Healthwatch Surrey Activity and outcomes quarterly report

Quarter 4: January 2020 – March 2020

What we Do

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

**Getting out and about and hearing from the people of Surrey**

Our community engagement work enables people to share their views and concerns about local health and social care services. This can include using our ‘Enter and View’ powers to visit health and social care services across Surrey.

**Influencing change and improvements**

We provide evidence-based feedback to commissioners and providers to influence, inform and if necessary, challenge decisions and plans. This includes reports and recommendations to influence the way services are designed and delivered. We can also report concerns about the quality of care to the Care Quality Commission so they can take action.

**Information, signposting and advice**

We provide, or signpost to, information about local services and how to access them through our telephone helpdesk (0303 303 0023), local Citizens Advice, website and social media.

**Independent health complaints advocacy**

In partnership with Surrey Independent Living Council (SILC), we are able to provide free, independent support and assistance to people who might need support to make a complaint about an NHS service. We work to ensure people can represent their own interests as far as possible and not to offer advice on how we think an individual should act.

Highlights

Here are some of our key highlights from Q4 . This report details the activity associated with these key highlights and some of the key outcomes we have achieved for people in Surrey this quarter.

People shared 1,093 health and social care experiences with us this quarter

907 people contacted us for information and advice through our Helpdesk, Citizens Advice and Advocacy services.

This quarter we have helped spread the word about local consultations and health and care stories. 342 people visited the news and consultations pages of our website and 818 people received our newsletter via email.

We have 45 Healthwatch Surrey volunteers. In total our dedicated volunteers gave 705 hours of their time this quarter.

We spoke to 386 people about their experience of care in a number of health and care settings and community events.

105 experiences were shared with us online and by post. In Q3 we had 3,987 new web visitors and 11,551 page views.

Key dates and plans for the next three months

**Healthwatch Surrey Board Meeting in Public**

Due to the COVID-19 social distancing restrictions the Board meeting on Tuesday 28th April at 2pm will be held via Zoom link. Should you wish to join the meeting live then please email enquiries@ healthwatchsurrey.co.uk before Monday 27th April to receive the log in details. We will also be posting a recording of the meeting, that can be viewed after the event, on our website. As usual any questions for the Board should be tabled in advance through the enquiries email address above.

Next meeting: Tuesday 28th July 2020

The Chapel, High Cross Church, Knoll Road, Camberley, GU15 3SY

2-4PM

All welcome (Please note: This will be a virtual meeting via Zoom if COVID-19 restrictions remain in place.)

**Publications**

In Q4, apart from publishing the reports mentioned in our last report, we also published the following reports relating to our key priority areas:

• Hospital Discharge Report – Spring 2020

• Maternity Voices Project Report

Due to the current situation we do not have any reports scheduled for publication in Q1.

**Engagement events in Q1 2020**

Due to the COVID-19 pandemic, our engagement team will not be visiting community events across Surrey until further notice. However, we would still like to hear your experiences of health and social care via telephone, text, email, post or online. We were due to kick off our new community engagement strategy in April, but we’re unable to hold any face to face engagements and the strategy is currently on hold. When our new strategy is rolled out, the focus will be on one geographical area at a time, allowing the team to focus on in-depth engagements to gain a deeper understanding of local themes across providers. The aim is to visit each Integrated Care Partnership (ICP) area biannually and to visit the largest ICPs (North West Surrey and Guildford & Waverley), triannually.

**Julie Callin has joined Healthwatch Surrey as Business Development Officer**

We are pleased to announce that on 1st April, Julie Callin has joined Healthwatch Surrey as Business Development Officer. Julie has been a Community Listener and Community Influencer volunteer at Healthwatch Surrey for nearly two years and joined Surrey Heartlands as Citizen Ambassador for the digital work stream last summer. Previous to that she has held various roles in the NHS. She is an occupational therapist by training and has worked clinically and as a manager. Latterly she worked as Service Manager and Service Director in Urgent Care Services. Julie is passionate about patient/public involvement in decisions about service development and care. As Business Development

Officer, Julie will be taking the lead in identifying new business opportunities, in line with our strategy to ensure people are at the centre of the services they receive, and their voices are heard.

