

A photograph of a healthcare worker in a white coat and blue surgical mask attending to a patient. The patient is wearing a pink and white striped surgical mask and a white floral patterned top. The scene is set in a clinical environment with a white wall in the background.

# On equal terms

Then and now

Healthwatch England  
Annual Report 2019-20



# On equal terms: Then and now

## **Healthwatch England Annual Report 2019-20**

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# About us

## Here to make health and care better

We are the independent champion for people who use health and social care services in England. We're here to find out what matters to people and help make sure your views shape the support they need.

## How we work

There is a local Healthwatch in every area of England. We support local Healthwatch to listen to what people like about services, and what could be improved, and we share these views with those with the power to make change happen. We also help people find the information they need about services in their area.

Nationally and locally, we have the power to make sure that those in charge of services hear people's voices and act on their feedback.

## Our approach

People's views come first – especially those who find it hardest to be heard. We champion what matters to you and work with others to find ideas that work. We are independent and committed to making the biggest difference to you.

## Our goals

In 2018, we launched our strategy setting out the difference we want to make:



### **1 Supporting you to have your say**

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



### **2 Providing a high quality service**

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



### **3 Ensuring your views help improve health and care**

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

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# Foreword

## Sir Robert Francis QC, Chair of Healthwatch England



Few of us could have imagined the calamity about to hit our nation. The pandemic has touched every area of life and, with the crisis yet to pass, we may not comprehend the toll it has taken on our wellbeing, health and prosperity for some time.

### Pride in our role

I can confidently say that I am proud of the role Healthwatch has played in the fight against COVID-19. Thanks to years of consolidated effort and strong partnerships we have built up our services in every community, Healthwatch England and local Healthwatch throughout the country were able to respond when COVID-19 forced our nation into lockdown.

When the NHS cancelled millions of planned treatments and operations overnight, our advice and information staff were on hand to help meet the surge in questions from a public left confused and uncertain.

With doctors, nurses, and other care professionals altering how they support people, our reach into communities helped services swiftly understand how these changes, like rapid hospital discharge and the move to online appointments, has affected care quality and safety. And, every time the appeal has gone out for more help in the community in response to COVID-19, our volunteers and staff have stepped forward.

### Old challenges and new opportunities

Although the future is uncertain, some clear messages have already emerged from the pandemic.

With data suggesting that if you live in a deprived area, you are [twice as likely to die from COVID-19](#), emphasising the inequalities we knew existed before the pandemic, society must address the worse health outcomes some people face just because of where they live, their income and their race.

Tackling unfair health differences will need those in power to listen, to hear the experiences of those facing inequality and understand the steps that could improve people's lives, and then to act on what has been learned. At Healthwatch, we stand ready to help by doing more to amplify the voices of communities that go unheard.

**Tackling unfair health differences will need those in power to listen, to hear the experiences of those facing inequality and understand the steps that could improve people's lives, and then to act on what has been learned.**

One of the few benefits of the pandemic is that it has forced rapid changes in how some things can be done, and we must make sure we do not revert to old ways where the new ones have been shown to be better. The benefits of integration and collaboration have been there for all to see. NHS and social care staff have shown extraordinary adaptability to meet the demands resulting from COVID-19 and deliver as much everyday support as possible. For this, the public is grateful, but they want to do more by looking after their own health and assisting services to identify issues affecting their support.

## Looking ahead

Before COVID-19, the Government had ambitious reforms in train to deliver the efficient, personalised, joined-up health and care service people want. These changes also aimed to help the NHS deal with the rising demand for support linked to an ageing population, lifestyle-related diseases, and the increasing cost of support.

With the NHS and social care services now facing an unprecedented backlog of physical and mental healthcare caused by the pandemic and public pressure to tackle health inequalities, reform is needed more than ever.

Reforming health and social care will not be easy. It will require difficult choices; decisions that can only be made in partnership with the public if healthcare reforms are to work.

To help make this happen, Healthwatch stands ready. Last year we achieved our goal of supporting over a million people to share their views and access advice and care information. This achievement is a testament to the years we have invested in building up our links with local communities and the NHS and social care services that serve them.

We plan to use this strength, not only to help tackle COVID-19 but also to assist in the nation's recovery. This means a sharper focus on hearing the views of those the system currently overlooks and making sure our evidence gets to those with the power to act swiftly. It also means making the argument for investing in community engagement at every level of health and care.

Although we face unprecedented challenges, I firmly believe that both communities and clinical and care staff share a passion to work together, to face these issues head on so that everyone can get the health and care they need.



**Sir Robert Francis QC,  
Chair of Healthwatch England**



# Our year at a glance

## 2019-20

We supported more people to share their experiences and access the information they need. We also made sure health and care services heard these views to understand what they could do to make care better.



