Annual report 2025-2026

You live it.
We hear it.
Together we change it.

People First

healthwatch Lancashire

Healthwatch is the public voice for health and social care.

We exist to make services work for the people who use them.

Map created in Copilot

Healthwatch Lancashire have a presence in West Lancashire, covering areas such as Skelmersdale, Parbold and Upholland, with another local Healthwatch overseeing the rest of this area. We offer some support to patients accessing care at Ormskirk and Southport Hospital. We do not cover Blackburn with Darwen, or Blackpool, but support individuals in Lytham St Annes.

Contents

Chris McCann, Healthwatch England Acting Chief Executive.

"We want to say a heartfelt thanks to all the local people who have taken the time to share their experiences, and to the health and social care professionals who have listened and acted on that feedback. Your commitment has helped make a real difference for our community.

"The NHS faces real challenges. Listening to people's thoughts about their care is one of the best ways to improve services, and helps health and care professionals see what works and what needs to change, so care can be safer and better for everyone."

About us

Healthwatch is your local health and social care champion. Through public engagement we hear your voice and make sure NHS leaders and decision-makers hear your feedback and use this to improve care. We can also help you to find reliable and trustworthy information and advice.

1 **Equity** - We listen with compassion, value every voice, and include those often left out.

2 **Empowerment** - We create a safe, inclusive space where people feel respected, supported and confident to speak up.

3 **Collaboration** - We work openly with others to share learning, build trust and make a greater impact together.

4 **Independence** - We stand up for what matters to the public and stay true to our role as an independent, trusted voice.

5 **Truth** - We're honest and speak up when change is needed.

6 **Impact** - We're here to make a real difference. We're ambitious, accountable, and driven to help others create change.

Click here to visit our website

Our team

David Blacklock
CEO

Lindsay Graham
Director

Kerry Prescott
Head of Healthwatch

Kate Rees
Assistant Head of Healthwatch

Chloe Wallace
Engagement Manager for Cumbria and Lancashire

Steve Walmsley
Operations Manager for Cumbria and Lancashire

Emmy Walmsley
Senior Engagement Officer

Susan Edwards
Senior Engagement Officer

Cora Dixon
Communications, Data and Research Officer

Dawn Iverson
Volunteer Coordinator

Caroline Fancott-Beynon
Healthwatch Lancashire MVNP Project Team Leader

Putting people first

We are hosted by People First Independent Advocacy, a charity that spans both community voice and individual advocacy. As part of People First we believe in the following values:

Fairness **Rights** **Belonging** **Courage** **Kindness** **Love**

People First is proud to deliver five local Healthwatch across the north of England. They are Healthwatch Cumberland, County Durham Lancashire, Stockton-on-Tees, and Westmorland and Furness.

Being part of a local Healthwatch community helps us to work collaboratively, share great practice and learning and, most of all, speak up louder on behalf of patients, people who use social care services, and under-served communities across Lancashire, the North West and two integrated care boards.

Over this challenging year since the announcement of the Government's intention to close Healthwatch, this relationship has helped us to keep delivering our functions, meeting targets, and supporting each other in practical ways as well as emotionally. It also brings economies of scale and supports us to see the bigger picture on issues.

As part of People First, we work alongside those with lived experience and bring that knowledge and understanding into out projects. People First's work includes statutory advocacy, carers' support, education, training and supported employment opportunities for people with learning disabilities and autistic people, as well as a range of peer advocacy.

Healthwatch provides a distinct but complimentary role. While Individual advocacy ensure people are heard in decisions about their own lives, our community-level advocacy means services are shaped by the experiences of people who use them.

Members of the North West teams

Message from our Chair - Mark Pannone

This year has been defined by both dedication and uncertainty. In July 2025 the Dash Review announced the Government's intention to end Healthwatch's role as the independent champion of patient and social care service user experience. With very little information to go on until the introduction of the NHS Modernisation Bill in June 2026, our teams have faced a future without clarity.

This has been a deeply unsettling time, resulting in the loss of talented colleagues seeking security elsewhere. Despite these challenges, I am immensely proud of how our Healthwatch teams have responded: by doubling down on their statutory responsibilities, innovating in how they engage, and ensuring people's voices continued to reach those shaping health and social care.

Despite this year's considerable uncertainty, Healthwatch Lancashire continues to deliver a work of remarkable quality, depth and influence utilising its well-established, trusting relationships with communities across Lancashire.

