



healthwatch
Redbridge

your voice counts

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and social care services
in Redbridge

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ANNUAL REPORT *2020/2021*

healthwatch
Redbridge



Lorraine Silver
HW Redbridge Chair

For Healthwatch, this year has demonstrated the value of independent organisations such as ours, being able to champion the concerns of local people when faced with major changes to health and social care services over which they have no control.

This Annual Report provides an insight into our work this year. We have responded to issues as diverse as hospital discharge concerns, the lack of blood testing (phlebotomy) services within Redbridge, Care Home support during the pandemic, and the access to GP services. Our organisation has not stopped working but has revised its work programme to continue responding to the concerns raised.



Cathy Turland
HW Redbridge CEO

We appreciate the work and effort our staff and volunteers have put in to ensure our organisation has risen to the challenges of remote working and ensuring the voices of under-represented communities are still being heard. Most notably, it is important to highlight the work of our small staff team who, despite being under-staffed for most of the year, has risen to the challenge and worked really hard to complete our work this year.

We have also faced challenges within our own organisation where some of our board members made the decision to leave for various reasons. We cannot thank them enough for the many years they have given to the organisation. If it were not for their support, our organisation would not be as strong as it is today.

Lorraine Silver - *Chair*

Cathy Turland - *Chief Executive*



Our reports have tackled



Care homes



Blood testing concerns



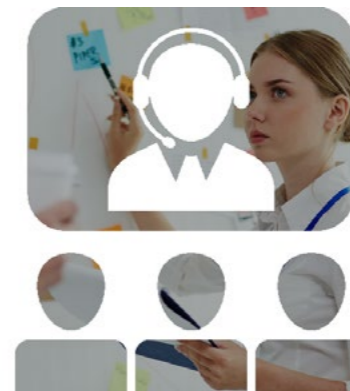
Covid-19



GP websites
GP appointments



Our 25 volunteers completed **743** volunteering hours



We spoke to **82** people in online focus groups. (*not many of our community organisations or Patient Participation Groups seemed to be holding virtual meetings*)



166 people responding to our Covid-19 vaccine survey gave us their contact details and said they were interested in providing more feedback on it and other subjects



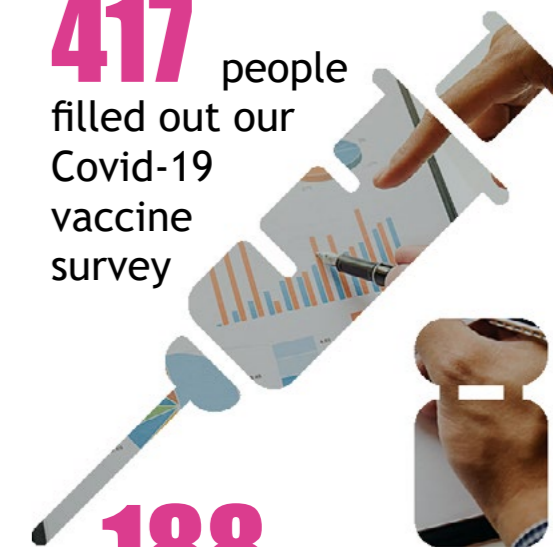
We signposted **141** and we helped people access health care information and local support



We published **6** reports with details about improvements people would like to see with their health and social care



99 people completed the 'Voices of Disabled Residents' questionnaire



417 people filled out our Covid-19 vaccine survey

188 people responded to our Covid-19 survey



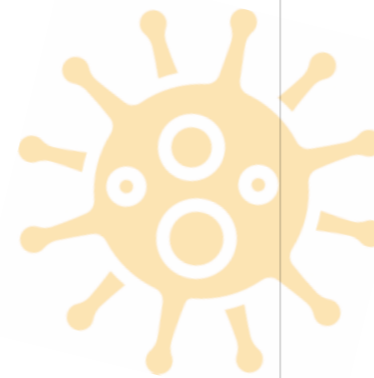
Who we are

We are the independent champion for people who use health and social care services. We're here to make sure that those running services put people at the heart of care.

Our sole purpose is to understand the needs, experiences and concerns of people who use health and social care services and to speak out on their behalf.

We focus on ensuring that people's worries and concerns about current services are addressed.

We work to make NHS and care services right for the future.



How we work

We are here to listen to what you like about services and what you think could be improved. No matter how big or small the issue, we want to hear about it.

Where possible, we will let you know when changes are planned to services in our community and help you have a say. We will also encourage those in charge of local care to involve you when changes are being planned to services.

You can also speak to us to find information about health and social care services available locally.

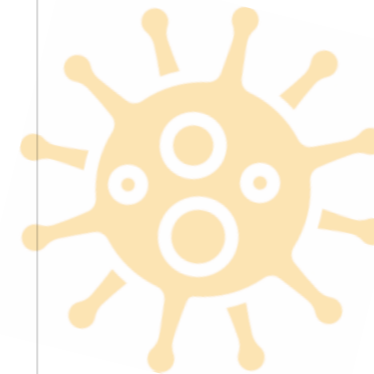
We champion what matters to you and work with others to find ideas that work. We are independent and committed to making the biggest difference to you.



Introduction

In March 2020, our future work programme was significantly revised to respond to the immediate requirements of the emerging Covid-19 pandemic. We adapted to new working practices and responding to patients, carers and service users' concerns and need for information. Staff have worked from home all year, with access to cloud-based IT systems and re-directed phone lines.

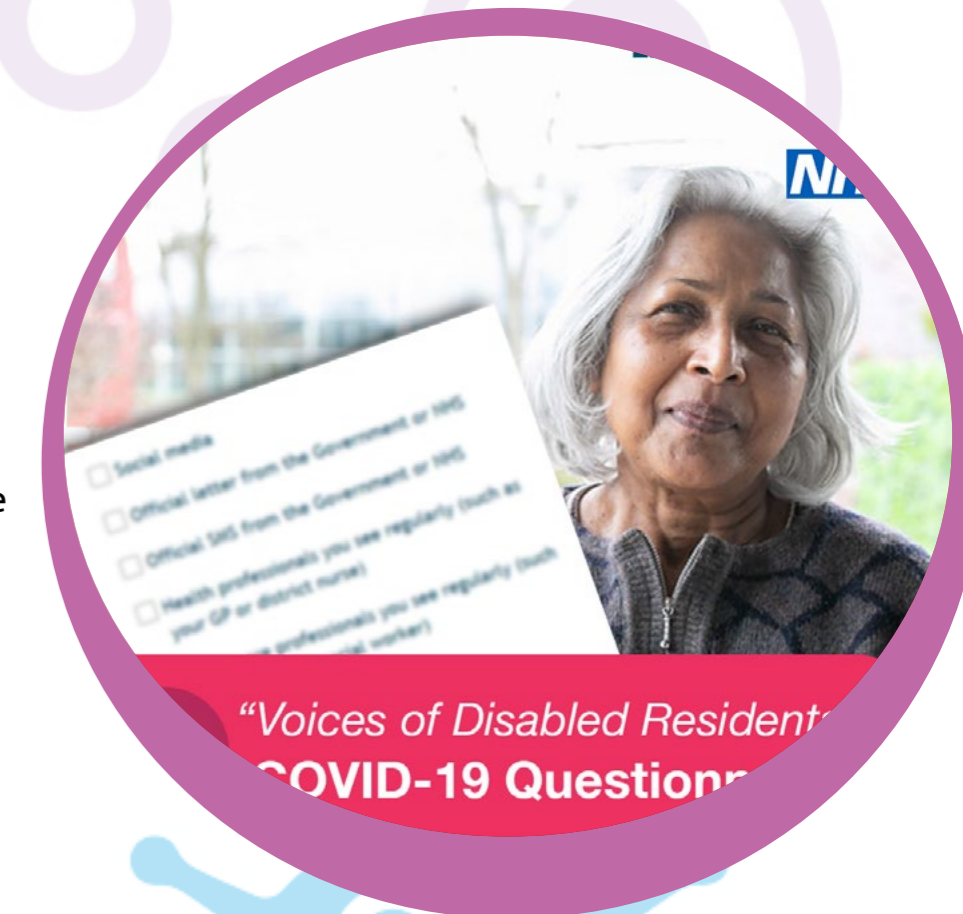
We increased our social media presence to ensure local people had access to updated and current information provided through trusted sources such as Redbridge Council, Public Health Redbridge (PHR), NHS England, Healthwatch England (HWE), Barts Health Trust, Barking, Havering and Redbridge University Trust (BHRUT), and the Barking & Dagenham, Havering and Redbridge Clinical Commissioning Group (BHRCCG).