### Reaching out

We supported  
**350,000**  
people

to share their experiences of NHS and social care services.<sup>1</sup>

#### Breakdown of engagement



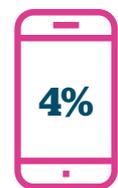
Face-to-face

14%



82%

Online



4%

Telephone and email

## Providing advice

We helped over

**960,000**

people

find advice and information about local services.<sup>2</sup>



### Top information people looked for on our website<sup>3</sup>

1. How to find an NHS dentist
2. Help making a complaint
3. Help travelling to NHS services
4. Your rights when it comes to registering with a GP
5. Advice and information about COVID-19

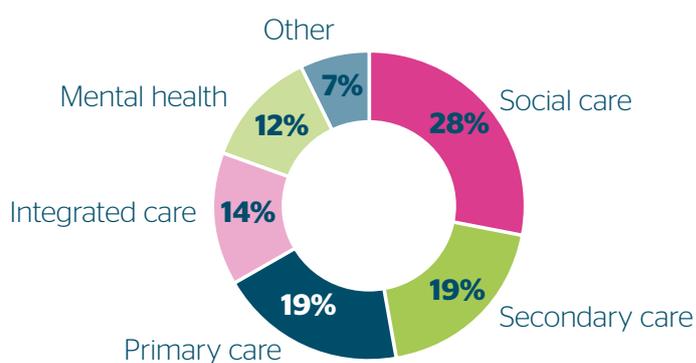
## Making a difference to care



We made  
**5,870**  
recommendations

to help improve services based on people's experiences of care, ensuring communities were heard.<sup>4</sup>

### Breakdown of recommendations by service area



### Responding to the pandemic

Since COVID-19 struck, the work of our 151 local Healthwatch services to support and listen to local people became more crucial than ever.

- More than 300,000 people have viewed our online advice.<sup>5</sup>
- We produced over 250 COVID-19 related reports for professionals about people's first-hand experiences of care.<sup>6</sup>
- Our 3,900 volunteers mobilised to support people self-isolating.



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# Improving access to high quality care

People tell us it can be difficult to access support when they need it most - whether it's booking a GP appointment, having a good experience at A&E, or waiting a reasonable time for routine surgery. Not only is this frustrating but being unable to access support can also have a detrimental impact on people's quality of life. The pandemic has made accessing care more difficult, so we've worked closely with services to help them understand these barriers.



## Then: 2019-20

### NHS England aims to make travelling to hospital easier thanks to our research

Patients make 93 million trips to the hospital each year.<sup>7</sup> So, it's not surprising that nine in ten people have told us that patient transport is an important issue. Although the NHS is free to use, getting there is not, which can restrict people from accessing vital care, such as chemotherapy or dialysis.

Journeys can be costly and difficult, particularly for those living in rural communities. Many people face expensive parking facilities or may have no access to public transport. But this isn't just about convenience. Some people cannot get to appointments without support, such as those with disabilities, medical conditions or who are frail.

This is equally an issue when patients are discharged from hospital without any help getting home. Without the right support, our research shows that people are more likely to be readmitted to hospital.



**A friend currently has to make a 110-mile round trip daily for six weeks.**

**Response to Long Term Plan engagement in the North East and Yorkshire.**



Whilst the NHS runs a Non-Emergency Transport Service (NEPTS) to help those who need extra support, not everyone is eligible to use the service, and many are unaware it exists.

Our report '*There and back*' published in partnership with Age UK and Kidney Care UK in October 2019, highlighted these issues and uncovered gaps in the data which services collect. Around half of the 107 Clinical Commissioning Groups who responded to our Freedom of Information request stated they did not collect data, which could help inform decision-making about the commissioning or delivery of transport.

Due to our call for change, [NHS England](#) has undertaken a national review to understand how the NEPTS system works to improve patient transport services. We've ensured people's views have been instrumental during this engagement process using our role on the advisory group. We expect outcomes from the review to be published in early 2021.

## Improving the way A&E performance is measured

Our evidence from national polling, 6,000 people's views and 330 in-depth patient interviews conducted in A&E indicated that while waiting times are important, people's overall experience matters more. Good communication, positive staff attitudes, and speed of initial assessments were all critical factors.

Our report '[What matters to people using A&E?](#)' published in February 2020, helped inform NHS England's Clinical Review of Standards, which aims to understand the impact of potential new targets.

We're pleased that the review has taken on our recommendations, overhauling the way the NHS measures A&E performance. This includes a new 15-minute target so that all patients are assessed on arrival, one-hour priority care for urgent cases, and a commitment that no one should wait longer than 12-hours.

