**Annual Report 2021 - 2022**



Local Healthwatch

Influence and Impact Report

Quarter 1 2022-23, April - July 2022

“Helping shape health and social care services

in Surrey.”

### Contents

# Hearing local voices

Our engagement team, supported by our volunteers, have been meeting with people across Surrey to learn more about the experiences of health and care services in each and every community.

In April, we travelled around Surrey Downs, meeting with patients attending outpatient appointments at Epsom Hospital. Visiting The Old Moat Community Garden Centre and Epsom and Ewell Community Centre, we learned the important role played by these organisations in supporting their communities. We also met with members of St Marks Food Club in Tattenham, hearing about the wider social challenges affecting people’s health and wellbeing.

May, took us to North West Surrey, where we visited organisations providing support within their local communities such as the community lunch event at the Stanwell Food Bank and Andy’s Community Café in Woking, which both enabled us to speak with residents from disadvantaged backgrounds and people at risk of health inequalities whose voices are seldom heard in decision-making. We also met with patients and their families attending Ashford Hospital, gaining important insights on challenges with hospital referrals.

Our focus in June was Surrey Heath, we spoke with patients attending Frimley Park Hospital and we also visited a carers’ hub in Camberley enabling us to hear about the challenges experienced by unpaid carers in supporting their loved ones. We attended a seniors coffee morning at the Hale Community Centre and the Old Dean Community group at St Martin’s Church learning about wider health and care issues affecting people locally.

Our engagement team continue to connect with new organisations and partners across Surrey to ensure we can provide as many people as possible with the opportunity to share their experiences.

If you would like Healthwatch Surrey to engage with your service, please contact:

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# What we are hearing

## Every story matters.

We endeavour to find the right forum to share the experiences we receive to ensure that patient and service user voices are heard. On some occasions, there are patterns in what we are hearing so we escalate these together as a matter of urgency. We offer an agenda-free ear for the public to tell us about their health and care experiences.

**This quarter 372 people shared their story with us.**

## Primary Care

We continue to hear from people who are struggling to access support from primary care. Most significantly we heard that:

* Communications between GP practices and patients has been poor, particularly with regard to service changes.
* Experience of booking appointments through digital platforms continues to be mixed.
* Access continues to be a challenge for people with specific access needs.

Following a high volume of experiences regarding two GP Practice, we escalated these directly with respective practice management and were able to make some recommendations on how they could improve their services.

* The first practice acknowledged that better communication with patients was required for future service changes and additional staff training will be provided on understanding of patients needs and to be able to support them more effectively.
* The second practice informed us that as result of our report, they will now be revising staff training to be more supportive of patients, helping patients to book appointments in the manner that most suits them. They also recognized that they could do more to support deaf and hard of hearing patients and will look into the Sign Live service and how this could be implemented. We have continued to raise Surrey residents’ concerns about ability to access primary care across all of Surrey and as a result we have been invited to the Surrey Heartlands Primary Care Access Board, which brings together all the key decision-makers for Surrey’s primary care services. This provides a vital opportunity to ensure Surrey residents’ voices are heard in the shaping of services.

## Communications

We have consistently heard that communication between health providers and patients, their families and carers could be improved. We have been invited to form part of a communications group advising Surrey Heartlands in the design of its website, particularly supporting the section providing information to Surrey residents and sharing information on how residents can get involved in future initiatives. We have also heard residents’ concerns about accessing appointments through website booking systems. Surrey Heartlands are now looking at options to replace the Footfall booking system in use across many Primary Care Practices and we have challenged the decision-makers to ensure that they involve local residents’ to understand how to identify software better suited to the needs of the local population.

# Enter and View

We were delighted to begin our new programme of Enter and View visits this quarter, enabling us to meet with people in care homes, along with their carers and support staff. In line with our regional engagement approach, we aim to visit a different care home in each place across Surrey every month and we are working closely with Surrey County Council and the CQC to identify suitable homes for our future visits

## Charlton Grange

In May, we visited Charlton Grange in Shepperton, an independent, family-run home which provides accommodation, nursing and personal care for up to 62 older people, including people living with dementia and also for palliative care.

Our overall impression was positive; residents, family and staff all appeared to be happy with the care, visiting arrangements and feedback mechanisms. We were particularly impressed that the home operates fully with its own staff, and has had no Covid outbreaks. Based on our visit, we have three recommendations to help improve the experience of residents:

1. Increase the choice of main meal to 3 options per day.
2. Incorporate raised beds in the garden to ease accessibility.
3. Add extra chairs to the corridor seating (to allow two people to chat).

