



# On equal terms

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# Message from our chair

**The last year has been challenging for all of us. The global pandemic and its impact at national, regional, and local level fundamentally changed how health and care services operate.**

Although it was touch-and-go at some points, it is impressive that our NHS stood up to the challenge, and we are grateful to the professionalism and dedication of all health and care staff who have got us through this dark time. While things have eased, the legacy of the past year continues and perhaps how we access and use services have changed forever. While the shift to more digital health services has been a huge boon for many – giving faster and more convenient access - for others, it has created barriers that did not exist before.

COVID-19 has exposed vulnerabilities caused by health inequalities. The most disadvantaged have suffered the most. While greater attention is now given to improving access and outcomes for marginalised groups, health inequality is not a new issue. Moreover, while health and social care are key determinants of life chances and equality of access to services is central to our work, many other vital factors are outside the remit of the health and care system. This is a plea for more and better-coordinated multi-agency working. The vaccination programme has shown the success of collaboration and agencies working together. This joint effort in Greenwich between public health, NHS, GPs, the royal borough, Healthwatch, and the community and voluntary sector has ensured that the vast majority of the most vulnerable and a high proportion of all residents are protected.



**Our work provides a mechanism for service users' voices to be heard and placed at the centre of the design, development, and delivery of health and care. Our role is not to speak on behalf of patients and the public, but to provide platforms and opportunities to amplify their collective voice.**

Despite the lockdown and restrictions on public gatherings, we have found new ways to reach and work with Greenwich residents. While we have grown our digital presence, we have also expanded more traditional (socially-distanced) methods of communication – such as telephone contact and door-to-door flyers. Our new Black, Asian, and minority ethnic Advisory Group has given us greater insight into many of our 'seldom heard' communities, and we will continue to develop greater participatory and partnership approaches over the coming year.

Continues to next page

## Message from our chair (cont.)

Our influence expands beyond Greenwich. Our Healthwatch Director works with the south east London Clinical Commissioning Group (CCG) to represent all six Healthwatch organisations in south east London. We ensure a broad set of views contribute to the CCG's decision-making processes, informing a range of work programmes. Underpinning this approach is a south east London Healthwatch patient group with members from each of the six boroughs. As the role of south east London CCG ends, we look forward to an equally constructive relationship with the new, legally constituted Integrated Care System (ICS).

Our limited resources are often stretched beyond capacity as a small organisation with an extensive remit. The number of community and neighbourhood groups we engage with, in addition to forums, boards, committees, and working groups we sit on – is growing year on year. While we are pleased to have engagement and input at so many levels, much of our effectiveness results from the commitment given by our volunteers. Much of what we achieve would not be possible without their support. We are grateful to our volunteers and board members for the knowledge, skill and time they dedicate to Healthwatch Greenwich. I would also like to thank our hard-working and committed staff and resourceful chief executive for their tireless and outstanding work throughout the year.

As our year ends, we find ourselves still in uncertain times. We look forward to continuing our work ensuring patients and the public have an active and influential role in shaping services now and for the future.



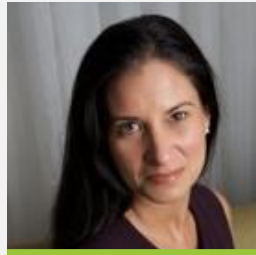
**Lynne Gilchrist**

Chair of Healthwatch Greenwich

# Meet the team: our board



**Lynne Gilchrist**  
Chair of the board



**Karen Wint**  
Board member  
(stepped down  
May 2021)



**Lola Kehinde**  
Board member



**David Thompson**  
Board member



**Dmytro Chupryna**  
Board member



**Rob Lee**  
Board member  
(Joined June 2021)



**Oluwatobi Aigbogun**  
Board member  
(Joined June 2021)



**Anu Massey**  
Board member  
(Joined June 2021)



**Amanda Adegboye**  
Board member



**I think Healthwatch Greenwich is an important link between all the different patient networks and health organisations in Royal Greenwich. Without this link, local initiatives would lose a powerful, central voice that advocates to improve care services and care equality.**

