

# Stakeholder reflective review of Healthwatch Surrey

*March 2018*

*Report produced independently by  
Charmed Communications Ltd*

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**CHARMED**  
*communications*

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## 1. Introduction

Healthwatch Surrey carried out a short survey in February 2018 to find out what its stakeholders know and think about Healthwatch Surrey and how stakeholders' views have changed since a similar survey was undertaken in March 2017.

The survey responses were analysed by an independent consultant (Carol Deans from Charmed Communications Ltd) and, where appropriate, compared with the results of the 2017 survey.

The methodology for the survey can be seen at Appendix A. Summary analysis of the respondents is at Appendix B. The full list of survey questions is in Appendix C.

The results of the survey will be used to help Healthwatch Surrey develop its work to hear more from the people of Surrey about their experiences; to continue working with partners to improve and shape health and social care services; and to develop its relationships with stakeholders.

## 2. Executive Summary

Healthwatch Surrey carried out a short survey in February 2018 to find out what its stakeholders know and think about Healthwatch Surrey.

Responses were received from 148 stakeholders (a 61% increase on last year's 90 responses). However, the opportunity to participate was offered to more stakeholders this year (1315 compared to 293 in the previous year). The response rate therefore reduced from 30.72% to 11.25%. Healthwatch Surrey may, therefore, want to review the distribution lists to determine why the 2018 circulation list increased so significantly and whether that has any link to the reduced response rate, whilst still recognising the significant increase in the actual number of stakeholders who responded.

There were some differences in the respondent base this year as follows:

This year responses from different organisation types were more evenly spread with most coming from voluntary, community or faith sector organisations (23.42%), district and borough councils (22.52%), commissioners and providers of health services (20.72% each). The biggest increase in responses was from respondents who are part of a District / Borough Council (increasing from 14.71% to 22.52%) and providers of health services (increasing from 13.24% to 20.72%).

There was a marked difference in the level of seniority of those answering the questionnaire. This year 27% of respondents described themselves as Director or Senior Manager level compared to 45% last year.

These differences in the respondent base need to be taken into account when interpreting the results.

### Awareness

Overall, awareness is higher with health service commissioners and providers and social care commissioners.

The highest level of awareness is for Healthwatch Surrey's work in gathering experiences and feedback, with almost two thirds knowing 'a lot' or 'a fair amount'. This is followed by around half knowing 'a lot' or 'a fair amount' about Healthwatch Surrey's work to use evidence and feedback to influence providers and commissioners to change/improve services.

Less was known about the other areas of work although just under half knew 'a lot' or 'a fair amount' about Healthwatch Surrey's work to promote the involvement of local people. Awareness of the other areas of work was between just over a third (for independent NHS health complaints advocacy) and two fifths (for information and advice service).

Awareness of the information and advice service has increased from just over a quarter in 2017 to just under a half in 2018.

Health service commissioners tended to have the highest levels of awareness and most positive views in most of the questions.

Around three quarters of health service commissioners knew 'a lot' or 'a fair amount' about all areas of work except information and advice and advocacy.

No district/borough council respondents knew 'a lot' about any of the areas of work.

Health service providers have the highest levels of awareness about the independent advocacy service.

## Perceptions

This year respondents were asked about a key aspect of Healthwatch Surrey's vision: *Healthwatch Surrey is the respected, trusted and credible champion of the consumer in health and social care in Surrey.*

Over half of respondents 'strongly agree' or 'agree' that Healthwatch Surrey is a **respected, trusted** and **credible** champion for local people in health and social care in Surrey. However, just under a third said they 'don't know'. Health service commissioners were the most in agreement with the statement, with just over a quarter who 'strongly agree' and just under half who 'agree'.

However, when looking specifically at the perceptions of health service commissioners and providers and social care commissioners (who have consistently higher levels of awareness of Healthwatch Surrey's areas of work), the proportion of respondents who 'strongly agree' that Healthwatch Surrey is 'a *respected, trusted and credible* champion for local people in health and social care in Surrey' doubles. Those who 'strongly agree' or 'agree' with the statement also increases from just over a half to just over two thirds. The number of respondents who 'strongly disagree' or 'disagree' also significantly reduces when looking at the three stakeholders with higher levels of awareness.

This would suggest a direct correlation between awareness and positive perceptions.

Over half of social care commissioners 'strongly agree' or 'agree' and similar numbers of health service providers 'agree' although a smaller proportion 'strongly agree'.

Social care providers had the highest proportion of respondents who said 'don't know'.

Respondents were also asked whether '*Healthwatch Surrey is **effective** in encouraging commissioners and providers to value the involvement of local people in the scrutiny and development of services*'. Just under half of respondents 'strongly agree' or 'agree' with the statement. However over a third 'don't know'.

When looking specifically at the perceptions of health service commissioners and providers and social care commissioners (who have consistently higher levels of awareness of Healthwatch Surrey's areas of work), the proportion of respondents who 'strongly agree' doubles compared to all stakeholders.

The proportion of health and social care stakeholders who either 'strongly agree' or 'agree' with the statement compared to all stakeholders also increases. In addition, the proportion who 'strongly disagree' is lower but the proportion who 'disagree' is slightly higher. The proportion who 'don't know' reduces from just over a third to just under a quarter.

Health service commissioners had the highest levels of agreement with the statement '*Healthwatch Surrey is **effective** in encouraging commissioners and providers to value the involvement of local people in the scrutiny and development of services*'. Around a third of health service providers, social care providers, district and borough councils and voluntary, community and faith sector respondents 'agree'.

The largest proportion of respondents who 'strongly disagree' were from the voluntary, community and faith sector.

Around half of social care commissioners, social care providers and district and borough council respondents said they 'don't know'.

## **Influence / impact**

The areas with the most **significant** influence / impact are 'producing reports and recommendations about particular services and topics' and 'acting as an independent voice / sounding board ('critical friend')'.

Around a third of respondents gave an overall positive rating (combining 'significant' and 'some' influence / impact) in all areas except 'increasing knowledge about the experiences, views and needs of seldom-heard communities' and 'taking action to address poor practice'.

The areas where more respondents said Healthwatch Surrey needs to do 'a lot more to have influence / impact' was 'increasing knowledge about the experiences, views and needs of seldom-heard communities' and 'providing information and advice on health and social care services'.

However, the proportion of health service commissioners and providers and social care commissioners (who have the higher levels of awareness about Healthwatch Surrey's areas of work) who stated that Healthwatch Surrey has had 'significant' or 'some' influence or impact on their organisation is noticeably higher in all areas of work compared to the proportion of all stakeholders. In addition, the proportion who

said Healthwatch Surrey has 'already had **significant** influence/impact' in 'acting as an independent voice / sounding board ('critical friend')' was double.

There is also a positive shift in the proportion of stakeholders who said that Healthwatch Surrey needs to do 'more' rather than 'a lot more' when looking at health and social care providers only. The most notable shift was for 'promoting the involvement of local people in the scrutiny and development of services'.

There has been a reduction in the proportion of respondents giving a positive rating for all of the areas that were included in the 2017 survey. However, these ratings appear to have been skewed by the increased proportion of respondents from district and borough councils (who have not been Healthwatch Surrey's 'target' for influence or impact).

Health service commissioners were the only stakeholder group to have a proportion giving a 'significant influence / impact rating for every area of work.

A higher proportion of voluntary, community and faith sector respondents rated that 'a lot more' needs to be done to have influence / impact than other stakeholders.

District and borough councils had higher levels of 'don't know' (ranging from a third for 'promoting the involvement of local people in the scrutiny and development of services' to half for 'producing reports and recommendations about particular services and topics').

## Looking to the future

Between a third and a half of respondents responded to questions asking what they want to make sure Healthwatch Surrey continues doing, what it should do less of and if there is anything it should start doing or do differently.

A third of respondents knew that Healthwatch Surrey can also be commissioned can also be commissioned to provide advice, support, review and scrutiny for public participation, consultation, engagement and involvement'.

Sixteen respondents left their details so they can be contacted to discuss how Healthwatch Surrey can help and/or support them with public participation, consultation, engagement and involvement.

## Communications and engagement

Very few respondents found any of the methods of communication 'not useful'.

Email is the most used and most useful form of communication. Other 'useful' forms of communication are: website, face-to-face, eBulletin and events.

The least used forms of communication are Twitter, Helpdesk, Facebook and the team office.

### 3. Awareness

The survey sought to find out what awareness, if any, respondents had of Healthwatch Surrey's core areas of activity. These questions were slightly different to the previous survey's questions on core service lines (see detail on page 18). Information was also sought about the Independent Health Complaints Advocacy Service, provided in partnership with Surrey Disabled People's Partnership.

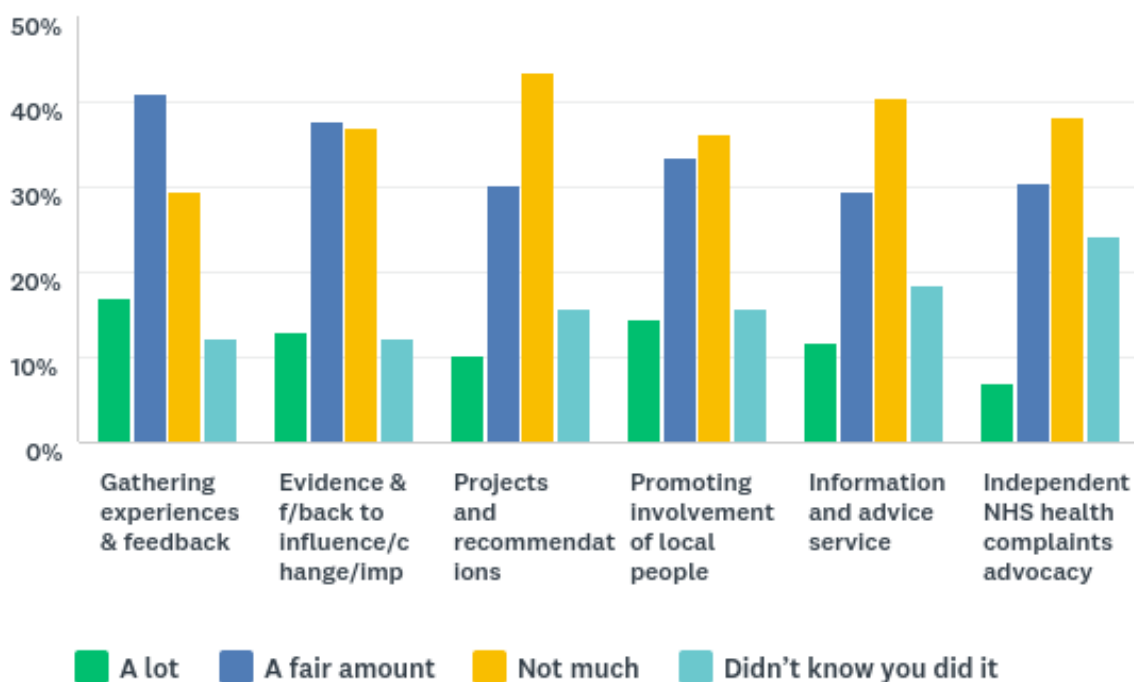
The highest level of awareness is for gathering experiences and feedback, with almost 60% knowing 'a lot' or 'a fair amount', followed by around 50% knowing 'a lot' or 'a fair amount' about Healthwatch Surrey's work to use evidence and feedback to influence providers and commissioners to change/improve services.

Less was known about the other areas of work although just under half (47.94%) knew 'a lot' or 'a fair amount' about Healthwatch Surrey's work to promote the involvement of local people and awareness of the other areas of work was between 37.50% (for independent NHS health complaints advocacy) and 41.09% (for information and advice service). Awareness of projects and recommendations about a particular issue or service was 40.68%.

Awareness of the information and advice service has increased from 27% in 2017 to 41% in 2018.

Stakeholders were not asked about their **level** of awareness of the independent NHS health complaints advocacy service in 2017. However, just under half (49%) did not know about the service (when offered a yes/no choice) compared to just under a quarter (24%) who answered 'didn't know you did it' in 2018.

**Levels of awareness of Healthwatch Surrey's key areas of activity**



## Awareness by stakeholder

Overall, awareness is higher with health service commissioners and providers and social care commissioners.

Health service commissioners had the highest levels of awareness about Healthwatch Surrey's areas of work. They also all had some level of awareness (ie none said they 'didn't know you did it') about all areas of work except advocacy (where 8.7% 'didn't know you did it').

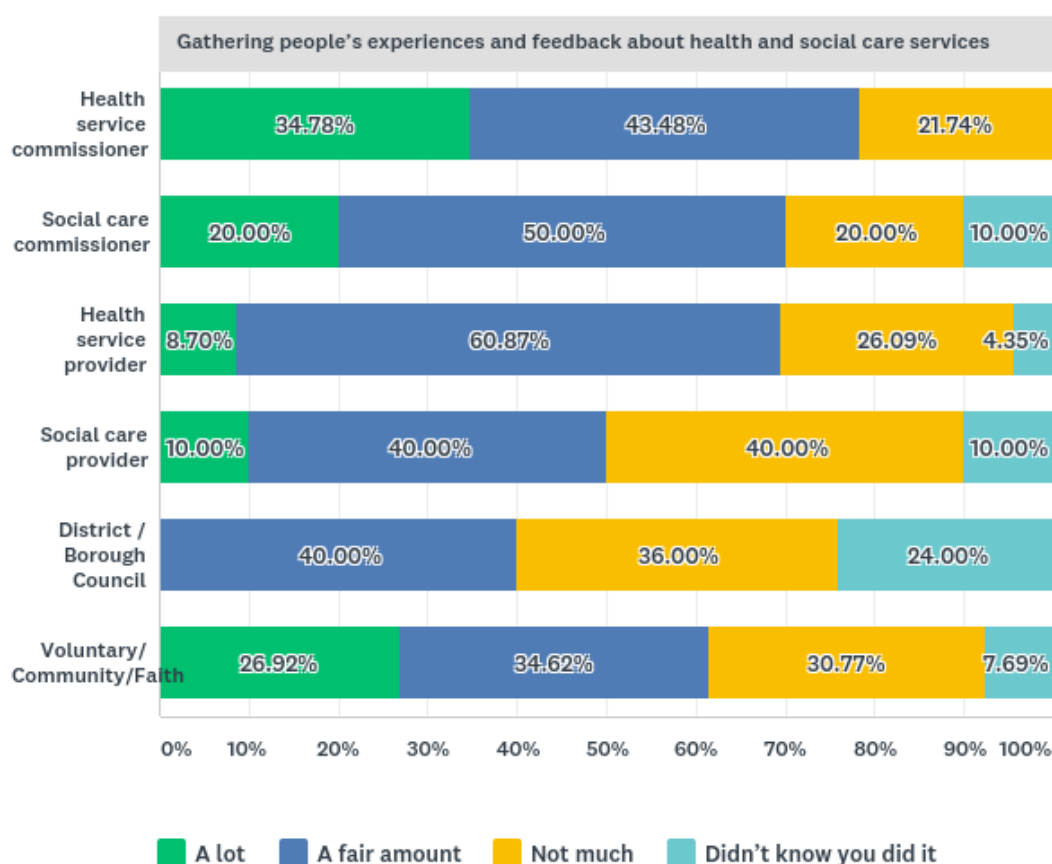
Around three quarters of health service commissioners knew 'a lot' or 'a fair amount' about all areas of work except information and advice and advocacy (47.82% and 47.83% respectively).