## Elmfield

June took us to Elmfield House an independent home in Woking which provides accommodation, nursing and personal care for up to 18 older people with most residents in the early to mid-stages of dementia.

Once again, our overall impression was positive; residents, family and staff all appeared to be happy with the care, visiting arrangements and feedback mechanisms. There was a good relationship between the staff and the residents and staff were always looking for ways to improve

“We speak to them and they will say little things that will let you know what we could do better.”

# Research Projects

## Waiting well

In June, we published the results of our survey on Waiting for Hospital Care. We found that patients’ primary concern was the uncertainty around their waiting time. Respondents also highlighted how they would like consistent communication from hospitals regarding their wait and would like more information on how they can manage their health while they wait.

In sharing this report with Surrey’s health organisations supporting patients waiting for treatments, we made the following recommendations:

* Ensure patients are provided with the information and support they need while they are waiting. We encourage hospitals to work with their patients, their families and carers to better understand how best to achieve this.
* Communicate regularly with patients – at least every 10 to 12 weeks – to assure people that they still on list and reaffirm what patients can do while they are waiting.

# Continuing the story

## Dementia

We continue to share the findings from our Dementia research. Following on from our recommendations being incorporated within the Surrey wide Dementia Strategy, we are now a member of the Dementia Strategy Action Board to take this strategy forward.

We worked with two of our research participants to produce videos about their experiences to allow the decision-makers to hear the challenges in the words of the people who experience them.

We shared these videos at the Dementia Strategy Action Board provoking a conversation that led to some actions:

* Giving greater prominence to the Dementia Connect service on the Surrey and Borders website.
* Reminding social care staff about Dementia Connect and the role of Dementia Navigators
* Looking at whether Dementia Connect could adapt to manage contact with users through SMS messaging
* Reviewing arrangements for providing information, training and access to CriSP courses across the county

## Carers’ Experiences of Hospital Discharge

Our report has the enabled the voices of unpaid carers to continue to be heard by decision-makers across Surrey and impact further service improvements.

Ashford and St Peters’ have appointed a dedicated Lead Nurse for Discharge to help facilitate a smoother transition from hospital to their place of residence. The organisation acknowledged in their annual Quality Accounts that they want to work closely with Healthwatch Surrey moving forwards to improve communication with patients, their relatives and carers

# Networks and Boards

Healthwatch Surrey are involved in a wide range of networks, boards and system meetings to ensure that people’s voices are heard by decision-makers at every level and that the lived experience is always central to the conversation. Our representatives are on hand to provide challenge where necessary and the following provides some examples of where we have been able to make a difference:

## Independent Stroke Delivery Network

This group is involves a range of providers, voluntary sector partners and people with lived-experience to better understand how services can collaborate to provide care for people who have experienced a stroke.

We highlighted a potential area for improvement regarding people who have experienced a Transient Ischemic Attack (TIA) not being appropriately referred to the TIA clinic within 12 hours, leaving some patients unnecessarily attending A&E. The leads for emergency and hospital care agreed to look into how this could be improved.

## North and West Guildford Estates Programme

As a member of the North/West Guildford Estates Programme, we have been asked to provide comment on the pre-consultation engagement work to be carried out by Surrey Heartlands.

As an independent organisation, we were able to provide comments made by people that highlighted their concerns to advise on what people felt about the proposed changes to access to primary care in Guildford.

# Wider Influences

## Supporting the wider Healthwatch Network

We have been invited to discuss our monthly insight bulletin as part of Healthwatch England’s reports, offering advice and guidance to other local Healthwatch on ways to present patient and service user insights and how to communicate these with relevant stakeholders to explore opportunities in having people’s voices heard.

We have also submitted our research in experiences in the early years following a dementia diagnosis to the Department of Health and Social Care as an example of lived experiences of integrated care in shaping strategy.

## Commissioned Projects

We continue to explore opportunities beyond our Local Healthwatch work, expanding our engagement with communities across Surrey.

Each of these projects permits us to focus on a specific area of health or care, to learn more deeply about the challenges in accessing support and to hear from Surrey residents we would not have had the opportunity to speak with otherwise. The experiences we hear are both reported directly to the organisations who commissioned the projects and are also shared with other providers and organisations as part of our regular escalations process.

Examples of projects we’ve completed this quarter:

* GP Website review for practices in Frimley Heath and Care ICS (in partnership with Healthwatch Bracknell Forest, Hampshire, Slough and Windsor and Maidenhead)
* Supporting Co-Production in Mental Health Services (in partnership with Surrey Coalition and SMEF)
* Barriers to accessing care for people for whom English is not a first language
* Reducing digital inequalities in maternity services for refugees and asylum seeking women
* Patient engagements on extended access to primary care in Surrey Downs.