- Amanda Adegboye, Board member

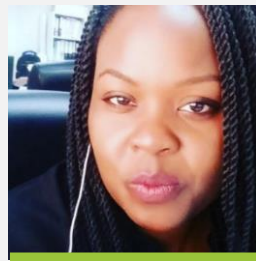
# Meet the team: our staff



**Joy Beishon**  
Chief Executive



**Folake Segun**  
Director, South East  
London Healthwatch



**Maria Akande**  
Project Manager



**Anastasia Terzoglou**  
Communications and  
Signposting Officer



**Sue Mohanty**  
Insight and Analytics  
Officer



**There aren't many safety nets in place for the service users who slip through the cracks. Our insight reports highlight the experiences of people who feel let down or forgotten, and bring them directly in front of providers, who can then take action to improve outcomes for those patients.**

- Sue Mohanty, Insight and Analytics Officer



**Jadi-Ann Bent**  
Insight and  
Analytics Officer



**The people who call us often thank us just for being there to listen to them. For some patients, access to health and social care services is not easy. But we are there to support them by giving them the information they need, and making sure their voice is heard by the people who plan and run these services.**

- Jadi-Ann, Insight and Analytics Officer

# About us

## Here to make health and care better

We are the independent champion for people who use health and social care services in Royal Greenwich. We're here to find out what matters to people and help make sure your views shape the support you need, by sharing these views with those who have the power to make change happen.

## Helping you to find the information you need

We help people find the information they need about services in their area. This has been vital during the pandemic with the ever-changing environment and restrictions limiting people's access to health and social care services.

### Our goals



#### 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 experience or seeks advice from us to get a high quality service and to understand the difference 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.



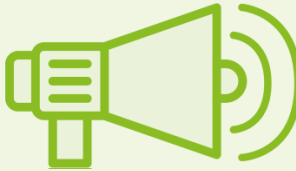
**“Local Healthwatch have done fantastic work throughout the country during the COVID-19 pandemic, but there is more work ahead to ensure that everyone’s views are heard. COVID-19 has highlighted inequalities and to tackle these unfair health differences we will need those in power to listen, to hear the experiences of those facing inequality and understand the steps that could improve people’s lives.”**

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

# Highlights from our year

Find out about our resources and how we have engaged and supported people in 2020-21.

## Reaching out



We heard from

**2,279 people**

this year about their experiences of health and social care.

We provided advice and information to

**19,980 people**

this year.



**You are getting to all levels of community, recording our voices and reporting it to people who matter. You are the bridge between us and them. You are doing a good job and we need your voice since we have no ears to listen to us.**

– Member from the Association of Chinese Women



## Making a difference to care



We published

**17 reports**

about the improvements people would like to see to health and social care services. From this, we raised over 98 issues over the year and made a number of recommendations.

**66% of recommendations**

we made last year have been acted on at the point where we reviewed progress.

## Health and care that works for you



**41 volunteers**

helped us to carry out our work. In total, they contributed 101 days, the equivalent cost of £7,670 at the London living wage.

**We employ 3.8 FTE staff**

(FTE = full time equivalent)

We received

**£129,000 in funding**

from our local authority in 2020-21.



# Highlights from our year (cont.)

**Over the past 12 months, we have looked for new ways to engage with service users and understand their experiences through the pandemic and the changing landscape of service delivery in the NHS.**

## **Our project highlights include:**

- Public events to influence the design, delivery, and scrutiny of health and care services
- Creating new patient groups to share lived experience
- Providing accurate and localised COVID-19 vaccination information
- Monitoring, and making improvements to, the quality of patient information
- Outreach and signposting to health and care services



**We worked closely with Healthwatch Greenwich to highlight the impact of the COVID-19 pandemic on the local Gurkha veteran community. Healthwatch Greenwich helped us influence the plans of local health and social care providers at a time when our community needed it the most. There is still a lot to be achieved, and we look forward to continuing to work together well into the future.**

- Gary Ghale, head of Gurkha Welfare (UK)

## **Public engagement during COVID-19 restrictions**

Over the year, coronavirus restrictions made it impossible for us to engage with the public in the usual ways, but we continued to create opportunities for patients to have meaningful conversations with local providers and commissioners.