No district/borough council respondents knew 'a lot' about any of the areas of work.

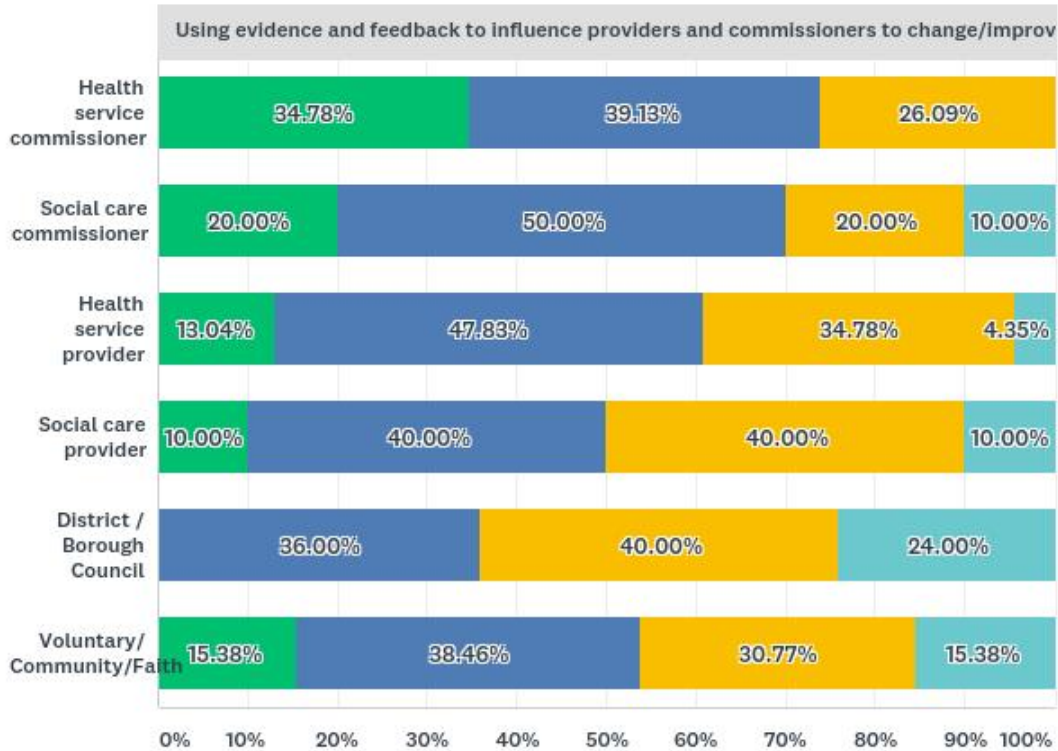
Levels of awareness varies for voluntary, community and faith organisations, although they have the highest proportion of respondents who knew 'a lot' about the information and advice service (23.08%).

Health service providers have the highest levels of awareness about the independent advocacy service (8.70% know 'a lot' and 56.52% know 'a fair amount').

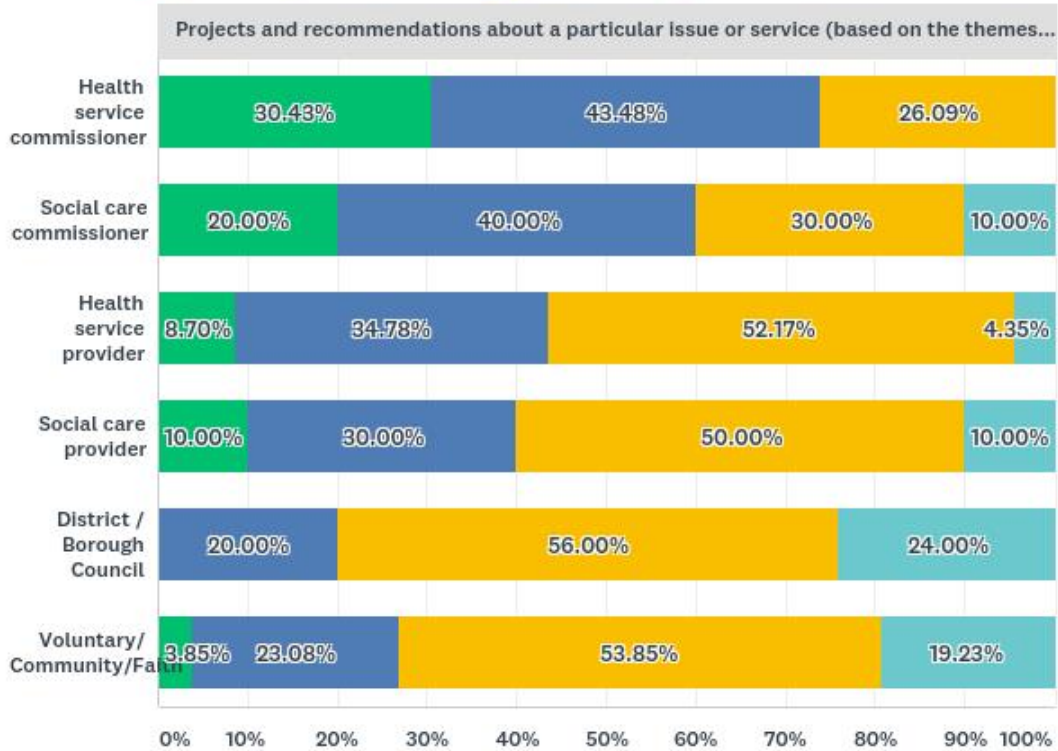
The graphs below show the levels of awareness by stakeholder group for each area of work.



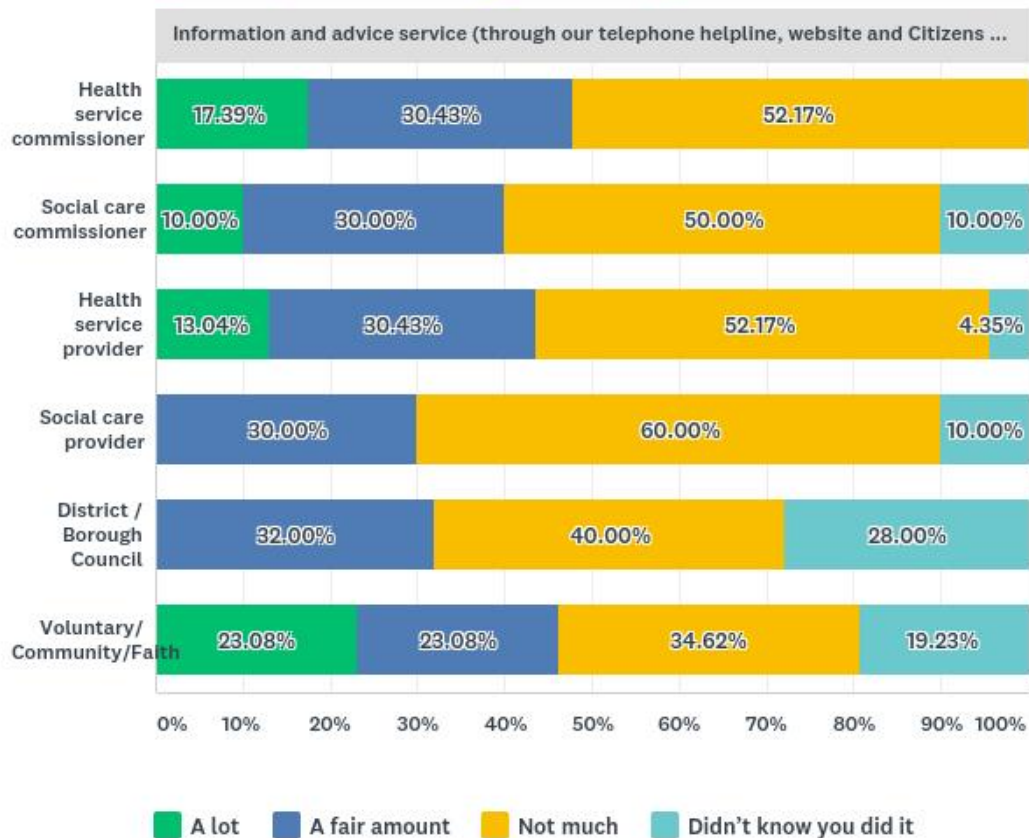
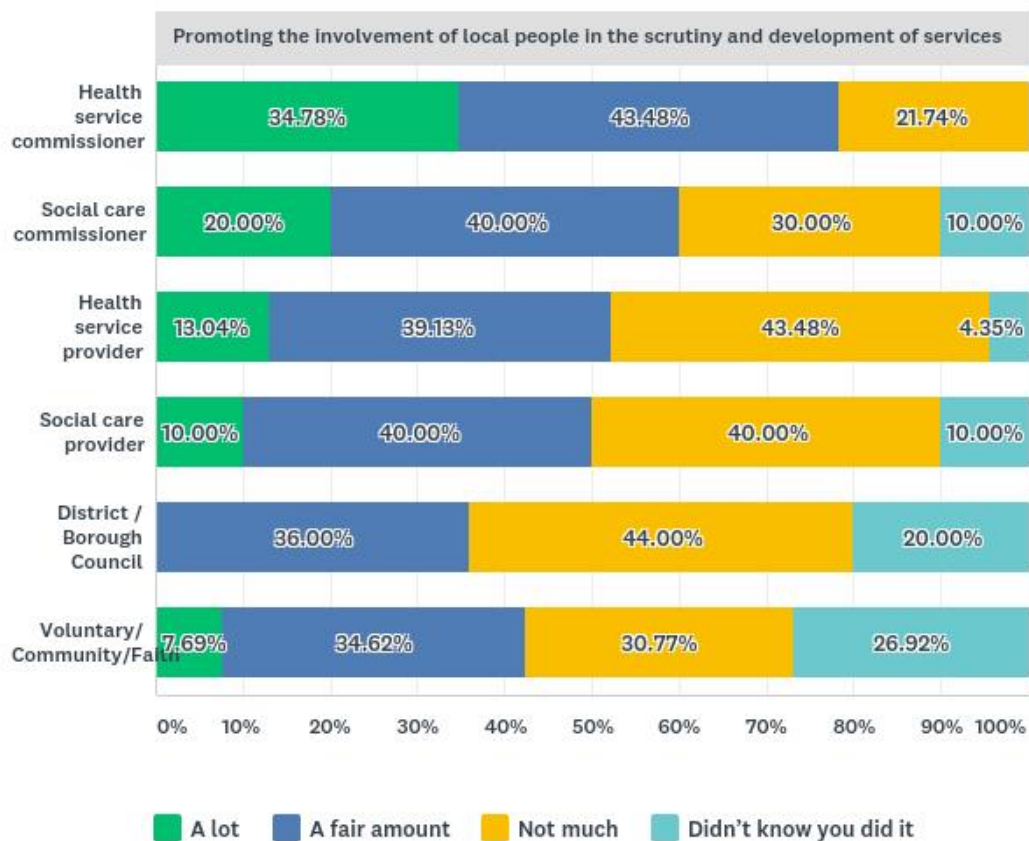


