



# Our year in review

**Healthwatch Surrey Annual Report 2020-21**

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# Message from our Co-Chairs and CEO



Deborah Mehanek, Co-Chair



Jason Davies, Co-Chair



Kate Scribbins, CEO

We would like to thank all the health, social care staff and other key workers who have helped care for us during the COVID-19 pandemic. We would also like to thank the Healthwatch Surrey staff and volunteers for all the work they have carried out over the last year under challenging circumstances. Last, but by no means least, we would like to thank all those who have continued to share their experiences of health and social care services with us, in the belief that every individual story shared can help to improve services for everyone.

The heart of what we do is talking face-to-face to people across Surrey, and hearing about their lives and experiences of services, so this year we have faced real challenges. We have had to find other ways of hearing from people, particularly those who are at risk of health inequalities, and those who may be digitally excluded. We have also had to re-examine how we can effectively influence a system which is under great pressure and facing an increase in demand. We believe, with the staunch support of our Healthwatch volunteers, that we are well on the journey to making this happen.

At the start of the year, we reviewed our workplans to ensure we were using our resources to help the system effort as much as possible. We decided the most important roles we could play during the pandemic were to:

- *Help provide information, advice and signposting about accessing care*
- *Help get NHS and Public Health messaging out to all our communities*
- *Continue to be an independent conduit for feedback across all services*
- *Share insight, and continue to champion the patient/public perspective, but with an understanding of system pressures and the need to prioritise*
- *Advocate for robust public engagement to be integral to recovery and ongoing transformation*
- *Continue to offer support through our Independent Health Complaints Advocacy service.*

We put on hold some of our longer-term project work in order to concentrate on providing regular updates on insight we were hearing from the public in regard to the impact of COVID-19 on access to care and more recently the vaccination programme. We have spoken up about equitable access to care; the importance of clear communication to patients on waiting lists; the necessity of ensuring that users of Adult Social Care services feel safe in giving feedback about their care; views of Surrey families about care home visiting and hospital visiting restrictions; and shared insights about how conversations about resuscitation have felt to

patients. We are particularly proud of the accolade we won from Healthwatch England in recognition of the work of our volunteers who worked alongside staff at Royal Surrey County Hospital to ensure communication to families after a serious incident was as clear, person-centred and accessible as possible. This year we've established our Young Healthwatch volunteer group, who are helping us hear the voice of young users of health and care services.

Residents and users of health and care services in Surrey will, of course, continue to face challenges going forward, and Healthwatch Surrey needs to continue to amplify their voices.

- *The various impacts of the pandemic and lockdown on citizens' wellbeing are complex and long-term. The independent support we help to provide via listening, information, advice and advocacy support will be vital*
- *Further variants of the virus, combined with the backlog of people on waiting lists, will challenge our health and social care system at the same time as it deals with further structural changes. Rapid changes to some services have been necessitated by the pandemic. Other changes, such as the development of local "place" systems within larger Integrated Care Systems, and the complexities about governance and*

*accountability, are happening at the same time. The one constant for Healthwatch in all of this is the importance of keeping patients, service users, families and carers at the heart of change and ensuring genuine involvement across the system*

- *Unresolved national decisions about long-term plans for the future funding of social care mean that services will remain under-resourced, and our role as an independent conduit for service user voice and feedback must remain a priority*
- *The impact of COVID-19 on those in Surrey who were already at risk of health inequalities means that our links into communities, and our skills in listening and seeing the interplay between health and care, and wider aspects of people's lives, will be a key resource to the system*
- *The restructuring of the health and social care landscape will place even greater demands on Healthwatch Surrey. We will continue to build effective volunteer groups in each "place", and encourage partnership working with the vital VCFS (Voluntary, Community and Faith Sector) organisations and other community groups to help us deliver on our remit*
- *Most importantly, we will continue to ensure that local voices are heard and involved in local decision making.*

## Our goals

### Hearing more

- Listening to people, making sure their voices are heard
- Including everyone in the conversation, especially those who are at risk of health inequalities



### Sharing more

- Analysing people's experiences to learn how to improve care
- Acting on feedback and driving change
- Sharing insight in the right place, at the right time



### Thriving

- Working with our VCFS partners and the system generally to make care better whilst retaining our independence
- Championing public involvement in system change
- Being a respected and valued critical friend

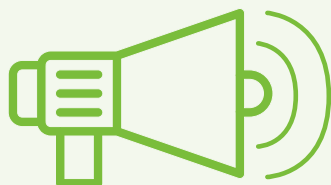


**“Local Healthwatch have done fantastic work throughout the country during the COVID-19 pandemic, but there is more work ahead to ensure that everyone's views are heard. COVID-19 has highlighted inequalities and to tackle these unfair health differences we will need those in power to listen, to hear 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

## Reaching out



This year people shared

**5,078**

experiences of health and social care with us.

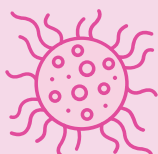
We provided advice and information to

**2,494\***

people this year.

\*Includes Helpdesk, Advocacy and local Citizens Advice

## Responding to the pandemic



**13,724\*** people contacted us for information, support and advice during the COVID-19 pandemic this year.

\*Includes engagement, Helpdesk, Advocacy, local Citizens Advice and unique visitors to our website

## Making a difference to care



We published 16 reports and insight bulletins, reporting on what local people shared with us. These included:

- Monthly insight bulletins
- 3 dedicated COVID-19 related reports
- Citizen Experiences of Accessing Healthcare during the COVID-19 crisis (in partnership with Surrey Heartlands CCG)
- Adult Social Care Insight Report
- Dentistry report

We shared insight with all of the hospitals, the mental health trust, Adult Social Care, GP Commissioners, Public Health, the Care Quality Commission, Commissioners of Childrens Services and the Adults and Health Select Committee.