Our online public events brought service users, service providers and commissioners together. Our events gave service users the opportunity to get involved in the planning, development and scrutiny of services.

We developed a programme of face-to-face and online events throughout the last year to engage with the public, and we worked collaboratively with local organisations to expand our reach and engage with people from seldom heard groups.

# Black Lives Matter

## Digital Listening Event, July 2020

### Case study

**In July 2020 we held a public listening event to address the impact of COVID-19 on Black, Asian and minority ethnic communities. The event brought together Greenwich service users and organisations representing minority ethnic communities, with commissioners and providers of local health and care services: Royal Borough of Greenwich public health, south east London CCG, Lewisham and Greenwich NHS Trust, and Oxleas NHS Foundation Trust.**



In four breakout groups, (health inequalities, access to services, community resilience, mental health) residents and community organisations shared their experiences of racism, their experience during COVID-19, and their experience of seeking support, and accessing, and using health and care services. Residents and community organisations told us the changes they want to see to address racial and health inequality and ensure health and care services are equitable.

The event received wide support from the community, and was attended by over 70 people, including representatives from Black, Asian, and minority ethnic organisations and service users. We asked providers and commissioners to respond to the feedback they received, and set actionable next steps to end health inequality. Commissioners and providers told us they would:

- Set up working groups to focus on health inequalities
- Improve engagement with Black, Asian, and minority ethnic patients
- Support their Black, Asian, and minority ethnic colleagues better
- Refine their practices to meet the needs of diverse communities.

Following our listening event in July, we set up the Healthwatch Greenwich Black, Asian, and Ethnic Minority Advisory Group. The advisory group is open to anyone who defines themselves as Black, Asian, or from a minority ethnic group. Members of the advisory group work with us to support, monitor and follow up on the work that local health and social care providers are doing to end health inequality.



**There has been enough talking about health inequalities...  
What people want to see now is action.**

- Participant at our digital listening event

# Cancer awareness for Black women, October 2020

## Case study

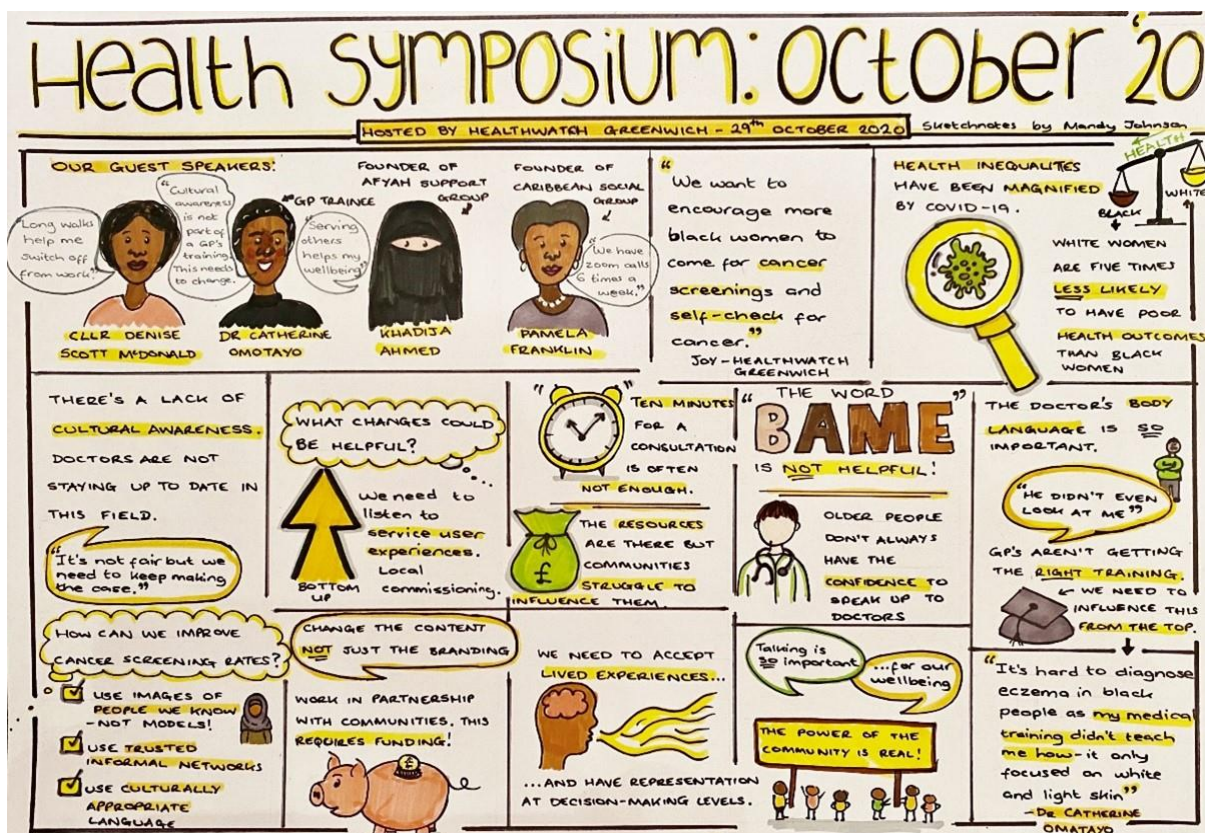
Our Black History Month events were organised to celebrate the lives, health, and bodies of black women living in Greenwich, while putting a critical lens on structural health inequalities. We used our events and activities to raise awareness about the importance of attending cancer screenings, as general statistics show that, for some cancers, black women tend to receive diagnosis at more advanced stages and have a poorer overall outcome.