**Healthwatch Surrey secures new contract to give residents a strong voice in shaping services**

Healthwatch Surrey are pleased to announce that we have secured a new, longer contract to continue seeking residents’ views on the services they receive.

Healthwatch Surrey is an independent organisation which gives people in Surrey a strong voice to help improve, shape and get the best from local health and social care services. We use residents’ feedback to make recommendations to the county council and NHS partners which influence, inform and if necessary, challenge decisions and plans for local services.

 The new contract awarded to Healthwatch Surrey is for five years, starting in April 2020, with a possible two-year extension. This builds on the original three-year contract awarded to the organisation, which was then extended two years. Health and social care champions form part of a wider national initiative that aims to join up local NHS, social care and public health services, and focuses on person-centred health and social care.

Sinead Mooney, Surrey County Council’s Cabinet Member for Adult Social Care and Public Health, said*: “This new, longer contract for Healthwatch Surrey will help make sure that the voices of people who use health and social care services are heard and harnessed to drive improvements. The feedback we receive helps us to work effectively with our health partners for the benefit of residents.”*

Deborah Mechaneck and Jason Davies, the cochairs of Healthwatch Surrey, said: *“The whole team at Healthwatch Surrey are delighted to be awarded the new contract. We and our Health and Social Care system partners share a vision for services that better meet people’s needs and expectations. The Healthwatch Surrey team are excited and committed to play our part, representing the views of people and communities to help make that vision a reality.”*

Raising awareness of our work

Webpage views - We had 11,551 web page views and 4,073 unique web visitors in Q4.

658 (+3.7%) Facebook likes

2,921 (+1.8%) Twitter followers

815 E-bulletin subscribers

This quarter we published the following reports:

• LGBTQ+ Insight Report

• Dentistry Report

• Safeguarding Adults Report

• Advance Care Planning Report

• Hospital Discharge Report – Spring 2020

• Maternity Voices Project Report

Our campaigns were focused around these reports as well as our Remote GP consultations and digital prescribing survey and ‘Have your say’ on Epsom & St Helier proposals survey. In addition, our other campaigns were focused around Healthwatch England’s Speak Up campaign, Cervical Cancer Prevention Week, Young Carers Awareness Day, Neurodiversity Celebration Week, Children’s Mental Health Week and Student Volunteering Week.

We have also been promoting our partners’ consultations to encourage the public to have their say on how services in Surrey are planned and run, along with making local people aware of services available in health and social care. These included:

• Surrey County Council’s Big Survey 2020

• Possible changes to walk-in services in North West Surrey

• Improving Healthcare Together – Programme update and public consultation

• Surrey County Council’s Our Voice Matters survey

• Community Equipment Service questionnaire

We also published news of Children and Family Health’s Developmental Paediatric Service for East Surrey moving from East Surrey Hospital to Gatton Place in Redhill, North West Surrey Clinical Commissioning Group’s Big Picture Programme, Healthy Surrey’s updated website, Family Voice Surrey’s coffee mornings, a new satellite Community Hub opening in Spelthorne, a Nuffield Trust report on prisoners’ use of hospital care and what matters to people using A&E.

**Coronavirus:**

Much of our communications work has been focused around assisting partners with their campaigns during the COVID-19 pandemic including:

• NHS England ‘Protect Yourself and Others’ campaign

• Public Health England information on coronavirus symptoms

• Surrey Police ‘Make Yourself Heard’ campaign

• Surrey County Council’s Community Helpline

• South East Coast Ambulance ‘Stay Home, Save Lives’ campaign

• Information on collecting a prescription for someone from community pharmacies in Surrey

• Hospital and GP updates

• Surrey and Borders Partnership, Catalyst and Mind mental health awareness campaigns during lockdown

• Support from community and voluntary groups in Surrey

• Department of Health and Social Care’s coronavirus scam awareness campaign

We also promoted coronavirus information for carers and in Easy Read, BSL and over 20 different languages, to ensure the information reached a diverse population.