## Health and care that works for you



**51 volunteers**

helped us to carry out our work. In total, they contributed 2,395 hours of their time.

We received

**£496,284 in funding**

from our commissioner, Surrey County Council, in 2020-21 (the same level as 2019-20).

## Here to make health and care better: Adapting our engagement approach during the pandemic



We have worked hard this year to ensure we obtain the views of people from diverse backgrounds, including those who are at risk of health inequalities and may be less well-served by health and care services.

We have used 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.

In the past year we have had to quickly adapt our engagement techniques to incorporate virtual engagement, joining many groups via a range of new platforms. Some examples of these include:

### Virtual focus groups and virtual coffee mornings

We facilitated an online focus group with Liaise (a women's centre for vulnerable women in North-West Surrey) which included refugees and asylum seekers. They shared their challenges of accessing health care during lockdown. We used Zoom as not all attendees were able to join via video so participants could use the video or telephone option.

We teamed up with Action for Carers and the Mary Frances Trust to join their Zoom coffee mornings and 'Give Carers a voice' sessions. We talked to carers and those with mental health conditions, who told us about access to vaccinations, accessing mental health services and visiting in care homes.

MelaNoMore skin cancer patients and Diabetes patients from Guildford & Waverley invited us to their virtual monthly coffee morning. We also heard from Dementia patients and their families in Banstead with Age Concern and BME worshippers in

Redhill with the Surrey Minority Ethnic Forum via their virtual groups.

Family Voice invited us to two online sessions with their group of parents of children with additional needs. We joined a Work Stress Solutions coffee morning to hear from those who were being affected financially on low incomes and with mental health conditions.

Our continued relationship with Surrey Heath Veteran Families meant their experiences were included as part of the insight shared with Surrey Heath CCG.

### Gaming Platform Online messenger

We joined Blossom (an LGBTQ+ group for 18-25 year olds) for an online messaging session on the gaming platform Discord. We heard about their recent experiences accessing mental and sexual health services.

### Telephone interviews

We held telephone interviews with elderly residents of the extra care setting Anvil in East Surrey and a retirement village and nursing home at Whiteley Village in North-West Surrey. We shared the findings about isolation due to a lack of visiting as part of our update to CQC adult social care inspectors.

### WhatsApp

We used WhatsApp as a means of sharing experiences for the first time during the last year. We found this was an easy way for people to upload images and videos alongside experiences. We also used WhatsApp to coordinate our Focus Group with Liaise.

## Leaflet inserts / care packs

Working with 5 main food banks, we delivered bespoke leaflets that could be inserted into a family's food parcel. The leaflet communicated different ways someone could share an experience with us, and was distributed in Woking, Godalming, Camberley, Hart & Epsom. We also supplied Woking food bank with 100 care packs for families in the area which contained a leaflet, QR code and details of how to share an experience with us.

## QR Codes

We added QR codes to our flyers and banners to make it easy for people to access our feedback forms. We created a series of bespoke flyers communicating the different ways in which people could share their experience with us. These flyers were shared with different groups and patients in Surrey including: people living with cancer and mental ill health, carers, maternity/pregnancy,

young people and older people.

To maximise our potential to hear lived experiences we use social media to gather local intelligence. We have a presence on local Next Door and Facebook community groups. We also displayed banners and posters at vaccination centres across Surrey and featured in local magazines, on community websites and BBC Surrey radio to reach those who are digitally excluded.

Throughout all our engagement activities, we signpost to information and advice services including our Helpdesk and Independent Health Complaints Advocacy Service. What we hear from the public is analysed and the insight is shared regularly through our 'What we've heard' meetings with providers, commissioners and regulators.

## Just some of the organisations we've teamed up with:



Godalming  
Town Council



Supporting Our Community



LIAISE WOMENS  
CENTRE



DiABETES UK  
KNOW DIABETES. FIGHT DIABETES.

Housing 21



The Whiteley Homes Trust



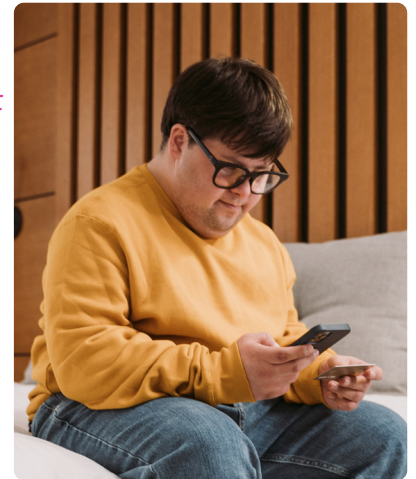
# How we are acting on local concerns

## Helping ensure patients on waiting lists receive good communications

As longer waiting lists for some types of care/treatment will be with us for some time now, it is really important that patients receive clear communications, know where to go if they have concerns and find it easy to get in touch with those in charge of their care. We've been raising the issue of good communications consistently with decision-makers throughout the year. Communication was a key issue raised by our national Chair, Sir Robert Francis, in his evidence to the UK Government Health and Social Care Select Committee (HSCSC) inquiry into 'Delivering core NHS and care services during the pandemic and beyond'.

Over 60 local Healthwatch (including Surrey) shared their intelligence which was collated for the inquiry. We shared our insight directly with Jeremy Hunt as a local MP and the Chair of the HSCSC. Jeremy Hunt MP wrote to both the Health Secretary, Matt Hancock MP, and CEO of NHS England (NHSE) Sir Simon Stevens, to directly raise some of the concerns we raised with the HSCSC over the course of this inquiry. The HSCSC made a recommendation that *"NHSE/Sir Robert Francis review, as a matter of priority, its communication strategy to patients."* This includes communications about appointments as well as government guidance.