We partnered with local creative organisation CraftA, who delivered our wellbeing art and craft sessions and curated our travelling arts exhibition using local artists.

We incorporated a symposium 'for Black women, by Black women' with a range of talks, art featuring representations of black women and wellbeing creative sessions. Our activities reached over 20,000 people in Greenwich, and we engaged over 1,400 people during October. We collected feedback at our pop-up exhibition and used these conversations to raise awareness of cancer screening.



Above, CraftA Trustee Viveca Cameron with the travelling art exhibition at Thamesmead Market. Below, the sketch note from our Digital Health Symposium.





## Access to GP services

### Case study

**Nashika was living in temporary accommodation in Thamesmead when a pre-existing health condition flared up. She was in a lot of pain and needed to see a doctor to treat her condition before it became an emergency situation.**

When Nashika tried to register with her local GP, she was refused because, due to her immigration status, she was not able to provide proof of permanent residence.

Although NHS treatment is not classed as a public fund for immigration purposes and can be accessed, regardless of immigration status (although certain treatments may be charged for), some GP practices refuse services to patients who cannot provide documentation. Many patients like Nashika are not aware of their right to access NHS care and do not know what to do next when they are denied treatment.

When we heard from Nashika, we alerted commissioners at south east London Clinical Commissioning Group who reminded the GP practice of its obligations. We supported Nashika to register at a local practice and receive the care she needed.

# Digital fear and misinformation



## Case study

**The Association of Chinese Women is a community group of mostly elderly Cantonese speaking Chinese women. When the vaccination programme began, information had been provided in English, which many were unable to understand. As a result, despite being vulnerable, many had not received clear, consistent or reliable information. Misinformation on the vaccine and how to access it was high, with some members of the group not aware they were in an at risk group, or that vaccination was free and they did not have to pay for it.**



Unable to read them, NHS emails in English offering to book vaccination appointments were viewed with suspicion. Unable to distinguish real from fake emails, some worried that by clicking on links they risked financial fraud or computer viruses. Lack of awareness, limited digital skills and language barriers prevented access to information from trusted sources at a time when rogue information on social media was rife, resulting in vaccine hesitancy and low vaccine confidence.

Not sure what information to trust, the Association of Chinese Women came to us.

While Cantonese language information is available on the NHS website and other reputable sources, even members with digital skills were unaware of this. We shared information and videos in Cantonese. The videos were particularly useful for members with limited reading skills. As a trusted medium, Healthwatch mitigated the uncertainty and concern with accessing and finding reliable public information online.

