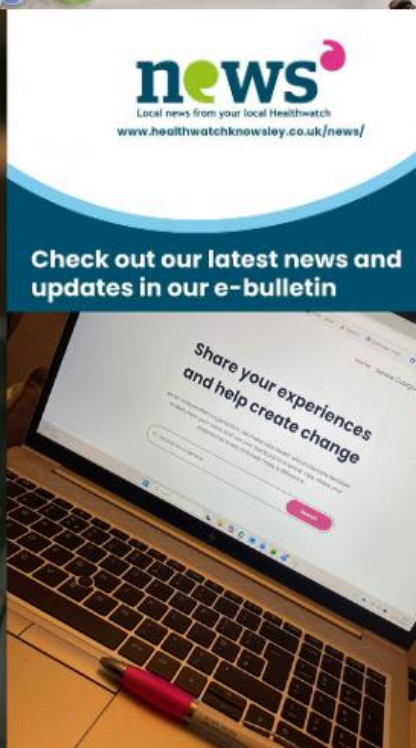
healthwatch Knowsley

Speaking up for better care

Healthwatch Knowsley annual report 2025/26



Contents

A message from our chair

Over the past year, Healthwatch Knowsley has continued to be a strong, independent voice for local people – supporting 4,491 residents to share experiences or receive advice and publishing 33 reports on what people have told us about care.

We are concerned by national proposals to abolish Healthwatch and the loss of the independent patient voice that will occur if the Health Modernisation Bill progresses unopposed. Whatever comes next, it is the view of the Healthwatch Knowsley Board that we must not lose an independent local route for people to be heard, supported and to hold services to account.

Feedback from our local community members, service users and patients has shaped real action on Corridor Care, GP access, Children's Phlebotomy, digital exclusion and appointment barriers.

Working with partners across Knowsley and the wider Cheshire and Merseyside network, we have ensured local insight reached decision-makers at Place and ICS level. The opportunities to reflect patient views continue to emerge as the landscape in which we work once again shifts.

Chair & Director
Martin McDonagh

"Thank you to everyone who shared their story and to our volunteers, staff and partners. Together, we will keep pressing for services that listen, learn and improve."

About us

Healthwatch Knowsley is your local health and social care champion.

Across the borough of Knowsley, from Kirkby to Halewood and everywhere in between, we make sure NHS leaders and other decision makers hear your voice and use your feedback to improve care. We can also help you to find reliable and trustworthy information and advice.

Our vision

Healthwatch Knowsley will be an effective and clear voice for the community of Knowsley in relation to health and social care service provision and commissioning.

Our mission

Supporting you to have your say

We want more people to get the information they need to take control of their health and care, make informed decisions and shape the services that support them.

Providing a high quality service

We want everyone who shares experiences or seeks advice from us to receive a high quality service and understand the difference their views make.

Ensuring your views help improve health & care

We want more services to use community views to shape the health and care support you need today and in the future.

Our values are:

Inclusive – working with all communities across Knowsley

Influential – we are responsive, setting the agenda and making change happen

Independent – we act on behalf of the local community, listening carefully then speaking loudly on their behalf

Credible – we value knowledge, seeking information and challenging assumptions with facts

Collaborative – we work in partnership with health and social care organisations to keep the debate positive and we get things done

Truth - We work with integrity and honesty, and we speak truth to power.

Our year in numbers

In 2025/26 we supported 4,491 people to have their say and get information about their care. We employed 6 staff members and our work was supported by 8 volunteers.

Reaching out:

4,115 people shared their experiences of health and social care services with us, helping to raise awareness of issues and improve care.

376 people came to us for clear advice and information on topics such as support with medication concerns and finding dental care.

Championing your voice:

We published **33** reports about the improvements people would like to see in areas like primary care, domiciliary care and hospital care.

Our most influential report was Access to Primary Care, highlighting key trends in accessing GP services and dentistry.

Statutory funding:

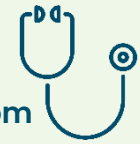
We're funded by **Knowsley Council MBC.** In 2025/26 we received **£171,000** which is the same as last year.

A year of making a difference

Over the year we have been out in the community listening to people's stories, engaging with partners and working to improve care in Knowsley. Here are a few highlights.

