Activity and outcomes quarterly report

Quarter 2 : July - September 2020

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. Here are some of our key highlights from Q2. 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 1,462 health and social care experiences with us this quarter. The experiences we receive come from a variety of sources.

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

In Q2 we had 2,181 new web visitors and 6,460 page views, and 819 people received our newsletter via email.

We have 50 Healthwatch Surrey volunteers. In total our dedicated volunteers gave 584 hours of their time this quarter.

We spoke to 694 people at virtual community, voluntary and faith sector group meetings about their experiences of health and social care.

This quarter 201 experiences were shared with us online and by post.

**Key dates and plans for the next three months**

Healthwatch Surrey Board Meeting in Public

The Board meeting on Tuesday 3rd November, 2pm-4pm will be held via Zoom link. Should you wish to join the meeting live then please email enquiries@ healthwatchsurrey. co.uk before Monday 2nd November to receive the log in details. As usual, any questions for the Board should be tabled in advance through the enquiries email address above.

Next meeting: Tuesday 26th January 2021

Venue: TBC

All welcome

**Engagement events in Q3**

During the next three months, our engagement team will be joining community group meetings across Surrey to hear your experiences of health and social care.

We will be joining virtual meetings with Independent Age in North West Surrey, Work Stress Solutions, Surrey Hills Rehab, Family Voice Surrey, and engaging with care home residents at CHD Living. If you host or attend a virtual group and would like us to come along, please contact us on enquiries@healthwatchsurrey.co.uk.

**Publications**

In Q2 we published the following reports:

• July Insight Bulletin

• August Insight Bulletin

• September Insight Bulletin

• Citizen Experiences of Accessing Healthcare during the Covid-19 crisis (in partnership with Surrey Heartlands CCG

**Our project and 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.

In April, we started publishing monthly Insight Bulletins, which have proven to be very useful in keeping Surrey residents’ experiences at the forefront of decision-makers minds, and an easy way to share what we are hearing with commissioners and service providers.

We have heard many positive experiences, and people generally express a huge amount of gratitude to NHS workers.

“My mother said that Dr Wilkinson handled the case with great patience and empathy, he took the time to explain things to her thoroughly and clearly and made sure she fully understood the implications of the decisions she was having to make… My Mother wanted Healthwatch to know how pleased she was with the service she received.”

However, we have also gathered useful insight into residents’ frustrations with the ongoing situation.

“I am carer for my disabled sister, who before the lockdown was receiving social care activities 5 days a week, and respite was being organised for me (I have my own severe health issues). When lockdown was announced this activity stopped…me and my husband are exhausted and unsupported, we struggle to find activities for my sister to do and have no idea what support we can get.”

In Q1, much of what we heard was about immediate concerns around lack of communication following cancellation of appointments or services and video or phone consultations that do not take the person’s needs into account. These issues were acknowledged across the system, and we are aware that commissioners and providers are working to address them. Unfortunately, we are still hearing that people are in the dark about plans for cancelled treatments, and we are still hearing of people struggling with the new ways of working.

Over the course of the pandemic, and as lockdown eased, what we heard shifted. At first, people were very patient and understanding that appointments could be delayed, and we also heard about people delaying asking for help due to fear of attending in-person appointments.

During Q2 we started to hear more about people accepting the ‘new normal’, adapting to the new routines of wearing masks and accepting people wearing PPE. We also heard more about the long-term impact that the pandemic was having on people’s daily lives, confusion around shielding, and the impact of activities stopping. We heard more frustration about the pandemic’s impact on in-patient care and outpatients, particularly with cancer diagnosis and dementia. As time went on and lockdown restrictions lifted, there was still frustration with the slow return of services.

“… My problems are being ignored and not taken seriously because of the COVID crisis…Whilst I understand the current situation, I do feel the hospital has a duty of care to all patients. They are not currently providing this!”

Recently, we’ve heard about the ‘hot topics’ of COVID testing, and frustration with flu jab accessibility, both of which we hope will be short term issues.

“We have not been told at all about the flu jab this year – normally the GP sends out a couple of nurses…I don’t know if the plans will continue this year but that would be the best option, much safer than expecting us to go into town.”

However, online engagement with local people means we are able to spend more time listening, and as a result are hearing more about their long-term journeys through health and social care. Some of these experiences highlight the detriment caused by poor communication or lack of collaboration between service providers – we will continue to listen out for more stories about gaps in integration of services.