**Awareness initiatives**

Throughout Q4 we conducted presentations on Healthwatch Surrey’s engagement work at Oxshott WI; the Transgender and Transgender Ally Society at Farnham UCA; Staines, Ewell and Shepperton Rotary Clubs; and UCA Epsom and Farnham student fairs. We also presented our Care at Home report at the Voluntary Action South West Surrey Older People’s Network and Surrey Mental Health Forum. And our Safeguarding report was presented to Surrey Safeguarding Advisors and CSH Surrey. As well as these initiatives, we also produced literature packs for distribution to prisons in Surrey and wrote to newly appointed and re-elected MPs across Surrey, including literature on our services.

**Healthwatch Surrey in the media**

In February we took part in a BBC Surrey Radio interview to discuss Healthwatch Surrey’s view on reported hospital bed shortages over the winter period (Dec/Jan 2019). We were also featured in the March edition of VantagePoint magazine, a free local magazine distributed to homes across Surrey. In February we ran a targeted ad messenger campaign using a mobile advertising platform and throughout Q4, Healthwatch Surrey web banners were advertised on Eagle Radio’s website and mobile platforms.

Getting out and about and hearing from the people of Surrey

**Community Listening Events**

We have enjoyed holding events across Surrey throughout Q4 to hear your experiences and views. We heard from people at community locations such as Woking Sexual Health Clinic, Woking Foodbank at The Lighthouse, and Marianne’s Café in Staines-upon-Thames (as part of Surrey Disabled People’s Partnership).

**Hospitals and GPs**

We were scheduled to visit Spring Street GP in Ewell and Shepperton Medical Practice in Shepperton, but due to flooding and then Covid-19, these events were postponed.

**Community / Public / Targeted**

In Q4 we visited Preparation Performance Academy (PPA), a performing arts college in Guildford. We held a focus group in the students’ common room and we heard that many were unaware of Buryfields Sexual Health Clinic and the mental health respite at Safe Haven. There were also seven students who had been unable to sign up to a GP due to new patient registration numbers being capped across Guildford & Waverley. We visited Tadworth Leisure and Community Centre to engage with members and hear about their experiences of local health and social care. However, experiences were limited due to the Covid-19 outbreak. This was our last engagement of the quarter.

Outcomes

**Mental Health**

Dave\* was really struggling with his mental health and felt unsupported by his GP. We spoke with the commissioner for mental health services who confirmed his GP was following the correct pathway. We provided signposting information to Safe Haven, Mindsight and Mind Matters for counselling and this was all followed up with a telephone call to Dave\*.

\*Names changed to protect identity

**Sexual Health**

After our engagement at Woking Sexual Health Clinic, we established that people were unaware of the self-test kits online. This was fed back to the communications team at Central North West London (CNWL) Sexual Health Services in London and Surrey, as they were keen to know where gaps in information were. During our visit to Preparation Performance Academy (PPA) it became apparent that a lot of the first and second year degree students were unaware of their local sexual health clinic. We signposted to the CNWL Sexual Health Services website for self-test kits and appointment bookings. The college was sent flyers and leaflets for their common room by CNWL Sexual Health Services, and we provided the college with clinic details for the student intranet. We also fed back to CNWL and we reiterated that there are a number of other Universities in the Guildford & Waverley area so more awareness raising would be required.

**GP**

A small number of first-year students at PPA had been unable to register with a local GP surgery in the Guildford area due to numbers being capped. They did not know how to resolve the issue, so we provided signposting information from the local Clinical Commissioning Group (CCG) on how to find an available GP surgery if your local practice is capped. The information provided to the college was communicated on the student intranet and we have not heard any further issues since.

**Signposting**

This quarter we spoke to 83 people at these engagement events and signposted 16 people to the following organisations: CNWL x 5 ,Advocacy x 1, Talking Therapies x 2, Safe Haven x 2, Mind Matters x 1, Livi x 4 and Helpdesk x 1.

Due to COVID-19, engagement is on hold for Q1 however we are still looking for your experiences of health and social care.

Acting on what we hear

People shared 1,093 health and social care experiences with us. The experiences we receive come from a variety of sources. During Q4 we received 386 experiences from our Listening Events, 334 experiences from Citizens Advice, 253 experiences via our Helpdesk, 105 experiences via the website/post and 15 experiences from Independent Health Complaints Advocacy.