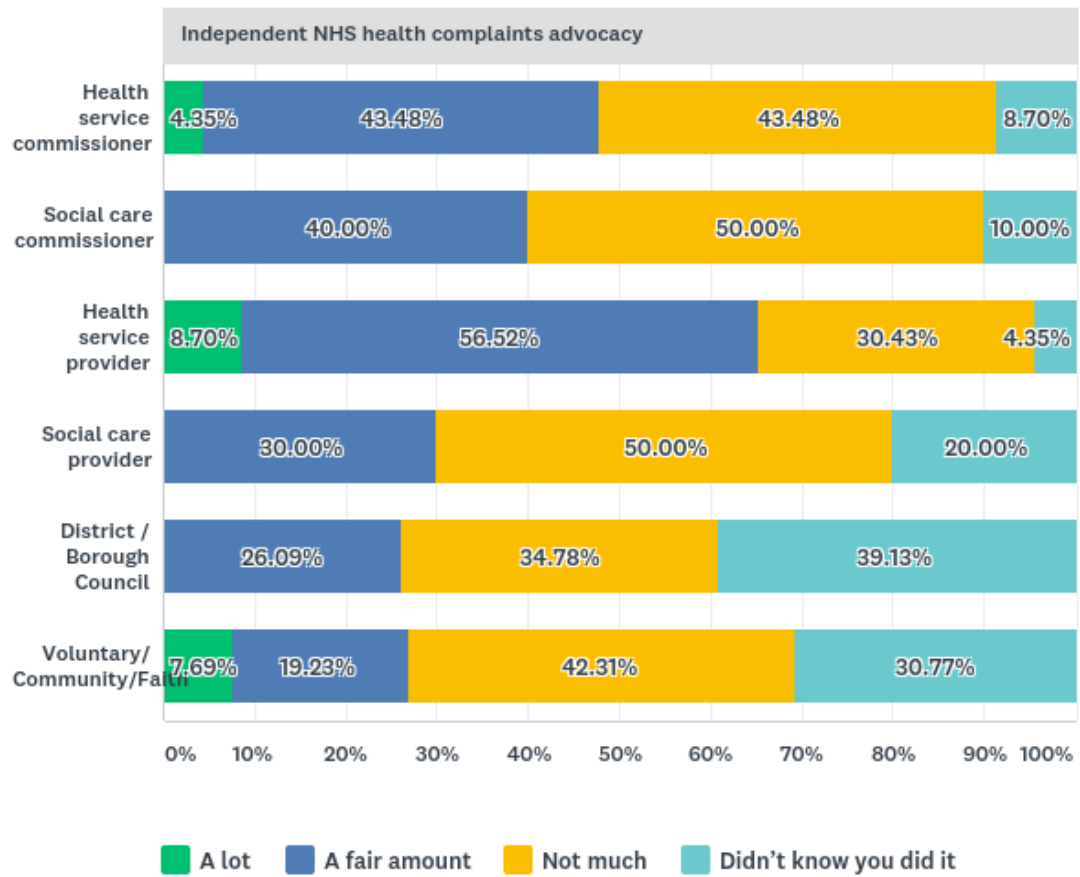


■ A lot   
 ■ A fair amount   
 ■ Not much   
 ■ Didn't know you did it



■ A lot   
 ■ A fair amount   
 ■ Not much   
 ■ Didn't know you did it





## 4. Perceptions

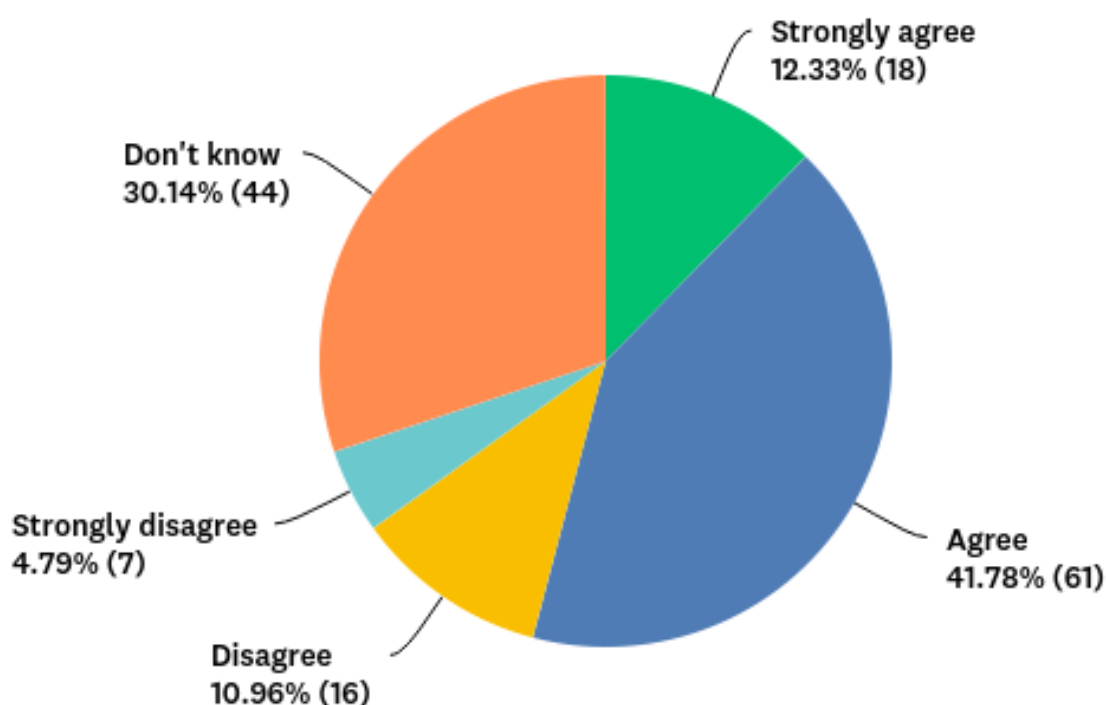
Stakeholders were asked to what extent they agreed with the following two statements:

- Healthwatch Surrey is a **respected, trusted** and **credible** champion for local people in health and social care in Surrey.
- Healthwatch Surrey is **effective** in encouraging commissioners and providers to value the involvement of local people in the scrutiny and development of services.

### Healthwatch Surrey is a *respected, trusted and credible* champion for local people in health and social care in Surrey.

Over half (54.11%) either 'strongly agree' or 'agree' that Healthwatch Surrey is a **respected, trusted** and **credible** champion for local people in health and social care in Surrey. However, just under a third (30.14%) said they 'don't know'.

**To what extent do you agree with the statement: 'Healthwatch Surrey is a *respected, trusted and credible* champion for local people in health and social care in Surrey'? – all stakeholders**

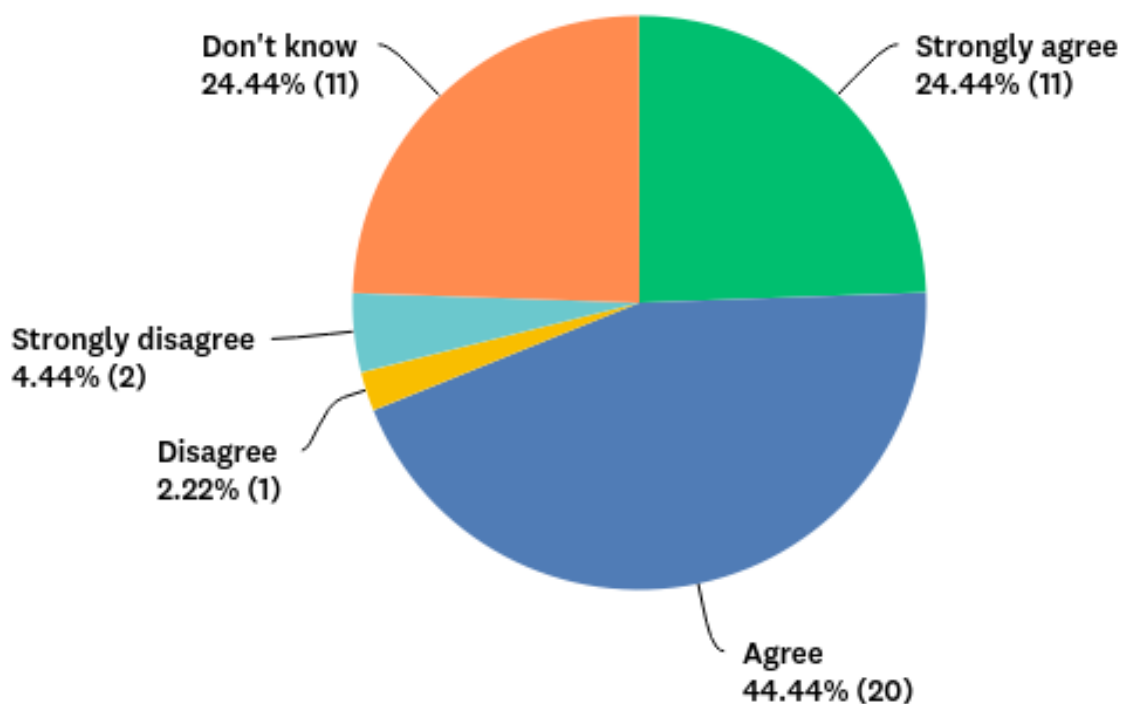


Looking specifically at the perceptions of health service commissioners and providers and social care commissioners (who have consistently higher levels of awareness of Healthwatch Surrey's areas of work), the proportion of respondents who 'strongly agree' that Healthwatch Surrey is 'a *respected, trusted and credible* champion for local people in health and social care in Surrey' doubles (from 12.33%

to 24.44%). Those who 'strongly agree' or 'agree' with the statement also increases from just over a half to just over two thirds (54.11% to 68.88%).

The number of respondents who 'strongly disagree' or 'disagree' also significantly reduces when looking at the three stakeholders with higher levels of awareness.

**To what extent do you agree with the statement: 'Healthwatch Surrey is a *respected, trusted and credible* champion for local people in health and social care in Surrey'? – health commissioners and providers and social care commissioners only**



**Perceptions by stakeholder**

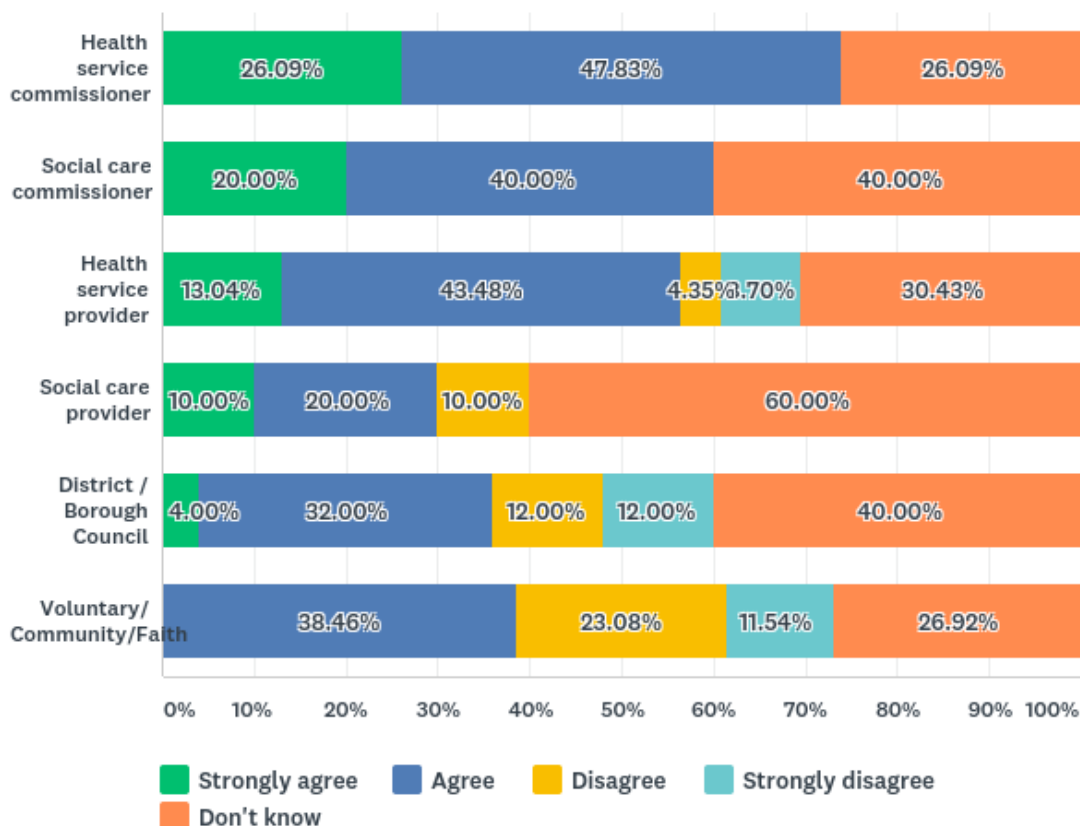
Health service commissioners were the most in agreement with the statement that 'Healthwatch Surrey is a **respected, trusted and credible** champion for local people in health and social care in Surrey' with just over a quarter who 'strongly agree' and just under half who 'agree' (26.09% and 47.83% respectively).

Over half of social care commissioners 'strongly agree' or 'agree' (20% and 40% respectively). Similar numbers of health service providers 'agree' (43.48%) although only 13.04% 'strongly agree'.

District and Borough council and voluntary, community and faith sector respondents had higher levels of agreement with the statement than social care providers.

Social care providers had the highest proportion of respondents who said 'don't know' (60%) although 10% 'strongly agree' and 20% 'agree'.

**To what extent do you agree with the statement: ‘Healthwatch Surrey is a *respected, trusted and credible* champion for local people in health and social care in Surrey’? – by stakeholder group**



Those who ‘strongly disagree’ or ‘disagree’ with the statement were asked a supplementary question to explain why they disagreed with the statement. Of the 20 respondents who left a comment, most who disagreed were either from voluntary, faith and community groups (9 respondents) and district and borough councils (6 respondents).

Around half of the reasons respondents gave for disagreeing with the statement was due to their lack of awareness, limited information or profile / visibility about Healthwatch Surrey. There were no other themes to the feedback; they were more individual.

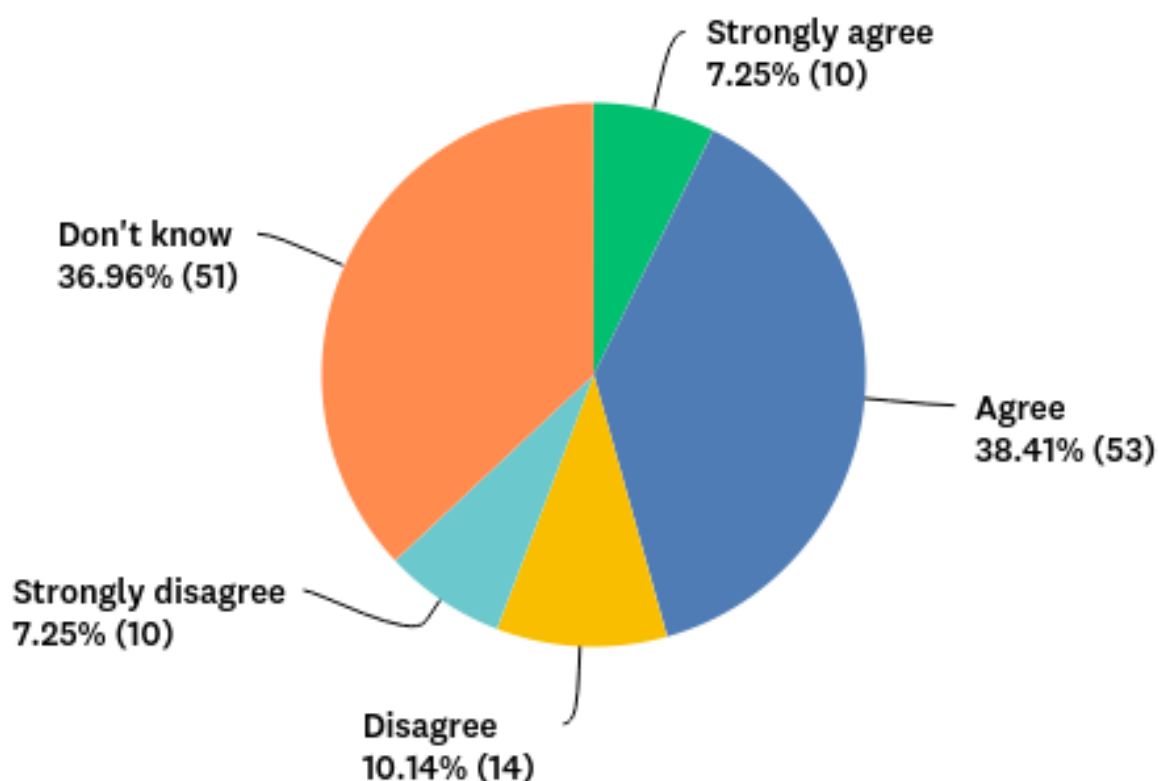
A full list of responses can be found at Appendix D.

## Healthwatch Surrey is *effective* in encouraging commissioners and providers to value the involvement of local people in the scrutiny and development of services

Just under half (45.66%) of respondents 'strongly agree' or 'agree' with the statement 'Healthwatch Surrey is **effective** in encouraging commissioners and providers to value the involvement of local people in the scrutiny and development of services'. However over a third (36.96%) 'don't know'.

This is an improvement from 2017 when, 40.27% strongly agreed or agreed with a similar statement (Healthwatch Surrey is effective in encouraging commissioners and providers to value the involvement of local people in **decisions about their** services) and 40.28% said 'don't know'.