From shaping women's health priorities, improving accessibility, to informing safeguarding practice, their reach and commitment to amplifying the lived experiences of individuals across Lancashire have been significant. Most notably, their Impact of Social Media project engaged more than 1,000 young people across Lancashire, demonstrating a level of trust, access and local connection that only an organisation deeply rooted in its communities could achieve.

Looking ahead, while uncertainty remains around its future, what cannot be denied is the lasting legacy of Healthwatch across our communities. In a challenging time, they did not step back. They stepped up.
We put people's experiences at the heart of decision-making, and we will carry that commitment forward for as long as we are able to serve.

Mark Pannone

Our year in review

Spring

Publication of our Women's Health Phase 2 project, where we took phase 1's initial themes - mental health, gynaecological health and menopause - forward to gather more in-depth experiences and produce recommendations for ICBs and councils.

Summer

Disability Voices Phase 2: A research project focusing on the key themes that emerged from our phase 1 survey. These themes revealed barriers to accessing local services and prompted our project: Disability, Transport, and Accessibility.

We began supporting the Lancashire Maternity and Neonatal service with a 12-month engagement project to understand mothers', families', and birthing people's experiences of personalised care and support planning.

Autumn

Launch of our ongoing online background survey 'Men's Health' to understand men's needs across Lancashire.

Launch of 'Ageing Well Without Family' project to gather views of those in Lancashire who are preparing to age without an immediate local support network, what this looks like for them and their needs.

Winter

Engagement began for our 'Impact of Social Media' project, speaking to young people and parents about how social media affects health-related decisions and knowledge.

We launched our Safeguarding Voices phase 2 project in collaboration with Lancashire Safeguarding Adults Board.

A year of making a difference

Working together to make change

Healthwatch Lancashire proudly host the Maternity and Neonatal Voices Partnership and supports their ongoing efforts to improve maternity and neonatal services across Lancashire.

Healthwatch Together is a collaboration of five local Healthwatch organisations that ensure community voices shape healthcare decisions across Lancashire and South Cumbria. We work together to ensure the voices of residents are heard through neighbourhood and Place, and represented at the ICB.

Healthwatch Together

Blackburn with Darwen, Blackpool, Cumberland, Lancashire and Westmorland and Furness working in partnership

Making a difference in the community

Hospital engagement and partnership

We have very good links with both Lancashire Teaching Hospitals and Mersey and West Lancashire Teaching Hospitals, where we do frequent pop-ups in Chorley, Lancaster, Preston and Ormskirk Hospital.

To continue partnership working with the hospitals we regularly attend and do pop-ups in main areas of the hospital, so we can give direct feedback to the leads of the hospital to drive improvement, but also share good practice.

This feedback is shared at the patient experience meetings, and on some occasions, action plans are put in place to make these improvements, and Healthwatch can clearly see the changes being made on the back of our recommendations.