These experiences were regularly reviewed by our Escalations Panel who make recommendations on the action we should take.

**Sharing our stories**

We shared 282 experiences this quarter with commissioners, service providers, regulators, CQC and Healthwatch England.

**Escalations**

Through the work of the escalations panel we escalated 6 individual issues this quarter to providers commissioners and the CQC. There were 2 referrals made to the Multi-Agency Safeguarding Hub via our Helpdesk.

**Ensuring front line staff are aware of learning disability services**

After Healthwatch Surrey volunteers engaged with parents and carers of people with learning disabilities they picked up a theme around learning disability (LD) nurses not being in post. For instance, when there is a vacant post at a hospital such as a LD Liaison nurse, what assurances can the Clinical Commissioning Group (CCG) give that learning disability services are available? Since asking for assurance that frontline staff are aware which services are available to LD patients when accessing healthcare in hospitals, work has been done to identify and engage with people living with a learning disability. There was a discussion around a CCG’s role in ensuring frontline staff are aware of LD services, and the difference that this can make to both LD patients and their carers accessing services, especially in an emergency. Commissioners are now considering a piece of work to ensure frontline staff in any setting are aware of LD services.

**Patient concerns regarding GP telephone appointment system**

We escalated concerns from patients regarding the telephone appointment system at a Surrey Downs GP practice, to Primary Care commissioners at Surrey Heartlands Clinical Commissioning Group. During an engagement event, patients told us about difficulties with booking an appointment due to the phone line being constantly engaged and being cut off whilst on hold.

**Messages to reach local students**

After engaging with students in Guildford and Waverley and finding that they were unaware of many services including sexual and mental health services, and the lack of awareness around registering with a local GP if numbers are capped, we wrote to commissioners to seek assurance that messages for students are getting to all local colleges/universities in the area, as some students may be living away from home and require services local to where they are studying.

**Other experiences shared**

We shared 74 patient experiences of mental health with the CQC to help with an inspection. We identified a serious case involving telephone triage and escalated this to Surrey Heath CCG We shared 19 experiences with Adult Social Care commissioners. Some of the themes we heard about were challenges around finding social care (care home/nursing home/domiciliary care) under time pressure, and issues around lack of choice when changing from self-funded to funded social care.

**Using insight to inform decision making**

During Q4 our staff, volunteers and Citizen Ambassadors attend a number of meetings where we have opportunities to use our evidence;

• Health & Wellbeing Board

• Adults and Health Select Committee

• Safeguarding Adults Board

• Surrey Heartlands Quality and Performance Board and Joint Intelligence Group

• Surrey Heartlands Transformation Programmes – stakeholder reference groups and oversight groups

• Children & Adolescent Mental Health Service (CAMHS) Transformation Board

• Primary Care Co-Commissioning committees

• Healthwatch South regional meeting

• Sexual health services contract monitoring meetings

• Surrey Heartlands and VCFS leaders’ meetings

• End of life care roundtable Our volunteers have represented Healthwatch at the following meetings;

• Surrey Heath CCG ‘What We’ve Heard’ meeting

• Surrey Heath CCG Primary Care Commissioning Committee

• Surrey Heartlands Partnership Forum

• Surrey Safeguarding Children’s Partnership Engagement and Communications Group

• Learning Disabilities Partnership Board

• Surrey Learning Disabilities and Autism Program Board (formally the Transforming Care Partnership).

• LeDeR Steering Group

• Central North West London (CNWL) Contract Review Meeting for Sexual Health Services

• Better Care Stakeholder Reference Group for Urgent Care

• Big Picture Stakeholder Reference Group for Primary Care in Guildford and Waverley

• Voluntary Action South West Surrey Mental Health Forum

• Voluntary Action South West Surrey Older People’s Network.

• Improving Healthcare Together Public meetings and consultation oversight group.

Staff and volunteers have also met regularly with other organisations who regulate, oversee and plan services to present and share ‘what we’ve heard’.

Our project & outreach work

In order to maximise our impact, we focus our work on a number of priority areas. We review these each year to ensure the issues remain relevant and that we are able to have a positive effect on services on behalf of people in Surrey.