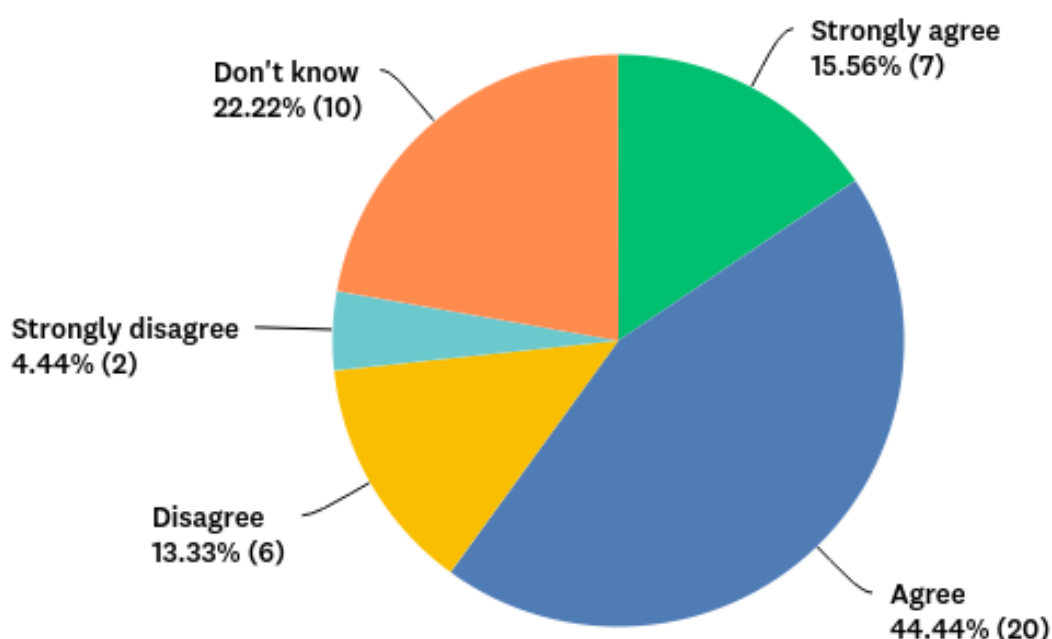
**To what extent do you agree with the statement 'Healthwatch Surrey is effective in encouraging commissioners and providers to value the involvement of local people in the scrutiny and development of services' – all stakeholders**



When looking specifically at the perceptions of health service commissioners and providers and social care commissioners (who have consistently higher levels of awareness of Healthwatch Surrey's areas of work), the proportion of respondents who 'strongly agree' doubles (from 7.25% to 15.56%) compared to all stakeholders.

The proportion of health and social care stakeholders who either 'strongly agree' or 'agree' with the statement compared to all stakeholders also increases (45.66% for all and 60.00% for just health and social care). In addition, the proportion who 'strongly disagree' is lower (4.44% compared to 7.25%) but the proportion who 'disagree' is slightly higher (13.33% against 10.14% for all). The proportion who 'don't know' reduces from just over a third to just under a quarter (from 36.96% to 22.22%).

To what extent do you agree with the statement 'Healthwatch Surrey is *effective* in encouraging commissioners and providers to value the involvement of local people in the scrutiny and development of services' – **health commissioners and providers and social care commissioners only**



### Perceptions by stakeholder

Health service commissioners had the highest levels of agreement with the statement 'Healthwatch Surrey is *effective* in encouraging commissioners and providers to value the involvement of local people in the scrutiny and development of services' with 17.39% strongly agreeing and 47.83% agreeing.

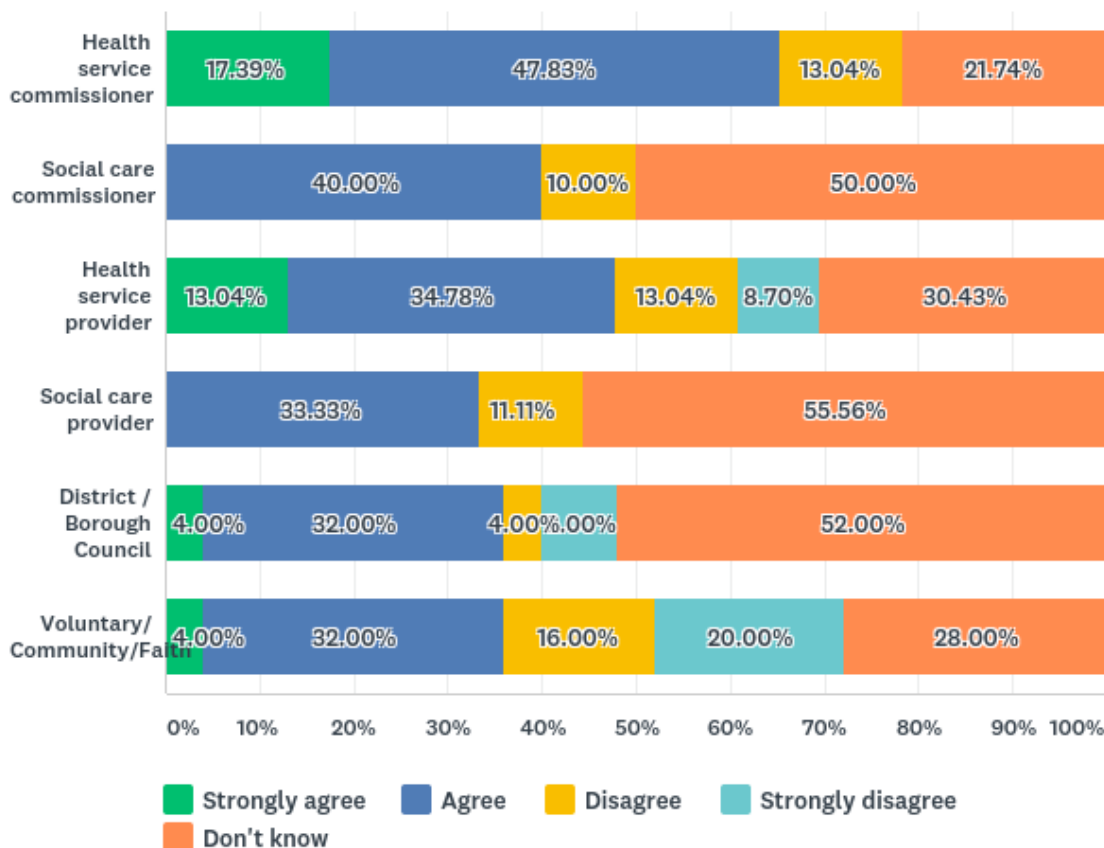
Around a third of health service providers, social care providers, district and borough councils and voluntary, community and faith sector respondents 'agree'. In addition, 13.4% of health service providers and 4% of district and borough councils and voluntary, community and faith sector respondents 'strongly agree'.

The largest proportion of respondents who 'strongly disagree' were from the voluntary, community and faith sector.



However, around half of social care commissioners, social care providers and district and borough council respondents said they ‘don’t know’.

**To what extent do you agree with the statement ‘Healthwatch Surrey is effective in encouraging commissioners and providers to value the involvement of local people in the scrutiny and development of services’ – by stakeholder group**



Those who ‘strongly disagree’ or ‘disagree’ with the statement were asked a supplementary question to explain why they disagreed with the statement. Of the 22 respondents who left a comment, just under half were from voluntary, faith and community groups (9 respondents).

Around a quarter of the comments were linked to personal or political views about the NHS, commissioning or the role of Healthwatch. Around a quarter didn’t feel they had enough evidence to agree with the statement and around a quarter stated that they don’t know about Healthwatch Surrey or had limited information to be able to comment. The remaining comments were more individual.

A full list of responses can be found at Appendix D.

## 5. Influence / impact

Respondents were asked to rate how much impact or influence Healthwatch Surrey has on a number of areas. Some areas were similar to or the same as questions asked in 2017 as highlighted below:

- Increasing knowledge (through evidence, insight and feedback) about **local people**'s experiences, views and needs (*similar question asked last year: 'increasing knowledge of the experiences of local people'*)
- Increasing knowledge (through evidence, insight and feedback) about the experiences, views and needs of **seldom-heard communities** (*similar question asked last year: 'increasing knowledge of the experiences of seldom-heard communities'*)
- Promoting the involvement of local people in the scrutiny and development of services (*new question*)
- Improving services and making a difference for local people (*asked through two separate questions last year: 'improving services' and 'making a difference for local people'*)
- Providing information and advice on health and social care services (*new question*)
- Taking action to address poor practice (*same question asked last year*)
- Producing reports and recommendations about particular services and topics (*new question*)
- Acting as an independent voice / sounding board ('critical friend') (*new question*)

The answer options were also slightly different this year:

2017 answer options	2018 answer options
Significant influence / impact	Already had significant influence / impact
Some influence / impact	Already had some influence / impact
Limited influence / impact	Need to do more to have influence / impact
No influence / impact	Need to do a lot more to have influence / impact
	Not needed / not relevant
Don't know	Don't know

The areas with the most **significant** influence / impact are 'producing reports and recommendations about particular services and topics' (12.00%) and 'acting as an independent voice / sounding board ('critical friend')' (11.29%).

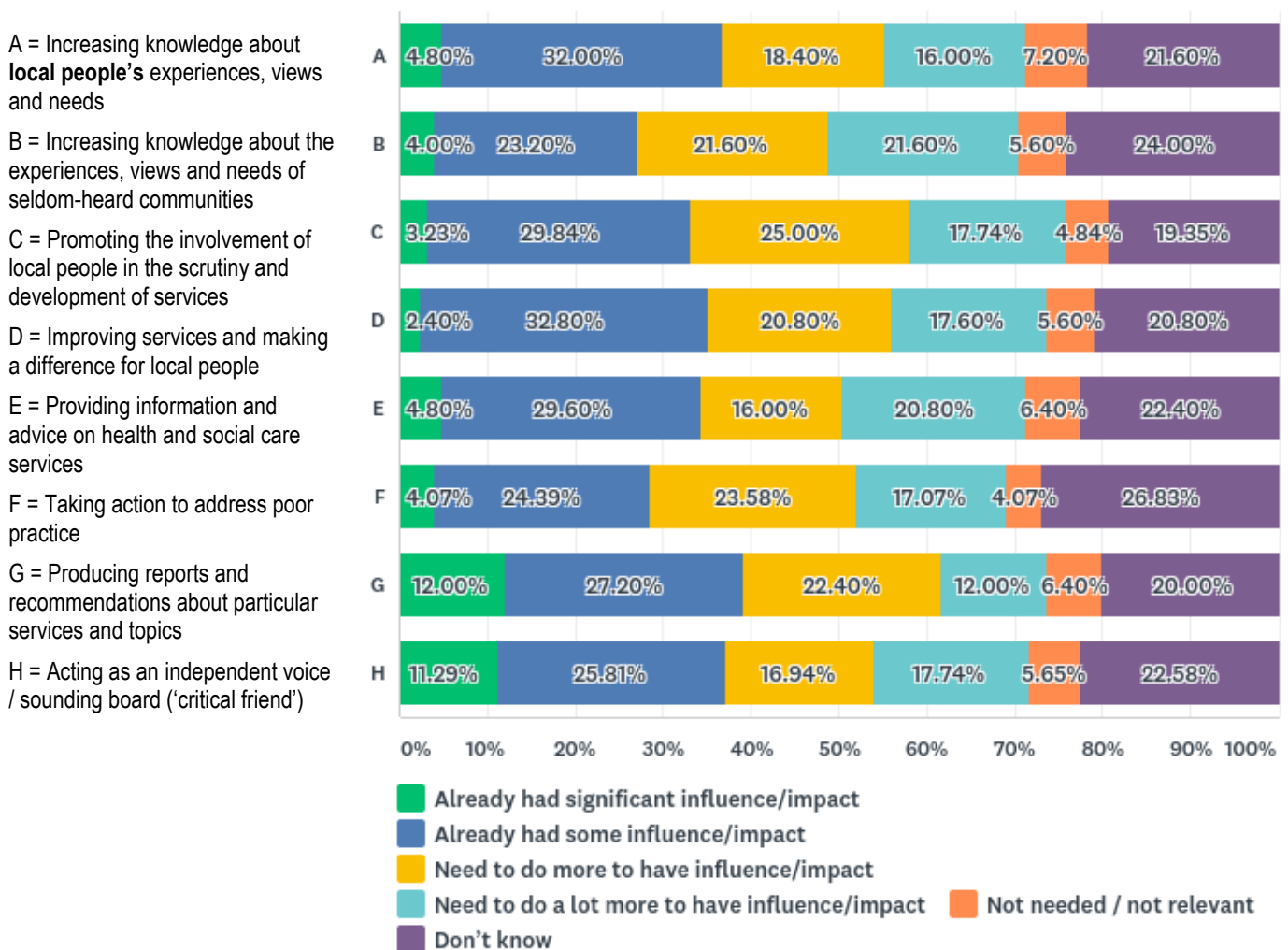
Around a third of respondents gave an overall positive rating (combining 'significant' and 'some' influence / impact) in all areas except 'increasing knowledge about the experiences, views and needs of seldom-heard communities' (where only 27.2%

acknowledged significant or some influence / impact) and ‘taking action to address poor practice’ (28.46%).

Between a fifth and a quarter of respondents said they ‘don’t know’ for each of the areas of work (ranging from 19.35% for ‘promoting the involvement of local people in the scrutiny and development of services’ to 26.35% for ‘taking action to address poor practice’).

The areas where more respondents said Healthwatch Surrey needs to do ‘a lot more to have influence / impact’ was ‘increasing knowledge about the experiences, views and needs of seldom-heard communities’ (21.6%) and ‘providing information and advice on health and social care services’ (20.8%).