In January 2021, the National Institute for Clinical Excellence issued some guidance around good communication for patients waiting for care. Core principles have been developed with a range of patient groups, including Healthwatch. We wrote to all of the hospitals in Surrey to ask how they are planning to ensure that all Surrey patients get clear, person-centred communications in line with this guidance. We will be summarising their responses in Summer 2021.



## Resuscitation: ensuring the concerns of vulnerable patients are heard

During May 2020, with stories around rationing of care in the media, we heard a small number of experiences relating to decisions around resuscitation. We also heard from some voluntary sector organisations that some of their clients with disabilities were worried about "DNAR" (Do Not Attempt Resuscitation) instructions being used should they be admitted to hospital, without their wishes being taken into account. This was a particular concern if someone was admitted to hospital alone without their carer or advocate to help make their wishes known. We shared these concerns with system partners and at the Surrey Heartlands Ethics Committee, as Surrey's Ethical Framework clearly states that a blanket approach is not appropriate and decisions must be individual. The stories, along with the interviews we carried out for our report, "Planning Ahead: care home residents' experiences of advance care planning", highlighted three key things to watch out for when discussing "DNAR" with people. The pandemic has seen an unprecedented need for people to make decisions about their future healthcare and resuscitation, and there will be many good lessons learned about how to ensure decisions are properly informed, truly consensual, and empowering. We do need to ensure that when time is short the basic principles of good practice still apply. We shared our concerns with the Surrey Heartlands End of Life team and hospitals, and have escalated one detailed experience to a hospital, which has acted on what we've heard by using that real life example to improve good practice among frontline staff. We also ensured the stories people shared with us formed part of the CQC's review of DNAR which covered part of Surrey.





## Amplifying local voices around care home visiting

As the pandemic developed, families and carers told us of their concerns over not being able to visit loved ones in care homes. We heard of inconsistencies between different homes in Surrey, that people's loved ones were deteriorating, and families feeling excluded from decisions over whether they are allowed to see their relatives. Whilst we were mindful that this was down to national guidance, homes were expected to make person-centred decisions, and we asked Surrey County Council Adult Social Care how they were ensuring this was happening in our local area. We also put the issue of care home visiting on the agenda of the Surrey Heartlands Ethics Committee and were able to ensure that resident, family and carer views were a key part of the debate.

## Highlighting concerns over reluctance to make Adult Social Care complaints



Healthwatch Surrey linked up with key local organisations, Age UK Surrey and Surrey Coalition, to share what we have heard from local people about Adult Social Care complaints at the Surrey County Council Adults and Health Select Committee in December 2020. People's reluctance or fear in speaking up about their care is a concern and therefore we all need to do all we can to make this easy for people, to encourage feedback and to reassure that it will not impact on care. Adult Social Care has listened to our request for complaints and feedback mechanisms to be obvious in printed literature, which is now more prominent in their new "Listening to your views" leaflet. We will continue to work on this, to find out how commissioners of home-based care, much of which is provided by private agencies, will ensure that feedback and complaints are encouraged and acted upon.

## Enabling rapid responses to people's fast-changing needs during the pandemic

The unfolding pandemic had a dramatic impact on health and social care services. The changes have been extensive, but they have also happened at speed and often without opportunities for patient consultation.

Our aim has been to ensure that the impact of these changes on people is fed back as quickly as possible, enabling providers to respond swiftly and effectively. Over the past year we have delivered people's feedback through surveys, by escalating clusters of experiences and through our monthly insight bulletins. Our regular attendance at decision making forums such as the Surrey Heartlands COVID-19 Vaccination Stakeholder Reference Group, has ensured that the voice of local people has been at the table when decisions are being made.

Examples of issues we helped resolve include:

- People told us that text messages for COVID-19 vaccinations assumed the recipient would be able to make their booking using their smartphone. For the early elderly groups many recipients did not have a smartphone or were not able to use it to make the booking. Text messages were changed to ensure alternative booking methods were clearly communicated.
- We surveyed people waiting for their second vaccination to understand what questions they had about their second jab. These were fed back to commissioners and informed the content of their COVID-19 Vaccination FAQ pages.

We were also able to feed back the many positive stories we heard about people's experiences of the vaccination programme. This supported the spread of good practice across vaccination sites and helped ensure important elements of the programmes were sustained.



### Meeting people's needs from their GPs during the pandemic

While the move to digital primary care access had already begun in response to the NHS Long Term Plan, the pandemic triggered a transformation. GP services switched almost overnight from demand-led appointments booked by phone and held face-to-face at the surgery to Total Triage, a wide range of booking approaches (including out-of-hours messaging) and consultations by phone and video as well as face-to-face.

Early in the pandemic our volunteers undertook a "patient messaging on GP websites" survey to assess the different messaging relating to the pandemic, and whether the ability for patients to contact the surgery electronically (when closed) had been removed from their websites. The findings from the survey were shared with Surrey Heartlands in July 2020.

For many the switch to new processes was very welcome. At the same time, GP appointment demand was depressed in the early months of the pandemic and as a result we were able to pass on people's thanks and praise for the flexibility, safety and speed of the services they were receiving.

However, we were also hearing that the new processes, with their emphasis on digital technology, were putting some people at a disadvantage - often the groups with the highest needs such as the elderly and people with multiple long term conditions. It was crucial that their voices were not drowned out and that the system worked to remove the barriers to care that they were experiencing.