Spring

In April, we produced our report following collaboration work carried out in early 2025 with 9 other Healthwatch organisations to understand people's experiences of GP Access. Healthwatch Knowsley received 1,229 responses from Knowsley residents.



A report was produced following activities completed in early 2025 with residents and staff of Extra Care Schemes within Knowsley. The information from the report supported the procurement process of Extra Care support in Knowsley.

Summer

During the summer, work began on surveying people who accessed Domiciliary Care within Knowsley. This supported previous similar work completed, on this occasion with a specific focus on Spot Purchase Providers.

We undertook a 360° survey among local partners and stakeholders to better understand the views of key professionals about how we approach our work, the insight we provide and how we communicate.

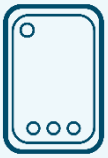
Autumn

HWK contributed to the Patient-Led Assessments of the Care Environment (PLACE) visits. We were able to highlight opportunities for improvement at Liverpool University Hospitals NHS Foundation Trust and Mersey and West Lancashire Teaching Hospitals NHS Trust.

In October 2025, we held a joint Listening Event at the Children's A&E Department in Whiston Hospital with Healthwatch Halton. The aim was to understand families' experiences of Children's A&E.

Winter

During winter, the Cheshire & Merseyside collaboration produced a survey to examine people's awareness, uptake, use and perceptions of the NHS App, including views on using the app to give feedback.



In January 2026, we commenced a collaborative piece of work focused on the experiences of patients found receiving Corridor Care within A&E and those in temporary escalation spaces.

Working together for change

We've worked with neighbouring Healthwatch organisations to ensure people's experiences of care in Knowsley are heard at the Integrated Care System (ICS) level, and they influence decisions made about services at Cheshire & Merseyside ICS.

This year, we've worked with Healthwatch across **Cheshire & Merseyside** to achieve the following:

Cheshire & Merseyside Healthwatch Collaborative

A collaborative network of local Healthwatch:

We have continued to work seamlessly together, as a Healthwatch Collaborative, to provide a strong voice for the 2.5 million people who live, work and use health and care services in our region. This means the ICB hears what matters to local people and on a much wider footprint, to provide equitable services.

Healthwatch leads meet weekly to keep up to date on health and care matters, to brief each other on the ICB meetings we have attended, to meet with invited colleagues from the ICB and other partners, and to respond jointly to matters affecting all our residents (e.g. consultation on the establishment of NHS Online, a new NHS online only trust).

Building strong relationships to achieve more:

We continue to build relationships within the wider ICB structure and attend the Board and various sub-groups, as well as maintaining already established relationships and seats at Place. We share and rotate attendances at C&M ICB meetings, we collate data between us. In 2025/26 this included Primary Care, Dental Access, ADHD and end of life care, as well as Corridor Care.

Working together for change

A big conversation:

In 2024, NHS Cheshire & Merseyside ICB developed an Urgent & Emergency Care Red Lines Toolkit to support patient experience in Emergency Departments, with C&M Healthwatch organisations co-producing the Care and Comfort section based on patient feedback.

During 2025–26, we visited local acute hospitals to assess how they were meeting Red Line standards on comfort and care when ED overcrowding led to corridor care. The findings are helping to inform improvement work across trusts and the ICB, and Healthwatch has contributed the patient perspective through membership of the ICB's Urgent and Emergency Care System Board. A more detailed account of this joint exercise can be found on page 13.

We also gathered local people's experiences of the NHS App, finding that while some value digital access, others face various barriers. We continue to advocate for alternative routes to ensure services remain accessible to everyone.

"The work of the 9 Healthwatch organisations across C&M has been instrumental in helping us ensure that patient experience is understood and acted upon across our commissioned services. I have found the work done on Emergency department waits and corridor care particularly insightful. This is a priority area for the ICB to improve for our population, and the Healthwatch work has strengthened the ICB's Urgent and Emergency Care (UEC) improvement plan.

The contribution that Healthwatch colleagues make to our committee and board meetings is invaluable in bringing the voice of the public and patients into the room and undoubtedly improves the decision-making."

Fiona Lemmens, Executive Clinical Director, Cheshire and Merseyside Integrated Care Board

Making a difference in the community

We bring people's experiences to health and care professionals and decision-makers, using their feedback to shape services and improve care over time. Here are some examples of our work in Knowsley this year:

Creating empathy by bringing experiences to life

Hearing personal experiences and their impact on people's lives helps services better understand the issues people face.