Our project work is focussed under 4 Thematic Priorities. However, we have focussed on immediate, frequent outputs including our regular Insight Bulletin as the pandemic has interrupted the regular flow of projects and of priority development.

In parallel with this output we are working on a number of longer-term research projects, under our Care at Home and Mental Health Thematic Priorities.

**Care at Home**

**Consultation with Surrey County Council (SCC) on the development of their new commissioning contract with Domiciliary Care Providers**

In our Care at Home report ‘Can you Hear Me’, we made several recommendations that were well received and could be embedded in the new contract. SCC have just begun engaging with service users to ensure the contract takes their needs into account, and we are working to ensure the contract reflects what we know is important to service users.

**What do older people want from Day Centres?**

Day Centres are a valuable form of support and care for those living independently, and SCC are undertaking a review of their provision to older people. We will be taking a leading role in understanding what older people get, want and need from Day Centres.

**Mental Health**

We are in early stages of a project to understand the lived experience of the years immediately after dementia diagnosis. People with a new diagnosis are signposted to Dementia Navigators but there is no routine clinical follow-up. Our discussion with the Surrey Heartlands Dementia Strategy Board have indicated that they would welcome fresh insight into the lived experience of this stage - what support do people find, what is valuable and what is not, what opportunities are being missed to avoid people reaching crisis point?

**Community Engagement**

**Engaging virtually with the people of Surrey**

The team have been busy looking at ways to creatively engage with our communities and are constantly revising key messages and call outs for evidence as lockdown progresses and the pandemic changes.

**July**

New flyers were distributed amongst various BAME community groups, young people and carer VCFS groups. We met with MelaNoMore cancer support group on Zoom and heard how isolating it can be for someone at early stages of diagnosis. The impact of appointment cancellations and the switch from face-to-face to telephone calls was all too evident. However, the group felt reassured by a consultant from RSCH that individual cases were still being discussed across the trust, albeit remotely.

**August**

We engaged with LGBTQ+ group, Blossom via the digital distribution platform ‘Discord’, which gave us insight into how great some GPs in North West Surrey have been during lockdown. We heard how hard it has been without face-to-face support for those suffering with poor mental health and in crisis. We held a focus group on Zoom with Liaise; a women’s centre for vulnerable women from different BAME communities. The discussion included how communication of lockdown rules and the pandemic has been confusing and how local faith groups and support from neighbours has been invaluable to the women. It was also discussed how some services being cancelled left them unsure of next steps. In addition, they also talked about the postponement of fertility treatment and how they often turned to selfdiagnosis and treatment rather than use 111. The team joined a worship group, King’s Tower Assembly in Redhill, on Zoom and heard how some local community members could not obtain face-to-face appointments resulting in admission to A&E. Also, issues around dental and optical care. Joining on two occasions Family Voice Surrey (a parent carer forum), enabled us to hear from parents about issues with Education, Health and Care (EHC) plan assessments, coordination of service provision and lack of transition provision from nursery to primary education. Many spoke of the difficult pathway to navigate and how they found the process exhausting to get support put in place for a child with SEND (Special Education Needs and Disabilities). We also heard about missed and cancelled appointments, and the difficulties in getting responses.

Finally, we joined a meeting arranged by Age Concern Banstead for a rare type of dementia, Frontotemperal dementia. We learnt that there was very poor understanding of this condition, leading to mis-diagnosis. There was also an issue in provision of suitable care and lack of support by social services. One service user’s issue was escalated to Surrey and Borders Partnership (with consent).

Three of these events were supported by a volunteer.

**September**

We engaged with Veteran Families, Mary Frances Trust and Camberley Alzheimer Café. All of these events were supported by a Healthwatch Surrey volunteer.

Veteran Families discussed the NHS Veterans’ Mental Health Transition, Intervention and Liaison Service (TILS) pathway for veterans and how effective the service was. We also heard how exmilitary are often assigned military doctors within Frimley but this was not always helpful for some, in building trust and sometimes led to more anxiety.

At Mary Frances Trust we heard how some appointments online have resulted in less anxiety about travel. But when dealing with mental health, face-to-face is important and it is imperative that those appointments are reinstated. One person felt ‘let down’ by Safe Haven when she felt she was in crisis. Two participants were recently bereaved during lockdown, which impacted their mental health, they had nothing but praise for Mary Francis Trust.

