



Don't Forget About Me



A Feedback Report from People with Learning Disabilities, and/or a Sensory Loss and requires additional communication needs.

Inform | Involve | Influence

Don't Forget about ME

Interim Feedback Report

Report To:	Stockport Health and Wellbeing Board
Report By:	Healthwatch Stockport Learning Disability and Sensory Loss Task & Finish Group
Task Group:	Learning Disability and Sensory Loss Task & Finish Reference
Group Members:	Healthwatch Stockport, Stockport Advocacy, Walthew House, CALD, PossAbilities, Pure Innovations, Supportability, Independent Options
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Executive Summary

I am very proud of the voluntary, community and social enterprise [VCSE] sector services in Stockport which support our most vulnerable people to access the health and care services that they need.

Many of our local services go above and beyond to ensure people get the best treatment for them, their families, and carers and when the person does not have a family of their own, they become their extended family.

However, occasionally they are let down by our statutory services, who do not provide a service which is equitable nor fair because of a disability or condition which affects their daily life, for which they need additional support in accessing those services such as routine outpatient appointments.

Periodically we receive feedback from local people and those representing them in the community who feel the service they or someone they care for received let them down. Sometimes a service not booking a British Sign Language [BSL] Interpreter or forgetting to implement a policy which reduces the stress of a busy waiting area, or a member of staff mistaking sensory loss for ignorance.

When feedback comes to us via local groups or organisations we will always try and work collaboratively to support our voluntary sector members to resolve issues within statutory commissioned services.

One of the statutory functions of Healthwatch Stockport is to ensure we monitor services and produce reports with recommendations to commissioners and providers of health and social care. However, the detail is in following up the recommendations and ensuring progress is made against them.

In August 2020 we held a feedback focus group inviting stakeholders from local provider services, carers, and health and social care professionals to provide direct accounts and experiences they have had with someone they care for or directly from the people they support.

Although we heard some examples of good practice within primary care it was isolated to a few specific practices. It was disappointing to hear accounts of poor practice as we want to be able to stand up and make sure our local health and social care system provides the best of care for our communities.

Healthwatch Stockport made a commitment to the participants and groups who took the time out to feedback about their experiences, that with them we would set up a task and finish group to collate their feedback, help them find out more information and present initial concerns to the local Health and Wellbeing Board.

Maria Kildunne, Chief Officer
Healthwatch Stockport

“There is no greater disability in society, than the inability to see a person as more.”

– Robert M. Hensel

1. Introduction

This is an interim report to the Health and Wellbeing Board from the Healthwatch Stockport Learning Disability and Sensory Loss Task & Finish Group about recurring issues being faced by Stockport residents and groups, who they feel they have not been addressed elsewhere.

The members of the task and finish group includes Healthwatch Stockport¹, Stockport Advocacy,² Walthew House,³ Supportability,⁴ PossAbilities, CALD [Carers of Adults with Learning Disabilities], Pure Innovations,⁵ Independent Options⁶ as well as health and social care professionals who have been invited to provide information for the group.

When we reference vulnerable people in this report, we mean people with a learning disability, people who have additional health and social care needs, requiring additional communications support such as a British Sign Language [BSL] Interpreter, and there is some additional feedback from people and carers who have a long-term condition such as dementia. Names used in the feedback sections have been changed to protect individuals.

Healthwatch Stockport has been receiving feedback about the lack of adequate service provision for vulnerable people, who need additional communication support from Stockport NHS Foundation Trust since at least January 2018.

We previously worked closely with Walthew House to raise the concerns of people who have additional communication needs such as those who need to use BSL Interpreters for their outpatient hospital appointments. Walthew House have had several meetings with Stockport NHS Foundation Trust and Healthwatch Stockport have supported them. In 2018 the Deputy Chief Nurse and Patient Experience lead were invited to a meeting with Walthew House to listen to the concerns of people needing BSL interpreters in outpatients, who felt they were let down. The Trust representatives agreed that the service was inadequate and unacceptable, the contract at the time was given as a reason for the poor service, and this was being redesigned with a commitment given that Walthew House staff would be involved. Unfortunately, this did not happen.

Walthew House and Healthwatch Stockport continued to raise the concerns through the trust customer service department and through public questions at the Stockport NHS Foundation Trust Board.

During discussions, and in addition to hospital issues, task group members raised issues around access to annual health checks from their GP practice, cancer screening and flu vaccinations. There is a feeling that our health and social care system is letting them down and services have regressed since the progressive work to improve the lives of people with disabilities began with the introduction of Valuing People in 2006.