**FOCUS ON: What We’ve Heard about Hospital Discharge**

We have just published our report reviewing the experiences people have shared with us over the past two years about being discharged from hospital. Our plans to share this are on hold but the report is available on our website.

In 150 of the stories we reviewed, discharge from hospital had had either a positive or negative effect on the patient. People share more negative stories than positive, and in this study around 4 out of every 5 stories had a negative element.

Most of the stories shared with us fell under three broad topics:

**Quality and Safety** - Nearly half the people we heard from shared stories about the clinical security, quality and safety of the discharge. The story we heard most often was about information, advice and follow up. We heard of some excellent experiences, but we also heard many poor experiences – people leaving hospital without the information they needed to care for themselves, or without onward referrals.

**Discharge Process** - Around three in ten issues concerned the discharge process – timing, organisation, communication – and were primarily about lack of clarity and unexpected delays on the day of discharge. Waiting for medication was frequently mentioned. This in itself could be seen as no more than an inconvenience, but many people told us it left them feeling worried, stressed, angry or guilty for taking up a bed unnecessarily.

**Social Care** - Around two in ten stories related to arrangements made in hospital for social care following discharge. These covered a wide range of issues including lack of assessment for onward care, poor support to find nursing homes or discharge to inappropriate facilities.

We hope to return to this report later in the year.

**Update on our ‘Experience of Safeguarding’ Report for Surrey Safeguarding Adults Board**

We presented our report to Surrey Safeguarding Adults Board (SSAB) in December 2019. One of our key findings was that people whose loved ones are receiving care in their own homes or in care homes don’t think of raising safeguarding alerts themselves. As a result, the Board are developing a leaflet for families with the information they need. They are also building a section on their website specifically for care homes and domiciliary care providers.

We have also presented the report to the Surrey Safeguarding Advisors, and to the CSH Surrey Safeguarding team. The findings were well received, and the Safeguarding Advisors are working on ways to put the learnings into practice.

Our work with Surrey County Council’s HomeBased Care Team also highlighted the need for better safeguarding information to be provided to those receiving care, and we hope the leaflets being produced by SSAB can be included in the standard information provided to care service users in the future.

**LGBTQ+ experiences of healthcare in Surrey**

We wanted to reach out to Lesbian, Gay, Bi-sexual, Trans and Queer people because they are at risk of health inequalities; they are not named as a priority group in the Surrey Health and Wellbeing Strategy, so we wanted to make sure their voices are heard. We shared a questionnaire with 50 LGBTQ+ people including gay men, lesbians, bisexual, asexual and transgender people.

**Key Findings**

Different people have different views on talking about their sexual history and gender identity with healthcare professionals. This depends on their general comfort in talking about their sexuality; some people never want to mention it, some have mentioned it once and are happy not to discuss again, and others are happy to discuss openly. It also depends on whether their sexuality is relevant to their medical issue.

**What’s good**

We heard that most people are happy with how they are addressed by healthcare professionals. We also heard that most people are happy with how healthcare professionals involve their partners. We heard some positive mental health experiences.

**Service issues**

We heard that accessing gender identity clinics is difficult, in terms of distance needed to travel and waiting a very long time to get an appointment. We also heard that administrative errors could mean that hormone treatment is delayed which causes distress. It is sometimes difficult to get sexual health appointments and the closure of some services has had an impact. We also heard about some issues with getting test results from sexual health services.

**Update on our ‘Advance Care Planning in Care Homes’ Report**

We shared our report with the Surrey Heartlands End of Life Round Table team and were invited to contribute to the Guildford & Waverley Integrated Care Partnership (ICP) End of Life Care Programme Board. Since that meeting the Covid-19 crisis has changed the course of end of life planning in Surrey Heartlands. We have retained a listening role in the planning meetings and will feed back any experiences shared with us by the people of Surrey at this very difficult time.

**Focus on: Dental Services**

The House of Commons Health Select Committee launched an inquiry in July 2019 into dental services and the committee is looking at a broad range of topics. Healthwatch Surrey has an important contribution to make to the inquiry and, in particular, to support the committee’s work in answering the following questions: How could access to NHS dentistry be improved? Are there inequalities in access to dentistry services? If so, why, and what could be done to address them? This report summarises what we heard, and these findings were reported to the Health Select Committee.