This is a positive outcome for the public, who have consistently raised with us that time is only one factor which makes a good experience. However, we will need to monitor whether people's experiences of A&E do improve if the changes are implemented.



### Now: 2020-21

With most routine treatment on hold during the COVID-19 pandemic, access to care unrelated to coronavirus continues to be a concern for thousands of people. There are significant levels of fear and stress among people who have had appointments cancelled or their treatment paused, particularly for those awaiting potentially lifesaving cancer treatment and screenings.

#### Highlighting the impact of COVID-19 on dental care

For many years, people have told us that finding an NHS dentist and being able to afford treatment can be hard, particularly in certain areas of the country.

However, [a report we published in December 2020](#), found that these issues have been exacerbated by the COVID-19 crisis - 72% of people find it difficult to access dental support, and 3 in 5 people expressed negative sentiments about dentistry. Many have been advised to pay for private care to receive quicker treatment, which is challenging for those on low incomes who are unable to afford the costs.

A review of 1,300 stories highlighted the frustration and pain people have experienced and the urgent need to improve access to treatment to reduce the backlog of care caused by the pandemic.

Thanks to thousands of people telling us their stories of care during the pandemic, we have regularly updated national and local health and care decision-makers about the persistent issues people have faced. Our evidence has also helped to inform key inquiries into the pandemic, such as the [Health and Care Select Committee's examination](#) of how core NHS and care services have been delivered during the COVID-19 pandemic.

One key issue we raised during this inquiry was the lack of adequate communication between services and patients, leaving people uncertain and stressed about the status of their treatment. Using our insight, the Committee urgently recommended that NHS England prioritises improving communications. This led to all GP practices formally being instructed to ensure that every patient whose planned care was disrupted by COVID-19 received clear communication outlining how they would be looked after.

### What have we learned?

People raised issues that could improve our response to future pandemics:



#### Information

- Focus on clear and accurate information about care to avoid confusion.
- Tackle misinformation among professionals, as well as the public.
- Make sure guidance is available in accessible formats and other languages.



#### Access

- Digital services work for most people, but don't exclude those who cannot get online.
- Support people who have had treatment delayed to manage issues, like pain relief.
- Increase provision in dentistry and mental health to ensure enough support.



#### Support

- Safety test changes to processes, like hospital discharge, to identify the impact on other services.
- Find ways to involve families and carers in decisions and provide support when caring responsibilities increase.

Over the next few months, health and care services will continue to tackle COVID-19 cases, roll out vaccines, and respond to the unmet needs that have built up – a significant challenge. Healthwatch aims to play its part by helping to identify the access issues that communities face – especially those who are seldom heard – making sure care professionals understand these experiences.



#### Find out more >>>

We have a range of information and advice online. Take a look at how you can get the most out of your virtual appointments. [Read more.](#)



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# Meeting people's needs

People's needs can depend on many factors, including where they live, what stage of life they're at, and whether they have a long-term condition. From ensuring care home residents have good oral health to highlighting support barriers for transgender people, we've helped services understand the importance of treating people as individuals.



## Then: 2019-20

### Aiding the introduction of wellbeing checks for new mums

The arrival of a new baby is a major and exciting life event. But, as well as the expected ups and downs, one in four women has a mental health problem during pregnancy and up to 24 months after giving birth. All parents should get the support they need to form a strong bond with their baby and lay the foundations for a healthy life, but this isn't always the case.

Our report '*Mental health and the journey to parenthood*' looked at the experiences of over 1,700 women to understand whether they felt supported during this time. Whilst some experienced good care:

- 47% of women described getting support for their mental health as 'difficult' or 'very difficult'.
- 33% of women who said they had a diagnosed mental health condition were not given any advice about maternal mental health.
- 36% of women rated the quality of mental health support by health professionals as poor or very poor.



Our discussions with parents showed that they wanted more opportunities to talk about their mental wellbeing with healthcare professionals. Alongside NCT and other organisations, we called for the NHS to introduce a postnatal six-week wellbeing check for mums.

Thanks to people speaking up, NHS England introduced a six-week postnatal check from April 2020 that all GPs have to offer new mothers to make sure they are mentally and physically well.

Providing support for mums is a vital-step, but the NHS should continue to do more for partners to ensure the whole family is supported.

## Ensuring people with dementia aren't left without support

Over 850,000 people live with dementia in the UK.<sup>8</sup> Dementia can have a devastating impact on the person with the diagnosis, as well as their families and carers who face a constant struggle to access support. Only 8% of the feedback we heard about dementia care in 2019 was positive.

As dementia is a degenerative condition, The Care Act states that people are entitled to regular reviews to ensure care meets their changing needs – as a minimum, their council should do this annually.