Information was regularly published across local newspapers to ensure people with little or no access to social media, were kept informed.

Although initially paused, local statutory committees such as the Redbridge Health and Wellbeing Board (RHWB), Health Scrutiny Committee (HSC), Clinical Commissioning Group (CCG) Governing Body, Primary Care Transformation Board (PCTB) and Redbridge Safeguarding Adults Board (RSAB) began to hold their formal meetings online. A member of the Healthwatch board sits on these groups and provides an important link to user involvement and engagement.

Healthwatch Redbridge met (online) with neighbouring Healthwatch, sharing information and identifying shared service concerns.



Our Covid-19 response

Healthwatch Redbridge was part of the Covid-19 Pandemic Committee which helped us highlight current local issues or concerns related to the pandemic. Regular online meetings took the place of face-to-face events with various community and statutory organisations.

We initially discussed seconding our Volunteer Coordinator into the volunteer centre at RCVS but this was not deemed necessary, however we continued to support the drive for volunteers for a number of months, offering appropriate support as requested.



Our response to the pandemic has seen many concerns raised immediately with the appropriate statutory organisations with many wide-ranging issues, concerns, and requests for information or support. Our staff were able to signpost a lot of people to the appropriate service or request additional information and provide feedback to the individuals concerned.

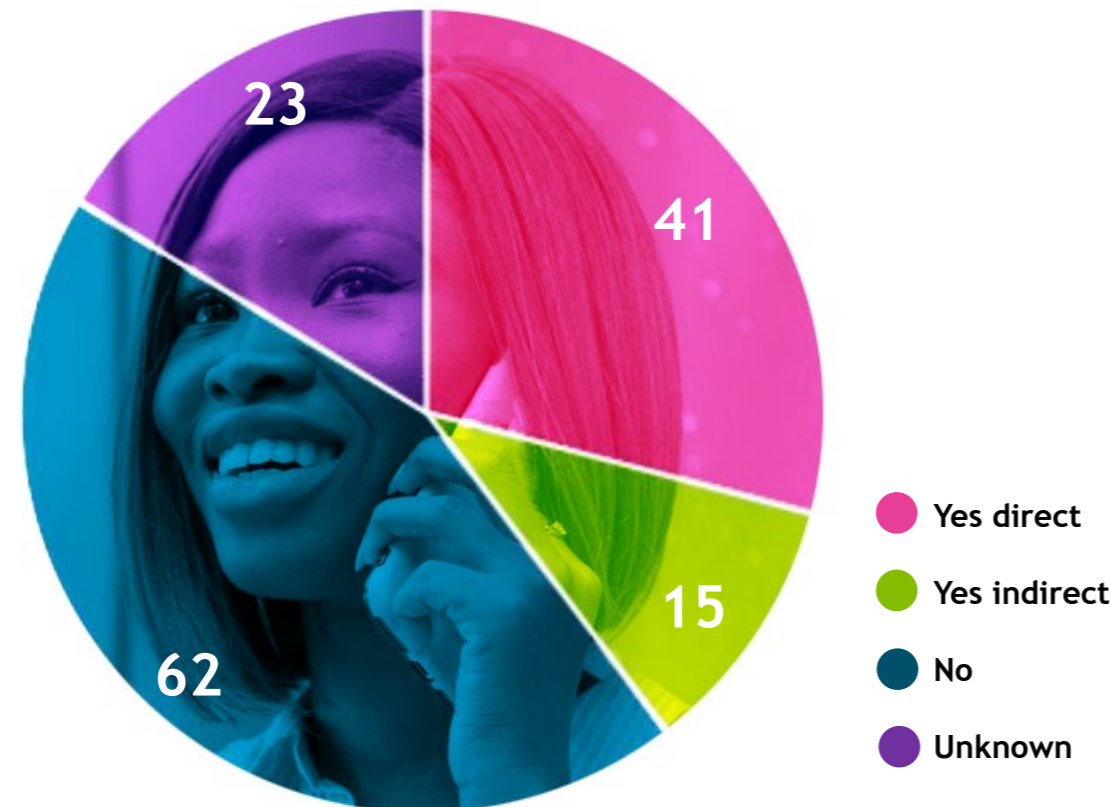
Various projects emerged during the year in response to engagement and feedback received and are shown on the following pages.



Signposting 2020-2021

This last year has seen an increase in signposting enquiries from 84 in 2019-2020 to 141 in 2020-2021. (An increase of 67.85%)