In September 2020 we asked for assurance from Surrey Heartlands that the patient response to new GP processes was being appropriately tracked. We were provided with assurance that patient satisfaction was being measured, that views of the digitally excluded were being sought and that Patient Participation Groups (PPGs) had been consulted. Throughout the year our insight bulletins, What We've Heard meetings and escalation cases have continued to share the challenges people were facing around triage, remote consultations and digital exclusion. In one example we heard from patients that a GP surgery had closed without notice, we raised the issue with the CCG and were assured that communications were being revisited to ensure patients were appropriately informed.

From our extensive listening over the past year Healthwatch Surrey have identified three very distinct issues for NHS Commissioners to consider, requesting care, triage and consultation, and we look forward to continuing to support citizen input to this important piece of work over the coming year.

## Helping you get access to dentistry

Since the start of the pandemic we have seen a marked increase in enquiries about dentistry. This year our Helpdesk has helped over 100 people with such enquiries. We've heard about difficulties getting emergency treatment; in finding dentists to take new NHS patients; and in getting NHS treatments from people's usual dentists. We've heard about people's frustration that they thought they were on a dentist's "list" as they had visited before, but that "their" dentist would no longer treat them as they hadn't had a check-up for some time. We think there is patient confusion about this, as it differs from the way in which GPs work.

Many of these issues have been due to restrictions caused by new COVID-19 protocols as dentists are required to clean and air the treatment room for lengthy periods between patients, which causes a reduction in the number of available appointments per day. We had a useful meeting with our Local Dental Committee where we heard about the pressures from the dentists' point of view.

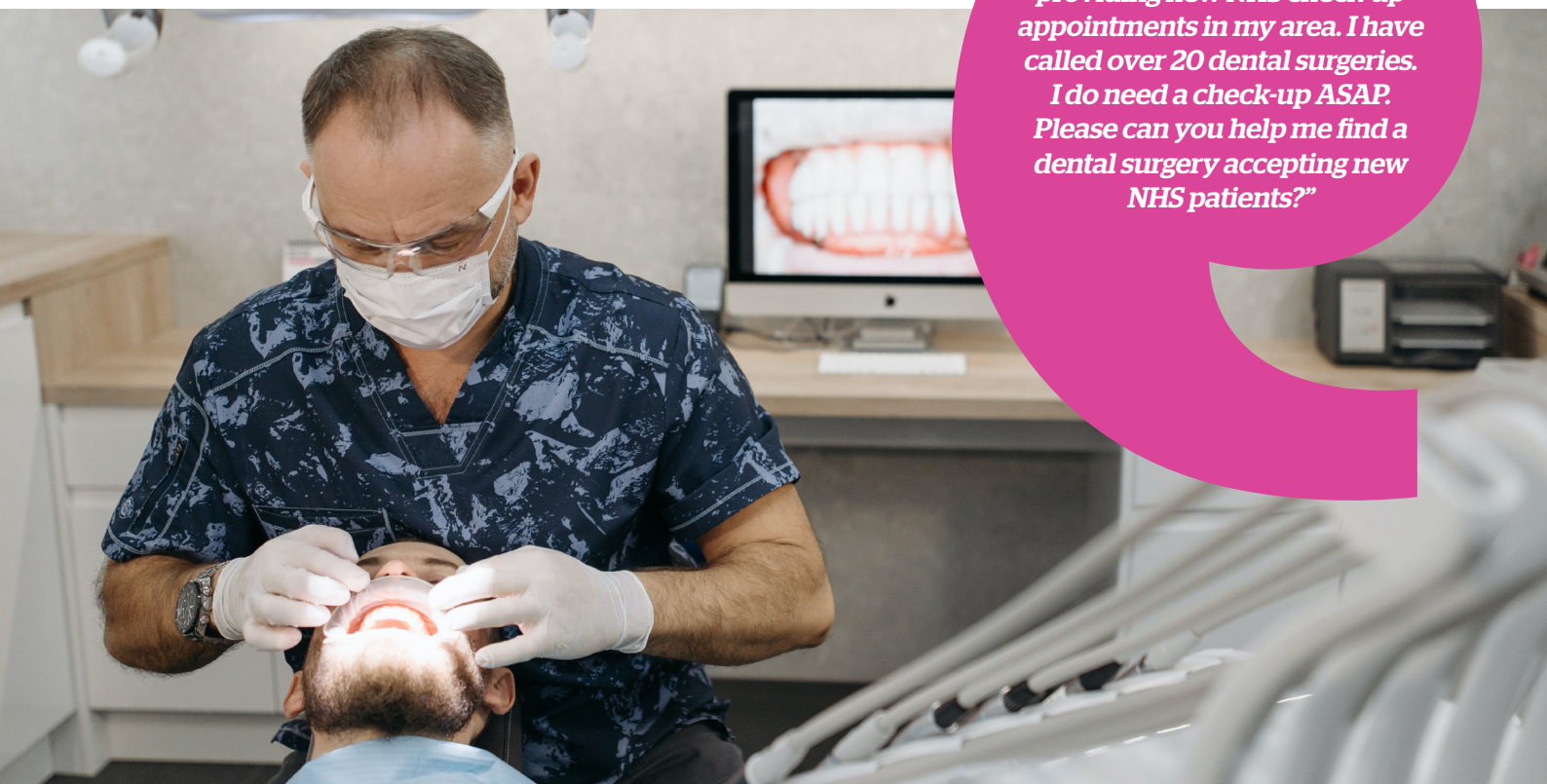
Due to the volume of concern raised nationally, Healthwatch England has called for a radical re-think on NHS dentistry, talking of the twin crisis of access and affordability and the fact that many of those most impacted by COVID-19 and at risk of health inequalities are least likely to be able to afford private treatment.