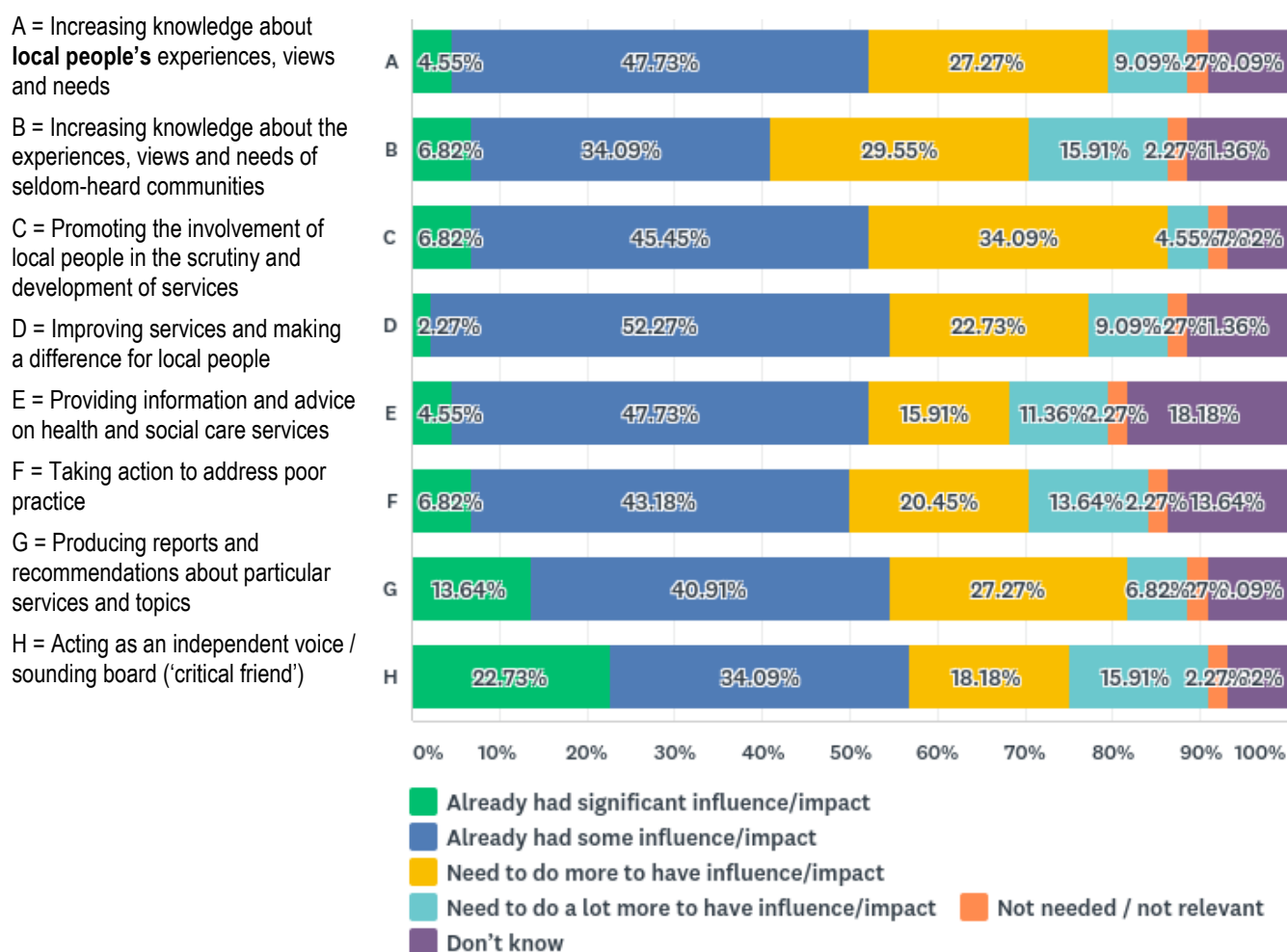
### What influence or impact has the work of Healthwatch Surrey had on your organisation? – all stakeholders



However, the proportion of health service commissioners and providers and social care commissioners (who have the higher levels of awareness about Healthwatch Surrey’s areas of work) who stated that Healthwatch Surrey has had ‘significant’ or ‘some’ influence or impact on their organisation is noticeably higher in all areas of work compared to the proportion of all stakeholders. In addition, the proportion who said Healthwatch Surrey has ‘already had **significant** influence/impact’ in ‘acting as an independent voice / sounding board (‘critical friend’)’ was double (22.73% compared to 11.29%).

There is also a positive shift in the proportion of stakeholders who said that Healthwatch Surrey needs to do ‘more’ rather than ‘a lot more’ when looking at health and social care providers only. The most notable shift was for ‘promoting the involvement of local people in the scrutiny and development of services’ where the proportion who said ‘a lot more’ is needed reduced from 17.74% to 4.55%.

### What influence or impact has the work of Healthwatch Surrey had on your organisation? – health commissioners and providers and social care commissioners only

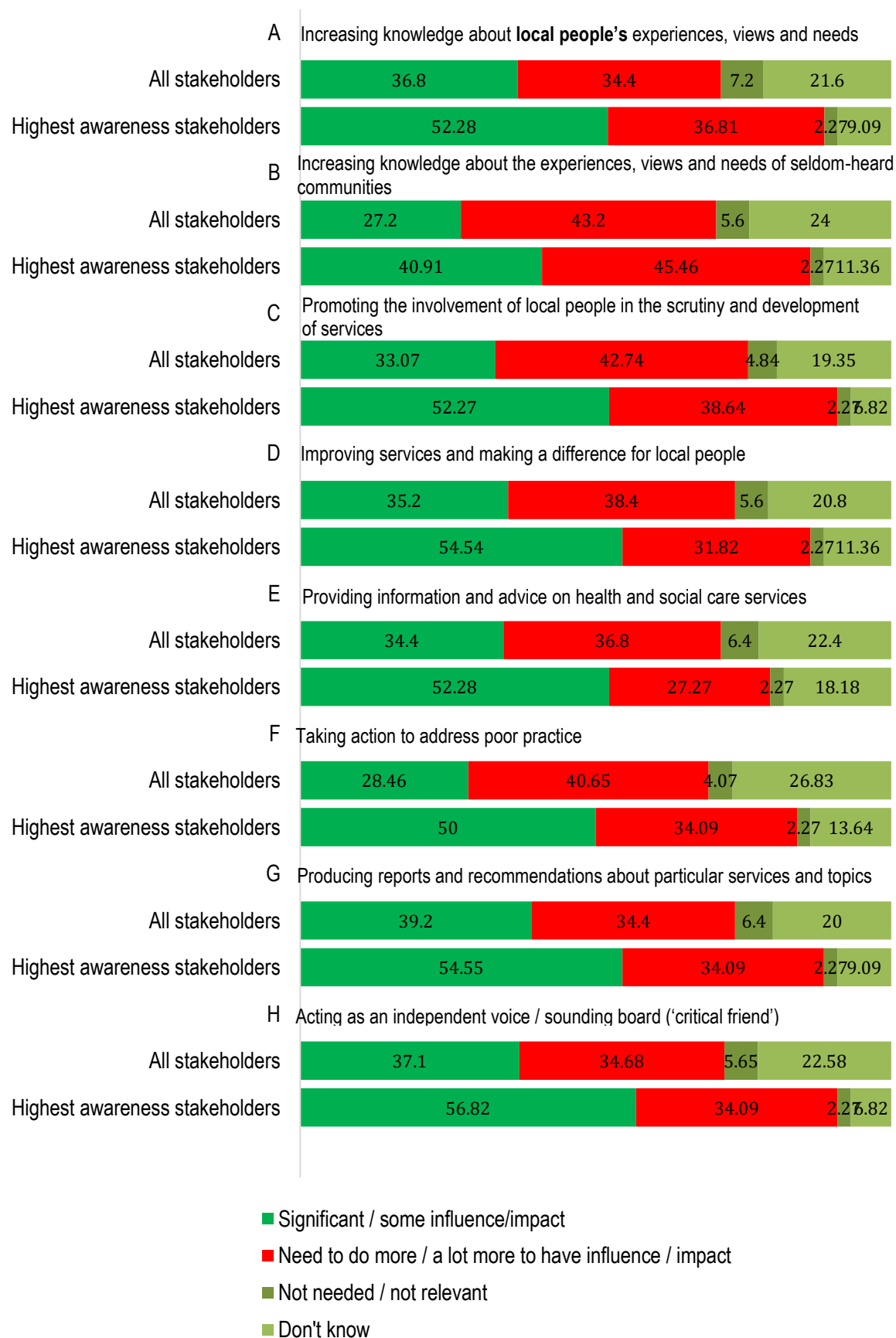


There has been an overall reduction in the proportion of respondents giving a positive rating for all of the areas that were included in the 2017 survey. However, these ratings appear to have been skewed by the increased proportion of respondents from district and borough councils (who have not been Healthwatch Surrey's 'target' for influence or impact).

	Respondents rating 'significant' or 'some' influence / impact		
	2017	2018 – all stakeholders	2018 – health commissioners and providers and social care commissioners only
Increasing knowledge about local people's experiences, views and needs	50%	36.8%	52.28%
Increasing knowledge about the experiences, views and needs of seldom-heard communities	37.5%	27.2%	40.91%
Improving services and making a difference for local people	40.28% & 45.83%	35.30%	54.54%%
Taking action to address poor practice	42.25%	28.46%	50.00%%

The chart on the next page shows that there is a notable difference in the levels of positive views (already had 'significant' or 'some' impact/influence combined) and levels of 'don't know' between stakeholders with higher levels of awareness (health commissioners and providers and social care commissioners) and all stakeholders.

## Positive and negative views of impact / influence combined (%)



In 2017, between 26.39% and 37.5% said they 'don't know' about Healthwatch Surrey's impact/influence in the different areas of work and so it would appear that the addition of a 'not needed / not relevant' option in 2018 has potentially reduced the number of 'don't know' responses rather than skew any of the other results.

## **Influence / impact by stakeholder**

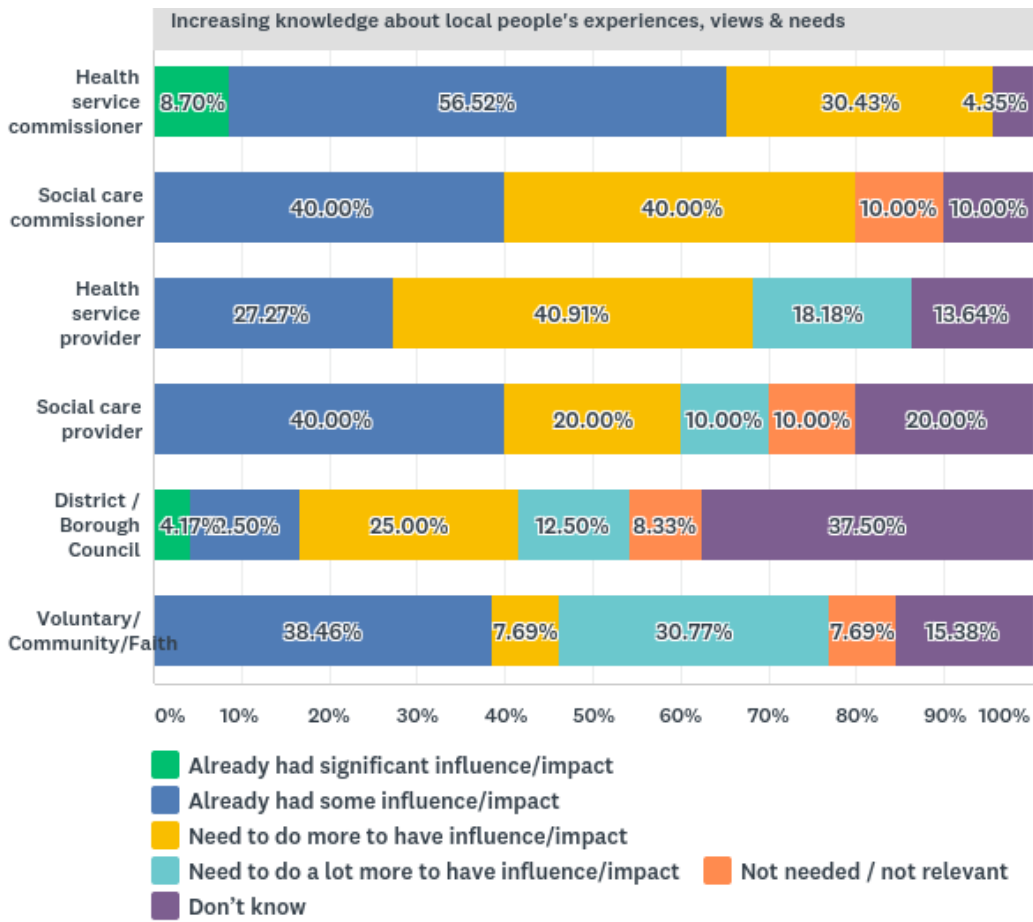
Health service commissioners were the only stakeholder group to have a proportion giving a 'significant influence / impact rating for every area of work. The highest proportion (26.09%) was for 'acting as an independent voice / sounding boards ('critical friend').

Social care providers had the highest proportion rating 'significant' influence / impact for producing reports and recommendations (20%) although when combined with 'some' influence / impact, health service commissioners and social care commissioners both had a higher proportion (69.56% and 60% respectively).

A higher proportion of voluntary, community and faith sector respondents rated that 'a lot more' needs to be done to have influence / impact than other stakeholders.

District and borough councils had higher levels of 'don't know' (ranging from a third for 'promoting the involvement of local people in the scrutiny and development of services' to half for 'producing reports and recommendations about particular services and topics'). However, a higher proportion of social care providers said they 'don't know' about Healthwatch Surrey's work to act 'as an independent voice / sounding board ('critical friend') (44.44% compared to 37.50% of district and borough councils).

