



**Annual Report 2024–2025**

# Unlocking the power of people-driven care

Healthwatch Richmond

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“We’ve spoken truth to power and held to account those making decisions about our services, giving our community a voice nationally as well as in the hospitals, care homes, GP practices and boardrooms of all of Richmond’s providers.”

– **Mike Derry, Chief Officer, Healthwatch Richmond**

## A message from our Chair

This is the first Annual Report since the new Healthwatch Richmond contracting arrangement started with Richmond Council on 1 April 2024. The Council had decided to put the contract for the services provided by Healthwatch out to tender and the process of having to bid and compete for the contract meant a period of uncertainty for our staff but more positively gave us a chance to properly evaluate our role and clearly articulate how Healthwatch – which is a statutory service – could better benefit those living in Richmond.

The last year has also seen significant changes to the NHS led by the new Government, and we are still waiting the national report on patient safety led by Dr Penny Dash. As a Board of Trustees, we recognised the uncertainty of the environment in which Healthwatch operate but were very clear that we would continue to deliver reports and outcomes to improve healthcare for all the residents in the Borough. Our key mission – that everyone in Richmond can get the healthcare they need continues to drive everything we do.

“It is a huge credit to the staff that they dealt with the period of uncertainty with no decrease in our work and that we could hit the ground running at the start of the year.”

This report highlights the considerable work undertaken over the last 12 months and the impact Richmond Healthwatch has had at a local, regional and national level. Over 4,000 people have, over the course of the year, either shared their experiences of health and social care issues with us – helping us to raise awareness of issues and improve care – or sought advice and information on a range of healthcare issues. Richmond contains a number of diverse communities, and we have worked hard throughout the year to reach those whose voices would otherwise have gone unheard.

“The new commissioning arrangements for Healthwatch Richmond mean we have much greater security of funding for the future and can plan our work with increased confidence and the report indicates our priorities for the upcoming year.”

**Simon Boddis, Chairman, Healthwatch Richmond**

## A message from our Chair

### Details of our projects and highlights from the year include:

- An assessment of the Emergency Department and Urgent Treatment Centre at West Middlesex University Hospital which led to a detailed improvement action plan.
- Our work informed the new contract for Kingston Hospital meal service.
- Securing a new pharmacy for Hampton following the sudden closure of two other pharmacies
- Reviewing, at the request of the Council, the three council funded day centres.
- A review of all GP practices in Richmond collecting patient experiences of contacting GPs, appointment booking, remote consultations and the role of Physician Associates. We made a number of recommendations on how services could be improved and our work informed national future thinking.
- At the end of the financial year the Southwest Integrated Care Board commissioned us to look at community nursing to inform the recommissioning of community nursing in Richmond.
- A long-standing health issue in Richmond has been the lack of NHS dentists. We provided evidence that in October 2024 there were no available NHS dentists appointments for new adult patients in Richmond. We argued that more dentistry needed to be provided not only in Richmond but also across Southwest London. The issue was picked up by Channel 5 News and we gave evidence to the London General Assembly inquiry into dentistry. As a consequence of our work the NHS has committed to commissioning more NHS dentistry capacity within Richmond by 2025/26.
- Finally, we know, because people tell us, that healthcare and social services can be difficult for people to negotiate and our signposting service helps thousands of Richmond residents every year. Over the course of the year, we distributed 60,000 signposting guides across the borough and helped nearly 7,000 people to find support or services.

"I would like to thank our Chief Officer, Mike Derry, for his leadership, knowledge and ability in steering Healthwatch Richmond through what has been a very busy and challenging period. We have only a very small team and thanks must go to all of them for all their efforts. I would also like to thank all the volunteers who work with us. Finally, I would like to thank my fellow Trustees for providing much valued leadership, insight and thought into our work."

**Simon Boddis, Chairman, Healthwatch Richmond**



## About us

Healthwatch Richmond is the independent champion for people who use health and social care services.

We're here to find out what matters to people and to make change happen by sharing their views and experiences with those who have power. We ensure that support meets people's needs and uses limited resources effectively.



### Our vision

Everyone in Richmond can get the health and care they need.



### Our mission

To understand people's experiences and use these experiences to help make health and care better.



### Our approach:

**Engage** people where they are, listen to them and make sure their voices are heard.

**Include** everyone in the conversation, especially those who don't always have their voices heard.

**Answer** people's questions through our signposting service.

**Prioritise** our work to meet both the community's and the system's needs.

**Research** to give decision-makers the evidence and analysis they need to make meaningful improvements.

**Communicate** proactively so that everyone has access to the information they need, can take part in decisions, and knows what we have achieved.