The Camberley Alzheimer Café meet every month virtually. When we joined the group meeting, they spoke about the TIHM (Technology Integrated Health Management) Monitoring Service, a new, free of charge NHS service to remotely monitor the health and wellbeing of both people with dementia and their carers who live in Surrey during Covid-19. They also talked about Camberley patients who had been re-directed to Blackbushe Airport for their flu vaccinations and how one patient had concerns over the safety of a recent switch from Warfarin to another treatment without prior consultation / blood test.

As we move into the next quarter, we continue to look for any opportunities to engage with service users and the general public, and work closely with our volunteers to hear their local knowledge and findings. We are in the planning stages of creating bespoke, experience ‘feedback’ cards to leave in GP surgeries, voluntary transport groups, befriending organisations and time banks.

**Signposting**

This quarter we gathered over 500 experiences and signposted to our Helpdesk, Surrey Community Action, PTSDUK, Assist, Cruse, Virtual Safe Haven, Action for Carers and GPs.

**Outreach**

Two groups have been identified as priority for our outreach this year, following a consultation exercise with the staff team, Board Members and volunteers. These two groups are:

• People from BAME communities

• Families living in poverty

Work is ongoing concerning the BAME strand of our outreach which will inform part of two projects being prepared by Healthwatch Surrey. One is about dementia pathways and the other about day care facilities. Background research has been ongoing to map out key areas of Surrey where we can engage with communities and to better understand the potential challenges and barriers which typically delay or hinder access to services within those communities.

By Q3, it is hoped that key contacts within those communities will have been established so that focus groups can take place and work on a draft report can be initiated.

**What we are planning for Q3**

In Q3 we will be joining virtual meetings with Independent Age in North West Surrey, Work Stress Solutions, Surrey Hills Rehab, Family Voice, and also engaging with care home residents at CHD Living via Facebook Portals.

**Acting on what we hear**

People shared 1,462 health and social care experiences with us. The experiences we receive come from a variety of sources. During Q2 we received 694 experiences from our Listening Events, 231 experiences from Citizens Advice, 329 experiences via our Helpdesk, 201 experiences via post and online and 7 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 insight reports, including 132 experiences, through our What We’ve Heard meetings with CQC, Adult Social Care, Surrey and Borders Partnership, South East Coast Ambulance Service, Surrey Heartlands CCG, Surrey Heath CCG and Public Health.

**Escalations**

We escalated 15 individual issues this quarter to providers, commissioners and the CQC. Responses to our questions were reviewed by our Escalations Panel in September.

We escalated a cluster of concerns we had heard regarding poor communication to families, at Ashford and St Peter’s Hospitals. We sought reassurance from Ashford and St Peter’s about their Family Communication policy. Our Escalations panel were ‘satisfied’ with the response we received from the hospital, which addressed all our key questions and gave reassurance that:

“Whilst we continue with our necessary restricted visiting policy it was also communicated to all staff the importance of being proactive in engaging with the families and next of kin of our patients. Whilst we continue to promote the use of video calls for patients via IPad and phones with the restricted visiting, we do have a work stream underway to improve family updates and we will use [Healthwatch Surrey’s] valuable feedback to inform this crucial work”.

We also asked for reassurance from Ashford and St Peter’s Hospitals that guidelines are in place and being followed to ensure patients avoid bedsores after hearing of one patient’s experience, and received this reassurance:

“I can reassure you we have a comprehensive Pressure Area Management Policy which is followed by all staff and mandatory training is provided by our Harms Free Care team. We always aim to provide consistent individualised high quality care in pressure area management for all patients through ensuring continuity of care, promoting cross boundary and multi professional working and ensuring staff follow best practice in pressure ulcer prevention and management……. An ongoing improvement plan is in place which is closely monitored and led by our Consultant Nurse for Harms Free Care.”

We shared a patient and family member’s experience whilst visiting restrictions were in place due to Covid-19 at Royal Surrey County Hospital. The experience illustrated the impact that having no visitors has on the recovery of the patient, in this case specifically not being able to bring additional food and drinks to the ward. Royal Surrey County Hospital told us this experience was shared with the ward and matron, and the hospital are exploring through their nutrition steering group how they can improve accessibility to snacks at ward level.