Our intervention had a significant effect in bridging the communication divide on an important issue, encouraging greater vaccine confidence and uptake.

## Share your views with us



**If you have a query about a health and social care service, or need help with where you can go to access further support, get in touch. Don't struggle alone. Healthwatch is here for you.**

**[www.healthwatchgreenwich.co.uk](http://www.healthwatchgreenwich.co.uk)  
0208 301 8340  
[info@healthwatchgreenwich.co.uk](mailto:info@healthwatchgreenwich.co.uk)**



# Responding to COVID-19

**Healthwatch plays an important role in helping people to get the information they need, especially through the pandemic.**

**The insight we collect on service user experience is shared with Healthwatch England, the Care Quality Commission (CQC), and local partners to improve information and guidance for patients and ensure services meet local needs.**

**This year we helped over 19,000 people by:**

- Organising digital public events, giving local people the opportunity to speak directly with commissioners and providers
- Sharing intelligence with statutory partners, such as online misinformation targeting Black, Asian, and minority ethnic people, enabling action to be taken to counteract misinformation, and target communications
- Working with public health and contributing to the development of the council's work to engage with local communities on the vaccine
- Providing up-to-date advice on the COVID-19 response locally
- Linking people to reliable up-to-date information.

# Supporting COVID-19 vaccination rollout

**While the vaccination programme was still in its early stages, we started receiving more and more calls from service users with questions about the vaccine.**

**In particular, people were asking if the vaccine was safe, the extent of side-effects, and how they could get access to it. Patients contacted us to gain clarity on eligibility criteria, and how to use the national booking system for vaccination appointments.**



Pictured here: Our Chief Executive Joy Beishon getting her second dose of the COVID-19 vaccine.

For older, vulnerable users, some appointments offered at the time were not easily accessible due to the distance from their home and the need to use public transport to get there – which many wanted to avoid. Patients came to us confused. Neighbours had been given vaccination appointments at local GP practices, while they had been offered appointments at large venues some way away. Many in these age groups were the first to be contacted, but at this time there was little clarity on how to change where to have your vaccination or how to re-book the day and time of the vaccination appointment.

At the same time, we saw multiple examples of misinformation spreading across community groups in Greenwich. This fake news and fake research, often disseminated in Facebook and WhatsApp groups, was specifically targeting people from Black, Asian and minority ethnic communities. This raised anxiety and concern, and many came to Healthwatch to find out if any of what they had been sent was true.

Women thinking about or trying to conceive also came to us with concerns about the safety of the vaccine and possible side-effects on their fertility. While much information was available online, residents felt that many of their questions were left unanswered.

## Get Injected, Not Infected

To answer these questions and provide reassurance our event, Get Injected, Not Infected, brought together public health, local clinicians and residents. Our vaccination event communications reached over 100,000 people in the borough. In addition to sharing the event directly with our network, we also organised radio interviews and contacted local newspapers and online blogs.

We repeated this event a month later, working with Remark! and British Sign Language interpreters for people with hearing loss.

# Care homes during lockdown

**The arrival of COVID-19 resulted in many rapid changes across health and social care services, one being the suspension of visits to care homes to protect residents and staff.**

**At the same time, regular meetings organised by care homes for relatives were cancelled.**



To provide relatives with a platform to meet one another and share their feedback with Healthwatch, we arranged informal meetings throughout the year.

Over the last year we received feedback relating to over 50 experiences from relatives. We heard from relatives who told us that they felt that decision-making regarding visits was inconsistent. That 'face time' on Zoom or speaking through windows wearing a facemask caused distress and confusion. Relatives were particularly concerned about how isolation would affect their loved ones and how not all care homes communicated well and kept families up-to-date.

For some of these meetings, we invited representatives from the Royal Borough of Greenwich Adult Health and Care team, who spoke with relatives about their worries, provided accurate information, liaised with care homes, and followed up with each family to resolve concerns.

Despite care home visits being permitted since the easing of restrictions, to continue to protect residents the sad reality for many is that visits are still restricted.