In late 2025, we began to hear experiences from several families struggling to get timely blood testing appointments for their children. In one instance a 15-year-old boy's appointment could only be booked at a venue a considerable distance from home (outside the borough of Knowsley) and that involved a wait of six weeks.

We reported these concerns to both the provider service and NHS commissioners. We received an explanation that the provider, a large Community NHS Trust, had agreed to take over the children's phlebotomy service to relieve pressure on Primary Care and the local children's hospital. Their clinicians with appropriate qualifications for children were based in venues in surrounding boroughs leading to increased distances as well as delays due to the additional workload.

We continued to make the case that the service was falling below reasonable expectations. As a result, additional local phlebotomists were trained in children's blood services, with some Knowsley venues identified to offer the service and increase capacity to help reduce waiting times.

Making a difference in the community

Getting services to involve the public

By involving local people, services help improve care for everyone.

Healthwatch delivered several engagement sessions around the NHS 10-year plan including sessions customised for the Autism, Older People's and Learning Disability Partnership Boards and an open coffee-morning event. These captured local people's views on the three shifts contained in the plan:

- Moving more care from hospitals to communities: participants largely agreed with this, however they felt there needs to be significant investment in community services to ensure they can cope. The money needs to come out of the hospitals and into the community – GPs, pharmacies, dentists etc. They also highlighted that social care needs to be a part of these changes, as it was agreed that we cannot have a well-run NHS without social care being correctly resourced.
- Making better use of technology: participants agreed that anything that is patient facing needs to be a choice. Telephone access should always be available, and services should be accessible outside of needing to use an app or the internet. Within the NHS, they felt that shared records are a good idea, but privacy and people's data needs to be considered. AI is interesting but needs to be monitored closely.
- Preventing sickness, not just treating it: participants wholly agreed that prevention is better than cure, however this is much wider than the NHS, therefore the plan needs to consider those wider determinants of health – poverty, housing, crime etc. NHS staff need better links into the wider support that is available for people to access. Healthy eating and importance of exercise is vital – early education in schools is a must.

Ensuring that the NHS was involving members of the public within its consultations means that the NHS 10-year plan can include the things that are important to local people.

Making a difference in the community

Improving care over time

Change takes time. We work behind the scenes with services to consistently raise issues and bring about change.

In November 2025, the Cheshire and Merseyside Healthwatch Collaborative began work on an independent survey to collect people's views, knowledge, and experience in relation to accessing their healthcare online, particularly the NHS App. The survey received 759 responses (232 received from Knowsley residents) giving insight into how people use digital NHS services, what barriers they face, and whether they would feel comfortable providing feedback through the app.

The findings from this survey have been shared with the ICB via a report to provide an understanding of people's experiences of using the NHS App. Overall, the App is seen as useful and convenient for many people, but it must remain an optional tool within a wider, inclusive system. The report also included several recommendations, which provide suggestions on how digital services should support—not replace—human contact, choice and accessible non-digital routes.

Listening to your experiences

Services can't improve if they don't know what needs to improve. Your experiences shine a light on issues that may otherwise go unnoticed.

This year, we've listened to feedback from all areas of our community. People's experiences of care help us know what's working and what isn't, so we can share feedback on services and help them improve.

Photo: Supporting community engagement with University Hospitals Liverpool Group

Corridor Care in Emergency Departments

In collaboration with our Healthwatch colleagues across Cheshire and Merseyside, we undertook a focused work on Corridor Care and temporary escalation spaces.

A number of Enter & View visits were undertaken guided by the Cheshire & Merseyside Urgent & Emergency Care Red Lines Toolkit (2024), developed by Cheshire and Merseyside Integrated Care Board in partnership with Healthwatch. This framework helped focus the visits on care, comfort, dignity and safety within corridor care and temporary escalation spaces.

Working jointly with Healthwatch Liverpool and Healthwatch Sefton, we visited the Emergency Departments at Liverpool University Hospitals NHS Foundation Trust, including the Aintree and Royal Liverpool sites, and Mersey and West Lancashire Teaching Hospitals NHS Trust, Whiston site, in early 2026. The visits aimed to assess the experiences of patients and families receiving care in corridors and temporary escalation spaces.

What did we do?