During Q1 we heard mixed experiences from patients accessing their GP via digital means. We shared this feedback with Surrey Heartlands CCG Primary care team and escalated concerns arising from what we’d heard about remote consultations, digital services and those who are digitally excluded. We received a written response outlining how the CCG will be seeking further feedback from patients using digital services and those who are unable to access online services and we will be following up over the coming weeks to ensure the patient voice is heard.

We continue to work with Surrey and Borders Partnership to share feedback and concerns from mental health service users, we recently received reassurance from the Trust regarding our questions about safeguarding procedures which are in place at inpatient mental health facilities. We shared concerns with the Care Quality Commission (CQC), who provided assurance around patient safety.

We shared a cluster of care assessment experiences with Adult Social Care, and in particular confusion around financial assessments from service users and their families. Adult Social Care responded to the key issues we raised and assured us they are developing a new information booklet to “help explain changes to the formal discharge to assess arrangements recently announced, [which] may give rise to further confusion going forward over the charging of long term services”. Adult Social Care also suggested that those with concerns about the outcome of the financial assessment or their ability to pay a statement, “in the first instance they should contact the financial assessment team so that their concerns can be looked into and resolved”.

https://www.surreycc.gov.uk/\_\_data/assets/ pdf\_file/0004/164164/CS4377-Paying-forCare-2020\_v1\_WEBspreads.pdf

**Using feedback from local people to inform decision making**

During Q2 our staff, volunteers and Citizen Ambassadors attended a number of meetings where we had opportunities to use our evidence and share What We’ve Heard (WWH);

July meetings

• CRESH (Crawley, East Surrey and Horsham) Integrated Care Partnership

• Adults and Health Select Committee

• Surrey Heartlands Quality and Performance Board

• Surrey and Sussex Healthcare WWH

• Royal Surrey County Hospital WWH

• Regional Quality and Surveillance Group

• Care Quality Commission WWH

• Surrey Heartlands Primary Care WWH meeting

• Ashford St Peters Patient Monitoring Experience Group

• Surrey Ethics Committee August meetings

• Adult Social Care WWH meetings

• Surrey Heartlands Quality and Performance board

• Surrey Heath WWH September meetings

• Surrey Heartlands Quality and Performance Board

• Health and Wellbeing Board

• South East Healthwatch network meeting

• Primary Care Commissioning Committees (PCCC)

• Public Health WWH

• Children Families Lifelong Learning and Culture Committee

• Surrey and Borders Partnership WWH

• Regional Quality and Surveillance 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’.

**Influencing change and improvements**

**Making a difference for local people**

We’ve been an active partner helping Public Health colleagues to develop “community impact assessments”, looking at how the pandemic has impacted our most vulnerable communities in Surrey. Our volunteer Robert has provided an important “lay” voice on the steering group. Once initial findings were available across all the different groups, we suggested taking this rich insight and identifying three positive and meaningful actions to improve services and make a difference for local people.

**Our recommendation around better communication with patients**

Back in April, the UK Government Health and Social Care Select Committee (HSCSC) launched their inquiry into ‘Delivering core NHS and care services during the pandemic and beyond’. Over 60 local Healthwatch (including Surrey) responded to the call for evidence and shared their local intelligence. The data was analysed to help form a written evidence submission in May. We shared our local insight directly with Jeremy Hunt as a local MP.

In June, our Healthwatch England Chair, Sir Robert Francis was called to give oral evidence to Parliament. Here, he was able to highlight the public’s concerns during the pandemic to key parliamentarians as well as emphasising some key issues raised by local Healthwatch, such as the poor communication received by the public.

In July, the Chair of the HSCSC, Jeremy Hunt MP wrote to both the Health Secretary, Matt Hancock MP and CEO of NHS England (NHSE), Sir Simon Stevens to directly raise some of the concerns we raised with the HSCSC over the course of this inquiry. As a result, the HSCSC has now made a recommendation that “NHSE/Sir Robert Francis review, as a matter of priority, its communication strategy to patients”. This includes communications about appointments as well as government guidance and NHSE/Sir Robert Francis are required to update the HSCSC about this review in October 2020.