**"Reform of dental contracts needs to be a matter of urgency for this Government. New arrangements should include making access to NHS dental services equal and affordable for everyone, regardless of where people live, their income and ethnicity. Failing to act now will result in long-term harm for thousands of people, putting even greater pressure on the already overstretched healthcare system."** – Imelda Redmond CBE, National Director of Healthwatch England

Meanwhile we've helped local people by:

- Advising and signposting those seeking urgent NHS dental treatment to the additional access sessions which were made available in the South East Region
- Ensuring that problems with access and people's concerns are highlighted in our local system regularly through our regular reports and meetings. Whilst Healthwatch England has been working at a national level to raise these issues, we've been working on them locally.

**"I am not able to find a dentist providing new NHS check-up appointments in my area. I have called over 20 dental surgeries. I do need a check-up ASAP. Please can you help me find a dental surgery accepting new NHS patients?"**



# Ensuring feedback from local people helps to improve care for all

During the past year we have been able to continue to share insight from the public about NHS and social care services in a wide range of reports and meetings.

Our job is to make sure the voice of people in Surrey is heard. One of the most meaningful ways we do this is by taking that voice to high level meetings - those that decide strategies for Surrey, and those that oversee the quality of services. In the past year we've attended and shared insight at the Health and Wellbeing Board, the Adults and Health Select Committee and the Heartlands Quality and Performance Board on a regular basis in addition to a wide range of other meetings. We also hold regular meetings with the key commissioners and providers in Surrey to ensure what we've heard is shared with the people who make decisions.



## Hospitals

We have met with all of the hospitals\* in Surrey to share patient experiences about services to help the hospitals learn and make improvements.

***"It was good to have visibility of the information you have about people's views and experiences of our services."*** - Chief Nurse, Surrey and Sussex Healthcare NHS Trust

Throughout the year, we have shared people's experiences of the changing rules to visiting. We were told by one hospital that *"...we do have a work stream underway to improve family updates and we will use [Healthwatch Surrey's] valuable feedback to inform this crucial work."*

One family told us that they were unable to visit their relative due to the restrictions in place and they shared the challenges in communicating with staff under a Power of Attorney and finding out about the patient's care. They were particularly concerned about not being consulted as part of the ReSPECT programme. We escalated these concerns and asked for the hospital to reiterate to staff the importance of including a person and their family as part of the ReSPECT process. The family are now being supported by the hospital PALS service and the hospital agreed it was extremely important to involve family in discussions about ReSPECT and will be sharing this message with its staff.

People have also been telling us about their experiences of remote consultations that became more common due to COVID-19 restrictions. One person told us of their experience of receiving care for an eye condition. We shared this with the hospital who evaluated the eye care pathway to see how to improve the service for patients.

They told us that this experience would be shared with junior doctors to inform future best practice: *"Reflecting on this episode, this case is a lesson for all the junior doctors where they try to manage without getting proper consultant input. This case will be discussed with the junior doctors."*

The past year has been extremely challenging for NHS workers and we have heard about their hard work to keep services running for patients. *"I was rushed into hospital. Treated immediately with wonderful staff - Ambulance Paramedics, Nurses, Doctors and even cleaning staff who provided a very welcome breakfast. Returned home with necessary drugs, advice, contact details and reassurance. All went above and beyond. Can't thank them enough."* We have also shared people's thanks and gratitude which was helpful for hospitals to hear: *"Thank you for sharing all of the positive experiences as well as those that we can make improvements to. I have asked for feedback from staff involved in the different areas."*





## Adult Social Care

We have regularly met with the Adult Social Care team at Surrey County Council to share feedback about their services. They told us that *“These experiences are really useful when demonstrating the importance of integration as they add the emotional ‘human’ aspect.”*

We highlighted experiences we heard from those in care homes during the pandemic, emphasising the differences in visiting restrictions across providers, and sharing the challenges faced by residents and residents’ families during the pandemic.

People will often share their experience in the hope that it will help improve services for others; or they want someone to listen to them; or they want to know if there’s anything more they can do to help a loved one. However, they are often reluctant to make formal complaints to those who provide the services.

We have worked with Adult Social Care to do all we can to make this process easy for people. Adult Social Care has listened to our request for complaints and feedback mechanisms to be obvious in printed literature, which is now more prominent in their new “Listening to your views” leaflet.

## Surrey and Borders Partnership

We have also been able to regularly share people’s experiences of accessing mental health services in Surrey with Surrey and Borders Partnership NHS Foundation Trust (SABP).

One person told us about their struggles to access consistent care across many mental health services over a number of years. We were able to share their story with SABP who were very sorry to hear of their difficulties and provided reassurance that this was in part due to a one-off service change

and that they would *“share this experience with the care team and hold a reflective session based on this feedback.”*

We have also been able to put SABP in touch with people whose experiences have been of a particular concern, for them to be resolved directly.

## Care Quality Commission

We have worked closely with the Care Quality Commission (CQC) throughout the year and have shared people’s experiences to help inform their inspection processes. In addition, we have also contributed to their DNAR and Cancer Provider Collaboration Reviews.

As part of our close working relationship with the CQC inspectors, we have also collaborated to ensure that any urgent concerns during the pandemic have been acted on. To improve services for service users and their families we recently shared feedback regarding care homes and domiciliary care agencies which the CQC investigated. We shared an experience of a domiciliary care provider which resulted in improvements to the provider’s *“openness and communication to resolve issues in a more timely way”* (CQC Adult Social Care inspector).