Our visits were informed by observations of the areas, alongside conversations with patients and family members. The questions used during these discussions were aligned with the Comfort and Care section of the Red Lines Toolkit. Across the three hospitals, we spoke with 47 patients and relatives who were receiving care in corridors or temporary escalation spaces at the time of our visits.

“Corridor care” refers to the use of hospital areas that are not designed for patient treatment, such as corridors or other temporary escalation spaces, to accommodate patients during periods of high demand and reduce overcrowding in A&E. It can also include “boarding”, where temporary spaces on wards are used to house patients. Corridor care has become more common because of capacity pressures across the NHS, particularly during peak periods. While work continues to eliminate its use, we wanted to understand the real-time experiences of patients, relatives and carers receiving care in these spaces, observe how hospital pressures were being managed, and identify examples of good practice and areas for improvement.

Corridor Care in Emergency Departments

Whiston A&E Corridors:

Patients spoke highly of staff compassion highly, despite extreme pressures. Patients and families repeatedly described staff as kind, caring, professional and doing their best under impossible circumstances. Ambulance and nursing staff were particularly praised for empathy and reassurance. Staff were viewed as the hospital's "real asset".

Whiston A&E "Boarding":

At the time of the Enter & View Visit, staff reported that no patients were boarding on the ward. The report found that Corridor Care has become a routine but unsuitable practice that compromises dignity, comfort, and consistency of care, despite the strong compassion and professionalism of staff working under significant pressures.

Aintree A&E Corridors:

Several concerns were identified around patient safety and comfort, including some vulnerable individuals positioned in corridor areas with limited staff visibility, inconsistent access to call bells, difficulties accessing toilets, limited space for food and drinks and bright, busy surroundings. This affected patients' comfort, hydration and rest. Cleanliness standards also varied across the areas observed.

Aintree A&E "Boarding":

A patient boarded in a ward corridor had no access to appropriate washing and toileting facilities and lacked privacy. Unlike patients in A&E corridor spaces, who despite the sub-optimal temporary spaces, still felt they were progressing through the system. Ward corridor boarding created a greater sense of isolation, appearing overlooked despite the activity around them.

Royal A&E Corridors:

Areas were clean, organised and adequately staffed despite significant pressures. Patients generally had access to blankets, pillows, refreshments and support for relatives, helping to maintain comfort and dignity. However, the corridor environment limited privacy, made rest difficult due to noise and lighting, and some patients were unclear about access to toilet and washing facilities.

Royal A&E "Boarding":

Boarding areas provided a calmer environment than A&E corridors. Access to washing and toileting facilities was variable and could be not ideal, although privacy was considered. Staff highlighted examples of patients being transferred into boarding areas without the ward receiving adequate information, which could affect safety and continuity of care.

Corridor Care in Emergency Departments

Key things we heard:

- Limited privacy and confidentiality, with conversations and examinations sometimes taking place in public corridor spaces.
- Poor patient visibility and monitoring, especially where staff line of sight was restricted.
- Lack of reliable call bell or alert systems, leaving some patients unsure how to get help.
- Difficulty accessing toilets and delays in assistance, with some patients reducing fluid intake to avoid needing the toilet.
- Challenges with rest and sleep due to noise, light and constant activity.
- Communication gaps, including uncertainty about care plans, delays, discharge arrangements and expected waits.
- Inconsistent nutrition, hydration and support for additional needs, particularly for older people and those requiring extra assistance.

Some patients shared concerns about privacy and dignity:

> ***"Using the wee bottles behind a curtain while on the corridor is not private at all - lack of dignity when needing to have a poo - the nurse gave me a radio to turn up the volume as a sign to not disturb and to mask noise. Again, the washing afterwards isn't nice when you can't walk to a bathroom." - Royal ward boarding patient***
>
> ***"You can hear people being given their diagnoses... there is no dignity or privacy." -Aintree A&E Corridor***
>
> ***"I understand the pressures, but it doesn't make this right." - Whiston A&E Corridor***

Corridor Care in Emergency Departments

Several patients and relatives reported being unsure about the care process, when they might receive tests or results, how long they might remain in the corridor:

> ***"We've been waiting hours… no one knows what's going on." - Aintree A&E Corridor***

> ***"No one has been clearly identified as the main point of contact for care queries - not ideal. We have been included in ward rounds but as time goes on, increasingly it does feel like you are beginning to get overlooked" - Royal ward boarding patient***

> ***"We don't really know what the plan is – it's a waiting game." - Whiston A&E Corridor***

Some patients shared that they faced barriers to rest and recovery:

> ***"On the A&E corridor, it didn't help not being able to rest at all - bright lights and busyness - I don't recall being offered eye masks, etc." - Royal A&E Corridor***

> ***"It's so bright and busy… I couldn't sleep." - Aintree A&E Corridor***

> ***"I didn't get a pillow last night." - Aintree A&E Corridor***

> ***"I was cold in the night – so I just put my hood up." - Whiston A&E Corridor***

Corridor Care in Emergency Departments

What difference did this make?