**Importance of communication with patients on waiting lists**

We raised concerns regarding communication with patients on waiting lists and the importance of keeping patients informed. Colin Thompson, NHS Surrey Downs Integrated Care Partnership Managing Director & Executive Lead for Primary Care responded with the following comments:

“I had the system restoration/recovery meeting today. All the Chief operating officers from across the system, I have asked them to look at how we are communicating and keeping patients up to date in this difficult time regarding time waiting for treatment. They recognised the challenge and agreed to look at it and come back to me. I will keep you updated”.

“I am undertaking a listening exercise around digital with general practice and wider over the next 8 weeks with Accenture. I have given them a copy of your very helpful report on the Covid-19 period and asked that they find an appropriate way to involve Healthwatch in the exercise”.

The importance of good communication with patients was also raised at various restoration boards, where all the Acute Trusts are represented, and at a GP/Local Medical Committee meeting.

**Getting local voices heard**

In the Surrey Heartlands Clinical Commissioning Group July newsletter, they commented: “Encouragingly, we have seen an excellent report undertaken by Healthwatch Surrey describing how, on the whole, residents know how to keep safe and access services remotely; however, there is some concern about delays in care for certain services. Healthwatch has recommended we get in touch with patients to let them know what’s happening, with clear signposting if someone’s condition worsens, and we’ll be taking that on board across our 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 ordinarily give face-to-face advice from five Citizens Advice offices, as well as a dedicated Helpdesk telephone number for people to call in confidence.

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

Helpdesk: 161

Citizens Advice: 426

**Support with food and obtaining medication locally**

Cara\*, who is HIV positive, suffered from an illness two years ago which left her with nerve damage in her leg and she struggles to walk. This is controlled by medication issued by St. Thomas’ Hospital. She was made homeless from her London home and is living in temporary accommodation locally in Surrey. She is depressed and not eating as she is convinced the food served at her temporary accommodation is making her ill. She is also concerned that her medication is running out. Our adviser contacted St. Peter’s House Project (a charity supporting people with HIV), who are able to arrange an assessment. We also gave her the phone number to call if she needed support. Our adviser also got in touch with a local foodbank to enquire about delivery of food parcels and they were able to deliver to her the next day. Cara was very grateful for the support received as it is likely that medication can be obtained locally, and she will be able to cook for herself using facilities in her room.

**Information on the Healthcare Travel Costs Scheme**

Jin’s\* son requires hospital treatment and has been told he now needs to go from Woking to a London hospital, for an appointment. He is in receipt of Universal Credit and will struggle to pay the cost of getting to London. He has been unable to get any information from anyone at the hospital or DWP regarding help with the travel costs, so our adviser signposted him to information on the NHS website regarding the Healthcare Travel Costs Scheme (HTCS). He was relieved to know that he could get help with the cost of travel to his appointments.

**Signposting to Surrey County Council for social services assessment**

Rhian\* has a number of severe health issues, including sleep apnoea, liver disease and cancer. She also suffers from diabetes and occasionally experiences hypos where she needs help from her partner. She has been awaiting tests to see if she now has Type 1 diabetes, in which case it is believed she might benefit from an insulin pump. However, the tests were delayed because of the Covid-19 pandemic and she currently has no home care assistance. We advised Rhian to explore the possibility of requesting a social services assessment from Surrey County Council to see if any aids or adaptations to the bathroom could be provided to make it easier to manage some of her difficulties. We signposted her to the online form on the SCC website, which she agreed to pursue and we encouraged her to call back if she needed further help.

**Help with funding for long term care at home**

Gabriel’s\* mother, who is severely disabled and living with the family at home, is receiving care in the home funded by Surrey County Council. However, Gabriel has been told by Surrey County Council that his mother should go into a care home and part-funding would be provided. Neither Gabriel nor his mother wants this to happen, particularly with the current situation and the fact that no visitors are allowed at the care home, so Gabriel wanted to find out about funding for long term care. We provided him with website links to information that would help him ascertain what funding should be available and he now feels empowered to use information to help secure future care for his mother which meets her needs.

**Providing details of emergency dental hubs**

Saanvi\* was having problems with a wisdom tooth and was in some pain, however she was having difficulty finding an NHS dentist. She had tried searching online and calling, but the dentists she had spoken to told her that they had filled their quota for new patients. We advised Saanvi on how to access dental information on the NHS website, including the customer contact centre. She was also advised of the emergency hubs put in place during the COVID-19 pandemic and how to access them. Saanvi felt she had enough information to be able to access treatment.

