021/22 priorities.

We ensure wider public involvement in deciding our work priorities. We do this in a range of ways, including using the intelligence collected from service user feedback, the recommendations made from our priority projects and possible follow up work and we hold annual listening events to identify what the public think our priorities should be.

Strategic relationships

Healthwatch Wolverhampton acts as a critical friend to local strategic partners and plays an active role in presenting the views from the public and the service users of various stakeholders. We have attended many strategic and operational meetings as listed below:

- ADASS Local Account Committee
- Adult Care Partnership Meeting
- Adult Steering Group
- Area Prescribing Committee
- Better Care Fund Programme Board
- Black Country co-production network meeting
- Black Country Healthcare NHS Trust patient experience quarterly meeting
- Black Country Healthcare NHS Trust board
- BCWB Governing Body in Common
- BCWB and BC Healthwatch Focus Group
- BCWB Primary Care Commissioning Committee
- Black Country STP & BC HW Meeting
- BC HW managers meeting
- Connecting local voices for better Health and Social Care
- CQC information sharing Meeting
- CQC / Healthwatch quarterly meeting
- CQC / HW Webinar
- DAA Meeting
- Deloitte Governance and Accountability Workshop
- Dementia Information Webinar
- Dementia Strategy Delivery Group
- Developing a single participation for Wolverhampton
- Development session with new governing body members
- D2A MDT working group
- Early Help and prevention extraordinary meeting
- End of Life Steering Group Meeting
- Future Healthier Partnership Board
- Flu Planning Meeting
- Health and Wellbeing Together
- Health Scrutiny Panel
- Healthier Futures Partnership Board
- Healthwatch England Action Learning
- Healthwatch England Quality Framework Meeting
- Healthwatch England Conference
- ICA Mental Health Sub Group
- Integrated Partnership Board
- Local Outbreak Engagement Board
- Local NHS restoration and recovery planning meeting
- LGBT Sparkle
- Maternity BAME Comms and Engagement Meeting
- Maternity Voices Partnership
- Meeting with Chair and CE of RWT
- Meeting with Chair and CE of BCNHS Trust
- Meeting with MD of CCG
- Meeting with North East MP
- Mental Health Steering Group meeting
- NHSE/DHSC – national review of bureaucracy in General Practice
- Older Peoples Focus Groups
- Pause and Learn – Peer Review meeting
- Primary Care Operational Meeting
- Psychological safe leadership programme
- RESPECT Meeting
- RWT Patient experience quarterly meeting
- RWT Trust Board
- SEND steering group
- Urgent and Emergency Care Meeting
- Webinar on NHS Volunteer gathering
- West Midlands Network Meeting
- Wolverhampton Cancer Strategy Meeting
- Wolverhampton CCG Assurance Meeting
- Wolverhampton CCG AGM
- Wolverhampton CCG Commissioning Committee
- Wolverhampton Mortality Improvement Meeting
- Wolverhampton RWT End of Life Meeting
- WST Communities and Engagement
- WST Board
- WST Early Help
- WVSC AGM
- WVSC gathering better connected meeting
- WVSC COVID-19 response gathering meeting
- WVSC COVID-19 Mental Health meeting
- WVSC COVID-19 General

Strategic relationships in practice

Mental Health helpline

Wolverhampton CCG had set up a new helpline number for people suffering from Mental Health at the beginning of COVID to support patients who were struggling with their Mental Health. However, we were contacted by the public who reported that calling this helpline number had caused them more distress. Healthwatch contacted the CCG to understand what the process was with this number.

Healthwatch were signposted to the provider who liaised between them and the patient. The changes that were to be made after discussion with the patient were fed back to Healthwatch. The patient was also happy with the changes as they wanted to prevent this happening to other people that would use the help line.

The use of PPE within the Royal Wolverhampton NHS Trust

Healthwatch raised concerns with the trust that they had received from a patient. The trust investigated the issues raised and processes were put into place to ensure that all PPE was changed appropriately as required by the Trust. An email was sent to all staff informing them of correct use of PPE.

Supported Living

Healthwatch held a meeting with a service user to discuss issues that they were experiencing with a supported living care provider. The service user wanted to stay within Wolverhampton and not move to the area that had been suggested by their social worker. They had recently moved to Wolverhampton as an emergency placement and they were happy to stay. Healthwatch discussed this with the commissioner of supporting living to understand what the individual could be offered. The outcome was that the service user was moved to a different part of the City to meet their needs. They were satisfied with this and the new accommodation suited them better.

Penn Hospital

A patient contacted Healthwatch to share their frustration when trying to get through to Penn Hospital in the early hours of the morning. It took the patient nearly 3 hours before they managed to get through. Healthwatch Wolverhampton raised this as a concern with BlackCountry NHS Healthcare Trust, who passed it onto the relevant department. However, this needed to be escalated to top management as no responsibility was being taken.