**To the people who are at the table making these decisions, I want to ask them: do you have any family in a care home?**

- Relative of a resident in a Greenwich care home

## Share your views with us



**If you have a query about a health and social care service, or need help with where you can go to access further support, get in touch. Don't struggle alone. Healthwatch is here for you.**

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[info@healthwatchgreenwich.co.uk](mailto:info@healthwatchgreenwich.co.uk)**



## Top six areas that people have contacted us about:



39% on GP services



14% on hospital care



12% on social care



11% on dentist services



10% on vaccines



9% on mental health support

**The remaining 5% of the feedback we received from service users** related to pharmacies, GP mergers and recommissioning of services, and information on the south east London Clinical Commissioning Group.



### Contact us to get the information you need

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



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# Volunteers

**At Healthwatch Greenwich we are supported by our Black, Asian, and minority ethnic Advisory Group, Greenwich members of the south-east London Patient Group, and a further 29 volunteers to help us find out what is working well, and what improvements people would like to see.**

## **This year our volunteers:**

- Helped people have their say from home, collecting feedback over the telephone and online
- Gave their input on the design and development of services
- Participated in contract and procurement exercises for local health and care services
- Represented the experience and views from their communities
- Created digital content on our websites and social media
- Carried out website and patient information reviews
- Distributed flyers to support digitally excluded residents.

**With special thanks to all our fantastic volunteers who worked with us this year.**



**The community and people here in Greenwich are the core of the beauty of this borough, therefore it is essential we support everyone and continue the community spirit.**

- Freya, Healthwatch Greenwich volunteer



### Student volunteer – Francoise Nguet

“I decided to volunteer at Healthwatch after meeting them at a career fair organised by University of Greenwich. Volunteering here is helping me become more confident and gain the transferrable skills required in the workplace. I have also gained some report writing skills, and I have been able to contact organisations in Greenwich to speak to them about their experiences using health and social care services. This role aligns with my career prospects, because my last two jobs have involved meeting people, dealing with their queries and supporting them to find what they need. I would encourage other students to volunteer here, because the team is very supportive when you have to do a new task.”



### Healthwatch Patient Group – Mehdi Mahbaz

“I was working with Healthwatch Greenwich already when I joined the Patient Group. My aim is to improve healthcare services for deaf people. As a representative from the deaf community, I can give our perspective to providers and commissioners to help break down the barriers that deaf people face each day. When Healthwatch Greenwich organised their vaccination webinar in February, I helped them share the event with other deaf service users. I also gave them feedback about making the online event more accessible for people who cannot hear. I hope that my work with Healthwatch Greenwich will help deaf people feel more confident when they use health and social care services.”



### Black, Asian and minority ethnic Advisory Group – Yannick Nyah

“I joined the Advisory Group in August 2020 to address the inequalities and challenges that service users are facing. I use my insight as a member of a grassroots organisation to bring the lived experience perspective in the work that we do with providers and commissioners. I have been involved in some focus groups, and I took part in the Black Lives Matter Listening event in July 2020. I have also had some conversations with members of the Healthwatch Greenwich team to provide feedback across a range of different topics, not just for equality-related matters. It is difficult to get anyone to listen, and Healthwatch Greenwich gives us a voice in a way that not many others do. The advisory group brings together a collective of people that can inform providers about the challenges that our own communities are experiencing.”



### Volunteer with us

Are you feeling inspired? We are always on the lookout for new volunteers. If you are interested in volunteering, please get in touch:



[www.healthwatchgreenwich.co.uk](http://www.healthwatchgreenwich.co.uk)