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1. <https://www.healthwatchstockport.co.uk/>
 2. <http://www.stockportadvocacy.org.uk/>
 3. <https://walthewhouse.org.uk/>
 4. <https://www.supportability.org.uk/>
 5. <https://www.pureinnovations.co.uk/>
 6. <http://www.independentoptions.org.uk/>
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2. Background

Learning Disabilities

People with learning disabilities receive poorer hospital care than the general population (Heslop et al, 2013; Mencap, 2012; Michael, 2008; Mencap, 2007). The Learning Disabilities Mortality Review Programme (2018) found that the proportion of people with learning disabilities who died in hospital was far greater than the proportion of hospital deaths in the general population (64% versus 47%). Although there are areas of good practice, equitable healthcare for people with learning disabilities in hospital has still not been achieved.

More than 700 people of all ages at Stockport GP practices have been identified as having learning disabilities .

Sight Loss

In the UK, almost 2 million people are living with sight loss.

There are 550 adults in Stockport who are registered as blind and 870 who are registered as partially sighted; the vast majority of both groups are aged over 65 years.

Despite the official statistics showing that over 1,320 adults are visually impaired only 110 are in receipt of social services as a direct result. This represents significant potential unmet need / demand. If populations change as expected there could be an additional 25 people registered as blind and 40 additional registered as partially sighted in the next 5 years.

Sight loss affects people of all ages, but as we get older, we are increasingly likely to experience sight loss. One in five people aged 75 and over are living with sight loss; one in two people aged 90 and over are living with sight loss . Nearly two-thirds of people living with sight loss are women. People from black and minority ethnic communities are at greater risk of some of the leading causes of sight loss. Adults with learning disabilities are 10 times more likely to be blind or partially sighted than the general population .

Hearing Loss

Around 2 million people in the UK have a hearing aid.

Nearly 3.7million people of working age have a hearing loss, of whom 135,000 are severely or profoundly deaf

It is estimated that 1 in 6 people in the UK are deaf or hard of hearing (equating to around 47,000 people in Stockport) but only 710 people in Stockport are registered as deaf or hard of hearing.

7. <http://www.stockportjsna.org.uk/wp-content/uploads/2016/04/JSNA-Digest-Disability.pdf>

8. <https://www.rnib.org.uk/sites/default/files/The%20economic%20impact%20of%20sight%20loss%20and%20blindness%20in%20the%20UK%202013.pdf>

9. <https://www.rnib.org.uk/sites/default/files/Eye%20health%20and%20sight%20loss%20stats%20and%20facts.pdf>

10. <http://www.stockportjsna.org.uk/wp-content/uploads/2016/04/JSNA-Digest-Disability.pdf>

Adults and children who are deaf or hard of hearing face communication barriers which can result in:

Unemployment Isolation Social Exclusion Depression Health inequalities

Under the Accessible Information Standard 2016,¹¹ organisations are required to identify, record, flag, share and meet the information and communication support needs of people with a disability, impairment, or sensory loss.

Healthwatch England have also been looking at what people across the country with a sensory loss or impairment have told us about using services and the steps professionals can take to improve people's experiences of care.¹²

We are all different, there is no such thing as a standard or run of the mill human being, but we share the same human spirit

Professor Stephen Hawking, 2012

11. <https://www.england.nhs.uk/ourwork/accessibleinfo/>

12. <https://www.healthwatch.co.uk/news/2019-07-29/how-easy-use-are-services-if-you-have-sensory-impairment>

3. Methodology

Our approach to addressing concerns is simple. When we receive feedback, we record it in our system. When we receive a pattern that we feel is a cause for concern or a concern from any of our community organisations or groups we will gather as much evidence and feedback as possible to ensure a balance of views.

We will then try and work informally to resolve and iron out any issues. This is usually a conversation, a briefing on the subject or a meeting to put forward our feedback and concerns.

Acting as critical friend, we aim to put forward suggestions from the people who use services to improve provision.

Mostly this is enough, and we can provide insight to initiate a change or an improvement in the system. Sometimes it allows us to understand the system and/or pathway better, so that we can improve our statutory information and signposting service with improved quality and up to date information.

Sometimes it is necessary to go beyond our informal relationships to resolve matters particularly when feedback is recurring about the same issues and it feels like little has been done. Sometimes we do not receive a satisfactory response from the concerns presented.