However, working with the Alzheimer's Society, our review of local council data showed that only 45% of people with dementia received a planned review in 2017-18, leaving many without the critical support they needed.

Whilst councils and services are under pressure, we cannot leave people, and their families to manage alone without the right support. Our report, *'Why it's important to review the care of people with dementia'* recommended that:

- Councils should ensure that anyone eligible has a personalised care plan in place – with at least one planned review every year.
- Information and advice provided to people should meet NICE guidelines and be clear, transparent and accessible.
- The Department of Health and Social Care should review the national eligibility thresholds and whether they are consistently applied to ensure fair outcomes for everyone with dementia.

 **When inadequate support is provided, it has a huge impact on me as a carer. My ability to have any sort of life away from caring for Georgina comes to a halt, and any gap in support has to be filled by me. This includes support with meals, personal care and constant observation to ensure she is safe, not just during the day...but when she is in bed but maybe restless or agitated. My average sleep is only three hours per night.**

David shares his experience of caring for his wife. 

With dementia care costing, on average, more than other types of care, and many local services facing funding pressures, we will continue to make the case that broader reforms are critical to sustaining the social care sector.



## Now: 2020-21

Whilst COVID-19 has affected everyone, there has been unintended consequences on different communities. With little time to prepare, health and social care services have not always met people's individual needs. So that people's concerns can be quickly addressed, we continue to share with government and stakeholders the experiences that our services hear.

COVID-19 has amplified existing barriers to care. [Public Health England's evidence](#) shows the disproportionate impact the virus has had on Black and Asian people and starkly highlights the health inequalities our nation needs to understand and address.

Looking ahead, we'll be helping to address this in two ways. Firstly, as part of a renewed commitment to improve the way we engage with people who may not be heard by services, we will carry out research to better understand the experiences of Black British men. Secondly, our refreshed strategy will focus on what we can do to help overcome health inequalities brought to attention by the pandemic.

### Highlighting the unforeseen consequences of COVID-19



#### Ensuring hospital discharge is safe

Our report, in partnership with British Red Cross, '[590 people's stories of leaving hospital during COVID-19](#)' showed significant numbers of people had not received follow-up support after being discharged from hospital. Many felt their discharge was rushed and over a third were not given a contact who they could speak to for advice.



#### Tackling miscommunication in communities

In some parts of the country, we heard Deaf people found it difficult to lip read health professionals wearing Personal Protective Equipment (PPE), or during online video appointments, causing miscommunication about care.

With new coronavirus guidance issued frequently, a lack of translated material for those who don't speak English or need accessible formats also led to problems understanding where and how to access treatment and advice. For example, Healthwatch Haringey found local Turkish and Kurdish communities had been sourcing COVID-19 information from Turkish TV and media sources, which was not always in line with UK guidance.



### Gaps in everyday GP support

Whilst many people have been grateful for GPs continuing to offer appointments remotely, a reduction in face-to-face appointments has resulted in interruptions to routine care. For example, some people have reported difficulties getting appointments for regular health checks, treatment and medication reviews. One group particularly affected are those who need B12 injections to manage their condition, as some GPs mistakenly cited government instructions or out of date guidance to stop providing the treatment altogether.



### Clarifying Do Not Attempt to Resuscitate guidance misinterpretation

During the initial wave of the COVID-19 pandemic, new guidance which was issued at pace caused misunderstandings to arise. We heard reports of some care home services seeking to obtain blanket “Do Not Attempt to Resuscitate” (DNAR) forms for residents. This was against national policy and many loved ones were concerned to not be involved in significant decisions about end of life care.

Thanks to local Healthwatch hearing first-hand from distressed families, we were able to contribute to an urgent clarification for services by the CQC and British Medical Association (BMA). We also issued guidance to help the public understand their choices about end of life care.

We have continued to share insight with the CQC to inform its review of how Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decisions were used during the pandemic. A final report with the outcomes is expected to be published shortly.



### Find out more >>>

We have a range of information and advice online. Take a look at how services can communicate better with people with hearing loss. [Read more.](#)



# Using people's experiences to inform future services

With growing pressure on the NHS and social care services, big questions need to be answered to ensure everybody gets the support they need. How can people be helped to live healthier lives from birth to old age? And, when you face issues, how can services better support you and enable you to be in control of your care? Across England, Healthwatch works to make sure that communities are involved in decisions that affect them so that services continue to meet local people's needs.



## Then: 2019-20

### Helping the NHS plan for the next ten years

After the NHS Long Term Plan was published in January 2019, supported by an extra £20 billion a year of government funding, we asked people across England how the NHS could invest in the right support over the next decade to better meet their needs.

Our 151 local Healthwatch services mobilised to engage every section of their community in the debate about how their local NHS could help more people stay well, improve local services and better support those with specific conditions.