0208 301 8340



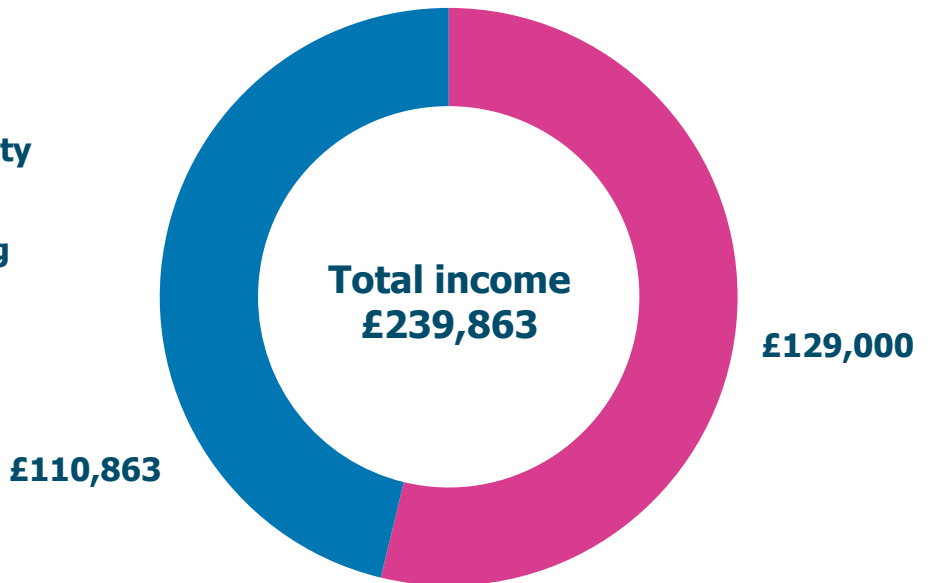
[info@healthwatchgreenwich.co.uk](mailto:info@healthwatchgreenwich.co.uk)

# Finances

To help us carry out our work we receive funding from our local authority under the Health and Social Care Act 2012.

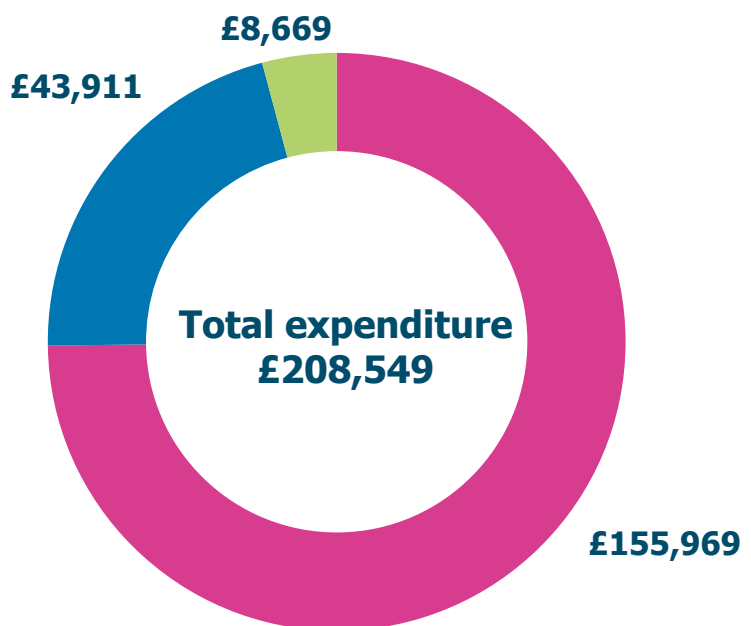
## Income

- Funding received from local authority
- Additional funding



## Expenditure

- Staff costs
- Operational costs
- Support and administration



# Next steps & thank you

## Top four priorities for 2021-22

1. Access to services
2. COVID-19
3. Quality of services
4. Health inequalities

## Next steps

As we move away from COVID-19 restrictions, we will widen our public engagement in Greenwich. We will resume Enter and View visits to local services, and return to public spaces across the borough.

We will partner with organisations supporting people from marginalised and seldom heard groups, focusing on health inequality, working with commissioners and providers to improve access and equity, leading to better health and wellbeing for all.

We will publish our regular insight briefings, and follow up with providers and commissioners to create solutions and positive long-term outcomes.

## Thank you from our CEO

I am proud of the achievements of Healthwatch Greenwich over the past year. Despite the challenges of the pandemic and the lockdown, Healthwatch Greenwich has continued to grow. We worked hard to gather feedback on people's experiences during the pandemic and found ways of bringing service users, providers and commissioners together to seek solutions. At the same time, we provided accurate and clear information to service users, ensuring those who needed support received it.