We were approached by providers of services on behalf of the people they support, along with people who use local services and their carers who continue to have problems with support for additional communication needs and support whilst receiving care in hospital.

As some of these concerns have already been highlighted, and they do not appear to have been improved it was felt that in partnership with Stockport Advocacy would hold an initial focus group and speak to wider representatives within the community and from this focus group a task and finish group was formed.

The purpose of this piece of work is to raise questions to service commissioners and providers about the current state of service provision for people with learning disabilities, sensory loss and other limiting conditions and disabilities. For all of us in Stockport to recognise them positively as legitimate users of health and care services, and with the right communications support, can access these services independently and confidently with or without carers support.

The needs of vulnerable people in Stockport are talked about frequently and put together as one homogenous group, but how often do we actually recognise the marginalised individuals within these ‘vulnerable’ groups?

4. Key Issues

Here are the key issues which have been raised during discussions and conversations with the Task and Finish group members:

People with learning disabilities

Blue Butterfly

Approximately five years ago the Blue Butterfly initiative was implemented at Stockport NHS Foundation Trust. This was part of the reasonable adjustment care plan that should be completed within 24 hours of admission. An electronic flagging system is in place which emails the senior nurse that a person with a learning disability has been admitted to their area. An image of a blue butterfly is displayed on their plasma screen and above the patient's bed. From the discussions during the focus group, it was asked if anyone present had seen the blue butterfly recently, no one had, reporting that staff did not know about it. This initiative appears not to be operating or it is being implemented inconsistently.

Healthwatch Stockport is unaware of the Blue Butterfly initiative, a general internet search for this initiative throws up very little information. To have this type of information would support local organisations to raise awareness amongst people and carers that they can request more information about it when they go into hospital.

The group felt that this is a brilliant initiative and is a valuable communication tool in supporting people with learning disabilities and would welcome some awareness raising about it.

Healthwatch Stockport has spoken with the Trust about the Blue Butterfly who responded with nothing has changed and it is fully operational.

Learning Disability Improvement Standard

The NHS set out a learning disabilities Improvement Standard for all Trusts¹³ - we have asked the trust how they have implemented the guidance and we have received a presentation outlining a training session for staff.

13. <https://www.england.nhs.uk/learning-disabilities/about/resources/the-learning-disability-improvement-standards-for-nhs-trusts/>

Hospital Liaison Nurse

Stockport does not currently commission a Learning Disability Liaison Nurse, unlike other areas of Greater Manchester.¹⁴ A hospital liaison nurse had previously been employed, who worked very well in terms of bridging the gap between carers, the person they care for and the hospital staff teams. The members of the task and finish group highlighted the importance and value they placed on this role as outlined above. It was noted that also a learning disability nurse was placed on the psychiatric wards for patients who also had a mental health illness, which was also highly valued.

We have a Community Learning Disability Nurse, employed by Stockport Council, whose role is widely revered and has done excellent work in the community for example, collaborating with GP practices to increase their annual health check invitations. However this cannot be a replacement for a protected hospital liaison role. The group were concerned this role will not be covered whilst the current staff member takes maternity leave in the New Year.

Nor has an Epilepsy Specialist Nurse been commissioned in Stockport. It would appear many other areas across the country have benefited from employing a dedicated nurse, nurses, or coordinating team for these conditions/disabilities.

The best outcomes for the health of people with learning disabilities have been trusts where senior management support has been embedded within trust structures and a network of champions¹⁵ throughout the trust have been recruited from a wide range of staff and volunteers .

Annual Health Checks

The group talked about the annual health checks¹⁶ for people with a learning disability and being invited to attend an appointment. This depends if the person with a learning disability is on their GP learning disability Register. GPs receive additional payments for health checks, but it is not mandatory for them to invite patients.

Data has been shared with Healthwatch Stockport, which show how many invitations for annual checks GP practices have made. The disparity is quite significant. However, other factors such as how big a practice is and how efficient the practice is at submitting their quarterly returns can affect the performance of the practice.

14. Healthwatch Stockport is in the process of auditing which areas across GM, Cheshire and Derbyshire have hospital liaison nurses/teams and the roles they undertake.

15. [NIRH Journal and Nursing Times](#)

16. https://www.england.nhs.uk/wp-content/uploads/2020/08/v1.17_Improvement_Standards_added_note.pdf

Annual Health Checks cont,

The group emphasised the importance for fair access to all and ensuring that all people with a learning disability are invited to an annual health check and that they are encouraged as much as is possible to attend or at least have a conversation with their GP.