#### Highlights:



More than  
**40,000 people**  
shared their views  
with Healthwatch.



Our network held over  
**500 focus groups**  
reaching different  
communities across England.



Healthwatch  
attended almost  
**1,000 community events**,  
including festivals, carers  
cafes, shopping centres  
and NHS services to speak  
to the public about their  
experiences.

As one network, we came together to ask people their views about how the NHS could provide better care for their overall health, as well as for specific conditions. More than 40,000 people responded, sharing their experiences and ideas with us online and at nearly 1,500 local events.



**The NHS is very focused on fixing  
a medical condition and not looking at how  
to keep healthy whilst living with a condition.**

**Response to Long Term Plan engagement in the Midlands and East England.**



This feedback resulted in 44 localised reports covering every area in England which we shared with the NHS to make sure the care people receive, now and in the future, is right for their local communities.

Each year, the Government asks for our views on what should be included in the annual aims that it sets for the NHS. We were pleased to see the Government recognise Healthwatch's engagement work in its updated NHS Mandate for 2019-20, as well as the importance of involving the public in NHS decision-making.

## Seven steps to deliver the future NHS people want

- 1 Better access:** The number one issue people raised with us was access to primary care services, particularly GPs. They wanted easier access to care, more flexible appointments, the right kind of support when they needed it and for it to be closer to home.
- 2 Improved digital systems:** Investing in better digital services was also important. But it should not take priority over other bigger issues, like access to GPs, and it was vital that no one be excluded from NHS care because they cannot or struggle to use technology.
- 3 More person-centred care:** People want services to take more time to communicate clearly, listen to what matters most to individuals, understand their personal and cultural needs and to make decisions in partnership.
- 4 Consistent and more integrated support:** People's experiences of care and support varied significantly depending on their health issue. Those affected by cancer, and heart and lung conditions had a much better experience of care services than people with mental ill health, dementia or learning disabilities. Those with multiple long-term conditions experienced poor integration of services and wanted quicker access to joined-up support.
- 5 Help to be physically healthy:** The focus by the NHS on helping people make healthier choices and get more support from school, work and in the community was welcomed. But many felt that support, especially if it is provided by the voluntary sector, needs to be properly funded.
- 6 Investment in mental health:** The public want investment in better mental health services so they can get quicker access to support and the right treatment for their condition. People also wanted to see more crisis services available and a greater role for peer support groups.
- 7 Support for carers:** People felt strongly that the NHS needed to improve the involvement of carers in decisions and to provide earlier support to prevent carers from becoming physically and emotionally exhausted.



### Find out more >>>

You can have your say about how NHS and social care services can improve. [Share your feedback with us.](#)



## Now: 2020-21

The COVID-19 pandemic has forced NHS and social care services to rapidly change. As a result, some reforms, like providing more digital healthcare, have been rolled out at an unprecedented speed.

### Supporting people to get the most out of digital appointments

Overnight, GPs and many other services went entirely online. But while telephone and video consultations are more convenient and easier to access for some people, the NHS must understand how the rapid digitalisation of services has affected everyone who needs care.

Working with Traverse, National Voices and PPL, we looked at [how remote consultations worked for people](#). We found that feeling safe and comfortable, understanding the benefits of remote appointments, and getting the format right is key to a good online and telephone consultation experience.



**The physio created space to ask about how I was doing. I felt heard and was able to ask questions. It was refreshing. A normal physio session would be in a crowded room, five minutes instructions, you practice the movement, they pop back after seeing other people and ask you how you are getting on, it's rushed... this is the most person-centred session I have had.**

**Mario, physiotherapist patient.**



Based on the experiences shared with us, we then developed a checklist for both patients and health and care professionals on how to get the most out of remote appointments.

The reforms the NHS started in 2019 with the NHS Long Term Plan's publication have not stopped.

The digitalisation of healthcare has taken place at a pace that few envisaged, but we need to understand how this has impacted on those who cannot access or do not want to use these services. This is why we are exploring, in partnership with local GPs, the experiences of people in the most deprived areas, especially those who are older, have disabilities and whose first language is not English.

Other changes, like the integration of services and impact of the pandemic on social care support, need to be examined through the first-hand experiences of those who use them. Healthwatch will continue to find out what is working and what is not when it comes to health and care reform and will hold services to account to make sure no one is left behind by the changes.



# Responding to COVID-19

Over a few days in March, millions of NHS appointments were paused or moved online, hospitals quickly discharged patients to free up beds, and those most clinically vulnerable to COVID-19 were told to “shield” at home. The Government began a campaign to reduce the risks presented by the virus and issued a multitude of guidance. While the crisis unfolded, Healthwatch did not stop our work.