**Partner** with stakeholders including the Local Authority, NHS, care services and the voluntary and community organisations to ensure that we understand their priorities and that we can influence change.

# Our year in numbers

We've supported more than **4,100** people to have their say and get information about their care. We currently employ **3.8 FTE** staff and, our work is supported by **21** volunteers.

## Reaching out:



**3,954** people shared their experiences of health and social care services with us, helping to raise awareness of issues and improve care.

**155** people came to us for clear advice and information on topics such as **dentistry, social care or access to support**.

## Championing your voice:



We undertook **7** projects and published **6** reports about the improvements people would like to see in health & social care.

Our most popular reports were on **general practice**, our **campaigning for a new pharmacy in Hampton** and our work on **A&E**.

## Statutory funding:



We're funded by Richmond Council. In 2024/25 we received **£131,000** which is **£15,000** less than last year.

Through additionally commissioned work and interest on our savings we invested an additional **£33,000**.

We spent **£182,500** delivering Healthwatch Activity.

## Listening to your experiences

**We're here for all residents of Richmond. That's why, over the past year, we've worked hard to reach **38** diverse communities whose voices would have otherwise gone unheard.**

We heard from over **931** people through outreach sessions across our whole community.



# Reaching our communities

## How do we reach people?

We visit community locations across the borough, particularly focusing on spaces and groups that support people we haven't heard from or who are less able to raise their own concerns. Each year, we prioritise different groups depending on who we have – or haven't – heard from recently.

## Who did we reach?

Focus of group	% of people reached
Age Well	20%
Start Well	11%
Live Well	7%
Socio-economic Deprivation	27%
Language or Ethnic Minority	18%
Carers	7%
Gender or Sexual Orientation	4%
Carers	7%
<b>Total</b>	<b>38 outreach sessions</b>

## What difference did this make?

We have had good engagement with people from different communities, particularly those from minority ethnicities or who speak English as an additional language and those from socio-economically deprived areas of the borough. This has been an ongoing priority for us because these groups are often excluded from decision making and influencing NHS and social care.

From this work, we've logged over 400 experiences from people across our whole community, including those who are traditionally underserved.

Amongst the highlights of this work were multiple visits to [Shepherd's Star](#), [Real Junk Food Project](#) and [Richmond EAL Friendship Group](#) where we brought information to and heard views from some of Richmond's most disadvantaged people.



# Taking action on what we hear

**Based on what we hear from the community, our Board identifies priorities for our work. As well as listening to the community, our work is informed by local providers and commissioners as well as by regional and national policy changes.**

By combining these information sources, we're able to ensure that we're working on the things that matter to our community at times and in ways where we can make a meaningful difference.

Our statutory powers to request information, make recommendations and 'Enter and View' enable us to drive improvements in these areas. As well as our statutory powers, we have strong influence through our relationships with key local organisations. By gathering robust evidence through research and engaging with local communities, partners trust our credibility and expertise.

Topic	Input	Output	Impact
<b>West Middlesex Emergency Department</b>	A series of Enter and View visits	West Middlesex wrote an extensive action plan of improvements responding to our findings. Staff performed well under considerable pressure and were praised.	Staff recognised and morale boosted. Improvements to: patient safety and comfort; infection risks; seating; cleaning; and communication with patients.
<b>Appointments, Booking and Additional roles at GPs</b>	2,700 survey responses	Our findings were directly quoted in national publications around physician associates.	Better use of additional role funding by ICBs and PCNs. National review of physician associates is informed by patient experience.
<b>Kingston Hospital In-Patient Care</b>	Enter and View visits to all wards	Reports of experiences across all wards in partnership with Healthwatch Kingston	Improvements to care provision particularly during mealtimes. Recommissioning of food provider to meet identified patient needs.
<b>Pharmacy</b>	Requests for information and campaigning	Issues raised in parliament and local news outlets.	New pharmacy opened in Hampton on 12 <sup>th</sup> April improving access.

# West Middlesex Emergency Department

With the service under intense pressure, we visited the Emergency Department and the Urgent Treatment Centre at West Middlesex University Hospital in November 2024 to create a snapshot assessment of the service.

## What did we do?

**14** Healthwatch Richmond staff members and volunteers visited the Emergency Department at West Middlesex University Hospital. Our visits included weekdays and weekends and covered all hours of the day, morning, afternoon, evening and night.