Based on visit findings, participating Healthwatch contributed to combined Enter and View reports for each site which were shared with the relevant Trust. The reports identified the challenges for patients and staff when care is being provided in corridors or ward boarding. The reports also highlighted ways in which arrangements had been made to make the situation safer and less distressing than it might otherwise have been, in line with the Red Lines toolkit requirements.

Our reports included a range of recommendations, which focused on patient safety & dignity, comfort and rest, and communication. Everyone (patients, staff, the ICB or the wider NHS) wants corridor care to no longer be needed. The learning from these visits is informing the work of trusts and the ICB as they work towards ending the need for corridor care.

In April 2026, Healthwatch staff had the opportunity to share this area of work with the ICB Urgent and Emergency Care Board within Cheshire & Merseyside. A presentation highlighting common themes from the visits that had taken place, highlighted the following areas:

- Staff
- Patient Safety
- Privacy & Dignity
- Nutrition & Hydration
- Communication

Through both observation and patient conversations, staff attitudes were consistently praised. Staff were described as kind, caring, professional, and doing their best despite extreme workload pressures. It was clear that patient satisfaction ratings reflected trust in staff rather than acceptance of the corridor environment itself, indicating that care and compassion is compensating for systemic failings.

What's next?

Healthwatch Knowsley recognises the complexity of urgent and emergency care pressures and acknowledges the dedication and professionalism of staff. We remain committed to working constructively with the Trust and system partners to share patient experience and support improvements that reduce reliance on corridor care and improve outcomes for patients.

Understanding people's experiences of accessing GP services

Access to GP services has always been a top priority for Knowsley residents.

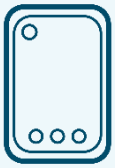
This year, we have continued to work with the community and provider services to understand experiences of accessing GP appointments. This has been undertaken through several projects, looking at access on both a local and regional level.

GP Booking Survey

We worked with Knowsley Place to produce a short two-question survey relating to people's experiences when booking appointments at their GP surgery. The survey was promoted through our regular ongoing patient forums with the Primary Care Networks, as well as encouraging GP practices to share it with patients whom they were aware had contacted their surgery for an appointment.

We received responses from 546 patients about their experience of booking an appointment.

Key things we heard:



58% **of respondents described their experience of accessing their surgery as 'Very Good'**

6.7% **of respondents said that their experience was 'Very Poor'**

Cheshire & Merseyside GP Access Survey

The Healthwatch GP Access Survey informed how local residents feel about their GP services across Cheshire and Merseyside. All nine local Healthwatch across the area gathered feedback between October 2024 and March 2025 from a total of 6,944 people across these diverse communities. The survey responses revealed both successes and challenges in how GP services are provided and were shared with Cheshire & Merseyside ICB to identify any progress or remaining challenges within their Primary Care Access Recovery Plan (PCARP).

From a Knowsley perspective, we isolated the data from 1,184 Knowsley responses to produce a separate local report for sharing with Knowsley Place. This highlighted important challenges in accessing GP services in Knowsley, with long wait times for face-to-face appointments, difficulties booking appointments, and the resulting use of alternative care emerging as key concerns. It also showed that despite concerns relating to access, topics such as staff attitude and treatment & care were highly rated by Knowsley residents.

Understanding people's experiences of accessing GP services

Direct feedback from Knowsley residents

A total of 1,353 (71%) of all feedback we have received during 2025-26 has been relating to GP services, with community members providing direct comments about their experiences of Knowsley GP surgeries.