**Advice on making a complaint**

Leroy’s\* adult child is living in supported accommodation for people with learning difficulties. Prior to lock-down, his child would regularly come home to spend time with the family. Since lock-down they have not been allowed to return home for a weekend stay, a brief visit, or meet with family in a public place unsupervised by service provider staff, unless they undergo 14 days quarantining on their return. Leroy feels this is excessive. He was advised by us that he could make a complaint to the social care provider on his child’s behalf, as the child lacked capacity. However, Leroy decided to start off with an informal letter asking to speak to the manager and feels empowered to write directly to the management of the facility asking them to reconsider the policy.

**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**

Duncan\* became unwell in late 2019 and was coughing up blood. His daughter called the ambulance service twice, giving the symptoms and anxious for emergency help. When the ambulance service arrived, the paramedics apologised for the delay stating that the call had not been logged as a priority. They then took him to St Peter’s Hospital. The ambulance crew took him to the incorrect reception area, possibly causing a delay in treatment. Sadly, Duncan passed away a few days later. A serious incident investigation by the ambulance service found that there were errors made by the ambulance service in responding to an emergency call.

The ambulance service investigation took several months and did not answer questions the family had about the event. The family were advised to instigate a complaints process to obtain the answers to questions they had. Duncan’s daughter contacted our advocacy team to get support to make the complaint. Her advocate arranged phone appointments to take details of the complaint and exchanged drafts to ensure that the complaint reflected everything the family wished to obtain answers to. Once a final draft was approved this was sent to the ambulance service for investigation.

On receipt of the complaint, the ambulance service contacted the advocate to gain some further information. The advocate contacted the family and gained this information so that a formal acknowledgement of the complaint could be obtained. The investigation is currently ongoing. A serious incident report has been with the Clinical Commissioning Group for some months and has not yet been released to the family.

There has been an increase in the number of NHS complaints our Advocacy service has provided help and support with compared to Q1, as hospital and GP visits for non-Covid related conditions are slowly and safely resuming and the Parliamentary and Health Service Ombudsman (PHSO), who paused their work on NHS complaints, restarted on 1st July 2020.

People supported through the complaint process Q2 96

New referrals Q2 16

People contacting the Advocacy service for information and advice Q2 41

**Advocacy provider**

Our advocacy service is provided by Surrey Independent Living Council (SILC).

Tel: 01483 310500

SMS: 07704 265377

Email: nhsadvocacy@surreyilc.org.uk

**Our volunteers**

“Our volunteers gave 584 hours of their time this quarter”

In line with the advice and guidance from Public Health England and the World Health Organisation, our volunteers continue to support us virtually, rather than meeting and engaging with service users face to face. 21 volunteers attended our virtual volunteer training session on 22nd July, where we updated our volunteer teams on our interim engagement strategy and explained how our Intelligence Officers review and share the insights our volunteers collect for us.

**What have our volunteer groups been doing this quarter?**

In Q2, our volunteers supported us at the following virtual engagement events:

• Age Concern Banstead – Dementia Carers Group

• Mary Frances Trust

• Family Voice

• Whiteley Retirement Home residents

• Ladies of Faith Group

• Veterans and Families Listening Project (Surrey Heath)

In addition to supporting us with our engagement work, our volunteers have worked together across their local area groups to undertake desk research, looking at the comms and information available on GP websites and day care provision in Surrey. They also looked at other local Healthwatch organisations within the Healthwatch Network, to identify new business and funding opportunities, and to explore what other Young Healthwatch groups have been working on.

Other ways our volunteers have supported our engagement and evidence gathering this quarter include:

• Helping us to decide and set our outreach priorities.

• Listening to NHS and social care experiences shared by their friends, family and neighbours (socially distanced) and feeding these back to us. In total they shared 108 experiences. They shared insights and experiences with us about:

o Covid-19 testing

o GP video consultations

o GP comms o Access to dental appointments

o Disposal of sharps o Access to cancer treatment

Key virtual meetings attended by our Community Influencer volunteers this quarter include:

• Surrey Community Impact Assessment/ Interim Joint Strategic Needs Assessment Steering Group.