It was discovered that at Penn Hospital there is only one phone line going in. If someone rings and then are put through to another department, no more calls can be received until this transfer has been completed. The Trust had ordered headsets for the staff to wear remotely, however this did not solve the problem. The Complaints Manager at the Trust had been assured that this had now been resolved; however they were not going to close the case down until they were confident that patients are able to get through to the hospital. They ensured that this sat on a risk register in the Trust.

They will keep Healthwatch Wolverhampton updated on the progress and thanked Healthwatch Wolverhampton and the patient for raising this issue. Even though it had been reported previously within the Trust; it had taken Healthwatch Wolverhampton intervention, to get the patient experience acknowledged and for it to be acted upon.

Methods and systems used across the year's work to obtain people's views and experience

We use a wide range of approaches to ensure that as many people as possible have the opportunity to provide us with insight about their experience of health and care services. During 2020/21 we have been available by phone, by email, via our website, provided a feedback centre/rate and review system, attended virtual meetings of community groups and forums, provided our own virtual activities and engaged with the public through social media.

We are committed to taking additional steps to ensure we obtain the views of people from diverse backgrounds who are often not heard by health and care decision makers. This year we have done this by, for example, regularly attending LGBT social group meetings, working with partners to engage with the homeless and engaging with young people via our Youth Healthwatch.

In December we had wipeable posters made which were hand delivered to all health and social care services in the city. This allowed them to be displayed and easily cleaned to prevent the spread of covid.

We ensure that this annual report is made available to as many members of the public and partner organisations as possible. We publish it on our website and across our social media platforms and newsletter.

Responses to recommendations and requests

This year, due to the COVID-19 pandemic, we did not make use of our Enter and View powers. Consequently, no recommendations or other actions resulted from this area of activity.

There were no issues or recommendations escalated by our Healthwatch to Healthwatch England Committee and so no resulting special reviews or investigations.

Health and Wellbeing Board

Healthwatch Wolverhampton is represented on the Health and Wellbeing Board by the Healthwatch Manager and Healthwatch Advisory Board Chair. During 2020/21 our representative has effectively carried out this role by presenting last year's annual report, which provided an overview of the work that had been done to represent the views and experiences of the public. Healthwatch look at aligning some of our priorities with those of the City to reduce duplication and have bigger impact ensuring the voices of the public are included.

The poster features the logos for 'Engaging Communities Solutions' and 'healthwatch Wolverhampton'. The main heading is 'talk to us...' followed by the text 'we are listening and want to hear your experiences on the services below.' Below this, there are nine circular icons representing different services: Hospitals, Community Services, GP Surgeries, Opticians, Mental Health, Dentists, Care Homes, Pharmacies, and Domiciliary Care. At the bottom, contact information is provided: 'Contact us on: t: 0800 470 1944 e: info@healthwatchwolverhampton.co.uk w: www.healthwatchwolverhampton.co.uk'.

Next steps & thank you

Top four priorities for 2021-22

- 1. Digital Exclusion and inequalities** – Identifying barriers that stop people not wanting to use digital technology within health and social care
- 2. Mental Health** – Looking into the affects that COVID has had on individuals and the support that has been available or not been available during the pandemic
- 3. Young People's Mental Health** – Working in collaboration with our Black Country Healthwatch colleagues to understand the gaps in services including transition from child to adult services
- 4. Communication with Multi-disciplinary Professionals** – Our Youth Healthwatch have identified communication as being a huge issue, not just within health and social care settings but also education

Next steps

As we are all aware, this year has been a challenge for us all in many ways. However, we have also seen some amazing work being carried out locally and nationally especially with the roll out of the vaccine which gives us all hope of returning to some normality soon. For us this means getting back into our communities so that we can engage with them about their experiences of health and social care services.

There are many challenges that the NHS and Social Care will face over the coming years to ensure that services are restored safely and dealing with the wider impact of COVID-19. Healthwatch will continue to listen to the public about their experiences so that we can support the NHS and Social Care services.

Equality and Diversity and listening to seldom heard groups will be pivotal in all our that we will be doing in the year ahead. Wolverhampton is a diverse city and we want to ensure that as many voices as possible are listened to, allowing us to influence services and changes that will have a positive impact for everyone.

Thank you

I want to thank our Advisory Board who have been supporting us through this year and helped to shape our priorities based on the feedback we received from the public. I also want to thank all our volunteers for their continued support and patience during a year when it has not been safe for our volunteers to get involved. It has been great to see so many of them get involved in other ways such as our coffee mornings and volunteer quiz events.



The public have continued to engage with us and share their experiences with us and I want to say thank you. The feedback really helps us to influence services and understand what works well and what doesn't. Working with our stakeholders is an important part of our work, allowing us to engage with people and provide opportunities to hear people's experience. I want to thank all our stakeholders for their continued support during a difficult year.