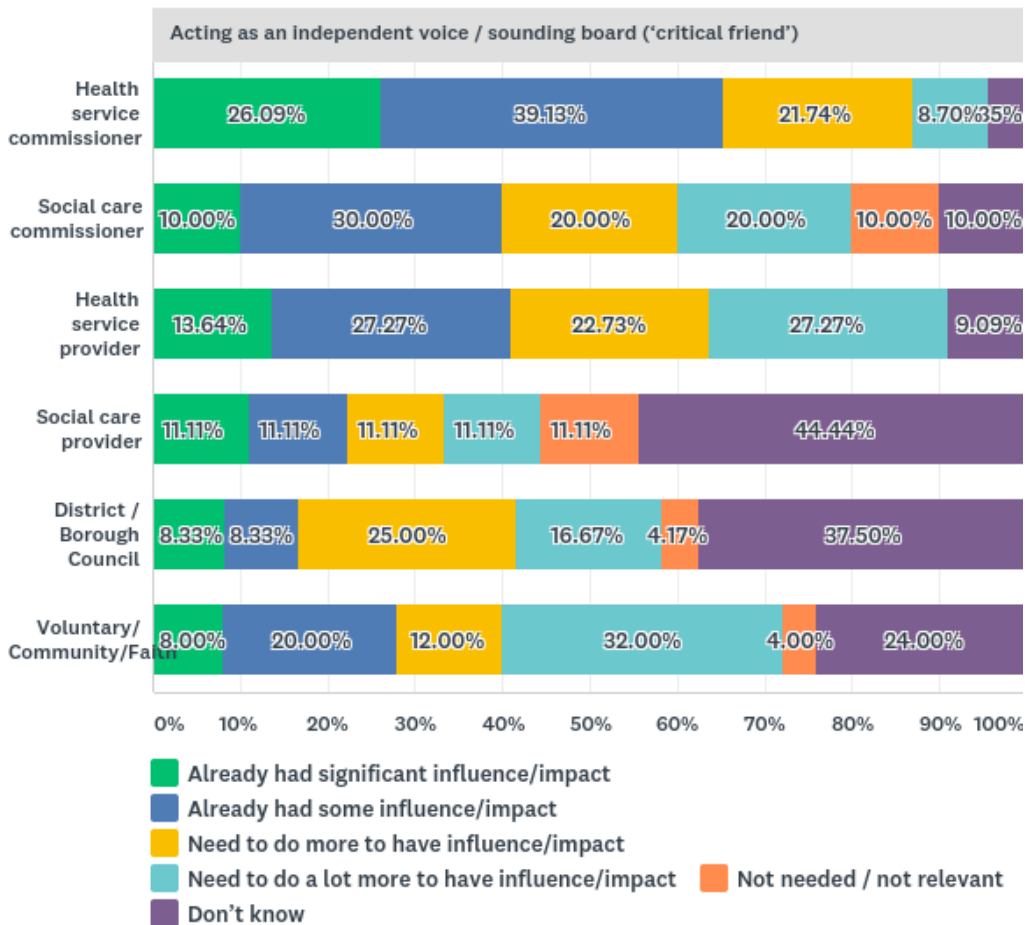
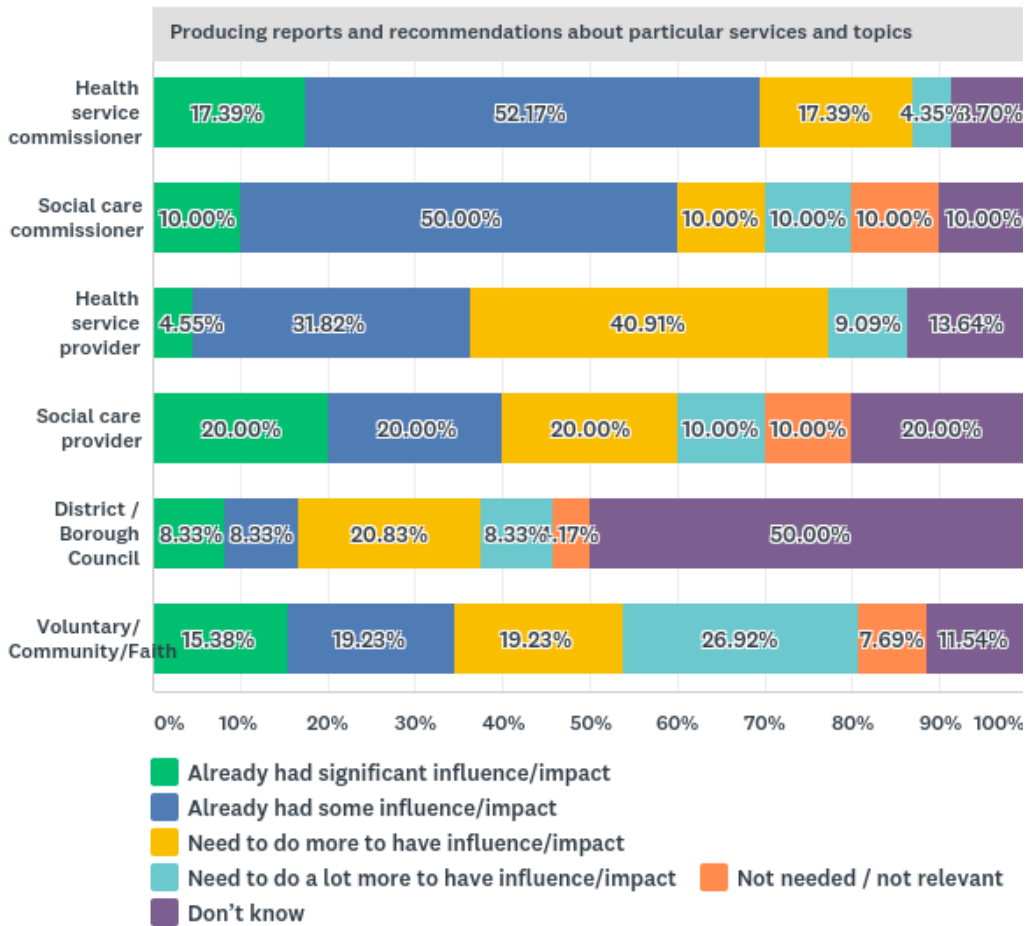
The graphs below show the levels of influence / impact by stakeholder for each area of work.







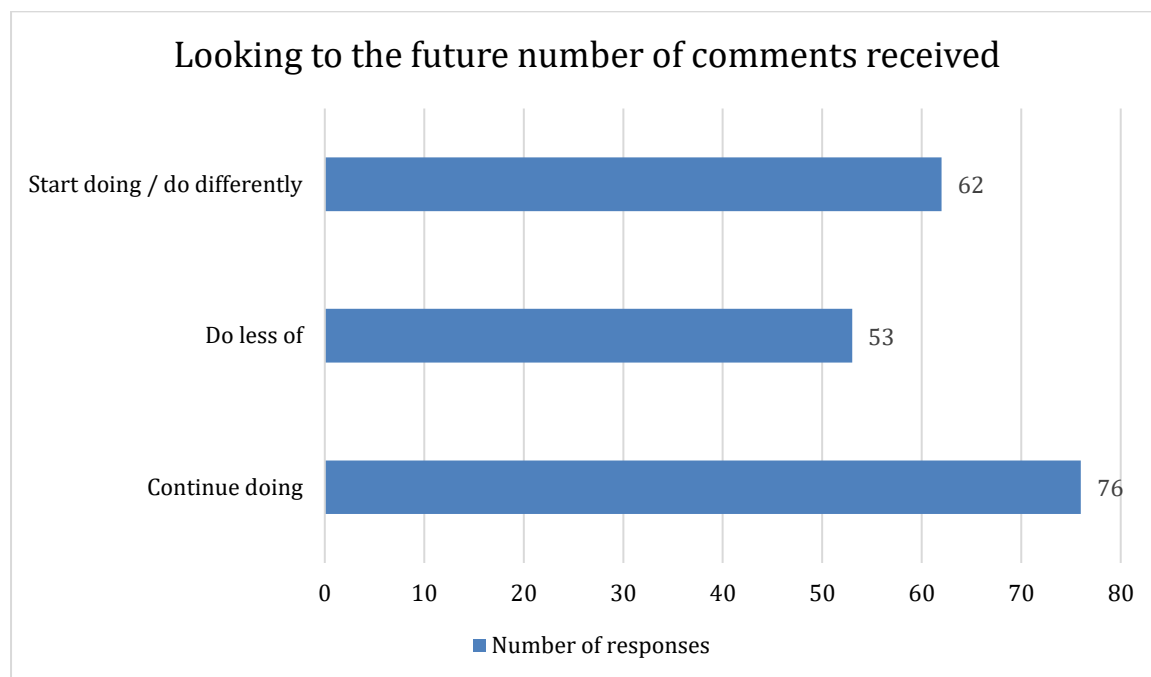




## 6. Looking to the future

The survey asked respondents to say what they want to make sure Healthwatch Surrey continues doing, what it should do less of and if there is anything it should start doing or do differently. Respondents were given space to write their answers with no pre-determined options.

Between a third and a half responded to these questions as shown below.



### What do you want to make sure we continue doing?

Eight of the 76 respondents, didn't make any suggestions.

Some of themes that emerged from the suggestions were:

- respondents didn't know what to suggest because they don't know enough about Healthwatch Surrey
- publicise the organisation and/or service/work more
- do more of the same
- be the patient voice / advocate
- working with commissioners / other organisations
- engagement and presence at local events
- research and sharing insight and views.

### What do you think we should do less of?

Of the 53 who responded to this question, only 22 actually made suggestions – the others said they didn't know, couldn't think of anything or left no suggestion while six said there was nothing Healthwatch Surrey should do less of.

The main theme was about the quality of criticism given by Healthwatch Surrey and the style and content of surveys and reports.

## **Is there anything you think we should start doing or do differently?**

Of the 62 responses to this question, 15 said there isn't anything Healthwatch Surrey should start doing or do differently.

A third of the suggestions made were about promotion, visibility and engagement. Other comments were about better methods of review / research and acting on results.

All responses can be viewed in Appendix D.

### **Additional service offer**

The survey informed respondents that Healthwatch Surrey 'can also be commissioned to provide advice, support, review and scrutiny for public participation, consultation, engagement and involvement' and asked respondents if they knew about this additional service.

A third of respondents knew about the service (half were commissioners of health services, just under a quarter were social care commissioners and just over a third were health service providers).

Sixteen respondents left their details so they can be contacted to discuss how Healthwatch Surrey can help and/or support them with public participation, consultation, engagement and involvement. These have been forwarded to the Healthwatch Surrey team for follow up.

## 7. Communications and engagement

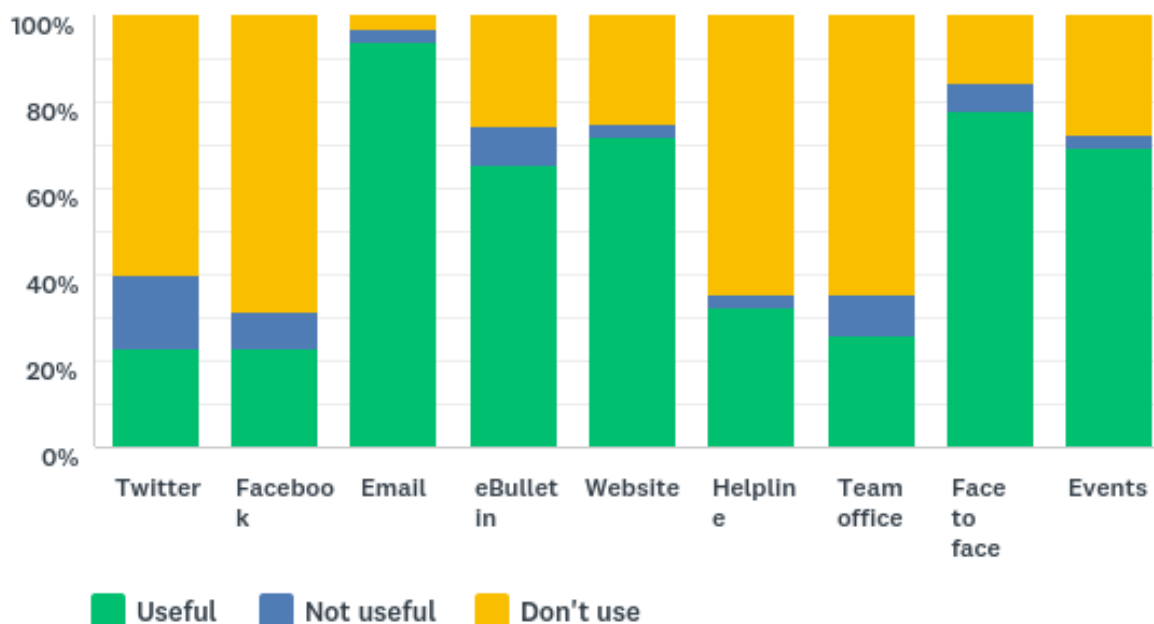
This year, the survey focused on how useful the various ways Healthwatch Surrey communicates and engages with stakeholders (in 2017, the focus was on which methods of communications stakeholders knew about).

Very few respondents found any of the methods of communication 'not useful' (between 2.15% for events to 13.27% for Facebook).

Email is the most used (only 12.24% don't use it) and most useful (81.63%) form of communication. Other 'useful' forms of communication are: website (65.63%), face-to-face (63.04%), eBulletin (59.79%) and events (54.84%).

The least used forms of communication are Twitter (65.66%), Helpline (65.59%), Facebook (64.29%) and the team office (60.00%).

**Usefulness of communications and engagement methods**



### eBulletin

When asked if they wanted to be added to the eBulletin distribution list, 51 (50.50%) of the 101 respondents who responded to the question said they already receive the eBulletin, 21 (20.79%) do not receive it and did not want to be added to the list and 29 (28.71%) said they would like to be added; with all of them leaving their contact details.

This is an improvement from 2017 when only 35.82% of respondents said they received the eBulletin and 31.34% did not receive it and did not want to be added to the list.

## Appendix A: Methodology

The survey opened on Friday 2 February and was closed on Tuesday 20 February 2018.

A link to the survey, with a covering email, was sent to 1315 individuals on Friday 2 February with a closing date of Monday 19 February. A reminder/prompt email was sent to the same list on Thursday 15 February.

Responses were received from 148 stakeholders (a 61% increase on last year's 90 responses). However, the opportunity to participate was offered to more stakeholders this year (1315 compared to 293 in the previous year). The response rate therefore reduced from 30.72% to 11.25%.

Healthwatch Surrey may want to review the distribution lists to determine why the 2018 circulation list increased so significantly and whether that has any link to the reduced response rate, whilst still recognising the significant increase in the actual number of stakeholders who responded.

In some cases, the request was sent to several people within the same organisation and so individuals were asked to answer the questions from their own perspective / experience.

Stakeholders were given the option to fill in a paper copy of the survey, however no one took up this option.

Two respondents indicated they would like to discuss their answers and views with someone over the telephone. One respondent had a 30 minute telephone call with Carol Deans and had a wider discussion about how he and his group could work with Healthwatch Surrey but no changes to his responses or this report were needed. The second respondent left a contact email address and had not, at the time of drafting this report, responded to the email that was sent to arrange a follow-up call.

The only mandatory questions were the ones at the end used to identify some general information about the respondents (type of organisation, groups involved with and job role). There were 37 respondents who did not answer the mandatory questions (which is still possible by closing the survey).

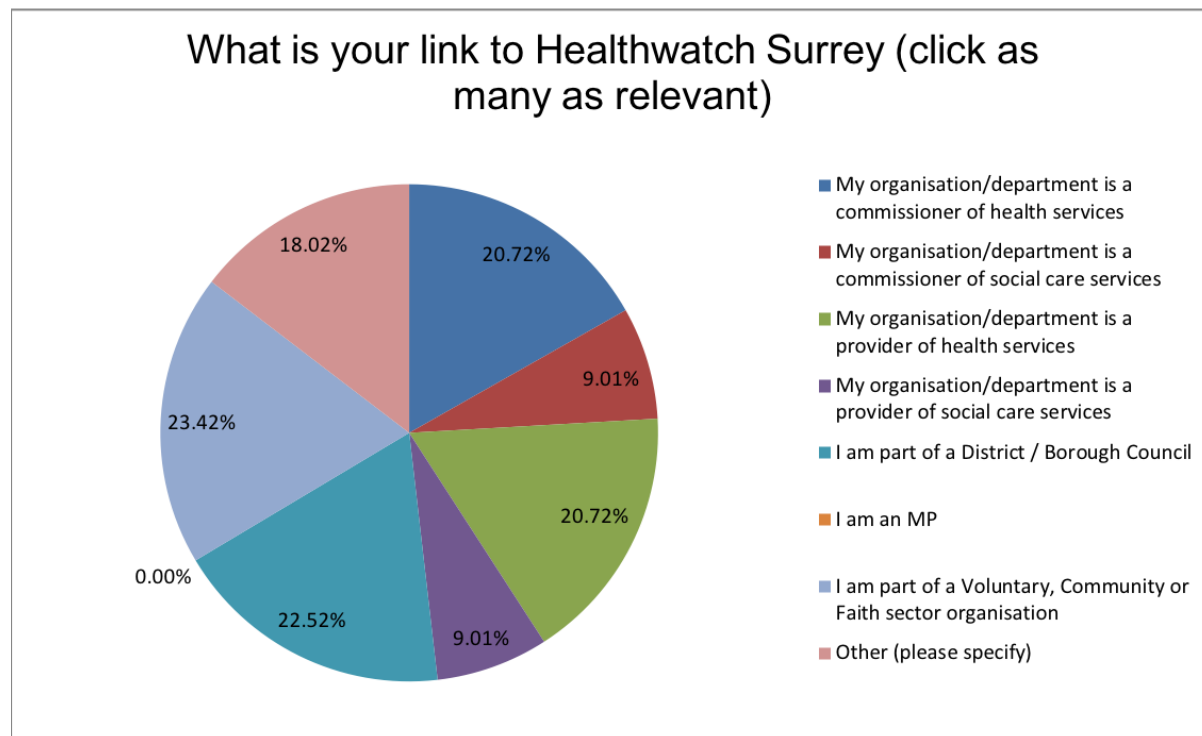
Unfortunately, due to the way the data was collected, it has not been possible to include responses from those who ticked 'other' as their organisational type when segmenting the data by organisation. In future years, this could be possible but only if respondents are not given the opportunity to specify what their 'other' organisation type is.