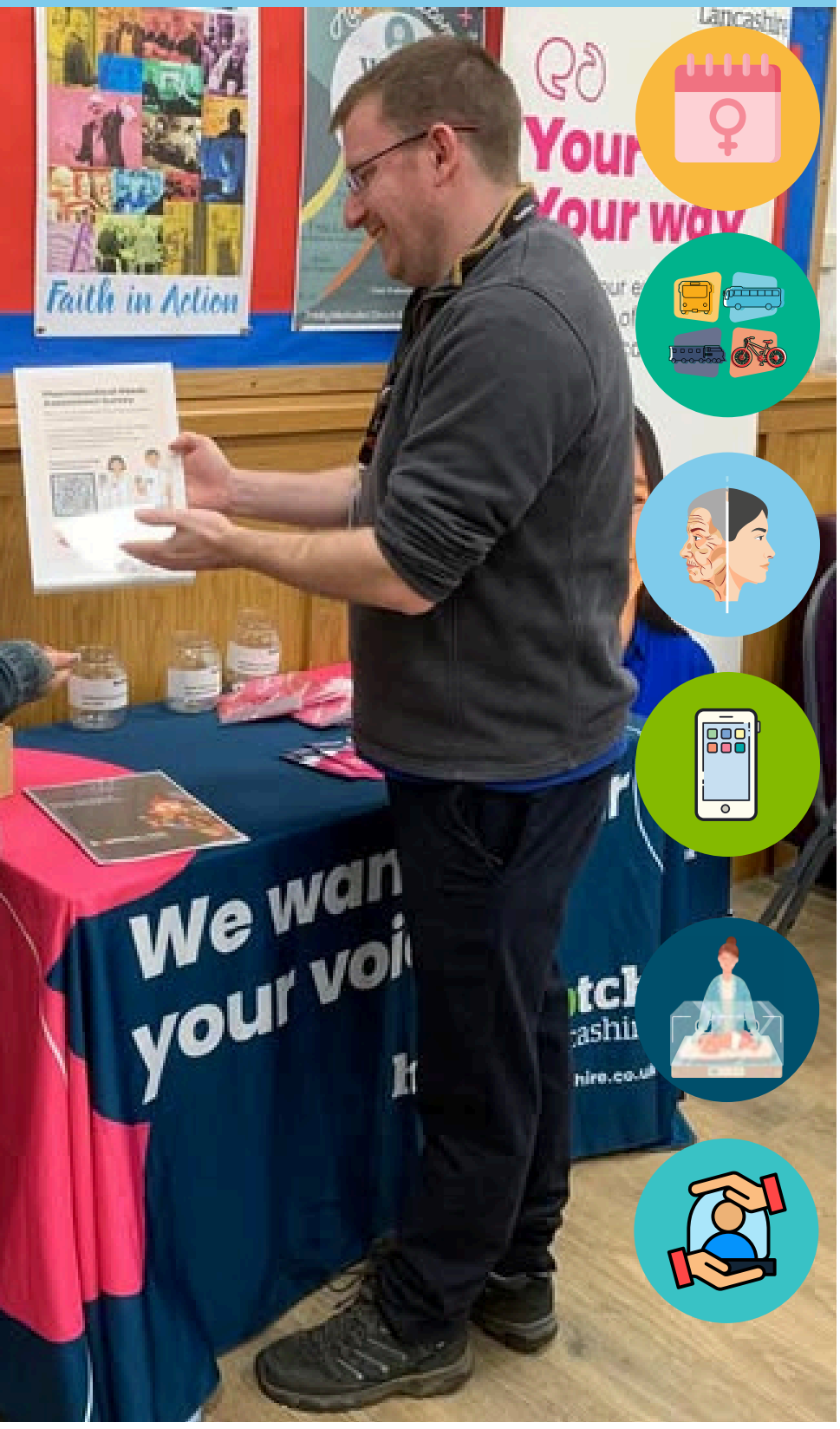
Our Voice in Health and Social Care: BSL Users

In 2023–24, we delivered a BSL Users project to understand d/Deaf people's experiences of accessing health and social care. Following the report, a multi-agency task and finish group was established in 2025 to progress recommendations and monitor their impact.

The group, comprising representatives from the Integrated Care Board, Lancashire County Council, and local NHS trusts, met five times to address key issues, including d/Deaf awareness training, interpreter provision, accessible communication, and access to services. Support was expressed for mandatory d/Deaf awareness training, while improvements in interpreter bookings at Chorley and Preston hospitals were recognised.

The group explored ways to improve accessible communication and d/Deaf involvement in service design. While challenges remain around access to services and the NHS App, the work has already driven positive change and highlighted opportunities such as a BSL-accessible NHS contact service.

Listening to your experiences



Women's Health Phase 2

Disability, Transport and Accessibility

Ageing Well Without Family

The Impact of Social Media on Young People

Personalised Care and Support Planning (Neonatal)

Safeguarding Voices Project

Women's Health Phase 2

Healthwatch Lancashire undertook a study in the last quarter of 2024 to find out the health priorities and concerns of women in the local area. We heard from more than 300 women. The three main themes presented were gynaecological health, mental health and menopause, which informed phase 2.

In Phase 2 (Jan–March 2025), we gathered in-depth experiences from women across Lancashire through targeted engagement, focus groups and interviews, building a detailed picture of the challenges affecting their daily lives.

Key themes included dismissal and misdiagnosis, menopause treatment, and menopause's impact on mental health, work and wellbeing. Women also highlighted a lack of education, information, understanding and accessibility, alongside long wait times and limited support across Lancashire.

We held an in-person event to publicly share our findings before publishing in July 2025 to bring together women from all areas to hear the feedback, but also gain support from multiple health professionals.