# Our Volunteers

This quarter, our dedicated volunteers gave **482** hours of their time which equates to approximately **£15,375** in social value. Our diverse volunteer family continues to grow and we’re delighted to welcome two new members in Q1.

## Linda Smullen joins our Surrey Downs group

“I am a paediatric speech and language therapist by training and all my clinical work has been with children with complex needs and feeding difficulties. For the last 30 years, I have been managing Paediatric Therapies within the community in East Surrey and have recently retired from working with First Community Health and Care after 40 years in the NHS.

I am married with 3 grown up children and I enjoy travelling, reading and cooking. I’m looking forward to discovering some new hobbies with my newly found time.

Having heard what Healthwatch Surrey was about I thought it would be an excellent way for me to combine some of my health background and my enjoyment of talking to people and put it to good use.”

## Rosie Pannett joins Young Healthwatch

“My name is Rosie and I am an undergraduate psychology student at Royal Holloway, University of London. When I’m not studying, I work in care looking after young people and adults with learning difficulties. I also work as a sports coach for children at local primary schools.

I cannot wait to start volunteering with Healthwatch Surrey as it is clear the organisation uncovers important issues that need addressing and it would be wonderful to be a part of that process.”

# Helpdesk and Advocacy Services

**This quarter 205 people have received information and advice through our Helpdesk, and our independent health advocacy service.**

**Advocacy – 65**

**Helpdesk – 140**

Each quarter, our Helpdesk is on hand to offer support and advice for Surrey residents who are looking for help with a wide range of health and care experiences. In circumstances where people have not been able to resolve problems themselves, we also provide free advocacy support to ensure complaints are handled appropriately.

“It was completely invaluable. I don’t know what I would have done without [my advocate’s support]. Everyone else gave me the run around. I am so grateful. It’s helped me not give up on making a difference to the service I was complaining about…I felt more heard….my complaint wasn’t ignored.”

Surrey Resident supported by Advocacy

“Helpdesk were just amazing and so helpful. They readily and patiently answered all my questions and conveyed a good understanding of the process and the situation we find ourselves in. It was very helpful to get clear direction in the steps that I have to follow rather than trying to unscramble the process from various sources. Best of all, their follow up email was prompt and included all references and information that they said that they would provide. I think this is an invaluable service. It can only help to put patients’ mind at rest. It is not about NHS bashing but to provide feedback so that there is scope for the NHS to identify their gaps and get better.”

Surrey Resident who contacted our Helpdesk

Here are some of the examples of how we were able to help people:

## Ashley’s Story

Ashley\* had day surgery to remove various lipomas from right arm, prior to consultation Ashley asked for an additional two to be removed from left arm. The consultant accused Ashley of being frivolous and fussy. Ashley was first to show for day surgery but last to be operated on and had to wait all day. The consultant was cold and unsympathetic. During the procedure, Ashley was not given enough anaesthetic and felt the pain: this had to be topped up by the consultant before proceeding. The bandages put on by the consultant were too tight and after the operation Ashley found out not all the lipomas had been removed. Ashley complained about the consultant and asked for a different consultant to finish the job of removing all lipomas. Ashley has heard no more and has been left with unsightly scars and lumps on arms. Ashley has found the whole experience distressing and it has caused Ashley much anguish.

### Outcome:

The advocate has now taken over all communications with the hospital as Ashley was finding it all highly emotive and didn’t feel like he was getting anywhere. Ashley is grateful for the support of the advocacy service. The advocate is now monitoring the hospital response: an acknowledgement has been received and the complaint is currently being investigated.

## Krystyn’s Story

Krystyn\* was admitted to hospital through A&E after suffering chest pains. Whilst at the hospital, when being moved from one department to another, their glasses were lost during a bed change. They felt that staff were dismissive of their concerns and upon discharge there was no transport available to take them home. Living on benefits, with a range of medical health problems, the loss of their glasses required for daily use had a significant impact on their quality of life. Krystyn was forced to pay for replacement glasses. They contacted our Advocacy Service following a recommendation from a family member.

### Outcome:

The advocate liaised with Krystyn to draft a letter of complaint and a formal response was quickly received with an apology for the inconvenience suffered. There was assurance that procedures would be put in place to address the issue of transport late at night and there will be a full reimbursement for their lost glasses.

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