• Learning Disabilities Partnership Board

• Frimley Collaborative Primary Care Commissioning Committee meeting

• BAME Brainstorming Session with Surrey Public Health team

• Tandridge Health and Wellbeing Board

• Surrey Heartlands Equality, Diversity and Inclusion conference

• VASWS Mental Health Network

• Sexual Health Outreach Group

• Royal Holloway Virtual Freshers Fair

• Epsom and St Helier AGM

• Surrey Heath CCG AMG

• Royal Surrey County Hospital AGM

**Meet our Young Healthwatch**

Young Healthwatch are a new working group, set up to identify key themes and issues around health and social care for young people.

Our Young Healthwatch volunteers will shape how the group operates and how we can engage with other young people across Surrey.

The aim will be to hear what works well and not so well in health and social care for young people to feed back to those responsible and help improve future services for everyone.

The group plan to focus on:

• Raising awareness of Healthwatch Surrey with young people

• Reaching out to young people to hear their views

• Supporting us in outreach projects to explore key issues that young people face

• Keeping an eye on local NHS and social care services for young people

• Helping us to report back on their findings to decision makers in the county, to enable young people’s views to share services.

**Meet our young Healthwatch**

Alice (Young Healthwatch Group Chair)

Alice joined us as a volunteer in March and has been supporting us remotely throughout the pandemic ever since. She is a biomedical science graduate who specialised in behavioural medicine, which included health promotion strategies. Before volunteering with Healthwatch Surrey, Alice volunteered abroad with various charitable projects. She ran a dental clinic in a refugee camp in Greece and worked on a livelihoods project in a remote Nicaraguan community. Alice’s goal is to pursue a career in Public Health. She is the Chair of our new Young Healthwatch group.

Niquita

Niquita joined our volunteer team in July, and recently graduated with a degree in Psychology from Royal Holloway University of London. She is keen to work in the NHS and is volunteering with us to gain practical skills and insight into how NHS services are commissioned and run, and how young people view the NHS services they access. She is keen to make a difference and work towards making the NHS a better service for young, vulnerable individuals, alongside young individuals.

Beth

Originally from Byfleet, Beth is an undergraduate Sports and Exercise Science student at Loughborough University. She has been volunteering with us remotely during the pandemic and plans to use her holidays and free time when at home in Surrey to volunteer for Healthwatch. Beth has previously volunteered for East African Playgrounds, and Parkrun. She wants to help people in her local community to receive the best care they can and is looking forward to getting started as a volunteer.

Laura

Laura joined us as a volunteer in September 2019 and has been supporting us in raising awareness of Healthwatch Surrey with her peers at University and listening out for the health and social care issues affecting them. She is a second year History, Politics and International Relations student at Royal Holloway University of London and wants to make a difference to the lives of other young people. listen to their points of view and try to make a small difference to the care young people receive. In her spare time, Laura enjoys practicing her musical instruments. She is also responsible for looking after her pet chickens.

Lydia

Lydia joined us as a Young Healthwatch volunteer in July and has been supporting us remotely ever since. She is passionate about advocating for the rights and wellbeing of young people and feels it is especially important that young people have access to comprehensive, high quality care whatever their needs at that time. From her personal experience, she feels that young people can often feel alienated and ignored by authorities and may feel that their concerns are unimportant. She is volunteering with Healthwatch Surrey to further develop her interpersonal and communication skills, and it is her goal to eventually work in healthcare as a Clinical Psychologist. She is currently studying Psychology at the University of Surrey.

WE’RE RECRUITING! If you would like to join Young Healthwatch to make a difference for young people in Surrey email volunteers@healthwatchsurrey.co.uk or visit our website [www.healthwatchsurrey.co.uk/get-involved/volunteer/](http://www.healthwatchsurrey.co.uk/get-involved/volunteer/)

**Raising awareness of our work**

Webpage views - We had 6,460 web page views and 2,276 unique web visitors in Q2.

703 (+1.04%) Facebook likes

3,047 (1.03%) Twitter followers

819 E-bulletin subscribers

**Q2 Campaign Highlights**

This quarter we published the following reports:

• July Insight Bulletin

• August Insight Bulletin

• September Insight Bulletin

• Citizen Experiences of Accessing Healthcare during the Covid-19 crisis (in partnership with Surrey Heartlands CCG)

Our campaigns were focused around sharing the findings from our insight bulletins, call for experiences, promoting our engagement meetings and sharing what we’ve heard. We also focused on the #BecauseWeAllCare campaign, a Healthwatch England and CQC campaign encouraging more people to share their views about their health and social care.