**Thank you to everyone who has shared their experiences with us so that we have been able to help improve services for other people going forward.**

# Top five areas that people have shared experiences about:



General Practice



COVID-19 testing/vaccinations



Dentistry



Emergency care



Mental health

## General Practice



Ernie\* is in his 80s. He told us that his GP surgery had been temporarily closed due to COVID-19 but he only found out when he saw a notice pinned on the door. He phoned 111 to try and find out why it was closed and was told to register online with an alternative surgery which he found very difficult, but managed to do. He also requested a flu vaccination. After a few days, he had not had a response, so he contacted Age UK who helped him to get an appointment. He then contacted Healthwatch Surrey for advice on how to make a complaint. We shared his experience with Surrey Heartlands commissioners who told us that *“The CCG is working with the practice to ensure that the communication is revisited and that it is clear for patients, ensuring this reduces any concerns on how patients access Primary Care services.”*

## COVID-19 testing/vaccinations

As the COVID-19 vaccination roll out got underway, we regularly shared feedback and insight with those overseeing the process. We shared people’s positive experiences of the process e.g. *“a very efficient and well run experience.”*

This was important for people working on the vaccinations to hear:

*“Good to see the positive messages as the vaccination programme team is working night and day and weekends to vaccinate our priority groups in a complex and changing (daily) landscape.”*

We also shared issues that people were facing: *“There were steps to enter the building and no ramp available which was an issue for some people.”* Information about accessibility were shared with those leading the vaccination sites to address for people to attend going forward.

## Providing details of emergency dental hubs

Saanvi\* was having problems with her wisdom tooth and was in some pain, but she was having difficulty finding an NHS dentist. She had tried searching online and calling, but the dentists she had spoken to told her that they had filled their quota for new patients. We advised Saanvi on how to access dental information on the NHS website, including the customer contact centre. She was also advised of the NHS emergency hubs and the additional sessions put in place during the COVID-19 pandemic and how to access them. Saanvi felt she had enough information to be able to access treatment.



## Emergency Care

Beth\* has a number of underlying health conditions and was admitted to hospital as an emergency due to suspected COVID-19. She spoke highly of the treatment and care that she received, but during her admission she was asked to reconsider the DNAR decision on her ReSPECT form which caused her a lot of distress.

She told us *“I can hardly speak for coughing and whilst choking out my indignation, with tears pouring down my cheeks trying to get breaths, I was attempting to justify why I should be allowed to live!? It is beyond terrifying for those who are unlucky enough to be stricken. You have to decide there and then. I was choking and crying and trying to articulate myself as I do NOT want to die from this disease and have every intention of getting home safe and sound so I can hug [my loved ones] and celebrate our freedom when permitted. It was utterly humiliating and so frightening and I was totally unprepared for that kind of confrontation.”*



We shared her experience with the hospital who were *“very saddened to [hear this] and can appreciate how frightening this must have been for the lady.”* The hospital wanted to follow up with Beth directly, however, she did not feel ready at that time to talk to them. The hospital told us that a new audit to review the quality of the documentation and the recording of the discussions was planned, and that Beth’s experience *“has prompted a review of the questions in the audit”* and is being used as part of training on ReSPECT forms within the hospital.




## Mental Health

Linda\* told us that her teenage daughter had been detained under the Mental Health Act and was currently in an assessment suite that was inappropriate for adolescents. We shared Linda’s concerns with the service provider who assured us that they were in frequent communication with the family as well as having daily escalation calls with NHS England, and that she would be transferred as soon as an appropriate bed was available. They also confirmed that they would be undertaking a serious incident investigation to learn from the experience.



### 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, you can contact our Helpdesk of trained advisors:

-  [www.healthwatchesurrey.co.uk](http://www.healthwatchesurrey.co.uk)
-  0303 303 0023       SMS: 07592 787533
-  [enquiries@healthwatchesurrey.co.uk](mailto:enquiries@healthwatchesurrey.co.uk)



# Volunteers

**At Healthwatch Surrey we have been supported by 51 volunteers this year who have helped us find out what people think is working and what improvements people would like to make to services.**

## This year our volunteers:

- Helped people have their say from home, supporting us with virtual listening events and telephone interviews.
- Attended 37 different virtual boards and public meetings to represent local people, share our insights and champion high-quality public engagement.
- Worked together across their local area groups to undertake desk-based research, looking at the information available on GP websites and finding out about day care provision in Surrey.

## Co-producing a Young Adults Community Mental Health Transformation Programme:

*Report by Young Healthwatch volunteers, Alice Walker-Earwicker and Paris Wilson.*

Since November 2020 members of our Young Healthwatch have been involved with a Young Adults (18-25) Community Mental Health Transformation Programme. This is a 3-year programme across Surrey Heartlands ICS and Frimley ICS, funded by NHS England. Our volunteers are involved as members of a Young Adult Reference Group (YARG): a group open to young adults who have experience of accessing mental health services.





The programme has been designed with a co-production approach in mind and YARG ensures that the voice of young adults remains at its centre. Alongside the Healthwatch Surrey Citizen's Ambassador for Mental Health, members of YARG co-wrote the consultation questions, giving input into the priorities and language used. They also had the opportunity to attend a focus group to share their personal experiences and perspectives on the proposed change ideas.

The next stage of the programme will see the creation of 'task and finish groups' to develop each of the consultation recommendations. Our volunteers will have the opportunity to be part of these groups to ensure the direction and focus remain in line with the views of young adult service users.

Our Young Healthwatch volunteers have also been approached, through the YARG, by a variety of mental health and wellbeing services to consult with them, giving a young adult perspective on their engagement and provision.