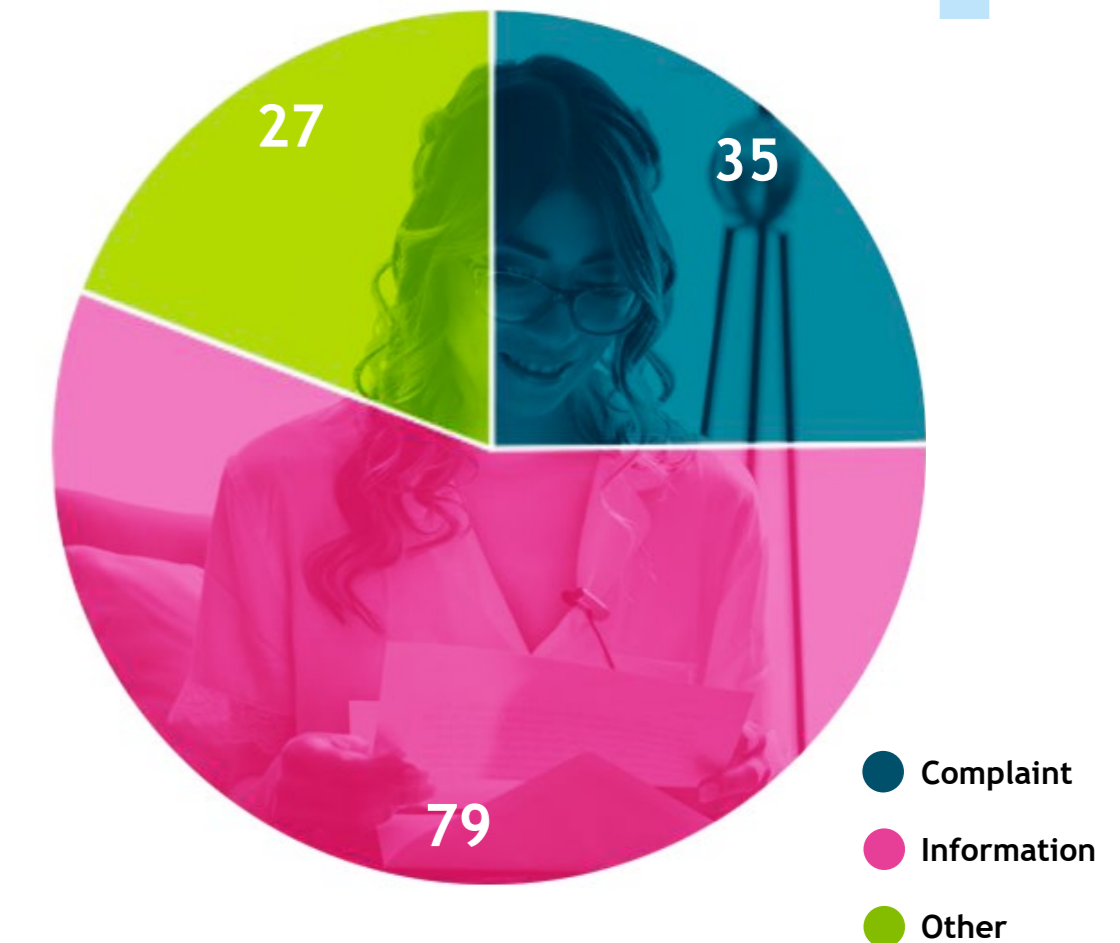
Number of Covid-19 related signpostings



Was the signposting a complaint or a request for information?

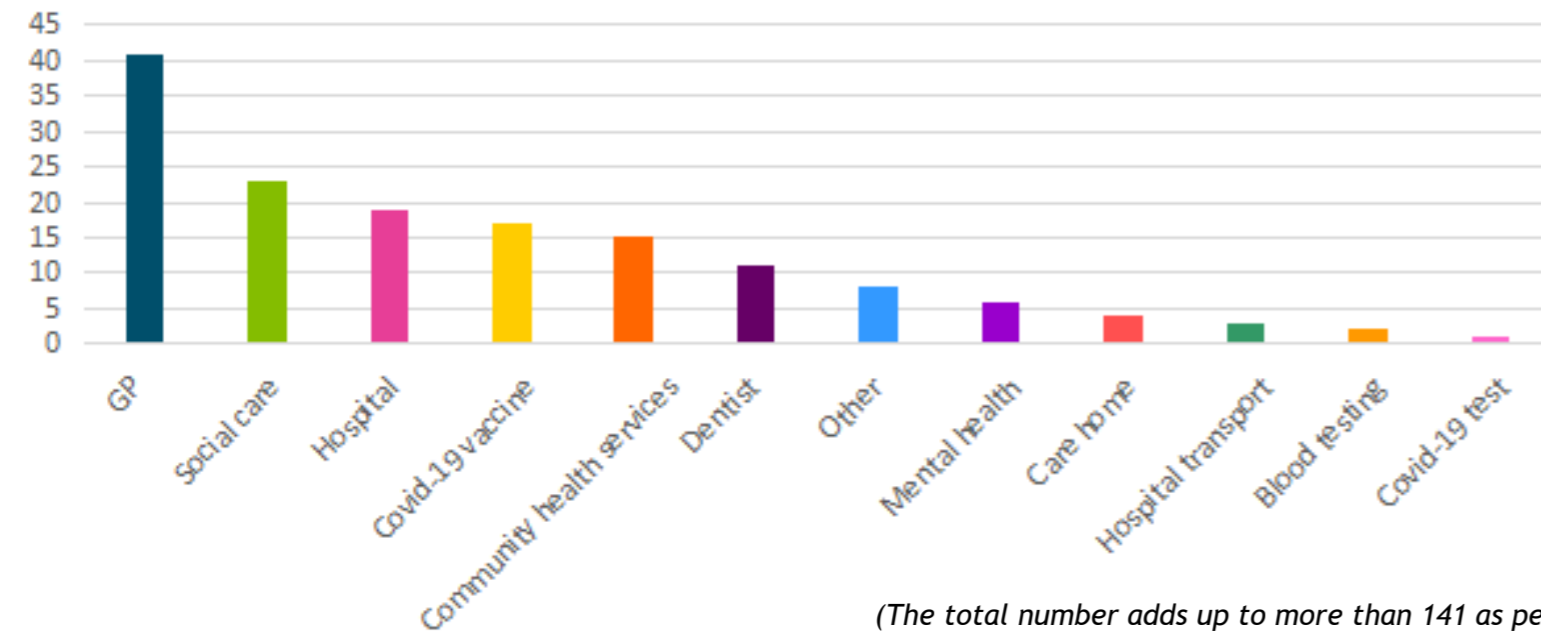
Of the 141 signpostings, we received 41 (29%) direct Covid-19 signposting queries which included requests on the Covid-19 vaccine, shielding and support available for those shielding or who are isolated. We received 15 (11%) indirect Covid-19 signposting queries which included people contacting us regarding delays to their appointments or appointments being cancelled or people not being able to access services.

Of the 141 signposting queries we received during this last year, 35 (25%) were people wishing to find out how to make a complaint. The majority of these were about people not receiving the care or treatment they expected to or people who were unable to access services.