Particularly during the coronavirus outbreak, NHS guidance states it is essential that annual health checks continue to be carried out.

The group praised the benefits of a 'Health Action Plan'¹⁷ which were introduced as part of the Valuing People white paper 2006 to support addressing inequalities. The group felt these go some way in providing a person-centred approach to providing care for someone with a learning disability. However, in recent years they report a lack of use and implementation, which they refer to a major issue across Greater Manchester.

Flu Vaccinations

People with learning disabilities are entitled to a free flu vaccination¹⁸ and from conversations with the learning disability nurse and providers, there is still some confusion in primary care regarding this. It is not promoted at the same level as it is for older people and some service users have reported having to wait until the over 65s have had their jabs or having to check if they are entitled to have one.

Screening Services

Screening services were mentioned briefly and need to be explored more fully in terms of whether they are fully accessible for vulnerable people.

17. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/250877/5086.pdf

18. <https://gmprimarycarecareers.org.uk/wp-content/uploads/sites/6/2020/09/20200810-LD-Toolkit-AUT.pdf>

Examples of Feedback:

Susan [from a provider organisation] recalled incidents when two of their residents were in hospital and required moving and handling. Susan's colleagues had to show hospital staff how to use the mobile hoist. They had no idea if the hoist had been serviced. The wheelchair of one of the residents couldn't be found following their transfer to another ward. The home manager on asking about the chair was advised to return to the previous ward where it must have been left, to find it. Having spent time looking for the chair on the previous ward, it was then found in the storeroom of the new ward. No member of staff was aware of this and yet this was a vital piece of equipment in terms of the individual's postural management and support during eating and drinking.



The Nurse said *"we're glad you're supporting peter as we don't have sufficient training ourselves"*

Liz took her daughter who was clearly unwell, into the Emergency Department, she mentioned to the desk nurse that there will be a Blue Butterfly on the top of her notes. The nurse looked blankly at her and replied that she had never heard of the Blue Butterfly. Liz and her daughter then had to wait in the Emergency Department for hours whilst her daughter was terrified of another patient who was drunk and lying on the floor at times.



Since Covid-19 James who had no verbal communication and profound learning disability went into hospital, and no one could go in with him. The Carer was then contacted by staff asking, *"is he always this confused?"*

There were numerous communication issues throughout Lisa's stay, we had to fight for a Covid-19 test as we were told *"there's no Covid-19 on this ward"*. If this person had brought Covid-19 back into the residential home, it would have been devastating.



People with Sensory Loss

People who need a sign language interpreter are consistently being let down. Concerns from Walthew House have been highlighted to Stockport NHS Foundation Trust that patients who are deaf are still having to attend appointments with no BSL signer in attendance.

Walthew House continues to phone regularly for deaf clients to make sure that an interpreter has been booked when they have received an appointment letter, as so many people are let down once they arrive at hospital, they are fearful and anxious that an interpreter will not be booked.

Patients are having to make a special journey to Walthew House to see the information officer or are contacting them via text with screen shots of the appointment letter or making a facetime call just to make that call to the hospital to ensure an interpreter has been booked. It would seem sensible that when the appointment letter goes out the hospital could add one line to say that an interpreter has been booked for the appointment.

It is important that an individual's patient records accurately reflects their accessibility needs and that these can be shared effectively with other health and care service providers. No two people living with the same impairment classification are the same and patients would like health and care service providers to recognise this.

People say they can lack autonomy and confidentiality which negatively impacts their independence and cause them to feel that they have limited control over their health and care needs.

Staff awareness of sensory impairments appears to be a continuous issue, particularly especially at the Trust. People told us they would like more staff to ask whether they need help and how their needs can be met.

Examples of Feedback:

One deaf lady at Stepping Hill had asked for an interpreter, and was told not to worry, staff will simply 'point'. Another patient was told the same when attending an MRI scan.

[This is clearly not good practice as it does not allow the patient to ask questions if they wanted anything clarifying or were anxious about a procedure or test etc.]

On one occasion Walthew House was told that it was the patients' responsibility to book a BSL interpreter. When informed it was their responsibility, the staff member replied that she had no idea and would speak to a manager.

Another deaf patient waited 7 hours for an interpreter who never arrived.



A deaf client was taken into hospital (MRI) at the beginning of January, moved to a home in June. At no time was he ever offered or provided with a BSL interpreter. Walthew House provided resources, advice, and guidance and still no communication support was forthcoming.