For more information, visit our website

Recomendations

- Instructed ICBs to introduce mandatory menopause training & refresher training for all practising GPs and primary care staff.
- When designing women's health services, ensure that the voices of women with lived experiences are at the heart of service design and evaluation.
- Communicate to women living in Lancashire the progress of Women's Health Hubs and any associated delays with service implementation.
- Consider that when implementing women's health hubs offer there is an offer of 'one-stop shop access to clinical, mental health, and social support services in safe, welcoming environments.

Disability, Transport and Accessibility

In early summer 2025, the Healthwatch Lancashire team explored how disabled people travel to health and social care services across the county, aiming to identify what works well and where improvements are needed.

The project used online surveys, public engagement events, and mystery shopping calls to transport providers, hearing from more than 300 people.

For more information, visit our website

The research found that disabled people rely on a mix of public, private, and subsidised transport, with few able to drive themselves. While most could access GP surgeries and pharmacies, hospitals were far harder to reach, with only 22% saying hospital appointments were easy to access. Major barriers included poor rural transport links, high taxi and parking costs, long waits for patient transport, and inaccessible hospital sites with confusing signage and inadequate waiting areas.

What difference did we make?

The report has already led to a formal response from the NHS Lancashire and South Cumbria Integrated Care Board, demonstrating its impact. The ICB committed to sharing the findings with GP practices, pharmacies, optometry, and dental services, while also working with neighbouring Integrated Care Boards to improve non-emergency patient transport through shared learning.

It also contributes to the national discussion around the Government's NHS 10-Year Plan, with the ICB linking its neighbourhood health service model to our key finding that care closer to home reduces transport barriers for disabled people.

Ageing Well Without Family

In Autumn, we began our Ageing Well Without Family project. This involved gathering the thoughts and feelings of individuals across Lancashire who don't have an immediate support network local to them. This could be family, friends or even support groups.

For more information, visit our website

This project aimed to highlight this community's concerns about getting older while being (to some extent) isolated and without immediate local support to travel to appointments, select appropriate care, or have supplies brought to the hospital should they be admitted at any point.

During this project, we sought to highlight not only the ageing population's views, but those of young adults who do not have local family or support.

What difference did we make?

This project explored what ageing well means for people in Lancashire without family or a local support network, highlighting the challenges and uncertainties they face as they grow older.

The priorities we uncovered included independence, links to staying active, finances (including everyday living costs), retirement, and future care.

Lancashire and South Cumbria Integrated Care Board has recieved this report and said: "We welcome the opportunity to reflect on its findings as we continue to work with partners to develop services and support that help people to remain independent, connected and well."

The Impact of Social Media on Young People

This project explored the impact of social media on young people's health and well-being. As well as young people, we connected with local councils, schools and parents to explore this topic in further detail.

For more information, visit our website

We aimed to identify how social media has affected people's health choices, decision-making processes and outcomes. This will also identify people's behaviour when using social media to inform their health choices.

We also wanted to identify what support young people need with regard to online services. What they have already been exposed to and what they feel is missing. This will help identify any gaps in provision and support needed. We spoke with parents about their concerns using social media, how they teach their children and if they feel they have enough support to safeguard their children.

Key emerging themes

- Misinformation is the top concern for both young people and parents.
- Females engage more with health content and report more related concerns.
- Schools and parents lead online safety education, but guidance needs updating.
- GPs and NHS resources are trusted more than social media for health advice.

We engaged with young people in many forms, including schools, colleges, libraries, health melas and youth groups.

There was also an online survey for young people and parents to complete, and we gathered case studies from young people.

The report is currently being written, and we will share the impact once this has been completed.

Personalised Care and Support Planning (Neonatal)

This commissioned piece of work was delivered on behalf of the Lancashire Maternal and Neonatal Service (LMNS) to gather feedback from families who have used neonatal services.

For more information, visit our website

We aimed to identify the level of personalised care and support planning families recieved at hospitals across Lancashire. We hoped to identify any gaps and understand how each hospital created a meaningful and supportive birth timeline for families, whilst highlighting areas for improvement.

For this project, we hosted an online survey and conducted various in-person engagements on maternity wards, at family hubs and more. We also implemented post boxes for families in waiting areas to share their feedback, which was manually imported to the online survey by our team.

The report is currently with staff at the Lancashire and South Cumbria ICB.