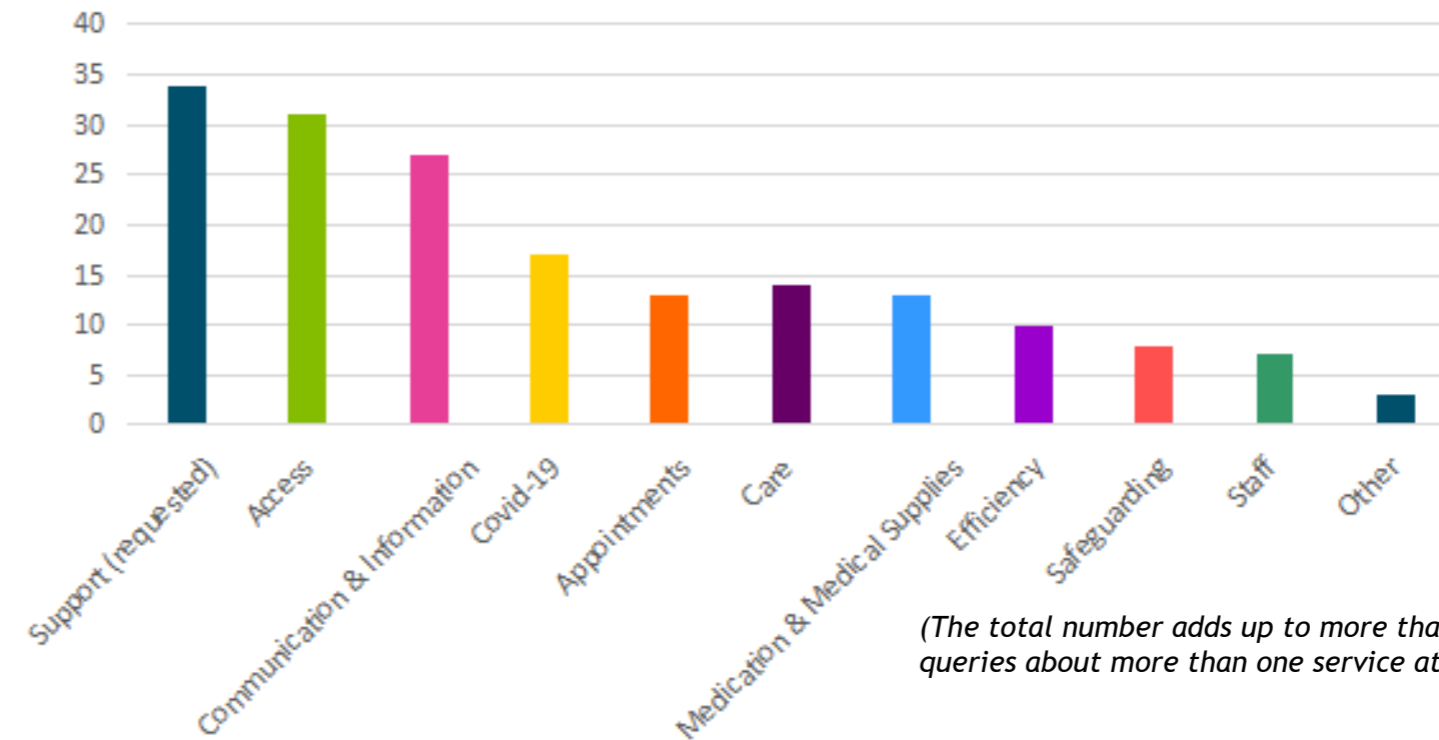
Number of signpostings by type of service



(The total number adds up to more than 141 as people raised queries about more than one service at a time)



Number of signpostings by issue



(The total number adds up to more than 141 as people raised queries about more than one service at a time)

GPs were by far the service we received the greatest number of signposting queries about. The queries ranged from people wanting to make complaints to people raising concerns about not being able to access their GP to queries regarding medication.

Social care was the service with the next amount of queries. Half of these were people requesting support from services.

Hospitals was the service with the third most signposting queries. One third of these were people complaining about inadequate care.

This last year, we received more queries regarding dentists (11) than we would normally receive. The majority of these were from people who could not book an appointment with their dentist or access a dentist if they did not already have one.

Support was the issue people contacted us about the most. Perhaps surprisingly, only one third of these were Covid-19 related. The majority were requests for support with day-to-day living such as being able to move around more easily at home (mobility), information on local community support groups providing support on various long-term health conditions and support for people who were isolated.

This was closely followed by the issue of access which

included a combination of requests for how to access certain services, people not being able to get through to services and services not being open for people to book appointments.

The third most requested issue was that of communication & information. People contacted us where there had been a lack of or poor communication from a service provider or they wanted information on a service.



"I'm very grateful for all the advice you gave me. The surgery never said anything about E-consult before, even when I went to the surgery a couple of times in person to book an appointment for my daughter. I told them it was very hard for me to call at 1.30 to book an appointment but still they didn't try to help me with other options I could have used.

I am already registered on the NHS app, but as you know that's only for me, not my children.

If the surgery had informed me of alternative ways to book an appointment, I would have done it 2 years ago. My poor child has been waiting for no reason.

Anyway, following your advice, I used e-consult straight away and today I got a call from them to book an appointment for my daughter, which is next week. I am so grateful to you for helping me out and taking this huge burden off my shoulders, especially in these awful circumstances when we're all under a lot of stress.

You're a lifesaver. Once again Thank you from the bottom of my heart.

Kind regards,"

- Mrs C

A woman contacted our Healthwatch office as she was concerned she was unable to confirm her smear test. She was specific that she wanted a female to perform the procedure but was concerned the surgery was not willing to confirm this. We advised her to contact practice manager and raise the issues with them.

The patient let us know that she had followed this advice and was pleased that her concerns had been addressed in full. The practice manager had re-booked the appointment and ensured the patient was aware of who would perform the procedure ahead of time.

"Healthwatch agencies and their work should not be underestimated.

Just you listening to me and understanding me lifted me and helped me to see there is a way of solving my complaint without feeling stressed. I felt heard and happy living in Britain.

If I can be of any help in writing a review or any way of supporting your work please do not hesitate to ask me.

Kind Regards,"

- N

Hospital services

In early April, concerns were raised by relatives regarding Do Not Resuscitate (DNR) requirements. The issue was identified by several Healthwatch organisations across the country and raised with the Department of Health by our national umbrella organisation Healthwatch England.

The regulations were reviewed and clarified for all NHS trusts giving relatives and health workers clarity when dealing with what were extremely stressful situations.



“...I know many relatives and friends are worried about Do Not Resuscitate (DNR) orders at a time when they cannot be with their loved ones. Such decisions are made in line with guidance from the Royal College of Physicians, which reminds doctors of the importance of discussing this with individual patients and their carers, ensuring their wishes, regarding ongoing care and their decisions are clearly documented...”

- Tony Chambers, Chief Executive, BHRUT, NHS Trust

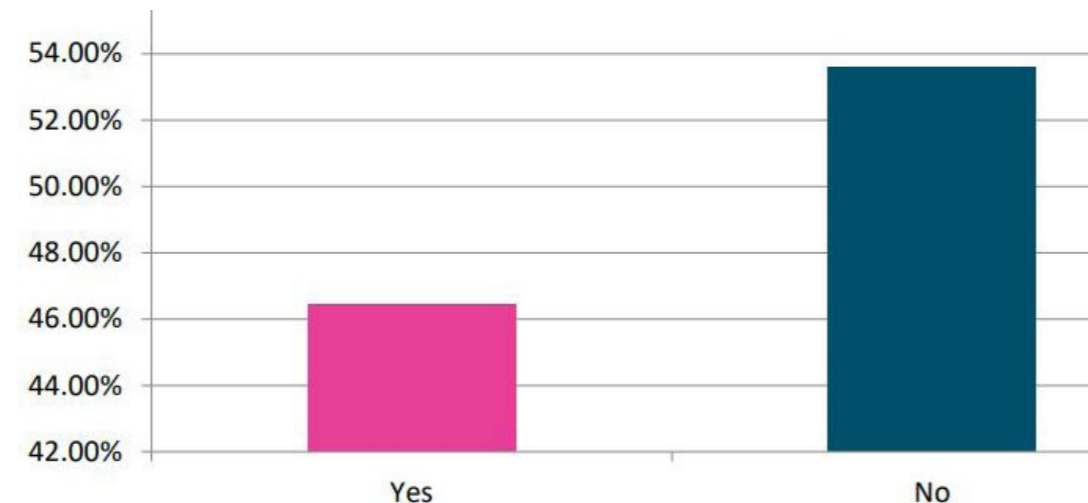


Care homes- Covid-19


Although national guidance required all hospital patients to be tested for Covid-19 prior to discharge; we were alarmed to discover many vulnerable patients were being discharged before the outcome of the test was known.