We spoke to over **100** patients and carers, and **30** staff members and made observations over **93** hours of visits.

## What did we find?

Overall, we were very impressed. We found a warm and welcoming organisational culture where staff clearly felt a lot of pride in their work.

Patients were keen to share praise for the staff looking after them and felt well cared for, both by clinical and clerical staff.

Whilst there was much to praise, we made **16** recommendations for improvements, including sharing positive feedback with staff.

## What difference did this make?

**Patients will experience better communication, comfort and more streamlined care.**

West Middlesex Hospital provided a detailed action plan for improving the way the department operates as a result of our feedback. Much of this was already delivered when we checked in with them shortly before publishing the report.

Items requiring capital investment or technological developments had not yet been delivered but work was underway to secure funds to make improvements.

# Kingston Hospital In-Patient

**Kingston Hospital asked us to investigate what in-patients thought of hospital food and drink provision. In May, we conducted 4 visits to 8 wards over 2 weeks with our team of Enter and View volunteers.**

This work was undertaken in parallel with our colleagues at Healthwatch Kingston. Together we were able to cover all areas of the hospital.

## What we found

**We observed a clean and calm environment where patients were happy, well looked after and full of praise for the staff looking after them.**

**Our recommendations included the need to:**

- Respect dietary requirements, including consistent access to alternate menus.
- Ensure full compliance with infection prevention and control measures around meal times.
- Enable patient hand washing before meal times.

“I would like to take the opportunity to thank you and your Healthwatch colleagues for your time and support with this Enter and View visit; it is much appreciated.”

**- Berenice Constable, Deputy Chief Nurse**

## What difference did this make?

The findings of our work informed the re-procurement of the hospital's meals service. This should lead to improvements in the food service and quality as well as the menus provided to patients.

Through our work with the hospital, they moved from viewing mealtimes as purely protected times, to viewing them as an opportunity to provide caring support to patients.

# Securing a New Pharmacy for Hampton

**In late 2023, two pharmacies closed in Hampton. We undertook an urgent review that identified huge challenges for Hampton residents. We continued working on this problem and a new pharmacy opened in 2025, restoring vital services for residents.**

Based on the evidence in our report, local stakeholders made administrative changes to allow a new pharmacy to open in the area. An application to open a new pharmacy was made in late 2023/24. However, despite the overwhelming evidence of local support and urgent need, the London wide team that decides pharmacy applications (Market Entry Team) declined the application.

## What did we do?

Unsatisfied with this outcome, and the 7 months it had taken, we wrote to the Market Entry Team, using our powers to:

- request information as to why they had declined the application and why it had taken so long to process
- recommend that they take all possible steps to resolve applications that would resolve the urgent need in Hampton as swiftly as possible.

**Their response failed to answer our questions – breaching their statutory duty to respond to a Healthwatch.** They also declined to take any action to ensure that future applications were settled swiftly.

Munira Wilson MP raised the issue in Parliament and our ICB put pressure on the Market Entry Team.

## What difference did this make?

Around 12 months after the pharmacies had closed, following persistent pressure from colleagues and us, permission to open the new Pharmacy in Hampton was finally granted. **The Pharmacy opened on April 12th 2025.**

*"Thank you for your help in getting the application approved and your continued support. We are really looking forward to serving the community in any way we can."*

– **The Hampton Pharmacy**





# Modern Day Centres

**We were asked by the London Borough of Richmond upon Thames to review the three council funded day centres: Sheen Lane, the Access Project and the Woodville Centre.**

In May, we undertook **40** hours of visits across all three centres, observing the services and talking to **68** clients and unpaid carers.

## Key things we heard:



### **Day centres provide:**

- Essential respite for unpaid carers
- Important socialisation and activities for clients
- A good level of care
- Transport to and from day centres was essential for most users

The services were highly valued by those who use them but there was insufficient communication with, and support for, unpaid carers. In addition, the buildings were largely underutilised and most people did not access support from elsewhere.

The report from this work is currently embargoed as the Council is using the findings to develop their modernised day services offer. In the meantime, we reported our work to the Adult Social Care, Health and Housing Committee.

## What difference did this make?

The Future Design Working Groups, of which we are an active member, are using the views and needs of service users, unpaid carers and the whole community to create improvements and changes to enable the service to support more people.

Whilst there will be changes, these should benefit those who use the services.