Services include:

- *IAPT/TalkPlus*
- *Surrey Virtual Hub*
- *Safe Havens*
- *GPIHMS/MHICS*
- *Primary Care Personality Disorder Services*

Alice and Paris have also had the opportunity to give presentations about the programme and their personal experience of accessing services to various stakeholders and committees such as the Council of Governors in Surrey and Frimley, the Adult and Health Select Committee and NHS England. We would also like to thank the other Young Healthwatch volunteers who are also involved: *EriOluwa Oyedele, Jade Tik Man Li and Rida Haider.*



Alice Walker-Earwicker



Paris Wilson



## Healthwatch Surrey volunteer Liz Sawyer chairs LeDeR Mortality Review

People with a learning disability often have poorer physical and mental health than other people and may face barriers to accessing health and care to keep them healthy. Too many people with a learning disability are dying earlier than they should, many from things which could have been treated or prevented.

The learning from deaths of people with a learning disability (LeDeR) programme was set up as a service improvement programme to look at why people are dying and what can be done to change services locally and nationally to improve the health of people with a learning disability and reduce health inequalities. By finding out more about why people died we can understand what needs to be changed to make a difference to people's lives.

In a LeDeR review, someone who is trained to carry out reviews looks at the person's life and the circumstances that led up to their death and makes recommendations to the local commissioning system about changes that could be made locally to help improve services for other people with a learning disability. They look at the GP, social care and hospital records and speak to family members about the person who has died to find out more about them and their life experiences.

The LeDeR review meetings are chaired by our volunteer Liz Sawyer and have representation from Primary Care, Acute Trusts, Adult Social Care, Safeguarding, Commissioning, Surrey and Borders Partnership Trust, Pharmacy representative, Local Area Contact for LeDeR and the initial LeDeR Reviewers.



## Highly commended at the 2020 Healthwatch Network awards

Our volunteers Jenny, John and Gareth were ‘Highly Commended’ at the national Healthwatch Network awards for their work reviewing and improving the serious incident reporting process for the Royal Surrey NHS Foundation Trust.

The group met 2-3 times a month throughout the project in 2019 to read and review confidential serious incident reports together as a team. They provided feedback to the report authors and the Head of Patient Safety before reports were sent out to the patients and their families. They were asked to consider the clarity, tone and sensitivity of the reports, and whether any of the information contained could be considered misleading or insensitive to patients. Some significant improvements have been made to the reporting process thanks to our team of volunteers:

- The report template has been reworked to make it reader friendly, accessible and less repetitive.
- The risk matrix which showed the likelihood of the event happening again has been removed. The risk matrix was upsetting to the families of patients who had died because of the serious incident, especially if the risk of the event happening again was described as ‘low’, as it seemed to some that the death of their loved one was an insignificant matter.
- Our volunteers worked with the authors to improve clarity. Some incidents span 1-3 years. The order of events was sometimes muddled and unclear in the reports.





These major changes to the reporting template were shared with other hospital trusts in Surrey. Royal Surrey NHS Foundation Trust’s Head of Patient Safety and Quality Simon Pawlin described the work done by our volunteers as “extremely valuable”.

***“At its most basic this project was a “purge of the acronyms” and making sure that any ‘NHS-speak’ was translated for the layman. More than this we tried to put ourselves in the position of the recipient, be it the patient or their next of kin who might often be elderly, confused or even angry about the incident.” - HW Volunteer***



### 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 with Healthwatch Surrey.

-  [www.healthwatchesurrey.co.uk](http://www.healthwatchesurrey.co.uk)
-  0303 303 0023
-  07592 787533
-  [volunteers@healthwatchesurrey.co.uk](mailto:volunteers@healthwatchesurrey.co.uk)

# Supporting people to make a complaint

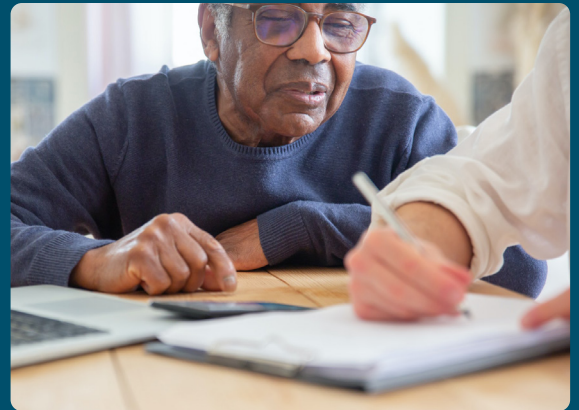
**Our independent health complaints advocacy service helps people who want to make a complaint about an NHS service. We provide free, confidential, independent support and assistance to anyone living in Surrey who needs to make a complaint.**

During the last year, 145 people contacted our service for information and advice and 48 new referrals were supported through the complaints process.

During the pandemic many providers and the Parliamentary Health Service Ombudsmen (PHSO) put a pause on the complaints process. For providers that didn't pause completely, the complaints process was subject to delays. During this time our advocates worked hard to keep clients who were waiting for responses from providers up to date with wait times, and chased to progress those responses. We regularly updated our website with the latest information from all the providers and the PHSO detailing the status of their complaints process as it changed throughout the year.

## Dale\* needed support with his complaint regarding his referral for dental surgery

Dale's dentist made a referral to the Dental Institute on his behalf in December 2019. A response was not received until August 2020 in which Dale's dentist was informed the referral had been accepted and that an appointment would be issued in due course. However, an appointment was never received. His dental surgery followed up, but they were informed that the referral had now been rejected and Dale did not receive an explanation as to why the referral had been rejected.