We mobilised staff and volunteers to advise a concerned public, and we alerted services to the issues that were confusing or preventing people from getting the care they needed.

## Providing advice

With the nation dealing with a virus about which little was known, we knew that Healthwatch had an essential role in ensuring that people understood the rapidly changing advice about how to stay safe.

Many people turned to Healthwatch locally and online when they did not know how to get the information they needed. By June 2020, our national online advice had been accessed by over 70,000 people.

### Key questions people were seeking the answers to include:

- What does shielding mean?
- What's the difference between social distancing and self-isolation?
- How can I find an NHS dentist?
- How can I get help travelling to the hospital?
- Should I see a pharmacist, instead of a doctor?
- What can I do if COVID-19 is affecting my mental health?
- Where can I get support when a loved one has died?

## Raising people's concerns

We've also continually shared your health and care experiences with those with the power to make changes and used insight from our national network to help stakeholders understand issues on the ground.

### Key actions our insight helped to inform included:

- Shaping the rollout of the NHS Volunteers Responder scheme and how they work with local initiatives.
- Flagging the issues volunteers face, such as shortages in Personal Protective Equipment.
- Alerting Government and the NHS to the lack of accessible information on COVID-19.
- Prompting regulators to clarify that guidance on the use of Do Not Attempt Resuscitation notes had not changed.
- Triggering an expansion of the emergency dental service.
- Ensuring that the NHS considered privacy issues with the COVID-19 tracking app.

## Supporting the community effort

Across England, local Healthwatch services diverted their spare staff and volunteer capacity to help the NHS and local councils with the community response to COVID-19.

### Understanding people's concerns

After the UK lockdown was announced, Healthwatch Central West London wanted to capture how the pandemic was affecting people locally. They ran a survey, working with Imperial College London, and have used what people said to produce advice and information on the top issues people were facing - social isolation, mental ill-health and money worries.

**We wanted to give residents ... the opportunity to share the full range of their experiences by asking "How is the COVID-19 outbreak affecting you and your loved ones?"**