Key findings

- 28.57% of people were well informed about the choices for their personalised care, 27.21% were slightly informed or not informed at all.
- 59.05% of participants were satisfied or very satisfied with their overall personalised care and support planning, 21.82% were either dissatisfied or very dissatisfied, 19.11% were of a neutral view.
- 24.91% told us it was easy to access their electronic record.
- 56.31% of participants were guided to further information or referred to other services if needed, 25.60% were not, and 18.09% of individuals did not need them.

Safeguarding Voices Project

In 2023, Healthwatch Together published Safeguarding Voices: Making Safeguarding Personal, a report on adult safeguarding.

For more information, visit our website

Following this, Healthwatch Lancashire and Lancashire Safeguarding Adults Board carried out a follow-up study in 2025, speaking with 11 people involved in safeguarding enquiries, or their relatives, to assess whether experiences had improved.

The study found improved understanding of safeguarding, with more people clear about actions and timescales than in 2023. Staff on the Safeguarding Team received positive feedback for their empathy and personalised support, although communication from professionals was still inconsistent. Difficulties contacting services through the central number were also raised.

More than half of the participants felt the support they received was good. Support for carers improved notably, with 63% saying their needs were considered in 2025, compared to 35% in 2023.

What difference did it make?

The current feedback indicates real progress in a number of areas. Initial conversations have improved, points of contact are clearer, people's wishes are being heard, and social worker professionalism has been recognised as a particular strength. Together, these findings suggest that recommendations from the 2023 report have had a meaningful and positive impact on how safeguarding enquiries are experienced by individuals and their carers.

Hearing from all communities

Services can't make improvements without hearing your views. That's why, over the last year, we have made listening to feedback from all areas of the community a priority. This allows us to understand the full picture and feed this back to services to help them improve.

Denise Wilkinson

We work closely with a range of community groups to hear from as many people as possible. One example of this working effectively is our link with Denise at the Lancashire Visual Impairment Forum.

Throughout the year, we have attended the Lancashire VI forum and supported their community events. In May 2025, we co-hosted an event at the Pukar Centre focusing on mental health advice and support. We were able to use this opportunity to hear from members of the community to feed into our Disability Voices work.

Healthwatch Lancashire is proud to be a member of the Pan-Lancashire Service User and Carer Council (SUCC) with LSCFT, where we provide insight and support to the work that the group carries out in order to amplify the voices of the community.

"Healthwatch completes the SUCC and makes it viable by adding true, living, lived voices to all service users and carers across all communities."

Hamaad, Chair of the SUCC.

Hamad Saleem

Information and signposting

Healthwatch Lancashire was contacted by someone struggling to access gynaecology services at Preston Royal Infirmary. They were experiencing pain, as well as difficulties with communication and long waits for further support after being discharged from the service. They felt this created barriers to accessing additional care.

We signposted to...

Healthwatch Lancashire advised that the person contact the Patient Advice and Liaison Service (PALS) at Preston Royal Infirmary with a complaint letter. Following further investigation, it was identified that they needed support from gastroenterology rather than gynaecology. The person reported a positive outcome, praising the PALS team for their help, and was able to access the appropriate care and support.

A member of a veterans group was having issues accessing medication from a local pharmacy. The issue was in relation to their being unable to make up blister packs of any new medication, despite the patient having used the medication in the past.

We signposted to...

We encouraged them to contact their GP and ask for a medication review to assess the suitability of medication arrangements and to encourage them to review any adjustments that were in place for the patient.

We learned that they had been able to get the medication they needed after having a conversation with the staff at the local GP practice. Healthwatch have since raised the issue of access to medication with the Integrated Care Board, which is an ongoing piece of work.

The top themes in this year's feedback

GPs and Hospitals

Pharmacy

Dentistry

Mental Health

Volunteering

751
volunteer hours

Volunteers make a fantastic contribution to listening to people across Lancashire about their views on how health and social care services are delivered and their experiences of using them.

Our Healthwatch Lancashire volunteers kindly offered 751 hours of their time to gathering patient experience feedback and supporting our team on things like Enter and View visits in 2025-2026.