Some elderly and frail patients were being discharged to care homes without the outcome of the test results being known. It also transpired patients could still be discharged into a care home with a positive result.

Have you, or would you accept a resident being discharged from hospital who had tested positive for Covid-19?



(We received 28 responses out of 31 to this question)



“We would accept residents who have tested positive. Any admittance (at all) would have to go into self-isolation for 14 days.”

We were anxious that care homes were not being given enough support within the pandemic. We carried out a survey to ask care home managers and staff what their concerns were. The survey was conducted via telephone interviews across 31 care and nursing homes for people who were elderly or had conditions such as dementia or learning disabilities.

Our [initial findings](#) raised concerns about the lack of appropriate testing, overworked staff, and the scarcity of PPE (personal protective equipment).

Our concerns were escalated to Healthwatch England and our local Healthwatch colleagues. This led to a local review

of the guidance and additional support being offered.

All patients are now tested, and we are assured that they are provided their results before discussing appropriate discharge processes.

We [re-surveyed care homes in June](#) to identify if their concerns had been addressed. Public Health Redbridge supported the survey and provided immediate responses in support of any additional concerns raised.

We presented our updated findings to the London Care Home Oversight Committee which were well received. We have also joined the Care Home Provider Network covering the Barking, Havering, and Redbridge area.



Blood testing services

Many people started to contact us, increasingly concerned that they were unable to book essential phlebotomy services (blood tests) across the borough.

We investigated the lack of appropriate service levels and wrote to the Clinical Commissioning Group (CCG) to raise our concerns. Working closely with the Redbridge Health Scrutiny Committee (RHSC) and the CCG, we were pleased to see the level of phlebotomy services rise in the borough with more access to walk-in and online appointments.

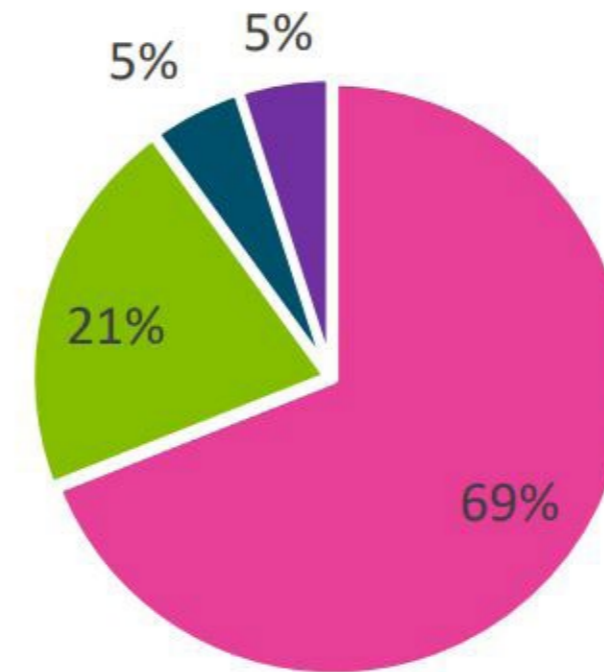
However, we are also aware that the service increase is temporary and have highlighted this concern to the RHSC and Health and Wellbeing Board and will continue to monitor the situation and report our findings.



Accessing GP services - appointments

Many people raised concerns regarding the access to appropriate GP appointments. Some were concerned they were unable to request face to face appointments when they felt they were necessary. With the help of our volunteers, we contacted most practices across Redbridge to identify how patients could access the service. Several volunteers expressed their personal frustration at not being able to get through to practices or being kept on hold for a long time.

“The surgeries are obviously busy but are pushing people towards too much technology. I wonder what might be missed and how older people will cope.”



How quickly patients can expect to receive a face-to-face appointment

- On the day
- Within 24 hours
- Within the week
- GP will book



We made various recommendations including:

- Pre-recorded telephone messages should be revised to ensure they are not too long as many callers found it difficult to remain focused.
- Telephone systems need to be reviewed and fit for purpose as we found many were unable to cope with call volumes.
- It was difficult to assess the level of digital exclusion across the borough as there was no accurate data available.
- Online (E-consult) systems are not offered in other languages or access options which can make them difficult to use.

Although we heard many positive comments about the increase of virtual appointments systems, we remained concerned that many people were unable to engage online for various reasons.

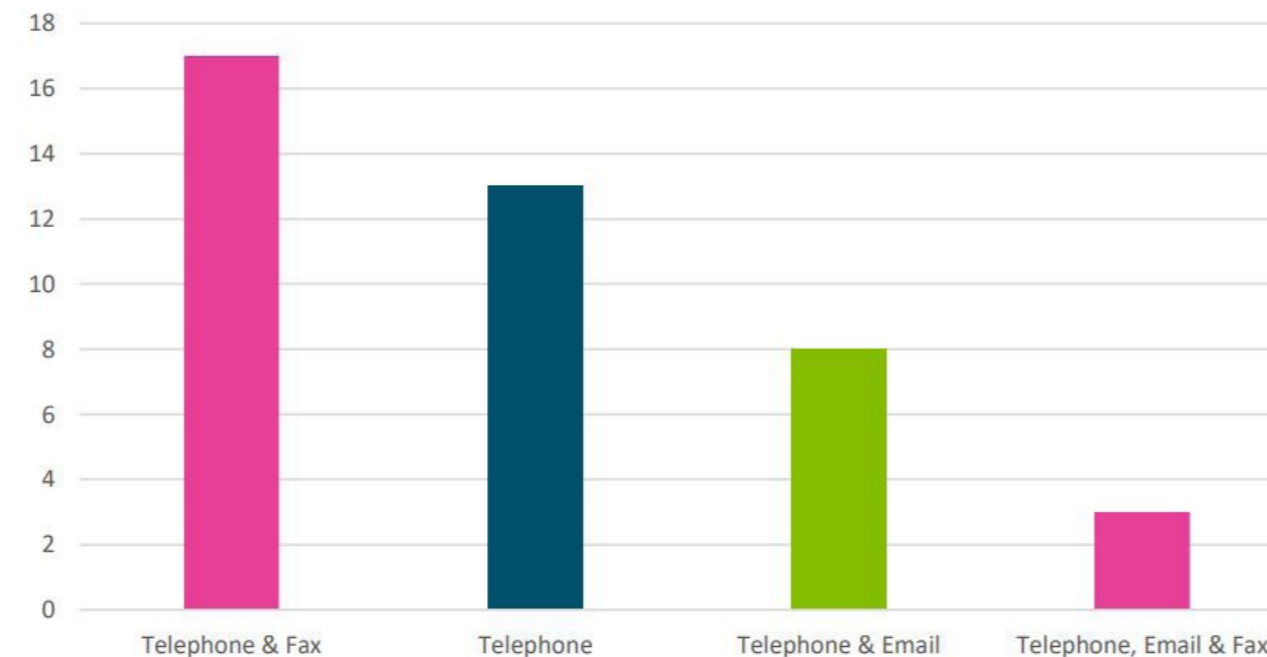
People also explained how difficult it had been to contact their doctor. In some cases, it was taking more than five attempts and sometimes up to three days to get a response on the phone. Some patients gave up trying, which was probably the most worrying concern.