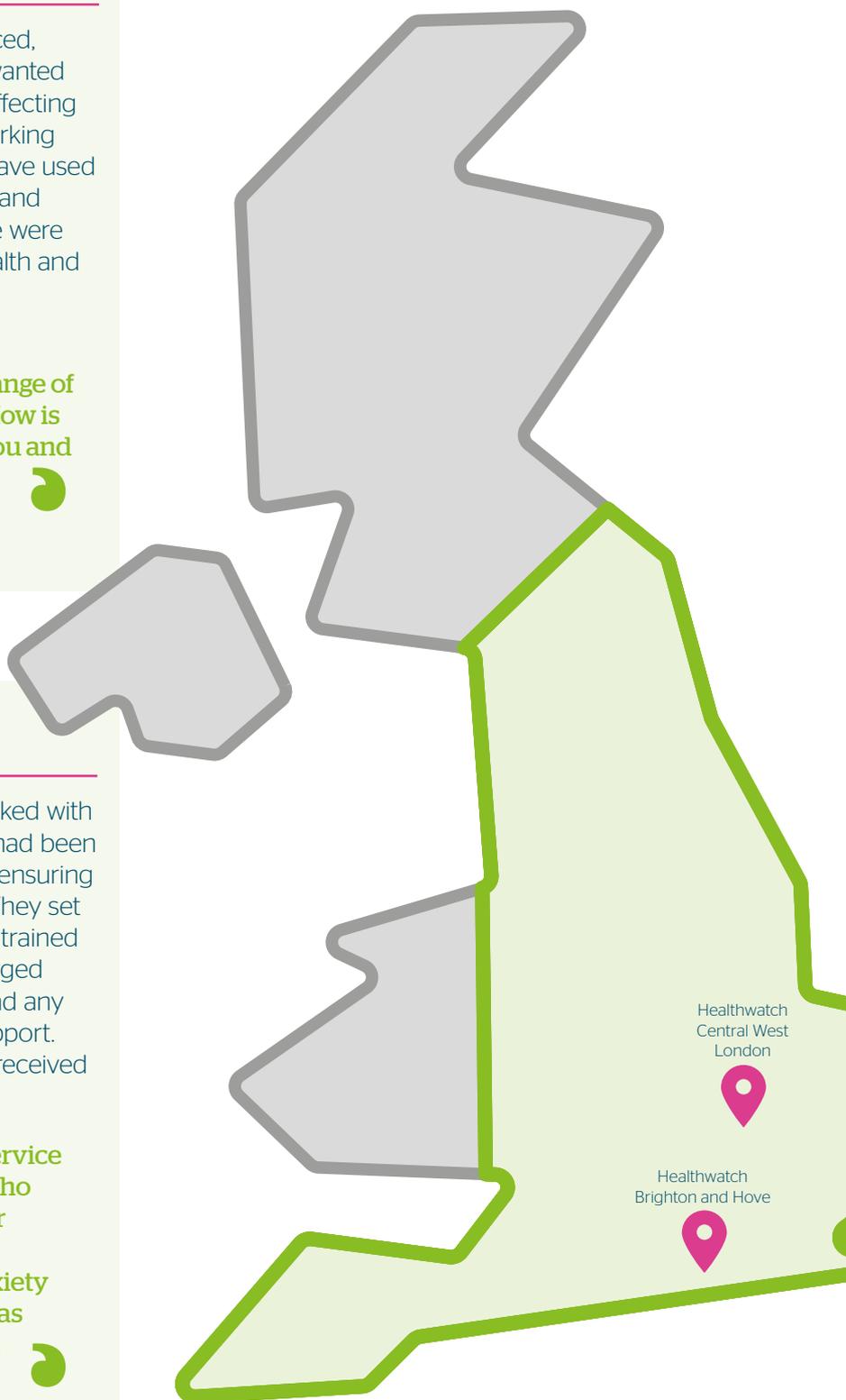
**Eva, Community Engagement Manager.**

### Supporting those discharged from hospital

Healthwatch Brighton and Hove worked with local partners to help patients, who had been rapidly discharged from hospital, by ensuring they were not left without support. They set up a wellbeing check service, where trained volunteers contacted people discharged from hospital to ask whether they had any concerns or needed community support. Between April and September, they received over 1,400 referrals to the service.

**The Healthwatch Wellbeing service put me in touch with people who could help me at home. I feel better supported and more able to live independently. The worry and anxiety initially felt by my family when I was discharged from hospital has been significantly reduced.**

**Feedback from a caller to the service.**



### Keeping health and care professionals informed

Healthwatch Leeds asked people one simple question a week. They used this feedback to share with their local NHS and council leaders the critical problems people had, to improve the support available. This meant they were able to quickly raise issues like:

- Some care home workers not being able to use drive-through COVID-19 testing centres because they don't have a car.
- People in care homes and sheltered accommodation not always being able to see a GP.

By sharing people's experiences, we can show the reality of working and being cared for on the frontline, meaning leaders in the NHS and social care sector can make decisions grounded in what people want to see from services.

Hannah, Chief Executive.

### Recruiting local volunteers

Healthwatch Bracknell Forest realised they needed a collaborative community effort to ensure everyone could get the help they needed. In just two weeks they managed to bring together a team of 1,500 volunteers.

Our volunteers ... help collect people's shopping or their medication. We've also set up a 'buddy' scheme for those who have been identified as most at risk...so our volunteers can provide comfort and help over the phone and identify any further needs they might have.

Mark, Project Manager.



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# Looking to the future

**Imelda Redmond CBE, National Director,  
Healthwatch England**



Public involvement in health and care is critical to overcoming our society's challenges. This is why, when I first joined Healthwatch, we invited public, staff and volunteers to help shape our five-year strategy, ensuring everything we do is guided by those we serve.

## Our journey so far

**Our strategy, which launched in 2018, focused on three important elements:**

- 1** Support more people to have their say and provide clear information and advice to help them take control of their health and care.
- 2** Provide an effective, high quality local service, building our network's skills to achieve change together.
- 3** Work hand-in-hand with professionals, providing useful insight, to improve the planning, delivery and support of health and social care.

I'm tremendously proud of the milestones we have achieved so far. For example, last year Healthwatch made over 5,000 individual recommendations to services about improvements people would like to see. This is a testament to our staff and volunteers' hard work, the public's desire to get involved, and professionals' willingness to use our evidence to make support better.

The value that public investment in Healthwatch has delivered came into sharp focus during the COVID-19 pandemic. Our network, located in every part of England, quickly mobilised staff and volunteers to support local community efforts – from bringing together a team of 1,500 volunteers in Bracknell Forest to delivering medicine and food parcels in Stockport. We also saw more people than ever access our advice to find the latest guidance and cut through the confusion.

## **Our next steps**

At a time when the nation, and particularly NHS and social care services, face tremendous challenges – not only with the continued fight against COVID-19, but also managing the backlog of paused care – Healthwatch’s role has never been more critical.

Hearing first-hand about people’s experiences and ensuring these are rapidly fed back to decision-makers is essential, so the NHS invests resources well. For example, when unpaid carers told us they were worried about contracting coronavirus and unable to care for their loved ones, we were able to call for this group to be prioritised for a COVID-19 vaccine.