**Maternity Voices Project**

Healthwatch Surrey and four other local Healthwatch organisations took part in a project with Frimley Health and Care Maternity System, conducting research with parents from a range of backgrounds to inform the design and delivery of services. The report focuses on reaching out to those people who are often under-represented, and it identifies areas of importance to mothers and birthing partners in terms of what further support is required as well as areas for improvement in services. The Healthwatch teams also worked closely with the Maternity Voices Partnership in order to share learning about how best to engage with these groups, leaving a more sustainable legacy for the system.

**Information, signposting and advice**

Our information and advice service helps to signpost people to the right health or social care service or organisation for their needs (such as: Age UK, Mind, Care Quality Commission and Social Services). We can also offer information if people want to share their experience or make a complaint.

Our specially trained Healthwatch Champions can give face-to-face advice from five Citizens Advice offices, as well as a dedicated Helpdesk telephone number for people to call in confidence.

860 people have received help via our Helpdesk and our Healthwatch Champions this quarter.

Helpdesk – 0303 303 0023

Face to face: 728

Helpdesk: 132

**Information on mental health self-referral services, making a complaint and accessing medical records**

Several years ago, W\* had a mental health breakdown and was referred by his GP to the local Mental Health Recovery Service. More recently he was referred again, however, this time they refused to see him as he no longer meets ‘their criteria’.

W is currently on medication for depression and anxiety and is not receiving any counselling. He contacted our Helpdesk for information on making a complaint, finding out what he can do about getting some help for his mental health condition and accessing his medical records.

W was signposted to two local organisations, where he could self-refer for help. Information on making a complaint about a local mental health service and how to access medical records, and a leaflet on our Advocacy service was also sent to W.

W was pleased to receive all the information supplied and found the draft letter ‘very helpful’.

**Support with claiming PIP and getting help with healthcare costs**

E\* had been having difficulty paying for his prescriptions whilst he was on Statutory Sick Pay, and although by the time he attended the bureau he was back at work, he described money as being tight. Worrying about paying for medication exacerbated his serious mental health condition to the point he was unsure he could continue in work.

E was provided with support in claiming PIP, which would help him meet the costs of his disability. He was also given advice on managing debt and shown where he could find out more about getting help with healthcare costs and pre-paying for prescriptions.

With the support given, E now has more control over his medical costs and better mental health, and is able to remain in work.

**Signposting to the dental complaints procedure**

T\* was given a silver filling on a front tooth and believes that it should have been a white one. T was not consulted at the time about the colour of the filling. The filling is on a capped tooth, 3rd from the centre and is very visible.

T was sent appropriate links to what was available on the NHS and information regarding the complaints procedure which allowed her to challenge her dentist.

**Help with information on vaccine shortage**

C\* has an underlying health condition and was advised by her GP to have the PPV vaccine. However, her GP was unable to source the vaccine and informed C there was a shortage. C was very stressed about this and contacted our Helpdesk to find out if this was an issue in Surrey or a problem nationwide.

C was provided with information on the national situation and directed to information held by Public Health England which helped to relieve the stress.

**Reporting of safeguarding issue**

On a home visit, a vulnerable elderly male with multiple impairments and long-term health conditions confided that he does not go out. He said he had a number of debts including on his credit card and with utility companies. A younger member of his family, who has acted as a carer, had their own financial problems and he suspected that some of the debt on his credit card was down to misuse by his carer. He already received some support from local social services in installing handrails and other home aids. But because of the possible misuse of his credit card, Surrey County Council Multi Agency Safeguarding Hub (MASH) was contacted. Since then, Surrey County Council have confirmed that through local social services they are taking over the place of the family carer.

**Providing Information on how to make a complaint**

D\* had a fall and injured her leg. She phoned her local medical centre to request an appointment but on four different occasions was only given telephone consultations. Each time she was prescribed antibiotics and the prescription was sent to her local pharmacy. D’s condition was not improving and when she collected her fourth prescription, the pharmacist advised her to go to her GP surgery to see someone in person.

The receptionist refused to make an appointment, but upon seeing D’s leg immediately called for the nurse, who in turn called the practice manager, who then called the duty doctor. An ambulance was requested via 999 and D was taken to hospital.