[Our findings](#) were presented at the Redbridge Health and Wellbeing Board, reported to our local COVID Board, and presented as part of a Care Quality Commission (CQC) webinar with other local Healthwatch from across the country.

Accessing GP services - websites

We received several concerns through our signposting service that many people were having difficulty navigating the online services offered by GP's. With this in mind, we carried out an [audit of GP websites](#) to establish whether the service provided enough information and opportunities to access other services online.

How can the GP Practice be Contacted?



We made the following recommendations:

- GP practices should seek to publicise their website address and ensure it is easily accessible to patients.
- All practices should have a website with up-to-date information.
- The website should be easy to find and accessible.
- Information should be easy to find and not buried within the website.
- Practices should offer an email address as an alternative method for contact.

“Took a little time to find website. First directed to NHS Choices site but information very poor. If you really look there is another link to their own website which is more comprehensive.”

Thank you very much that is really useful I will make amends to the website to make sure that it is easily accessible.

Many thanks again,

- Practice Manager

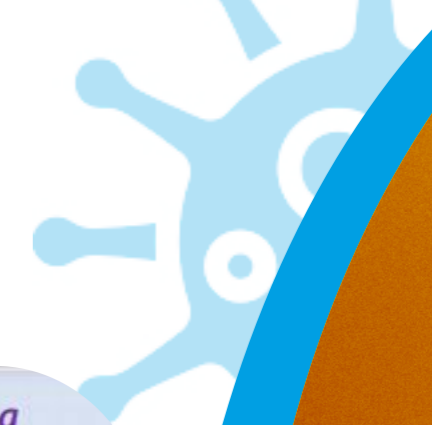


Covid-19 survey

As the numbers of Covid-19 cases began to rise, we created a [public survey](#) to ask people how the pandemic had affected them. This work helped us to provide a local response, but also fed into the national campaign *#BecauseWeAllCare* led by HW England.

The following issues emerged:

- **People at risk of Covid-19 (shielding)**
There was confusion amongst some respondents as they were unsure whether they met the criteria for shielding. We remain concerned that some people may have missed the support they were entitled to.
- **Carers**
Over a third of respondents told us they were caring for someone who would be considered at high risk from Covid-19. Just over a quarter told us the person they care for received a letter or text advising them to shield. Potentially, this could mean that some people might have missed out on support they were entitled to.
- **Mental Health and Wellbeing**
Everyone has been affected by Covid-19. We should not underestimate the impact of the pandemic on the mental health and wellbeing of communities. More support needs to be funded and developed to provide future resilience.

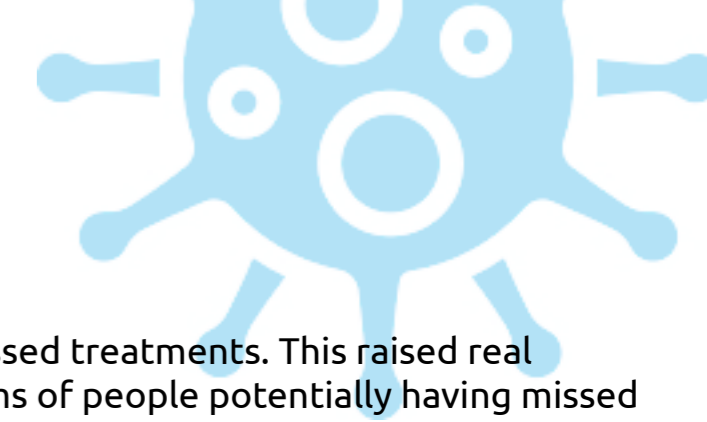


“Although I am a Blue Badge holder, I did not receive a letter from the NHS, which meant that I could not be included in the Government vulnerable register. This meant that, for the first months of lockdown, I could not get a delivery from a supermarket.”

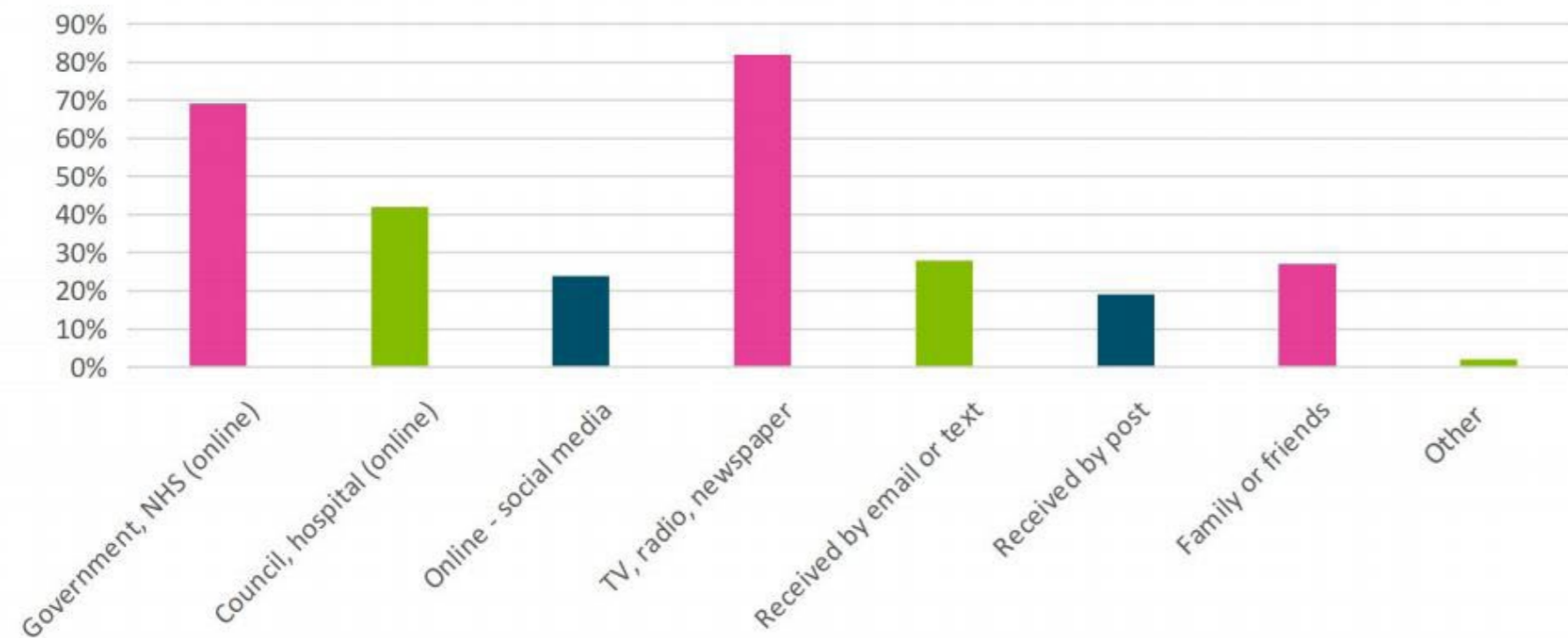
“We are supposed to be in the vulnerable area as both are 78, both have asthma and I have diabetes. We thought we were to get food support but all we got was a phone call after 8 weeks to see if we were ok but only because we both have Blue Badges. Apparently, there were more deserving cases.