# GP Practice Review

**We worked with GP practices in Richmond to collect patient experience of contacting practices, appointment booking, remote consultations and additional roles. We collected 2,700 usable responses to our survey from March – June 2024.**

We received many positive accounts of how GP practices are going above and beyond to serve their patients. We thank and applaud all GP practices for their help on this project and their dedication to Richmond residents.

## What did we learn?

### **Our conclusions included:**

1. Phone and in-person contact should be prioritised as they are the preferred and most accessible routes for all Richmond residents.
2. There is an appetite for digital contact routes, if they are easy to use. The NHS app is preferable to multiple, fragmented systems.
3. Changes need to be made to online prescription ordering so that patients are alerted when their order has been processed.
4. Timely appointments need to be available to all patients.
5. There needs to be clarity on what additional roles can provide to patients.

## What difference did this make?

Our work has informed thinking about Physicians Associates. It was directly quoted by Healthwatch England's response to the General Medical Council's consultation which will inform the regulation of these roles.

It also informed the Royal College of General Practitioners' new scope of practice for Physician Associates.

We also submitted evidence to DHSC's Independent Review of Physician Associates. With this piece of research, we contributed to a national debate on the role of Physician Associates in order to ensure patient safety and satisfaction.

# Community Nursing

**South West London Integrated Care Board commissioned us to look at community nursing in Richmond.**

In particular, we want to know if nurses have a positive attitude, arrive on time, communicate well with patients and involve patients in decisions around care.

## What did we do?

In collaboration with Kingston and Richmond NHS Foundation Trust, we designed and distributed a survey to patients in March 2025. We received **228** responses by the end of March.

We also conducted **30** hours of 'ride-alongs' with community nurses. The purpose of these ride-alongs was to provide a deeper level of understanding and context to patient feedback.

## What difference will this make?

This work will inform the recommissioning of services in the future and will be published in 2025. we will make recommendations to both Kingston and Richmond NHS Foundation Trust and South West London Integrated Care Board.

We thank Kingston and Richmond NHS Foundation Trust and all the community nurses for their help with this project.



# NHS Dentistry

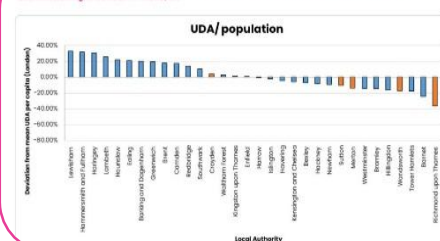
We have been campaigning for improvements in NHS Dentistry since late 2020 when it first became clear that the pandemic had led to a crisis in an already overstretched service.

## SWL Dentistry Day

We requested data from NEL ICB on the extent of the NHS dentistry crisis which they failed to provide.

Despite this, we presented evidence at SWL Dentistry Day that showed that there were for **no available NHS dental appointments** for new adult patients in Richmond. We demonstrated that more dentistry needs to be commissioned across SWL and especially in Richmond.

Healthwatch analysis of publicly available data  
Commissioning in London FY 2023/24



## What difference did this make?

NHS South West London has committed to commissioning additional NHS Dentistry capacity within Richmond in 2025/26.

## London General Assembly Health Committee

We gave evidence to the London General Assembly Health Committee inquiry into Dentistry which was extensively quoted in the final report:

*"Decay and Delay. The State of Dentistry and Oral Health in London."*

## National News

Channel 5 News interviewed our Chief Officer:

*"There is not enough money currently in the system [and] the way the money is currently shared is unequal [to ensure] that there is a baseline level of NHS dentistry for everybody."*





# Working together for change

**We've worked with Healthwatch across South West London (SWL) to ensure people's experiences of care influence decisions made about services across South West London.**

## A stronger voice in South West London

Our shared SWL Executive Officer provides us with:

- a voice and opportunities to ensure that patient and public concerns and experience is heard by NHS decision-makers working across the region.
- A presence at Boards and committees to hold the bodies to account and ensure they appropriately engage people before any big changes are made.
- Awareness of and opportunity to engage with vital issues and developments taking place across South West London such as the Pharmaceutical Needs Assessments.

## Making an impact across South West London

By collaborating across SWL, Healthwatch give our communities a say in the way services will run in the future:

- Made NHS services more accessible to people with sensory or learning disabilities (Accessible Information Standard)
- Identified best practice in Community Health Services to ensure that joined up commissioning raises the floor, not lowers the ceiling.
- Jointly brought the impact of the NHS Dentistry crisis on our whole community to the SWL Dentistry Day. We were promised action to improve access and await evidence of this.