Our Black, Asian, and minority ethnic Advisory Group, and the Healthwatch south east London Patient Group has enabled us to build broader links with local grassroots organisations and build a diverse network of service users. We will continue to amplify the voices of seldom heard groups by growing our links in the community and finding new ways to collaborate to support service users across Greenwich.

My thanks to residents who, by sharing their experiences with us, helped to improve health and social care in Greenwich. Our board members, staff and volunteers have gone above and beyond to deliver our services despite COVID-19 restrictions. I thank them for thinking creatively and their commitment throughout the year.

**Joy Beishon**

**Chief Executive of Healthwatch Greenwich**



# Statutory statements

## About us

Healthwatch Greenwich, Gunnery House, 9-11 Gunnery Terrace, London, SE18 6SW

Healthwatch Greenwich uses the Healthwatch trademark when undertaking our statutory activities as covered by the licence agreement.

## The way we work

### **Involvement of volunteers and lay people in our governance and decision-making.**

Our Healthwatch Greenwich board consists of members who work on a voluntary basis to provide direction, oversight and scrutiny to our activities. Our board ensures that decisions about priority areas of work reflect the concerns and interests of our diverse local community. Through 2020/21 the board met five times and provided us with ongoing support through a collaborative relationship that extends outside of formal meetings.

We ensure wide public involvement in deciding our work priorities. We use insight from information and signposting enquiries to set our priorities. We engage with our statutory stakeholders and patient groups who play an active role in all we do.

## Methods and systems used across the year’s work to obtain people’s views and experience.

We use a wide range of approaches to ensure that as many people as possible have the opportunity to provide us with insight about their experience of health and care services. During 2020/21 we have been available by phone and email, provided forms on our website, attended virtual meetings of community groups and forums, provided our own virtual activities and engaged with the public through social media.

We are committed to taking additional steps to ensure we obtain the views of people from diverse backgrounds who are often not heard by health and care decision makers. This year we have done this by, for example, organising local radio interviews featuring Healthwatch Greenwich staff, local councillors, and community group leaders. In addition, we delivered 10,000 leaflets to key areas of Greenwich to reach digitally excluded service users.

We ensure that this annual report is made available to as many members of the public and partner organisations as possible. We distribute it on our website, social media, newsletter and via email.

### 2020-21 priorities

Project / activity area	Changes made to services
Prevention; build resilience within the community	<ul style="list-style-type: none"> <li>• Signposting and information sharing online, on the phone, and text and email.</li> <li>• Regular formal and informal meetings with local decision makers</li> <li>• Contribution to the borough-wide COVID-19 Recovery Plan</li> <li>• Public events to support the vaccination rollout, working closely with public health and the CCG</li> </ul>
Mental health	<ul style="list-style-type: none"> <li>• Identified and flagged a gap in support for MH carers (often unrecognised and unpaid)</li> <li>• Worked with key stakeholders to improve services for users</li> </ul>
Cancer	<ul style="list-style-type: none"> <li>• Relationship building with MacMillan</li> <li>• Black History Month awareness raising with a focus on cancer screening</li> </ul>
Quality of services	<ul style="list-style-type: none"> <li>• Audit of GP website content and privacy notices</li> <li>• Black Lives Matter listening event in July 2020</li> <li>• Creation of Black, Asian, and ethnic minority advisory group and south east London Healthwatch Patient Group.</li> </ul>

## Responses to recommendations and requests

We have constructive relationships with commissioners and providers who have responded to issues we have raised this year. Due to the COVID-19 pandemic, we did not make use of our Enter and View powers. Consequently, no recommendations or other actions resulted from this area of activity. There were no issues or recommendations escalated by our Healthwatch to the Healthwatch England Committee and so no resulting special reviews or investigations.

## Health and Wellbeing Board

Healthwatch Greenwich is represented on the Greenwich Health and Wellbeing Board by Joy Beishon, Chief Executive during 2020/21.



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