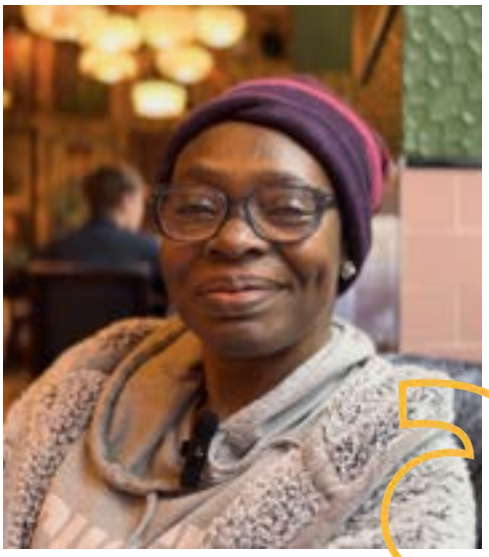
Hear from our volunteers...

Involving volunteers is central to what we do. All of our volunteers live within the community and have lived experience of accessing different Health & Social Care services in different areas of the County.

Our volunteers play a central role in representing patients and their communities not only within Healthwatch, but in every NHS Trust in Lancashire. For example, our volunteers dedicated more than 200 hours to the successful running of NHS PLACE assessments in 2025.

"The best things about volunteering here are the experience and especially the support. I enjoy all of the activities – especially the PLACE assessments. The only difficulties I have had have been around directions to places. But I just call the office or call Dawn and I can get directions easily. They give you support and anything you need.

"I would recommend volunteering for Healthwatch over and over again because the experience is very good for you, the training, you know more about how everything works in health care. It's very good."



Oluyombo Olusina

Charles Howarth

"It has all been very interesting. The PLACE assessments were really interesting, though. It's really good to be part of something that could have a big contribution to your care when you need it."

Charles volunteers for us on Enter and View visits, PLACE assessments and is regularly seen supporting in the community at Engagement events. He has a detailed knowledge of the area and services, offering a patient perspective and his lived experience.

Enter and View

Throughout the year, Healthwatch Lancashire undertook a series of Enter and View visits to local health and social care services.

This year we have carried out Enter and View visits at 30 locations including care homes, GP practices, pharmacies, urgent treatment centres and day services

The purpose of Enter and View visits is to collect evidence of what works well and what could be improved in order to make people's experiences better. Healthwatch use this evidence to make recommendations and inform changes both for individual services as well as system-wide.

In order to work in partnership with providers and to assess the impact of our recommendations, we have carried out five revisits to services. These have demonstrated tangible impact and measurable outcomes on the back of the recommendations we made.

The revisits consistently found that recommendations had been taken seriously and acted upon, with most changes either fully implemented or actively in progress.

The people using these services, their relatives, and the staff supporting them all reported noticeable improvements to their day-to-day experience.

Check out our Enter and View Reports

Enter and View

In June 2025, we carried out announced Enter and View visits to Skelmersdale Walk-in Centre and Ormskirk Urgent Treatment Centre, speaking with patients and staff and reviewing accessibility, environment, and patient experience.

HCRG Care Group responded quickly to recommendations. At Skelmersdale, improvements included dementia-friendly flooring, varied seating, a patient feedback box, clearer patient pathway information, and updated waiting time displays to reduce anxiety & improve communication.

Cross-site actions included revised staff rotas, a weekly staff newsletter, improved circulation of meeting updates, and ongoing work to strengthen communication and capacity sharing between sites through the SHREWD system. The Trust also raised concerns about 111 waiting times with NWAS and improved on-site waiting time information.

At Ormskirk, improvements included replacing the disabled toilet pull cord, providing clearer signage, repositioning feedback forms, improving the visibility of interpreter information, and providing drinking water and clearer waiting-time displays. Our team will revisit both centres to review progress and gather more feedback.

The formal bits

People First Independent Advocacy
People First Conference Centre, Milbourne Street, Carlisle CA2 5XB.

Statutory statements

Healthwatch England
2 Redman Place, Stratford, London E20 1JQ.

People First Healthwatch

People First is proud to hold the contracts to deliver five local Healthwatch: County Durham, Cumberland, Lancashire, Stockton-on-Tees, and Westmorland and Furness.

Healthwatch Lancashire (HWL) uses the Healthwatch Trademark when undertaking our statutory activities as covered by the licence agreement.

The way we work

Volunteers and lay people are invloved in our governance and decision-making. Our Healthwatch Board consists of six members who work voluntarily to provide direction, oversight, and scrutiny of our activities.

Our Board ensures that decisions about priority areas of work reflect the concerns and interests of our local community.