In addition to our own campaigns we have also been promoting our partners’ campaigns, to make people aware of services in health and social care and the changes to these services during the pandemic.

• Carer flu voucher

• Easy Read Flu jab

• Healthy Surrey’s Ready for Pregnancy campaign

• Reigate & Banstead Local Citizens Advice digital and telephone advice line

• Royal Surrey County Hospital’s booking system for visitors

• Public Health England’s mental wellbeing tips and advice

• Surrey County Council and Surrey Heartlands CCG’s Keeping our Networks Alive Engagement Survey Results

• Healthy Surrey’s Covid-19 support

• Healthy Surrey’s Wellbeing Hub

• Community Pharmacy opening times during August bank holiday weekend

• Surrey Heath GP surgeries flu vaccination ‘drive-through’

• NHS Volunteer Responders

• Surrey Police suicide prevention helpline ‘CALM’

• Stay Alive app

• Safe Haven Guildford’s guide on how to access video appointments with them

• Healthy Surrey’s #StayWellSummer campaign

• Mind Matters Surrey’s courses for those affected by Covid-19

• Work Stress Solutions 8-week group coaching course

• Family Voice Surrey’s Zoom coffee mornings

• Mary Francis Trust Zoom workshop

• Peer Talk support group

• Self Injury Support’s self-harm helpline

• Surrey Carers Partnership group meeting

• Dementia 1st Day Centre re-opening

We also use Awareness Days to signpost to local services who provide help and support. Here are the Awareness Day campaigns we promoted in Q2:

• Suicide Prevention Day

• Organ Donation week

• Sexual Health Week

• Gynaecological Cancer Awareness Month

• Blood cancer awareness

• Child Cancer Awareness month

• World Alzheimer’s day

• Healthy Eating Week

• World Breastfeeding Week

• National Play Day

• World Suicide Prevention Day

• International Week of the Deaf 2020

We promoted a video on ‘How to create an account on NHS Patient Access’ and a video on ‘How digital consultation works’. We also promoted partner consultations to encourage the public to have their say on how services in Surrey are planned and run, including;

• Education, Care and Health services in Surrey’s ‘Surrey all age autism strategy’ consultation

• Consultation on a possible merger to form a single clinical commissioning group within the Frimley Health and Care Integrated Care System

• Surrey and Borders Partnership’s Community Mental Health Service User survey

• Surrey County Council’s ‘The Needs of and Support for Young People Who are in Care or Have Been in Care’ survey

• Surrey County Council’s ‘Independence and career skills support for young people aged 16-25 with SEND’ survey

• Surrey County Council’s ‘Our Views Matter – Transitioning from Children’s Mental health services’ survey

• Surrey County Council’s ‘SEND, Mental Health and Emotional Wellbeing services survey for parents and carers’

• Surrey County Council’s ‘Home Based Care Support Services Provided in Surrey’ survey.

**Awareness Initiative**

In July we attended the ‘Dr will zoom you now’ webinar and Surrey Heartlands’ Equality, Diversity and Inclusion Conference. In September, we attended the Surrey Heath AGM and the Surrey Heartlands CCG AGM where our CEO, Kate Scribbins provided an overview of how Healthwatch Surrey supports and works with the CCG to engage with patients and the public.

Throughout Q2 we conducted presentations on Healthwatch Surrey’s engagement work at The Brigitte Trust, Surrey Heartlands Dementia Strategy Action Board, University of Surrey Part Time Work and Volunteering event, and gave an overview of what we do to students at the Royal Holloway Community Partner Conference. Our volunteers also shared information on Healthwatch Surrey with Haslemere Health Centre PPG, Smart Cranleigh, Veterans and Families Group, and at the ‘Ladies of Faith’ coffee morning.

**Healthwatch Surrey in the media**

In July, we took part in an interview with BBC Radio Surrey, giving our view on the £500m investment for Epsom and St Helier Hospitals and the brand-new specialist hospital in Sutton. We were also featured in the September issue of Round and About magazine and Whiteley Care Homes Trust’s September newsletter.

**Contact Us**

Telephone: 0303 303 0023

Text/SMS: 07592 787533

Text Relay: 18001 0303 303 0023

Email: enquiries@ healthwatchsurrey.co.uk

Pop into any of the Citizens Advice in Surrey healthwatchsurrey.co.uk

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