## Appendix B: About the respondents

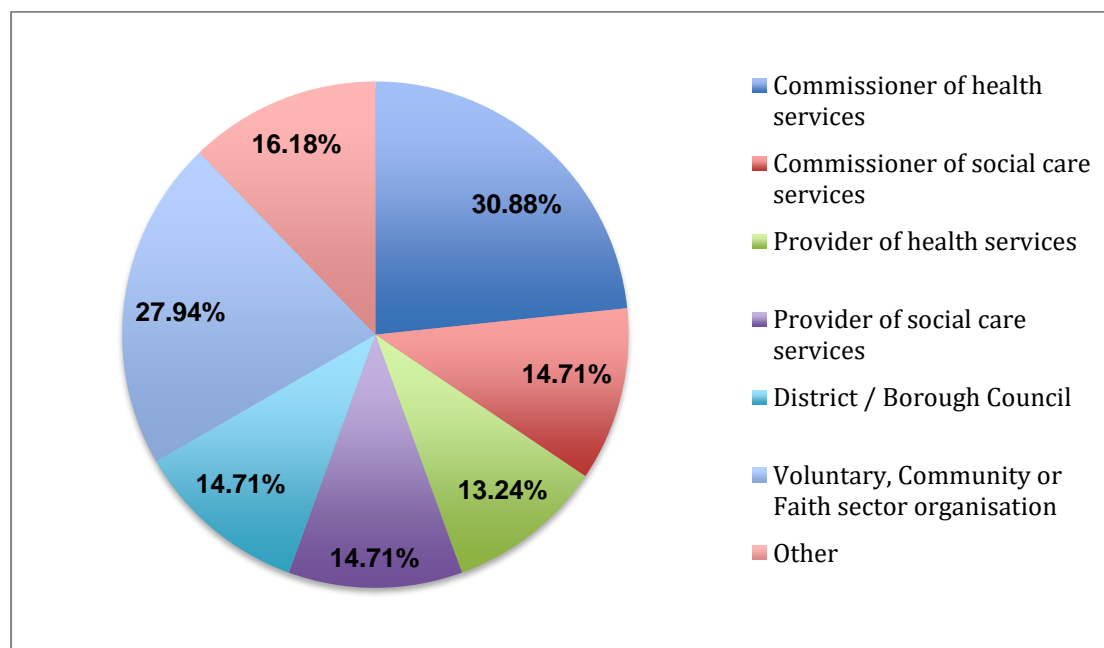
### Organisation types

Responses were more evenly spread across organisation types this year, compared to the 2017 survey. The biggest increase in responses was from respondents who are part of a District / Borough Council (increasing from 14.71% to 22.52%) and providers of health services (increasing from 13.24% to 20.72%). There were, again, no responses from MPs.

#### 2018 responses



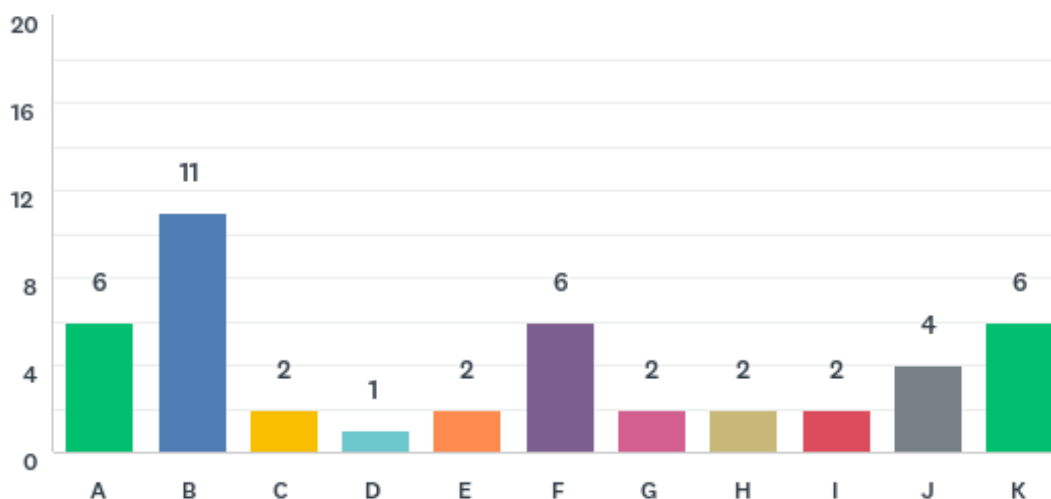
#### 2017 responses





## Involvement with decision-making or planning boards, committees or groups

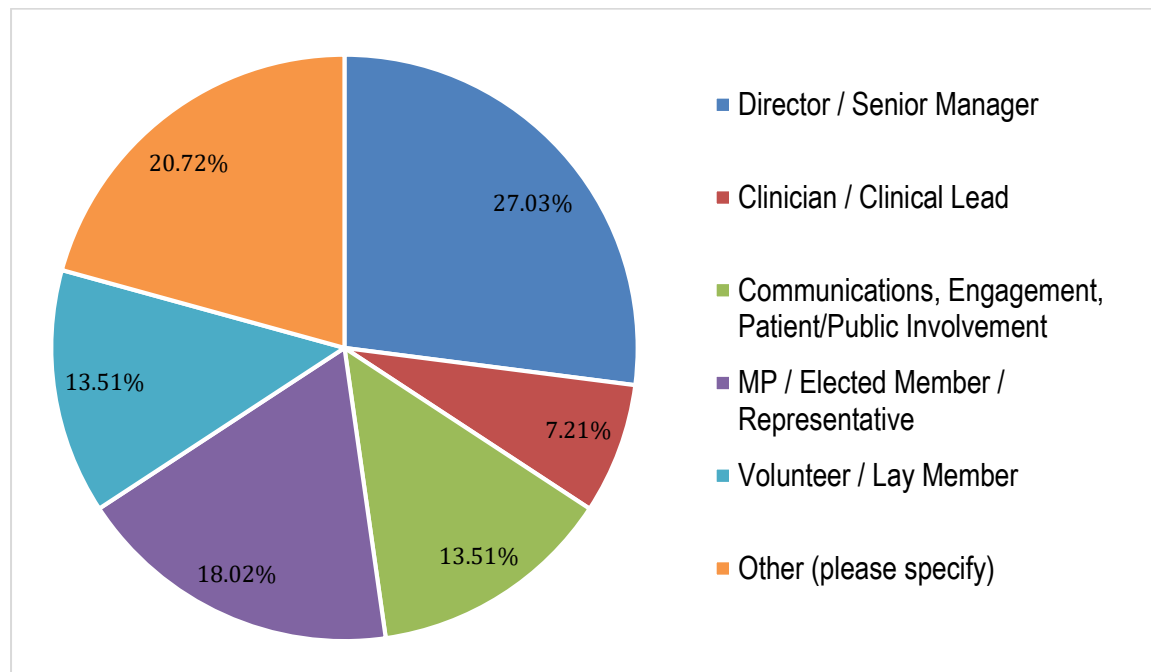
Just over a third of respondents (41) said they were involved with Healthwatch Surrey through one or more decision-making or planning board, committee or group (36 respondents) or had been in the last 12 months, but weren't any longer, (5 respondents) as follows:



A	Surrey Priorities Committee
B	Health and Wellbeing Board
C	Adults and Health Scrutiny Committee
D	Children's and Education Select Committee
E	Adult Social Care Quality Group (Surrey County Council)
F	Safeguarding Adults Board
G	Children and Young People's Partnership Board
H	NHS England Quality Surveillance Group
I	North West Surrey Primary Care Co-Commissioning Board
J	Communications / engagement
K	Other (please specify)

## Role of respondents

A smaller proportion of respondents described themselves as 'Director / Senior Manager' in 2018 (27.03% in 2018 compared to 44.8% in 2017). The biggest increase in responses was from 'MPs / Elected Members / Representatives' (increasing from six respondents in 2017 to 20 in 2018); however it can be seen from the earlier 'organisation type' question that none were MPs.



## Appendix C: Survey questions

### Stakeholder Reflective Review 2017/18

#### Introduction

Healthwatch Surrey is an independent consumer champion that gives the people of Surrey a voice to improve, shape and get the best from health and social care services by empowering people and communities.

We are carrying out our annual reflective review to get views from a wide range of stakeholders about what they know and think about Healthwatch Surrey. We will use the results to help develop our work to hear more from the people of Surrey about their experiences; to continue working with partners to improve and shape health and social care services; and to develop our relationships with stakeholders.

An independent consultant will review the results and produce an anonymised report that will be discussed by the Healthwatch Surrey Board.

To enable your views to be incorporated into the report, please complete this survey **by Monday 19 February**.

Thank you for your support.

Kate Scribbins  
Chief Executive  
Healthwatch Surrey

#### Awareness

How much do you know about the following areas of Healthwatch Surrey's work?

	A lot	A fair amount	Not much	Didn't know you did it
Gathering people's experiences and feedback about health and social care services				
Using evidence and feedback to influence providers and commissioners to change/improve services				
Projects and recommendations about a particular issue or service (based on the themes from our evidence and other local priorities)				
Promoting the involvement of local people in the scrutiny and development of services				

	A lot	A fair amount	Not much	Didn't know you did it
Information and advice service (through our telephone helpline, website and Citizens Advice offices)				
Independent NHS health complaints advocacy				

## Perceptions

To what extent do you agree with the statement: 'Healthwatch Surrey is a **respected, trusted** and **credible** champion for local people in health and social care in Surrey.'

Answer options: Strongly agree, Agree, Disagree, Strongly disagree, Don't know

**[If they disagree or strongly disagree, link to the following question:]**

### Perceptions 1a

Please tell us why you disagree that Healthwatch Surrey is a respected, trusted and credible champion for local people in health and social care in Surrey

Free text box

### Perceptions 2

To what extent do you agree with the statement: 'Healthwatch Surrey is **effective** in encouraging commissioners and providers to value the involvement of local people in the scrutiny and development of services.'

Answer options: Strongly agree, Agree, Disagree, Strongly disagree, Don't know

**[If they disagree or strongly disagree, link to the following question:]**

### Perceptions 2a

Please tell us why you disagree that Healthwatch Surrey is effective in encouraging commissioners and providers to value the involvement of local people in the scrutiny and development of services

Free text box

## Working with you and/or your organisation

What influence or impact has the work of Healthwatch Surrey had on your organisation?

	Already had significant influence/impact	Already had some influence/impact	Need to do more to have influence/impact	Need to do a lot more to have influence/impact	Not needed / not relevant	Do n't know
Increasing knowledge (through evidence, insight and feedback) about <b>local people's</b> experiences, views and needs						
Increasing knowledge (through evidence, insight and feedback) about the experiences, views and needs of <b>seldom-heard communities</b>						
Promoting the involvement of local people in the scrutiny and development of services						
Improving services and making a difference for local people						

	Already had significant influence/impact	Already had some influence/impact	Need to do more to have influence/impact	Need to do a lot more to have influence/impact	Not needed / not relevant	Do n't know
Providing information and advice on health and social care services						
Taking action to address poor practice						
Advising on engagement, involvement and consultation						
Producing reports and recommendations about particular services and topics						
Acting as an independent voice / sounding board ('critical friend')						

**We're interested to hear how we can change the way we work with you and/or your organisation to get better outcomes for patients, health and social care service users, families and carers.**

## Looking to the future

What do you want to make sure we continue doing?

Free text box

What do you think we should do less of?

Free text box

Is there anything you think we should start doing or do differently?

Free text box

We can also be commissioned to provide advice, support, review and scrutiny for public participation, consultation, engagement and involvement.

Did you know about this additional service?

- Yes
- No

If you would you like an opportunity to discuss how we could help and/or support you with public participation, consultation, engagement and involvement, please put your contact details below or contact Kate Scribbins ([kate.scribbins@healthwatchesurrey.co.uk](mailto:kate.scribbins@healthwatchesurrey.co.uk) / 01483 533043).

Contact details text boxes

## Communications

How useful are the various ways we communicate and engage with you?

	Useful	Not useful	Don't use
Twitter (@HW_Surrey)			
Facebook (/HealthwatchSurrey)			
Email			
eBulletin			
Website			
Helpline (0303 303 0023)			
Team office			
Face to face			
Events			

Would you like to be added to our eBulletin mail-out list?

- No, I already receive it
- No, I don't want to receive it
- Yes (Please give your email address below or contact [lauren.terkuile@healthwatchsurrey.co.uk](mailto:lauren.terkuile@healthwatchsurrey.co.uk) to be added)

## About you / your organisation

What is your link to Healthwatch Surrey (click as many as relevant)

- My organisation/department is a commissioner of health services
- My organisation/department is a commissioner of social care services
- My organisation/department is a provider of health services
- My organisation/department is a provider of social care services
- I am part of a District / Borough Council
- I am an MP
- I am part of a Voluntary, Community or Faith sector organisation
- Other (please specify)



Do you come into contact with Healthwatch Surrey through any decision-making or planning boards, committees or groups?

- Yes, currently on one or more
- Yes, have been on one or more in the last 12 months but no longer on one
- No

[if click on either of the yes options, go to the next question]

Which decision-making/planning board/committee/group are you on (or have been on in the last 12 months)? (tick as many as relevant)

- Surrey Priorities Committee
- Health and Wellbeing Board
- Adults and Health Scrutiny Committee
- Children's and Education Select Committee
- Adult Social Care Quality Group (Surrey County Council)
- Safeguarding Adults Board
- Children and Young People's Partnership Board
- NHS England Quality Surveillance Group
- North West Surrey Primary Care Co-Commissioning Board
- Communications / engagement
- Other (please specify)

Which of the following best describes your role?

- Director / Senior Manager
- Clinician / Clinical Lead
- Complaints / PALS
- Communications, Engagement, Patient/Public Involvement
- MP / Elected Member / Representative
- Volunteer / Lay Member

- Other, please specify

Would you like the opportunity to discuss any of your answers and views in more detail by telephone?

- No
- Yes, please leave your contact details or contact Carol Deans: [carol@charmedcommunications.co.uk](mailto:carol@charmedcommunications.co.uk) / 07917 808998)

## **Ends**

Thank you for taking part in this survey. Your views will enable us to improve how we help shape and develop health and social care services in Surrey.