D was diagnosed with a blood clot and started treatment. Her discharge letter clearly states that she was being treated for a blood clot in the lower leg but at a subsequent GP follow up appointment, the Dr denied she had a blood clot. D was given literature on how to make a complaint and is able to consider her options.

We help and support with NHS complaints

Our independent health complaints advocacy service helps people who want to make a complaint about an NHS service. We provide free, confidential, independent support and assistance to anyone living in Surrey who needs to make a complaint.

**Case study**

Mr C underwent a heart operation. He fell ill and was seen by a GP, who suspected an infection and called an ambulance to take Mr C to hospital. The GP wrote a note to be given to the treating Doctor/s. After undergoing various tests at A & E, Mr C was given antibiotics and discharged. Whilst there was an initial improvement, Mr C’s health was not improving generally. Therefore, he requested an earlier follow-up appointment and was seen by a Consultant Cardiologist. The Dr expressed concern that Mr C did not have blood cultures done during his admittance to A & E. He immediately sent Mr C for further tests, including blood cultures to be done. Shortly afterwards Mr C was contacted by Cardiology, due to highly positive test results for infection showing in the blood cultures taken, he was admitted on an emergency basis, where he was placed on 24-hour IV Antibiotics. Mr C was transferred to a specialist hospital for a further heart operation. He suffered a heart attack shortly after surgery and a few days later he sadly passed away.

Since Mr C’s death, Mrs C has not only been grieving but has also been suffering from anxiety and depression and has had to undergo counselling.

Advocacy wrote a letter of complaint on behalf of Mrs C as she did not feel well enough or confident enough to handle it herself and wanted Advocacy support to liaise between herself and the hospital. The Advocate has been monitoring the response from the service provider and letters have been exchanged (between the parties) three times with the hospital. There is now further investigation being carried out by the Quality Team at the hospital and currently awaiting the outcome of those investigations. At the same time, Mrs C is considering taking legal advice in this matter. Mrs C is grateful for the Advocacy Service and for the support provided, taking pressure off her and monitoring the outcomes with the hospital. She is also grateful that someone listened to her and helped her at a very vulnerable time in her life.

People contacting the Advocacy service for information and advice - Q4 47

People supported through the complaint process - Q4 134

New referrals - Q4 21

Our volunteers

“Our volunteers gave 705 hours of their time this quarter”

They took the lead when visiting 7 community groups to listen to the views of Surrey residents and recorded 104 unique experiences about health and care providers from local people. Our Community Influencers attended 13 high level/stakeholder meetings to champion the patient voice and share our insights to influence how services are run and developed.

**Surrey Heath**

Our Surrey Heath volunteers visited Portesbury School to speak to parents of children and young people with severe learning disabilities, some of whom also have sensory impairments and physical disabilities. They also visited Windle Valley Carers Group and Upper Gordon Road Surgery Coffee Morning, and Lightwater Live to raise awareness of Healthwatch Surrey and to hear people’s experiences.

A number of additional visits to healthcare providers and the local community groups planned by the Surrey Heath group for March have been postponed due to Covid-19, including visits to Farnham Podiatry Clinic, Oasis at St Pauls Church Camberley, and a visit to the Community Lunch at High Cross Church in Camberley. These visits will be rescheduled once it is safe to do so.

The Chair of the Surrey Heath group, Maria Millwood, and Community Influencer volunteer Liz Sawyer visited the Guildford and Waverley volunteer group in February to talk about the work the volunteer led engagement work they have been doing in Surrey Heath; specifically with mother and toddler groups, and to discuss how the two groups could work together in the Farnham area. Liz also spoke about her watching brief on sexual health services and the work she has done to bring about improvements to those services for Surrey residents.

Notable meetings attended by our Surrey Heath Community Influencers this quarter include our regular feedback meeting with Surrey Heath CCG, the LeDeR Steering Group, the Surrey Heath CCG Primary Care Commissioning Committee, Surrey Safeguarding Children’s Partnership Engagement and Communications Group and the CNWL Contract Review meeting for Sexual Health services.