Inappropriate information was given to patients on several occasions asking them to call the booking line or hospital to make/confirm appointments.

Over the past 2-3 years, Healthwatch Stockport and Walthew House continue to receive feedback regarding lack of interpreters being booked for appointments [at Stepping Hill Hospital and Kingsgate House - with 2 occasions mentioned above at MRI]. Walthew House would be able to produce a detailed log.

Hospital staff are calling out names in waiting rooms, thus deaf people are not aware they are being called.

It was also raised that the wearing of masks during Covid-19 has compounded any previous problems. A consultant was not aware he could wear a visor instead of a mask to help those with hearing difficulties.

A Carer witnessed a nurse accusing patient of ignoring them, when in fact they were non-verbal.

Issues with communication, when Walthew House acting on behalf of a client not being told anything over the phone, so having to visit the ward in person.

These examples are the tip of the iceberg and clearly not acceptable. Walthew House have held several meetings with people they support who are very dissatisfied.

People with Dementia

We have been alerted to communication problems from people with dementia and their carers regarding concerns about arranging appointments and accompanying loved ones for appointments. Healthwatch are due to meet carers late November 2020.

GP Experience

During feedback about the annual health assessments it was noted that for the residents living at Cheddle Lodge, their GP is fantastic and cannot be faulted as they know all the residents well and are extremely responsive in relation to any health issues and concerns generally. However, it is at the hospital where the situation is very different in terms of attitudes, levels of understanding and comprehension about people with learning disabilities and the role of the carers in sharing information, particularly when in an emergency.

Other members reported varying good and poor satisfaction with their GP. Currently there is poor satisfaction with receiving over the phone consultations for people with learning disabilities, with some carers feeling whether they should question any medical advice given during this pandemic so that a vulnerable patient has an advocate who can speak on their behalf from a thorough knowledge of them.

General across all the groups

Staff awareness and training was discussed, and the group thought it would be helpful to be assured of the training programme which was in place for staff around equality and diversity but specifically for people with learning disability and with sensory impairments, initiating/implementing a communications needs assessment.

During the focus group members queried whether all staff within NHS bodies were fully aware of what their statutory requirements are regarding patients with additional needs.

They did not feel assured that all patients were being asked if they have any additional communication needs and queried how these are flagged on IT systems.

The “Hospital passport” is revered by people who hold one and by staff who are aware of its existence as a useful tool for professionals’ and can help deliver care in a more holistic way.

Carers

There was a sense from carers that when they accompany a family member with a learning disability or sensory impairment or other disability, they felt responsible for their care and communication needs. Sometimes felt they were left for longer periods because they were present and able to care for the patient or on occasion they were substituted for interpreters.

Communication between health services and carers can at times be inconsistent with next of kin being incorrect or who have become distant.

This was echoed by some of the formal carers, when they are the main carers for an individual, ward staff have on many occasions have refused to pass on vital information.

A note on Hospital Passports

Hospital passport for learning disabilities are positive and the hospital staff commented they were grateful for it as it gave them some background on the patient. It was felt that they could be added to digital records, but we are unsure how this process is initiated.

Various passports were discussed, there was a general feeling that different types of passports were confusing [carers, veterans, learning disabilities, Dementia, this is me]. Further engagement around their type and function could be carried out, and perhaps benefits sought for having a single patient passport in which relevant sections can be completed and you do not need to have a disability or condition to allow a member of staff to know you are afraid of confined spaces.

Also, it relies on the patient bringing the passport to each appointment or emergency admission - group members wanted to know what process there is for electronic means of recording such information.


It was noted that the patient and carers experience is very different in terms of support in elective and urgent admissions and while a digital copy of the passport is great it needs to be kept up to date. As digital records seem to be the direction records are moving in, this issue needs further consideration.

It was suggested that Healthwatch need to back the use of one patient passport.

6. Next Steps for the Task & Finish Group

- i. The Task Group will meet again in November 2020 and periodically throughout 2021.