Dale contacted our Advocacy service where an Advocate took time to understand the issues and drafted a complaint. Once the draft was approved by Dale, an email was sent to the provider and next steps were explained to Dale, including a follow up with the provider in 3 working days of sending the complaint. When our Advocate received information from the provider relating the deadline for response, Dale was updated accordingly. The provider did not meet the deadline that was set initially, so our Advocate contacted them again. The provider then wrote a letter to Dale but did not give any further timeframe.

Our Advocate chased them again and received a response in December advising they would respond within 4 weeks. Dale received a call from the provider in December advising he had been offered a consultation in January. Following up with the provider in early January and again after 2 weeks, our Advocate received an email and telephone message from the provider in early February advising that the client had an appointment in February. Dale was contacted after his appointment in February and decided to close the complaint as he no longer required our services. As a result of making the complaint, Dale had a consultation with the provider and an assessment was carried out. He also has a hospital referral for an in-depth assessment to hopefully have work done, including implants.



### Contact our advocacy service

Our advocacy service is provided by Surrey Independent Living Council (SILC). If you need support or advice regarding and NHS Health complaint you can contact us on:

Tel: 01483 310500

SMS: 07704 26537

Email: [nhsadvocacy@surreyilc.org.uk](mailto:nhsadvocacy@surreyilc.org.uk)

# Finances

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

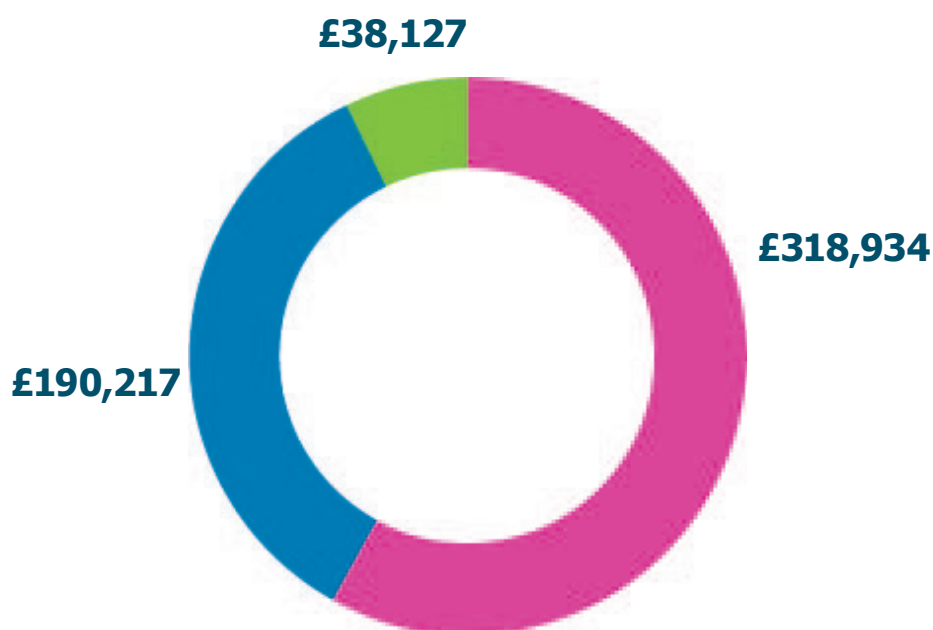
## Income

Local Healthwatch contract: **£496,284**

Additional income from Surrey County Council including Independent Health Complaints Advocacy contract: **£104,998**

## Expenditure

■ Staffing costs
 ■ Operational
 ■ CIC Costs



### Note:

Due to limitations on our ability to conduct much of our face-to-face community engagement work during the pandemic, Healthwatch Surrey has spent less than our contract income for this financial year. We plan to use these funds in the years ahead. This will include delivering work which has been delayed and carried over from 2020/21 such as our Community Cash Fund. We also anticipate an increase in demand for some of our services as life returns to some semblance of normality, due to pent-up need, and we therefore need to factor this into our resourcing. In addition, as we face a decrease in contract value in the next two years of our contract with Surrey County Council, we will use these funds to further develop our capacity for income generation and to ensure we can adapt to continue to deliver a consistent, high-quality and sustainable local Healthwatch service for the residents of Surrey for the remainder of our contract term.

# Thank you

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

- Members of the public who shared their views and experiences with us.
- All of our Staff, Board and Volunteers.
- The voluntary organisations and community groups that have contributed to our work.
- Our Citizen Ambassadors, who provide a key input into discussions and decisions about service transformations, adding to the understanding of the health and social care needs, views and experiences of citizens.
- All health and social care commissioner, provider and regulator colleagues who have met with us and responded to feedback we have shared.
- Our partners in the NHS and social care system including those on the Health & Wellbeing Board and Adults & Health Select Committee who have welcomed our presence and valued our feedback.



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



# Statutory statements

## About us

Healthwatch Surrey, GF21, Astolat, Coniers Way, Burpham, Guildford GU4 7HL

Healthwatch Surrey 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 board consists of 9 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 12 times and made decisions on matters such as the refreshing of our annual priorities and agreeing our annual work plan with its associated budget.

We ensure wider public involvement in deciding our work priorities. We code and analyse all the insight that is shared with us by the public and our escalations panel (which includes volunteers) meets on a regular basis to review themes arising from the insight, which in turn informs our work. Our annual workplan is drawn up following engagement with our local volunteer groups. They also help shape our outreach priorities for engagement in their local area helping us to identify those who are less well served and at risk of health inequalities.

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\*Note: all photos contained in this report are  
stock images or were taken pre-COVID-19