To ensure we are as effective as possible, we have refreshed our strategy in a new direction. Whilst we will continue to support people to have their say, provide a high quality local service, and support professionals to act on what’s important, we have also identified new areas of focus, including:

### **A renewed commitment to tackle inequalities**

Healthwatch has always been committed to tackling health inequalities, but the past year has shown we need to redouble our efforts to champion the voices of those who go unheard. Our first step will be to test new approaches and build partnerships with these communities.

### **Building expertise of patient engagement together**

Our staff and volunteers have been our ears on the ground at the heart of communities, listening carefully to arising issues. However, with the pandemic restricting traditional face-to-face events and an overnight switch to digital, we will ensure our staff have the skills, technology and funding to reach the right people. As part of this, we want to work closely with healthcare professionals to understand the best engagement approaches for different communities, and for professionals to feel confident and have the tools in place to prioritise public involvement.

### **Using technology to spot and raise issues quickly**

Throughout the pandemic, digital technology has enabled us to spot emerging issues quickly through public feedback and share this insight with key decision-makers. The NHS has also made use of online consultations, which have been welcomed by many, offering greater convenience. However, we will continue to monitor whether everyone has a positive experience, particularly when it comes to those who may not have access to online services or know how to use them.



**Imelda Redmond CBE,  
National Director, Healthwatch England**

# Our resources

To help us carry out our work, Healthwatch England is funded by the Department of Health and Social Care. We also receive additional funding from NHS England to support specific public engagement projects.

## Our income and expenditure

### Income

Annual grant (DHSC)	£3,465,934
Additional income	£56,646
<b>Total income</b>	<b>£3,522,580</b>

### Expenditure

Expenditure on pay	£1,953,919
Non-pay expenditure	£1,083,183
Management fee	£485,478
<b>Total expenditure</b>	<b>£3,522,580</b>

### In focus: The resources of local Healthwatch services

Local Healthwatch across the country are independently funded by local councils and supported by staff and volunteers. 151 Healthwatch in England received £25,621,268 from local authorities to carry out their statutory activities in 2019-20.

Healthwatch England also supports local Healthwatch and other organisations by making direct grants, which support specific projects to involve people in health and social care.

### Grants from Healthwatch England to local Healthwatch

Over £500,000 provided in grants in 2019-20 to support the involvement of people in health and care services.

### Funding from local authorities



### Workforce



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# Our Committee

We are governed by a committee who set our strategy, provide scrutiny and oversight, and approve policies and procedures that are needed for us to work effectively. They also spend time travelling around England to hear everyone's views and use this knowledge to inform our decision-making.

## Members

Sir Robert Francis QC, Chair

Philip Huggon, Vice Chair

Lee Adams

Andrew Barnett (until April 2020)

Helen Horne

Amy Kroviak

Andrew McCulloch

Sir John Oldham (from August 2020)

Danielle Oum

Helen Parker

Ruchir Rodrigues (until July 2019)

Liz Sayce OBE (until April 2020)

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# Thank you

Thank you to everyone who is helping us put people at the heart of health and social care, including:

- Members of the public who shared their experiences and views with us.
- All of our amazing volunteers across the Healthwatch network.
- Our colleagues in local Healthwatch.
- The voluntary organisations who have contributed to our work.
- Healthwatch England Committee members and staff.
- The Department of Health and Social Care sponsorship team.
- Other colleagues across the Department of Health and Social Care, Care Quality Commission, NHS England, National Institute for Health and Care Excellence, NHS Digital, NHS Improvement, Association of Directors of Adult Social Care Services in England, the Local Government Association and other statutory organisations who have worked with us this year.

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# References

- 1 Local Healthwatch services reported that in 2019-20, 350,000 people shared experiences of health and social care with them in England (versus 336,000 in 2018-19).
- 2 Local Healthwatch services reported that in 2019-20, over 960,000 people accessed information and advice online, by phone and face-to-face (versus 413,000 in 2018-19).
- 3 Based on unique website page views of Healthwatch England advice and information from May 2019 - March 2020
- 4 Local Healthwatch services reported that in 2019-20, they published 1,998 reports on people's health and social care views, which contained 5,870 recommendations (versus 7,200 recommendations in 2018-19).
- 5 Advice and information content on the Healthwatch England website received 314,538 unique views from April-December 2020.
- 6 245 local Healthwatch reports were published on the COVID-19 related issues on the Healthwatch reports library in 2020. In 2020, Healthwatch England published four national COVID-19 related reports and circulated seven COVID-19 briefings for national health and care policymakers.
- 7 In 2017-18, there were 119.4 million outpatient appointments, of which 93.5 million were attended by patients. NHS Digital, Hospital Outpatient Activity, 2017-18.
- 8 The number of people with dementia is estimated at 850,000. NHS England online.





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