**Guildford and Waverley**

Volunteers from our Guildford and Waverley group visited the brain injury charity Headway to talk to stroke patients about their care pathways this quarter. They also visited the University of the Creative Arts in Farnham to hear the experiences of students in their Trans Society as part of our LGBTQ+ project.

New volunteer Alice Walker-Earwicker joined the group. Alice joins us as a Community Influencer and is a biomedical sciences graduate who specialised in behavioural medicine. Before joining our team of volunteers, she ran a dental clinic in a refugee camp in Greece and was involved in community project work in Nicaragua.

The Community Influencers within the group supported us with desk research and preparation for the Joint Intelligence Group meeting. They represented Healthwatch Surrey at the Better Care Stakeholder Reference Group for Urgent Care and Big Picture Stakeholder Reference Group for Primary Care in Guildford and Waverley and the Surrey Heartlands Partnership Forum. They also attended Voluntary Action South West Surrey’s Mental Health Forum, and Older People’s Network.

**Improving Serious Incident Reports at Royal Surrey Hospital**

Volunteers from our Guildford and Waverley and Surrey Heath groups have been assisting Royal Surrey NHS Foundation Trust in reviewing and improving their serious incident reports. These reports are completed after a serious incident has occurred and has been investigated, and are sent to the patient and their family, the clinical commissioners and to everyone involved at the hospital trust.

Jenny, John and Gareth have been meeting once a week at Royal Surrey County Hospital to read and review confidential serious incident reports and provide feedback before they are sent out to the patient and their family. They consider the clarity, tone and sensitivity of the reports, and whether any of the information contained could be misleading or distressing to patients and their families.

Some significant improvements have been made to the reports as a result of Healthwatch Surrey volunteer involvement. The report template has been completely reworked to make it reader friendly, and the standard risk matrix, which showed the likelihood of the event happening again has been removed. The risk matrix was upsetting to the families of patients who had died as a result of the serious incident, especially if the risk of the event happening again was low, as it may have seemed to some that the death of their loved one was an insignificant matter. This is major change to the reporting template. Royal Surrey NHS Foundation Trust’s Head of Patient Safety and Quality described the work done by our volunteers as extremely valuable. Our volunteers are now looking to undertake a similar exercise at other acute hospitals in Surrey.

**North West Surrey**

Volunteers from our North West Surrey volunteer group visited the Lighthouse in Woking twice, to hear peoples’ experiences of health and social care. The Lighthouse is a vibrant community hub that runs a range of projects to support local people including a foodbank, buggy repair and support for people returning to the workplace.

Two new volunteers joined our North West Surrey Group:

Shirley Cumming joined us as a Community Influencer volunteer this quarter. She retired from the NHS in July 2019, having worked as the Coordinator and Systems Administrator for Blanche Hariot Unit for Sexual Health and Woking Community Hospital. Shirley is interested in all community health matters, particularly outpatient and GP services.

Errol Miller will be supporting us by volunteering for all three of our roles! Before retiring, he worked as the Financial and Admin Director of a nursing home group and ran his own business for 15 years. He has always been interested in health and social care and is looking forward to getting involved as a volunteer.

**East Surrey**

New volunteer Funmilola Olaitan joined us as a Community Listener in East Surrey this quarter. She is passionate about making a positive change in society, especially in the health and social care sector. She is a distance learning PhD student, studying Agriculture, Food and Rural Development at the University of Newcastle, and is experienced in qualitative research and community engagement. Before moving to the UK, she trained farming families in agricultural practices and lectured at the Federal College of Education in Nigeria.

**Surrey Downs**

The Community Influencers in our Surrey Downs group supported us by attending the Learning Disabilities Partnership Board and the Surrey Learning Disabilities and Autism Program Board (formally the Transforming Care Partnership). Members of the group have also been attending public meetings and events and keeping a watching brief on the Improving Healthcare Together Consultation for the Epsom and St Hellier reconfiguration.

The Community Listeners and Promoters in the group have been identifying VCFS groups in their local area, who they will visit for future volunteer led awareness and engagement events after the current government restrictions have been lifted. They have also been supporting us in raising awareness of Healthwatch Surrey with Surrey Downs residents on social media.

Contact Us

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