Finally, I want to thank our staff who have all had to adapt to working differently especially at the beginning of the pandemic and ensuring that we have been able to continue our important work.

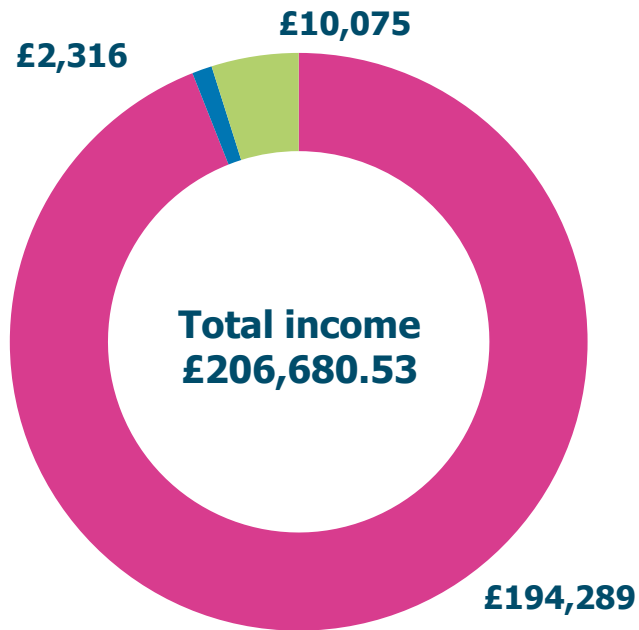
Tracy Cresswell, Manager of Healthwatch Wolverhampton

Finances

To help us carry out our work we receive funding from our local authority under the Health and Social Care Act 2012.

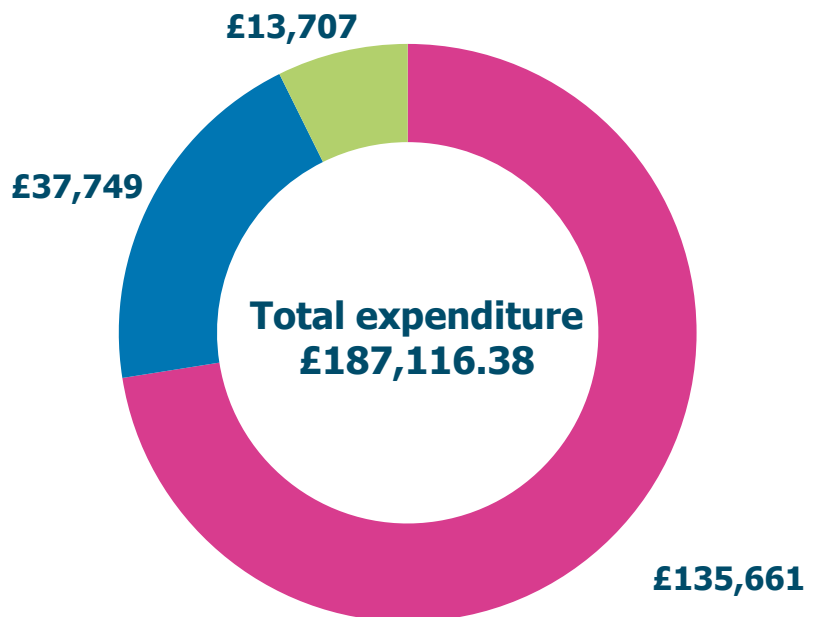
Income

- Funding received from local authority
- Additional funding
- Balance from 2019/20



Expenditure

- Staff costs
- Governance and Management Costs
- How much it costs to run Healthwatch



Glossary

ADASS	Association of Directors of Adult Social Services
AGM	Annual General Meeting
BC	Black Country
BCHW	Black Country Healthwatch
BCNHS	Black Country Healthcare NHS Foundation Trust
BCWB	Black Country and West Birmingham
BSL	British Sign Language
CCG	Clinical Commissioning Group
CE	Chief Executive
COPD	Chronic Obstructive Pulmonary Disease
CQC	Care Quality Commission
DAA	Dementia Action Alliance
DHSC	Department of Health and Social Care
D2A	Discharge to Assess
HAB	Healthwatch Advisory Board
HW	Healthwatch
ICA	Integrated Care Alliance
LGBT	Lesbian, Gay, Bisexual and Trans
MD	Managing Director
MDT	Multidisciplinary Team
MP	Member of Parliament
NHSE	NHS England
PCN	Primary Care Network
PHSO	Parliamentary Health Service Ombudsman
PPG	Patient Participation Group
RWT	Royal Wolverhampton Trust
SEND	Special Educational Needs and Disability
STP	Sustainable and Transformation Partnership
WHACS	Wolverhampton Health Advocacy Complaints Service
WST	Wolverhampton Safeguarding Together
WVSC	Wolverhampton Voluntary Sector Council

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