## Losing our voice?

In early 2025/26, the ICB stood down our representative from their Board.

At the start of a year during which substantial cuts and changes are expected, it is vital that the NHS can hear and respond to the views and experiences of its residents.

This decision makes that more difficult and we have written to the ICB and to NHS England, calling on them to reconsider the role and value of patient voice in their work.

# Information and signposting

**Whether it's finding an NHS dentist, making a complaint, or getting help to understand what to do next, our signposting service helps thousands of people every year.**

This year we helped around **6,800** people to find support or help finding services by phone, email and our printed guide.

## **This year, we've helped people by:**

- Distributing **60,000** printed signposting guides across the community
- Bringing our signposting service to **38** outreach sessions for people with limited access including those who:
  - speak English as an additional language
  - face financial disadvantage
  - are vulnerable people, have health needs or are unpaid carers
- Helping **155** people who contacted us by phone or email.






## 155 stories of people needing help

Everyone who contacts our signposting service for help has a unique story that led to them needing our support. For some we will be the start of their journey, but most will have tried and failed to resolve their needs before reaching out to us.

As a result, we often have to do more than just provide information. Many people need us to take an action whether that is explaining complicated information, writing to providers seeking information or making referrals.

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### Feedback from signposting service users:


-  *"This was highly relevant and helpful. Also very prompt. Thank you so much."*
-  *"You do fantastic work. For family members, you speak up for them and give them a voice."*
-  *"Thank you so much for this. You are very kind and helpful. I will give [the dentist] a call and definitely book. Thank you for being so understanding"*

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## Helping people to find NHS Dentists

**Over one quarter of all our signposting calls relate to problems people experience with accessing dentistry.**

We regularly contact dentists on behalf of patients to find a practice accepting new patients within a reasonable time frame. At least once a month we call around 20 dental practices to identify any that could accept new patients.

-  We were able to help Janet, a local resident we met during an outreach session, to find an NHS dentist appointment at her local practice when she had been struggling to find one.  
*"Thank you so much for helping me... much appreciated"*



# Communications

**Communications are a core part of the work of a Local Healthwatch.**

**They are one of our most powerful tools for reaching people, gathering their views, encouraging people to seek advice from us and engaging people with our activity.**

**They also promote opportunities for the public to have a say and to support the work of our partners by sharing their news and opportunities.**

Our communications are both extensive and effective, enabling us to reach people around **233,200** times and enabling people to engage with us **18,500** times.



Channel	Reach	Engagement	Media coverage
Direct communications	22.4k	3.7k	<b>National:</b> UK Parliament Hansard, Channel 5 NEWS, Pharmacy Magazine <b>Local and regional media:</b> My London News, South West London, Teddington Nub News, South London Community Matters, City London News
Social media	106.7k	6.0k	
Website	46.2k	2.0k	
Print	58.0k	6.8k	
<b>Total</b>	<b>233.2k</b>	<b>18.5k</b>	



# Showcasing volunteer impact

**Our fantastic volunteers have contributed 450 hours to support our work. Thanks to their dedication to improving care, we better understand what is working and have improved care for our community.**

## **This year, our volunteers:**

- Sat on our Board and it's Sub-Committees which ensure that our Work Plan reflects the concerns and interests of our community, and ensure our effective functioning and use of funds.
- Visited communities to promote our work.
- Collected experiences and supported their communities to share their views.
- Carried out enter and view visits to local services to help them improve.
- Attended meetings on our behalf and fed back.



# Showcasing volunteer impact

**Healthwatch Richmond's team of volunteers has contributed a significant amount of time, expertise and dedication to our work over the past year.**

Their work included **10 Enter & View visits** where volunteers collected experiences from **180 patients**. Volunteers also supported us during community outreach sessions where they spoke to, and collected experiences from, **110** local residents.

All volunteers completed our Enter & View, safeguarding and data protection training to ensure they were fully equipped for their roles.

We welcomed **5** new volunteers, and are continuing to recruit new people to grow our volunteering team.

*"It has been wonderful working with our dedicated team of volunteers, who are all passionate about championing the patient voice to ensure services are delivering what patients need. Our volunteers provide an invaluable range of expertise, lived experience and personal interests; all of which help us to better connect with the community."*

**– Katie Rogers, Project Officer**



Of the time contributed by our volunteers, **240** hours was spent visiting hospitals, often arriving early or staying late into the evening. Their commitment reflects the values of Healthwatch. Our thanks to the following volunteers who, along with our staff form our Enter & View team.