“So, with our asthma, diabetes and age related [issues] we weren't in the system some system!”





Where have you found information or advice about Covid-19?



- Communication and Accessing Information**

We remain concerned that some people have struggled to find relevant and up to date information, or access appropriate services during the pandemic.

The move towards more digital based services has had a positive impact on some patients as well as ensuring most practices have been able to continue to offer appropriate appointments. For some though, digital platforms have been a barrier to accessing the right support in a timely manner, meaning conditions have remained untreated.

Information needs to be accessible, up to date and easy to understand for all users. More information must be made available by phone and by ensuring written information is available at public places such as GP practices and libraries etc.

- Medical Appointments**

The range of peoples' experiences clearly demonstrated that some respondents were concerned and confused with the changes to their appointments during the pandemic. Some people told us they had taken a decision not to seek medical support or had

cancelled or missed treatments. This raised real concerns in terms of people potentially having missed diagnosis, delays in seeking treatment, or missing treatment altogether.

- Community Support**

Most respondents felt community support was extremely important. This was something we heard more about during our online focus groups.

- Domestic and Other Abuse**

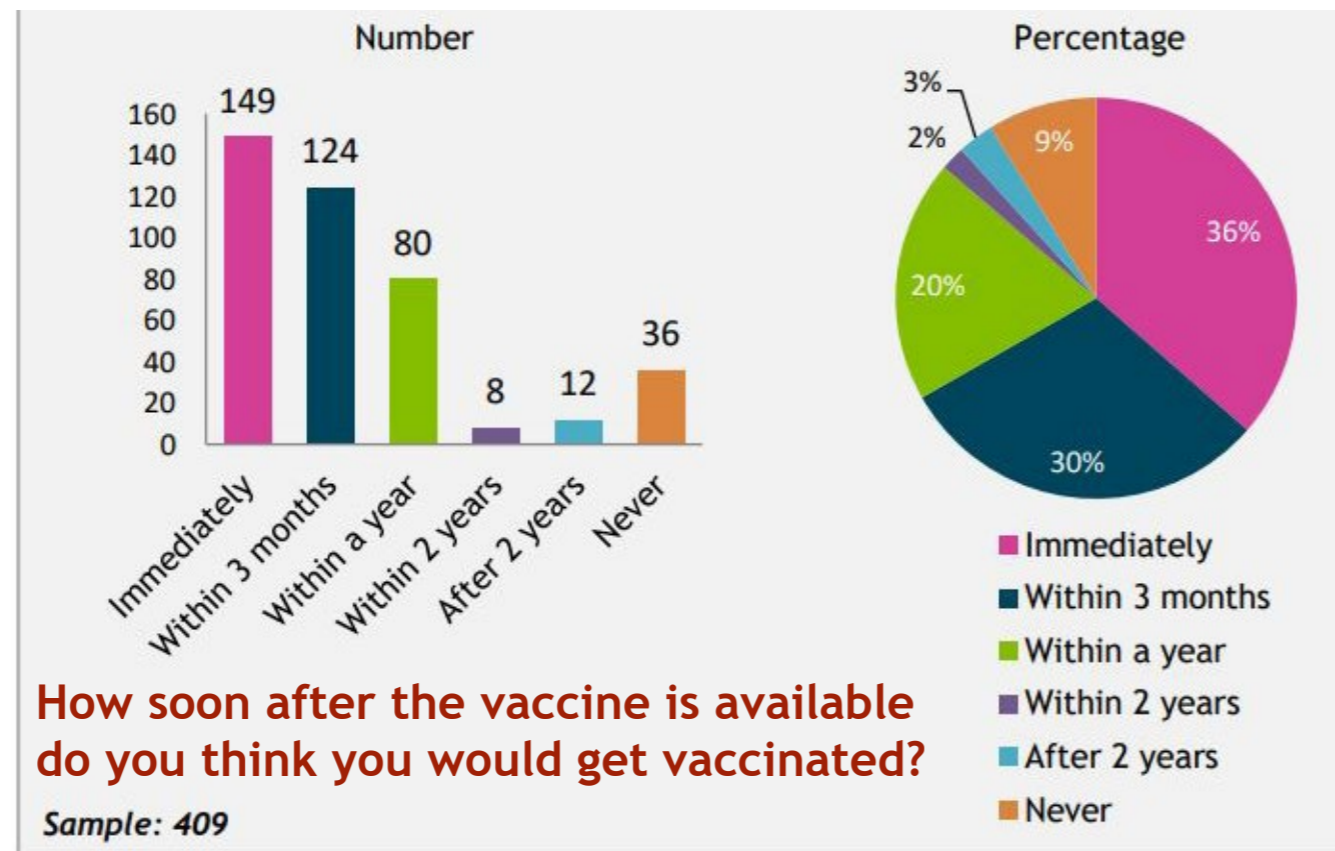
There are concerns that the pandemic could lead to an increase in domestic and other forms of abuse. This was similar to the increases seen at national levels.

The survey ran for three months and included individual responses (188), concerns raised through our signposting service since the pandemic began, and additional responses from a series of focus groups held over the summer.



Vaccine hesitancy

With the introduction of the long-awaited COVID-19 vaccine, we were made aware that some communities and individuals were expressing a reluctance in having the vaccination. This was particularly reflected within some of our ethnic minority communities. We wanted to understand why there might be a reluctance to being vaccinated within these communities, and whether further support and information was needed to ensure people were able to make an informed decision on immunisation.



"I would like to see if the vaccine causes bad side effects before I have it. After being given to people for three months any side-effects should have shown up by then."

Our report was used by our Public Health Team to target their information and support response.

- Over 400 people completed the survey during December 2020 – February 2021.
- Three quarters of respondents (76%) felt able to make an informed decision, on whether to have the vaccine, however about a fifth (18%) felt that information was not sufficient.
- Older people felt better informed than younger people and people from White backgrounds felt significantly better informed than those from ethnic minorities.

"Healthwatch Redbridge produced the evidence to support what the issues were for our residents, and led us to introduce engagement activities such as Zoom meetings for specific communities, and create information in different languages."
- Gladys Xavier - Director, Public Health Redbridge



Accessible Information – supporting Barts Health

Last year, we carried out an [access audit within Queen's Hospital, Romford](#) working with some of our volunteers with communication support needs. This work was widely commended and led to changes being made to ensure Deaf and disabled people were given information in appropriate formats.