Through this task group we will:

- ii. Seek the views of people with Dementia by talking to members of their support group in November 2020.
 - iii. Request an update about the Blue Butterfly Initiative, any audits or evaluation which has taken place. We have requested copies of guidance, policy and awareness raising material.
 - iv. Liaise with the CCG about standards and expectations they have in their commissioning processes with regards communication needs /accessible information standard.
 - v. Ask our Healthwatch Stockport representative who sits on the IT Board for an update on summary care record regarding annual health checks.
 - vi. Work with the community learning disability nurse at SMBC to promote the importance of annual health check invitations from GP practices.
 - vii. Liaise with Viaduct Care to promote annual health checks in their primary care bulletins.
 - viii. Audit other Trusts in Greater Manchester which have a Liaison nurse/dedicated team which supports people with learning disabilities and evaluate impact against those that do not.
 - ix. Offer to act as a focus group for the upcoming Equality and Diversity Delivery System consultation.
- 

7. Recommendations to the Board

With the Health and Wellbeing Board having a remit to improve the health and wellbeing of their local population, the Task Group would like to ask board members the following questions to assure themselves and us that Stockport is improving the health and wellbeing of people with learning disabilities, sensory loss, dementia and other disabilities/limiting conditions.

Questions for the Stockport Health and Wellbeing Board from the Task Group

Is the Board assured that:

- i) Statutory requirements around meeting communications needs of people with learning disabilities, sensory loss, dementia, and other disabilities/limiting conditions are being met within health and social care such as when a person presents at ED or admitted to a hospital ward?
- ii) Staff in health and social care know their organisational policies well enough to put in place the appropriate means to support patient appointments such as British Sign Language Interpreters, implementing blue butterfly etc?
- iii) Staff in health and social care are appropriately trained and have the sufficient awareness to care for people with learning disabilities, sensory loss, dementia, and other disabilities [such as using hoists, storing equipment]?
- iv) Annual Health Checks are carried out equitably to all people with learning disabilities, no matter which GP they are registered with?
- v) Health Actions Plans are being used to provide a more person-centred approach?
- vi) The VCSE sector has sufficient knowledge from services about initiatives such as Blue Butterfly, Forget me not, This is Me, hospital passports etc. to be able to raise awareness and stimulate public awareness and conversations about learning disabilities, sensory loss, dementia, and other disabilities/limiting conditions?
- vii) GP practices/hospital sites are as accessible as possible for people with learning disabilities, sensory loss, dementia, and other disabilities/limiting conditions?

viii) Sufficient arrangements will be made when the community learning disability nurse goes on maternity in the new year?

ix) Stockport NHS Foundation Trust can support patients, staff and carers sufficiently without a dedicated liaison nurse/champions?

x) Stockport has the required allocated resources to maintain quality services for people with learning disabilities, sensory loss, dementia, and other disabilities/limiting conditions?

8. Conclusion

This report demonstrates that there is a need to put a spotlight on learning disabilities, sensory loss and other disabilities and conditions. The importance given to the statutory requirements for people with additional communications needs appears to be declining.

We hope that the feedback provided was sufficient to stimulate the Boards thinking around the ways in which services are delivered to some of our most vulnerable people in Stockport. We would encourage the Board to seek answers as to why patient experience is not as satisfactory as it should be.

Whether we can look to other areas for examples of good practice and/or utilise the feedback we receive to influence the changes needed to improve patient experiences.

We acknowledge the significant pressures the current health and social care system is under, particularly during the coronavirus outbreak. However, the concerns were mounting prior to the outbreak and have intensified during. It is a time when the growing number of people who would otherwise struggle to fully access health care services need extra support.

These issues are more than that of equality; access to good health is a fundamental requirement to fulfil our other needs in terms of employment, contribution, volunteering, social interaction, mental wellbeing and so on.

Healthwatch Stockport will continue to support the work of the reference group and work with local services to encourage them to be more aware of the varying needs of the vulnerable people talked about in this report.

We are committed to preparing a final report in 12 months' time to monitor whether any changes have taken place and if experience has improved for patients.

My impairment is my deaf blindness. My disability is what other people make of it."
— A patient talking to Healthwatch

"My impairment is my deaf blindness. My disability is what other people make of it."

— A patient talking to Healthwatch

Appendix

Appendix i) Dissemination of this report

This report will be distributed to the following:

- Health and Wellbeing Board
- Participants who contributed and provided feedback
- Stockport NHS Foundation Trust Governors
- Stockport Clinical Commissioning Governing Body
- Stockport NHS Foundation Trust Board
- Pennine Care Foundation Trust Board
- Pennine Care Governors
- Viaduct Care Board
- Adult Social Care & Health Scrutiny Committee
- Stockport Adult Safeguarding Board
- Stockport Council [Commissioners, Quality Team]
- Care Quality Commission
- Healthwatch in Greater Manchester
- Healthwatch England
- Sector3
- Healthwatch Stockport website www.healthwatchstockport.co.uk and social media sites



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