Rosanna King, Estelle Laybourne, Caroline Snow, Carole Haskel, Grace Archer, Natalie Rimmington, Rachana Mane, Alan McNab, Annette Arnold, Lynda Crellin, Phil Bunell, Malia Henert.

*"I have truly enjoyed my placement and learned so much from this opportunity. I felt so supported during my placement in this incredible workplace environment."*

**– Malia Henert, Student volunteer**

# Finance and future priorities

We receive funding from **the London Borough of Richmond upon Thames** under the Health and Social Care Act 2012 to enable our work.

## Our income and expenditure:

Income		Expenditure	
Healthwatch Contract	£131,000	Expenditure on pay	£142,000
Additional Income	£33,000	Non-pay expenditure	£40,500
<b>Total income</b>	<b>£164,000</b>	<b>Total Expenditure</b>	<b>£182,500</b>

### Notes

This financial statement provides figures accurate to the nearest £100. The figures are provided prior to our accounts being finalised and audited later in the year.

The contractual income for Healthwatch Richmond was reduced by 10% from 2024/25.

Excluded from these figures is the cost of the Community Involvement service that is linked to, but separate from, the Healthwatch Contract and delivered by Richmond Council for Voluntary Service.

In addition to our contractual Healthwatch income, we generate **Additional Income** through commissioned work. This enabled us to build sufficient reserves to maintain financial stability over the medium to long term. The deficit shown above arose from maintaining a staffing establishment beyond what was affordable through the Healthwatch Contract and Additional Income. This expenditure was paid for from our financial reserves.

### Additional Income is broken down into:

- £12,000 from Richmond Council for our review of Day Services and to support our signposting directory.
- £11,500 from SWL ICB for our research into Community Nursing, towards our Signposting Directory and to support our work across the area.
- £7,450 from interest and bank payments.
- £2,000 from Healthwatch England to support their research on GP Choice.

# Finance and future priorities

## Work Plan

**Over the next year, we will keep reaching out to every part of society, especially people in the most deprived areas, so that those in power hear their views and experiences.**

We will also work together with partners and our local Integrated Care System to help develop an NHS culture where, at every level, staff strive to listen and learn from patients to make care better.

### **Our priorities for the next year are:**

The work plan for 2025/26 has been drafted with input sought from stakeholders. We are particularly aware that we will need to respond to emerging needs in year and that our priorities may change considerably.

### **Continued priorities include:**

- **Carers and Young Carers Charter** –working with London Borough of Richmond upon Thames and other voluntary sector partners to replace the Carers and Young Carers Strategy 2020–2025.
- **Community Nursing** – we are working with Kingston and Richmond NHS Foundation Trust to review community nursing.
- **Adult Mental Health** – we are working with South West London St George's Mental Health Trust to complete our review of their transformation.

### **New priorities include:**

1. **West Middlesex University Hospital** In-Patient Care Enter and Views.
1. **Kingston Hospital** Emergency Department Enter and Views.
2. **GP** Enter and Views to select GP Practices.
3. **Hollybourne Hospital** Enter and View with Healthwatch Wandsworth.
4. **Exploring patients experiences of:**
  - cancer care
  - elective care
  - hospital discharge.



# Finance and future priorities

## The year ahead

Over the 12 years that Healthwatch Richmond has existed, we've achieved huge changes for our community:

- fair access to pharmacy for our residents.
- the provision of mental health crisis services.
- campaigned on inequalities in NHS dentistry.
- driven improvements across all of our local providers for Richmond's residents.
- protected vulnerable people who needed support during the pandemic.

We've spoken truth to power and held to account those making decisions about our services. In doing so we've given our community a voice in Parliament, the Mayor's office, on national news broadcasts, to international delegations as well as closer to home in the hospitals, care homes, GP practices and board rooms of all of Richmond's providers.

**In the coming year we will face financial challenges from increasing costs and reduced income caused by the financial pressures on the NHS and local government.**

**Politically, the NHS 10 Year Plan is likely to dramatically change the way that the NHS works. The Dash Review, a government review of patient safety bodies, is similarly likely to impact the way Healthwatch works.**

At the time of writing it is not possible to know what the impact of these changes will be. The year ahead is uncertain but our strong finances, governance and statutory basis mean that we are well placed to handle whatever the future brings.

As a result, we will be here during to ensure that patient voice is the driving force in how these changes are implemented for our residents.

**- Mike Derry, Chief Officer, Healthwatch Richmond**

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