This year, we began working with Whipps Cross hospital, as part of the Barts Health Trust, to carry out a similar audit at the hospital. We were also introduced to students from Queen Mary University London, who were interested in carrying out some of the work as part of their final year of a BSc in Global Health studies.

Working with the students we supported them to conduct review. Due to the pandemic, the review was small and involved speaking to staff and service users to understand their experiences of accessible information within the Barts Health system.

The response to this review has identified a need to carry out a wider review once the pandemic restrictions are lifted to ensure disabled people can take part as volunteers. Barts Health have invited the students and Healthwatch to work together on a further review to develop a volunteer led audit of the whole of Barts Health Trust to include all five hospitals.





Volunteers

Once again we have a lot to thank our volunteers for. Without our volunteers' contribution we would not have been able to achieve the quantity and quality of work we have. Due to Covid-19, we have had to be creative in the way we have worked and we appreciate our volunteers' flexibility and resilience in the way they have continued to support us during this last year.

“Since lockdown I’ve been doing some Healthwatch tasks from home and have enjoyed this enormously as I have worked at my own pace and convenience. The most rewarding thing for me is being given tasks of importance despite being a volunteer. Once you retire (as I have) one can easily feel useless and knowing that I am making a difference (however small) means a great deal.”

- Diane, Healthwatch Redbridge volunteer

This last year (due to Covid-19) we have been unable to gather patient experiences of local health and social care services via our usual means of Enter & View visits or Community Outreach engagement. We have therefore had to find other ways to do this and other ways to keep our volunteers engaged.

We have challenged some of our volunteers by asking them to carry out telephone surveys and they have worked with us on several of our projects including a project we undertook fairly early during Covid-19 when we looked at the impact on care homes across Redbridge which culminated in our Report on the [Impact of Coronavirus/Covid-19 on Care Homes](#) in Redbridge, and our follow-on report: [Follow-on Report July 2020](#). For this project, our volunteers spoke to care home managers to hear their experiences. Our volunteers also undertook telephone research when they spoke to GP practices across Redbridge to find out how accessible they were as services started to open up in late summer. Our findings and recommendations are available in our report [Patient Access to GP Appointments](#).

Most recently one of our volunteers has worked closely with us, undertaking lengthy telephone questionnaires as part of the Voices of Disabled Residents Questionnaire. This is the first stage of a project working with seven other local Healthwatch hearing from disabled people across North East London about their experiences of access to health and social care services during Covid-19.



Some volunteers have taken on different challenges, undertaking desk based research for the first time, researching GP's websites in our report [Redbridge GP Website Review](#). Whilst others have developed their skills at gathering patient feedback from various NHS feedback websites.



“My first foray into the telephone surveys at the beginning of the lockdown was to a selection of care homes.

There was some confusion over accepting people being discharged from hospital. I felt at times that there may have been other problems which were not being acknowledged.

Next was the very mixed bag of GP calls. The initial call was sometimes very frustrating as a vital part of the phone answering service was missing so I was put into a ‘loop’ until about 30 calls later. How would you feel if you were ill and it was so difficult? My questions were all answered and there seemed to be good systems in place to accommodate very quickly the patient’s needs. But my next survey showed that this was not what a lot found in practice.

I was humbled by my third set of calls. The recipients of my calls were so varied, from coping with an amazing number of disabilities, to appalling feelings of depression because there was a lack of progress to improve matters. I realised that 2/3 of the call was just listening and having a chat and these I really enjoyed. The perception in some people’s minds was that their GP was unavailable and that the surgery was shut and going to A&E was not an option for them. It was a real privilege to be part of this survey.”

- Margaret, Healthwatch Redbridge volunteer

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Another volunteer has utilised her skills and experience well, enabling her to confidently volunteer from home.



“I have been volunteering for Healthwatch Redbridge for over a year now. I initially joined as Website Support but quickly utilised my background in data analytics to also identify key insights from various ongoing survey results. This became especially useful during the height of the pandemic last year when Healthwatch Redbridge was conducting an extensive survey of local care homes. Survey information needed to be analysed and presented quickly at the time, and we were quick to highlight issues regarding lack of PPE as well as testing and isolation of residents. Being part of a team that was seeing the effects of the pandemic first hand like this was one of the most memorable and interesting projects I have ever been a part of.”

I feel volunteering at Healthwatch Redbridge has been a very rewarding experience overall. I have gained a lot of new knowledge of the healthcare sector and NHS, as well as technical knowledge, especially in website implementation. Volunteering for Healthwatch Redbridge has always been interesting, as each project is always different from the last. I am glad I have been given the opportunity to also use my pre-existing skills to contribute to the great work they do.”

- Afshin, Healthwatch Redbridge volunteer

Our finances

Income	
Healthwatch Contract:	£ 116,400.00
Surplus HW Income from 19/20:	£ 63.00
Additional Income:	£ 3,500.00
Total income:	£ 119,837.00
Expenditure	
Staffing:	£ 85,073.00
Operational:	£ 2,180.00
Office:	£ 28,300.00
Total expenditure:	£ 115,553.00
Carried forward to 20/21:	£ 4,284.00

Note: This report does not include audited accounts for the year as these will be presented at our next AGM.



Governance:

This year has seen some of our longest serving Healthwatch Board members stand down for a variety of reasons. We would like to say a personal thank you to each director for their contribution over the years. Without their support our organisation would not be where it is today.

Work Plan – future priorities:

We continue to review potential projects for the coming year; however, we will prioritise any work required to support local COVID-19 initiatives. Our work programme for 2021/22 will be published on our website.

Healthwatch Redbridge Board:

We are currently recruiting for new directors to increase our board strength and have recently recruited a new director who will start shortly. We continue to actively encourage local people with an interest in health and social care services to think about whether they would like to support us by joining our board.



Lorraine Silver – Chair



Athena Daniels



Mo Dedat



Glynis Donovan
(resigned December 2020)



Michael New
(resigned December 2020)



Vanda Thomas
(resigned July 2020)



Margery Peddie
(resigned August 2020)

Contact us

If you have a query about an NHS health or social care service, or need help with where you can go to access further support, get in touch. Don't struggle alone.

Healthwatch Redbridge is here for you.

Address:

1st Floor, 103 Cranbrook Road
Ilford, IG1 4PU

Phone number: 020 8533 1236

Email: info@healthwatchredbridge.co.uk

Website: www.healthwatchredbridge.co.uk

Twitter: [@HWRredbridge](https://twitter.com/HWRredbridge)

Facebook: [Healthwatch Redbridge](https://www.facebook.com/HealthwatchRedbridge)

Our annual report will be publicly available on our website by 30 June 2021.

We will also be sharing it with Healthwatch England, CQC, NHS England, Redbridge Clinical Commissioning Group, Redbridge Overview and Scrutiny Committee, and our local authority.

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement. If you require this report in an alternative format please contact us at the address on the left.

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