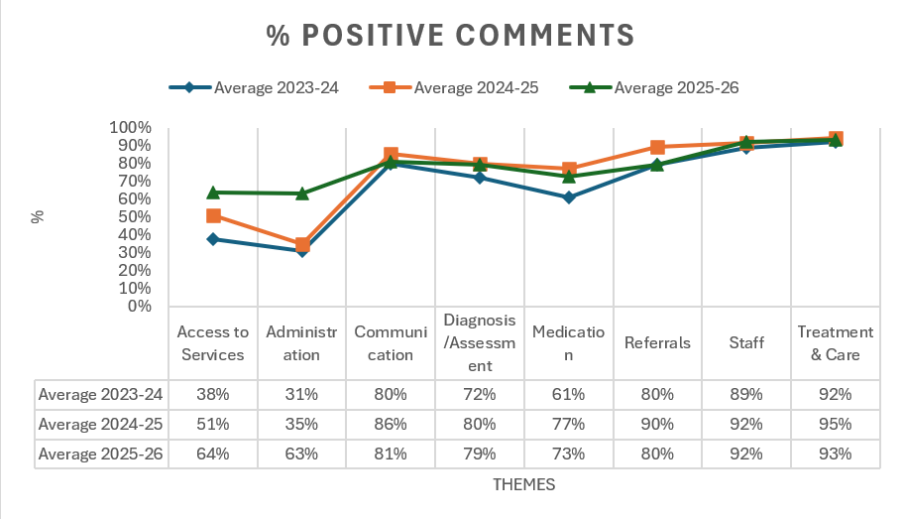
Key things we heard:

71% **of feedback received related to GP Services in 2025-26**

87% **of the comments received were positive, with an overall rating of 4.48 out of 5 stars.**

The feedback highlights that although there are still some concerns when accessing GP services, there has been a notable increase in the number of positive responses relating to this theme.

The chart shows the average percentage of positive comments relating to the most commented themes. This highlights that over the past 3 years, there has been a noticeable increase in positive comments, particularly in access to services and administration (inc. Booking Appointments and Appointment Availability)



	Access to Services	Administration	Communication	Diagnosis /Assessment	Medication	Referrals	Staff	Treatment & Care
Average 2023-24	38%	31%	80%	72%	61%	80%	89%	92%
Average 2024-25	51%	35%	86%	80%	77%	90%	92%	95%
Average 2025-26	64%	63%	81%	79%	73%	80%	92%	93%

What's next?

We will continue to monitor progress in this area and will also be looking at the impact on patients with the increased use of digital services with GP surgeries. Particularly with people who are vulnerable or may feel digitally excluded, who may struggle to access appointments.

Hearing from all communities

We're here for all residents of Knowsley. That's why, over the past year, we've worked hard to reach out to those communities whose voices may otherwise go unheard.

Every member of the community should have the chance to share their story and play a part in shaping services to meet their needs.

This year, we have reached different communities by:

- Working with the asylum seeker and refugee communities to support them to access health care services.
- Working with older people to understand their concerns relating to digital exclusion.
- Providing transport to dental and vaccination appointments to vulnerable community members.
- Working with seldom heard groups through the Knowsley Partnership Boards.

> ***"We have regular meetings with Healthwatch Knowsley and value their insight and contribution. They have great experience in working with diverse groups and are often able to suggest improvements to our plans. They also provide rich feedback, which we do not get elsewhere, that is used as part of our service improvements."***

Quote taken from the Healthwatch Knowsley 360° Stakeholder Survey

Supporting Asylum Seekers & Refugees to access health care in Knowsley

Outreach and face to face engagement with this group consistently leads to immediate resolution of issues, including GP registrations, booking diagnostics, arranging interpreters, and resolving access problems.

Evidence suggests outreach remains one of the most effective interventions for reducing system friction and reaching people least able to access standard routes. This has particularly been the case when working in partnership with SHARe Knowsley (Supporting and Helping Asylum seekers and Refugees).

Through attending weekly drop-in sessions, Healthwatch has supported the work of SHARe to asylum seekers and refugees within Knowsley, providing one-to-one support for people who are struggling to navigate the health and social care system. Practical examples of support provided includes:

- GP Registration
- Booked Phlebotomy appointments
- Accessing medical records
- Access to interpreter services when accessing medical appointments
- Information about mental health support
- Emergency dental care
- Information about healthy lifestyle support groups, such as walking groups

What difference did this make?

Through attending regular drop-in sessions, Healthwatch staff have helped 53 asylum seekers and refugees to access vital health services, such as finding a GP and ensuring interpreter services are in place when required.