Link back to Healthwatch Surrey website

## Appendix D: Un-edited comments

### Comments from respondents who 'strongly disagree' or 'disagree' with the statement: 'Healthwatch Surrey is a *respected, trusted and credible* champion for local people in health and social care in Surrey.'

- Whilst I believe this is true as I know how you collect evidence and present it to commissioners and providers, I do not think my view is widely shared, primarily because the only way people find out about what Healthwatch does is by looking regularly on your website. It would be much better if you regularly send information about your achievements and plans with stakeholders and partners by email as well. I also think that stakeholders would like to have more involvement in the process for deciding upon your projects as there have been examples of you initiating projects which were deemed not required by commissioners. For example the review of safe havens, Which followed shortly after a significant review which had already been undertaken by commissioners, providers and service users/Carers.
- It's too tied in with NHS and a govt that wants to cut health services
- My sense is that the many domains of health and social care and the depth of knowledge required to be respected, trusted and credible is very challenging. Healthwatch Surrey appears to have a significant capacity challenge which has led to limited engagement and therefore deductions and perspectives that may not be accurate in terms of the true quality of service delivery.
- The reports i have seen do not appear to reflect accurate information relating to mental Health Impairments and high levels of stress
- Because most people know nothing of Healthwatch Surrey
- I don't know anything about you
- I don't think anyone outside the confines of your organisation /the CCG's knows you well enough think of you as a respected, trusted and credible champion
- poor presence. lack of credibility
- I don't wish to trivialise the hard work that I am sure so many staff put in but I think that compared to previous organisations Healthwatch has not really been set up to stand up for patients.
- I have seen nothing to justify the claim.
- Since inception we have heard very little about Healthwatch in the Epsom area- despite one of our members volunteering at outset!!
- It is invisible and has little or no influence
- Because I am barely aware of it, I have not had a discussion about it with any person therefore assuming others are in the same position it cannot be considered a champion.
- Barely known about
- GP is within North East Kent CCG. Last year I dislocated my shoulder and because I was discharged, I now have a major tear to to the rotated cuff and am having to undergo

surgery almost a year after the injury. I live in Surrey but my GP is in Westerham. Health Watch Surrey did not have notices to phone as it was out of hours. I would have telephoned to make a complaint. I think Health-watch should make medical issues their main focus. Sorry!

- Never heard of healthwatch
- Because so few people know what you do
- I'm not sure that the average person in the street knows very much about HW.
- Not well enough known yet
- Not many know, those who do recognise it is powerless

**Comments from respondents who 'strongly disagree' or 'disagree' with the statement: 'Healthwatch Surrey is effective in encouraging commissioners and providers to value the involvement of local people in the scrutiny and development of services.'**

- Again I have had to disagree because although I know that Healthwatch does present evidence to influence commissioners and providers, they do not always involve existing user and carer groups who are already recognised as being important in ensuring involvement of service users and carers in the commissioning, monitoring and development of services. It would be much better if Healthwatch would work more closely with these groups thereby enhancing the influence it has.
- Opposing views are discouraged
- Although I am aware of what Healthwatch Surrey are doing across the county, as a commissioner of independent sector providers for CHC packages of care I very rarely get any feedback or information from Healthwatch which would inform/influence our approach and I'm not sure who to approach for this feedback.
- It's a government quango - with its own needs and purposes - and can't be truly an independent voice of the people
- Poor communication & disconnect between Health & Social services lack of openness transparency & trust
- Because there is little or no visibility about what you are doing.
- This is always a problem area. Providers and commissioners don't involve local people as much as they should
- I didn't disagree. Just don't know much about it in general.
- Where are the results?
- As per previous comment
- I don't know if you are effective or not. Sorry. I don't know very much about you.
- see no evidence of this

- I have seen no manifestation of them achieving anything.
- There is no evidence of that
- As mentioned previously I prefer that they concentrate on hospital complaints and GP issues and represent patients
- Never heard of healthwatch
- Too often reports published that are of questionable validity due to low numbers of participants or historic experience
- Because the information given to commissioners is based on few people involved
- I think HWS is effective is involving local people in its own research but is not necessarily a strong advocate of commissioners and providers doing the same as a matter of course.
- Have not yet seen sufficient evidence of this
- Too many surveys and not much action
- Commissioners do as they please on own hobby horses driven by cash continually making stupid decisions that worsen services

### **What do you want to make sure we continue doing?**

- keeping in touch
- Your research into patient experience and attitudes.
- Consult service users & families & public about services.& produce reports
- Continue to help improve local health services
- monitoring
- Giving information and advice, Collecting evidence to present to commissioners and providers and having an escalation policy to raise concerns about significant examples of poor service.
- Representing the views of patients and public
- Be more vigorous
- training and awareness programmes for NHS staff and patients
- Providing insight and intelligence to influence
- Being patients advocate
- Continue to work as indicated.
- Advocating for patients

- I'm sorry but I'm really not sure. I'm not sure that I believe that you really can act as an independent voice for people - without promoting yourself - which I think results in an antagonistic and adversarial approach - rather than a supportive and critical friend
  - Empowering the voice of disability to become more active through sport & leisure activities
  - Continue all the work you are doing now
  - Ensuring the voice and needs of local people is heard and where appropriate actioned upon across agencies and scrutiny committees
  - Informing partner organisations of the progress of Surrey Heartlands as an effective agent for improving health and social care in Surrey.
  - Continue engaging with NHS commissioners and providers to share experiences, raise awareness of issues and problems and ultimately help us improve care and improve local people's experiences of healthcare services.
  - We are doing an in-depth study of the reason for health inequalities in the borough and your help has been greatly appreciated.
  - Publicizing your services to general public.
  - Doing what you do already. Thank you
  - Scrutiny of services
  - Continue to have conversations between organisations
- Continue to link on joint priorities and projects
- Work together on how recommendations are implemented
- Continue to be a critical friend
- To continue to help/support us with our patient and public engagement
- Share your newsletter so we can share relevant info through our channels to our audiences
  - Listen to the needs of local people.
  - I'm not sure what you do currently so couldn't comment
  - continue to work with the commissioners of health and social care to help improve quality and outcomes for our population
  - advocating
  - To give more information about the work you do and to be more accessible, and to follow up when people contact you.

- independent reports on services
- Continue to engage at strategic level and with key relevant service areas
- I think you should promote more I don't know about this service and I think a lot of parents and careers need to be aware of your services come to groups, do workshops
- keep your name in front of public
- Start doing talks on what it is you do to the teams in the NHS that use you.
- ?
- Your work is all important
- listen to people and achieve outcomes
- Be more proactive, involve local organisations and show that once you have results, you act upon them. Very ineffective to date
- Regular meetings with commissioners and providers to highlight the issues. Encouraging the public to feedback to providers directly too
- As you are doing now with regular meetings and letting us know when you hear about problems in a timely way
- Developing a more effective 2 way communication between PPG's & Healthwatch
- tell us you exist
- Do ask us again in a few years what the experience of our disabled participant is.
- Publicising both good and bad practice and putting pressure on health providers to improve
- Patent interaction
- No comment
- Engaging the public and supporting commissioners and providers in improvement work
- Have a presence - at local events/conferences etc, which is where I've seen your reps
- Thematic reviews across all domains
  - service user engagement
  - reactive engagement
- Be more approachable

- I would like to know more about Health watch and what it can offer my patients as well as my family as local residents.
- giving user feedback to providers
- Not sure what positive input Health watch has
- Promoting the organisation so the public know it exists.
- Regular meetings with the CCG are extremely helpful in developing two-way communication.
- Making yourself better known. Involve yourself with standing organisations and be democratic!
- x
- Being seen doing the right thing for ALL
- Unknown as not aware of your services
- I cannot comment on this through lack of knowledge.
- I do not know your Organisation at all
- Reporting on patients needs and gaps in service
- Should have someone on duty at hospitals till about 10pm occasionally - perhaps once a week?
- More to improve patient awareness of services
- Looking at social care
- Continue being that independent bridge in a non judgemental way
- Talk to services
- Information about what you do
- Start getting to more people
- The research you carry out with local people is very valuable but I think you need to devote more resources to following the findings of this research through with commissioners and providers to make sure it changes things for the better. Your reports are excellent but I am not sure that they are having the impact they deserve to have. More time influencing decision-makers as a result of what you find would be valuable.
- Not entirely sure what you are doing at the moment
- Communicating



- Lobby for local commissioners to be directly elected by locals  
Publish in full all discussions by local commissioners
- Ensure the patient voice is heard.
- Quarterly meetings and on-going liaison

### **What do you think we should do less of?**

- Nothing, keep up the good work.
- ?
- Can't think of anything
- Planning projects without involving stakeholders so that these reflect the views of the voluntary sector as well as the priorities which emerge from evidence collected through complaints and advice Service.
- No comment
- Nothing
- None
- Difficult to say
- Critiqueing without sufficient knowledge or deep understanding
- Criticising without any real understanding of the pressure that the healthcare system is under
- working in cilowes
- nothing
- Not sure
- I can't think of any current HW Surrey activity you might cut back on.
- Knowing Healthwatch Surrey also offers commissioned work, and that this focus seems to be increasing, there is a concern that the NHS won't always have funding to support this and that looking ahead, this could change the relationship if Healthwatch colleagues no longer have the capacity to engage in the way they do now, which has always been very positive.

On occasion Healthwatch has issued media releases which openly criticise NHS partners, which has not been helpful. It would be more useful/ constructive if these highlighted experiences and a case for change where quality concerns are raised, as this would be more positive and constructive.

- Not sure
- Don't know
- Not sure,
- I'm not sure what you do currently so couldn't comment
- not sure
- To be more involved, and not just an information or complaints contact.
- producing reports/surveys based on a small sample
- N/A
- ?
- not sure
- producing glossey reports when a one page finding & recommendations which are clear concise and achievable
- Small time surveys. Less expensive booklets on so called survey results. Too many words which turn people off reading
- Nothing
- No Comment Do not know enough about Healthwatch Surrey to comment
- producing papers no one knows about
- NA
- Self-aggrandisement
- No comment
- nothing
- N/A
- Only see as part of complaints not always justified or managing families expectations
- Can't think of anything you should do less of.
- Not a clue
- move the balance more towards help and support rather than consultation
- Top brass.....administration is over rated
- As above

- I cannot comment on this.
- Policy
- N/A
- Reporting on where problems are
- Do not know enough about what you do
- Blowing your own trumpet!
- I think you need to be careful about becoming part of the system that you are rightly holding to account. Your statutory independent voice is invaluable but if you get too closely involved with the system you are trying to influence e.g. working too closely with Surrey Heartlands Health and Care Partnership as a partner (I am thinking here of the Citizen Ambassadors that you now host) then you risk becoming losing your Unique Selling Point.
- Not sure what you are doing
- Its all a bit airy fairy needs to be realistic
- Handing out leaflets
- Nothing
- NA

### **Is there anything you think we should start doing or do differently?**

- Perhaps more attention to hard to reach groups such as travellers and rough sleepers.
- Publicising that CAB's are the eyes and ears on the ground for collecting evidence.
- Engage more regularly with existing user groups in order to hear their concerns and share the evidence HealthWatch Has collected in order to make joint representation for improvement and change.
- No
- NA
- Not really
- Ensuring all appropriate commissioners are kept up to date. As per my earlier comments. I'm sure you must engage with other health & social care commissioners however this survey is probably the first contact I have had for quite a while.

- More engagement, more often so that relationships and mutual understanding can be developed
- Gaining a broader understanding of the health care system would help you to understand both sides of the equation - rather than adopting 'sound bites' to promote yourselves
- Follow good methodologies for building sustainable relationships):
  - Customer Relationship Management (CRM)
  - Partnership Relationship Management (PRM)
  - Specific, Measurable, Achievable Responsible Timescales) Objectives
- No
- Increase your visibility.
- Yes, publicise your activity on social media. I consider myself plugged into things more than most and I have never heard of you.
- Continue working with local CCGs for them to promote HW Surrey and its role to GP practices who may view HW as yet another negative monitoring programme, that's if they know about it in the first place.
- It's recognised that Healthwatch Surrey has limited resources and with broad and varied service redesign and transformation plans across the area it isn't always possible to be involved in every project and attend every meeting. Given this, it would be helpful to better understand how Healthwatch prioritises what it can support and how it develops its work programme. There may also be an opportunity for local organisations to help inform this by sharing upcoming projects so Healthwatch has the complete overview to inform their planning and allocation of resources.
- I can't think of anything particular.
- I'm not sure what you do currently so couldn't comment
- we need to be sure we are engaging with harder to reach communities
- not sure
- I contacted Healthwatch and was informed that they would contact someone else for me, but I never heard from them again.
- regular catch ups on what you have found - with me would be good
- As above advertise more send info to special schools via home school link workers come to talks

- More frequent newsletters
- N/A
- ?
- The voice of children and young people, working age adults is invisible, I do believe we should be using the youth council and school councils, parents groups to find their voices
- continue to work in partnership with the organisation as we ALL want the same thing quality health& social care services
- Start acting on your survey reports. If doing a survey, involve a large cross section of people, not just a handful which makes the results rather pathetic
- Add some figures to the comments to give us an idea of the size of any problems
- I am uncomfortable about the relationship of Surrey County Council being the commissioner of Healthwatch Surrey and the ability of the organisation being seen and acting truly independent.
- You should be more assertive in getting change to happen & following through on your recommendations.
- start advertising yourselves
- I don't know enough about what you do to answer this.
- You should make a real effort to use non government-speak language eg 'stakeholders'
- No comment
- Sometimes, the feedback from patients and the public needs acting on but there isn't the information available to enable that to happen so maybe it would be possible for the person listening to the story to ask for consent to share more details. I understand that people often don't want to complain and that might change the relationship with the public but it would help improve practice more effectively
- Actively engaging more with CCGs/ social care - have you got links to the relevant comms leads in CCGs? I'm not sure we know what your offer is to support us/ our local communities?
- ? increased joint working with CQC inspection team for patient focus groups
- Be more involved / interested in patient participation groups
- Increased promotion and awareness locally and with professionals.
- N/A
- Educate the local people and organisations what the actual function is

- Be a more visible voice for the public.
- no
- As said above
- x
- actually listen to peoples fears and not to generalise
- As above
- To be effective you need to improve your public profile.
- Regular information on social media - raise the profile and solve more problems.
- Communicate activities more
- It would be good to work closely with the local Healthwatch team if they have the capacity to do this
- Be more visible
- Report on difference that HW/public opinion have made
- Information and communication about you
- Promotion of the AAA (abdominal aortic aneurism) screening service for men over 65, the service started about 4 years ago and older men are not called and don't understand the danger they are in.
- Actually look at what works in other areas. Stop selling you're work when you are not doing a good job of what you are commissioned to do!!!
- Approaches to engagement, stronger brand identity
- Change your image
- following up outcomes of ALL complaints not just those reported directly
- You need a higher profile. I am a County Councillor and know very little about your work.
- NA