Throughout 2025-26, the Board met six times and made decisions on matters such as endorsing our workplan, and signing off our annual report. We ensure wider public involvement in deciding our work priorities.

We are commissioned by Lancashire County Council.

Finance

We receive funding from Lancashire County Council under the Health and Social Care Act 2012 to help us do our work.

Our income and expenditure

Income		**Expenditure**	
Annual grant from Government	£322,590	Expenditure on pay	£348,215
Additional Income	£304,930	Non-pay expenditure	£57,812
		Office and management fee	£124,660
Total Income	**£627,520**	**Total expenditure**	**£530,687**

Additional income is broken down into:

We also receive funding from Lancashire and South Cumbria Integrated Care Systems (ICS) to support new areas of collaborative work at this level.

£140,534	Hosting of Lancashire & South Cumbria ICB MNVP
£116,000	Delivering MNVP Neonatal engagement project*
£24,455	Healthwatch Together MNVP project
£23,941.60	PCSP survey design and delivery
Total Income: £304,930	***£96,862 received March 2026 for MNVP Neonatal work in 2026-27.**

Methods and systems used across the year to obtain people's experiences

We use a wide range of approaches to ensure that as many people as possible can provide us with insight into their experience of using services.

During 2025-26, we have visited community groups, held pop-ups and drop-ins, joined health and wellbeing fairs, visited hospital wards, made Enter and View visits, carried out surveys, collected case studies, and been available by phone, email, social media, and website web form.

We ensure that this annual report is made available to as many members of the public and partner organisations as possible. We will publish it on our website, have printed copies at our offices and with us at engagement events.

We will send it directly to our local authority, ICBs, Trusts, and those organisations and services we have worked with most closely over the past year.

Responses to recommendations

All providers responded to requests for information or recommendations. There were no issues or recommendations escalated by us to the Healthwatch England Committee, so there were no resulting reviews or investigations.

Taking people's experiences to decision-makers

We ensure that people who can make decisions about services hear the insights and experiences shared with us.

For example, we take information to Lancashire County Council Health and Wellbeing Board, Health Adults Overview and Scrutiny Committee; UHMBT Patient Experience Group; ICB Women's Health Board; Lancashire Safeguarding Adults Board, East Lancashire Hospitals Trust Patient Experience Group, Lancashire Teaching Hospitals Trust Patient Experience Group, Lancashire and South Cumbria Foundation Trust Service User and Carer Forums.

We meet regularly with Care Quality Commission (CQC) inspectors to share soft intelligence.

We take insight and experiences to decision-makers at Lancashire and South Cumbria Integrated Care Board (ICB), through our Healthwatch Together Network.

We also share our data with Healthwatch England to help address health and care issues at a national level.

Healthwatch representatives

Healthwatch Lancashire is represented on the Health and Wellbeing Board by David Blacklock, CEO.

During 2025-26 David has effectively carried out this role as a critical friend and shared the experiences of patients, public and advocates.

Healthwatch Lancashire is represented on Lancashire and South Cumbria Integrated Care Partnerships by Lindsay Graham, and Lancashire and South Cumbria Integrated Care Boards by David Blacklock.

Future Priorities

From feedback received over the past year, ICB and local authorities priorities, and the NHS 10-Year Plan. In 2026-27 we will look into:

Neonatal Voices

Neonatal families (those caring for a newborn in a hospital setting) represent a group whose experiences are often fragmented, time-limited, and emotionally intense, needing safe, compassionate and effective maternity and neonatal services. This project will identify gaps and opportunities across Lancashire and Cumbria, and inform future MNVP development.

Know your neighbourhood

The NHS 10-Year Plan shifts care from hospitals to community, and the focus from sickness to prevention. This project will visit 'neighbourhoods' and ask communities about where and how they use health services, what they think of as their community, and what they need in the future to stay healthy and well.

Discharge

We are reviewing the hospital discharge process at Lancashire Teaching Hospitals, including discharge arrangements, medication, waiting areas and discharge times. We will speak to staff and patients, visit discharge lounges, and identify what's working well and where improvements can be made.

Stigma

People with lived experience of substance misuse often face stigma when accessing health services, leading to isolation, poorer health, and reduced trust in professionals. This project partners with people with lived experience to inform improved trauma-informed care, and reduce prejudice.

healthwatch Lancashire

Hosted by People First

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