> ***"We are incredibly grateful to Healthwatch Knowsley for their commitment to working alongside SHARe Knowsley to ensure asylum seekers and refugees can access the healthcare and support they need. This partnership shows what's possible when organisations work collaboratively, and we're proud to continue building on this shared commitment to improving health and wellbeing across Knowsley."***

Pablo Guidi, CEO, SHARe Knowsley

Working with older people in Knowsley

We have supported older people to have their say about the use of digital services, specifically the NHS App.

As part of the collaboration with Cheshire & Merseyside Healthwatch organisations, we wanted to understand the views of older people (50+) in relation to digital accessibility.

Working with Knowsley Older People's Voice members, we were able to ensure that older people were able to contribute to this survey via presentations at their November Roadshows, as well as including hard copies of the survey through their Christmas mailout. This provided important insight from a community that can often feel digitally excluded.

The responses received suggested there is a digital divide mapped by age and disability, with a strong theme around inequality of access, particularly for older people, individuals with disabilities, limited digital skills, or those facing language barriers. Concerns about data security and lack of anonymity also influence willingness to engage digitally, especially for feedback and complaints.

This has shown there is a significant group who face practical, physical, or cognitive barriers to using the NHS App. Barriers include disability, low digital confidence, literacy issues, language barriers, lack of devices or connectivity, and usability challenges.

Key trends based on age group:

Age	Typical experience
80+	No smartphone, eyesight issues, no confidence, "don't understand"
65–79	Can use prescriptions, struggle with logins, jargon,
Under 50	Expect more functionality → most frustrated by missing features

What difference did this make?

This highlighted a number of concerns, particularly among the older age group:

- Digital exclusion is not just technical – it's physical, cognitive, and emotional
- Many rely on children or carers to manage the app
- Some explicitly say digital-only systems can feel discriminatory

We gained and passed on valuable insight into understanding the barriers that older people face with the growing amount of digital processes, particularly amongst health services.

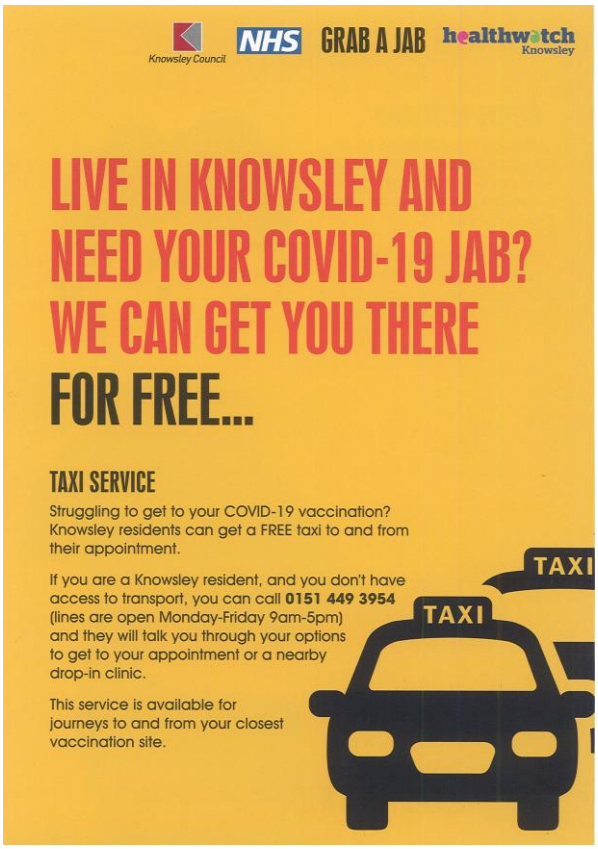
Providing transport to people struggling to access appointments

Lack of transport and physical accessibility has prevented patients from accessing care across multiple service areas, particularly for dental services and vaccination appointments.

These barriers demonstrate that health outcomes are often shaped as much by social factors as clinical need, highlighting the importance of transport and access pathways in commissioning decisions.

Since the introduction of the COVID -19 vaccination, Healthwatch Knowsley has offered transport to patients who are struggling to access vaccination appointments.

During this year, the offer was extended to vulnerable Knowsley residents (people with a mental health diagnosis or accessing drug and alcohol services) who were struggling to access dental appointments. This has ensured that patients have been able to easily access appointments that they would have been unable to attend without the offer of free transport.



What difference did this make?

This area of work has supported people to access appointments for vaccinations and dental care who would have struggled to attend appointments previously.

Working with seldom heard groups in Knowsley

Healthwatch Knowsley delivers a number of other funded programmes in the borough.

These include facilitating several Partnership Boards, which help to identify and address the specific needs of several seldom-heard groups including:

- Autism
- Physical and Sensory Impairment
- Learning Disability
- Older People
- Dementia
- Carers

Although the Partnership Boards are separately commissioned and financed, they work seamlessly alongside HWK's core activities and often provide insight into the specific health and social care experiences of those communities.

What difference did this make?

This year, the Partnership Boards provided opportunities for members to be involved in the following activities:

- Supported Knowsley Safeguarding Adults Week by taking part in a video "Hear My Voice". The video highlights the importance of all professionals hearing the voice of the adult, making safeguarding and support personal. It has been shown at a national level at the Safeguarding Adults Manager's Network.
- Consulted on a range of topics including the refresh of the Joint Health and Wellbeing Strategy, Mental Health Joint Strategic Needs Assessment and the Knowsley Plan.
- Tuck in Tuesday - the network delivered a Winter Wellness lunch group with funding from Knowsley Council.
- CQC Feedback Video – supported the development of a short celebration film talking about the CQC inspection for Adult Social Care.
- In August, the Learning Disability Partnership Board hosted a drop in Health Event in Huyton. This was organised to encourage people with a learning disability to find out what services are available as well as ask questions if there were any services they were reluctant to use.
- Carried out an activity to contribute to the NHS Cheshire and Mersey Learning Disability Diagnostic Pathway group.
- The focus of the Dementia Board has been to support the development of a new Dementia Strategy for Knowsley.
- Knowsley Older People's Voice worked with KMBC's Parks and Green Spaces team to deliver walking audits.
- The Age Friendly Steering Group organised Knowsley's first Ageing Well Festival. The theme this year was Building Belonging – Celebrating the power of our social connections.

Information and signposting

When you're struggling to find an NHS dentist, looking for help about how to make a complaint, or need advice about a good care home for a loved one – we're your first port of call.

This year 376 people have reached out to us for advice, support or help finding services. These conversations also help us to understand where, and how, your care can be made better.

This year, we've helped people by:

- Provided practical support and signposting
- Helped resolve individual issues quickly
- Identified systemic challenges affecting multiple people
- Strengthened communication between services and patients

Digital Exclusion and GP Access

We supported a patient who was struggling to access GP services as the practice was insisting that they should use the online booking system, despite them being unable to use digital tools effectively.

We were able to advise the patient of their right to use appropriate alternative access routes and offered them support to communicate their needs with the practice.

Due to our intervention, the patient felt better informed and prepared to challenge the access barriers they had been experiencing.

This case highlights the ongoing challenge of digital exclusion experienced by many patients, particularly for older or vulnerable residents and we have highlighted our intention to undertake further work on this issue within our future priorities on page 30.

Supporting Individuals with Complex Needs

We were contacted by Mrs C, a local resident with multiple, long-standing health and social care concerns who reported feeling unsupported and disengaged from services.

A member of our team maintained regular contact with Mrs C to build trust, referred them to advocacy support services and used our knowledge of the most relevant care teams to introduce her to social care services.

This enabled Mrs C to begin engaging with an advocate and exploring further support options.

This case highlights how some individuals need ongoing, person-centred support, particularly those with complex needs who may struggle to navigate systems independently.

> ***"Healthwatch are crucial in promoting key public health messages, such as flu vaccinations etc. They also provide significant support in helping to develop appropriate materials. Engagement forum and partnership boards facilitated by Healthwatch is important in gaining insight from diverse communities."***

Quote taken from the Healthwatch Knowsley 360° Stakeholder Survey

Showcasing volunteer impact

Our fantastic volunteers have generously given their time to support our work. Thanks to their dedication to improving care, we can better understand what is working and what needs improving in our community.

This year, our volunteers:

- Collected experiences and supported their communities to share their views
- Carried out Enter and View visits to local services to help them improve
- Attended key forums to help us highlight the messages they hear from service users in their communities
- Provided guidance and support for our work through their involvement

At the heart of what we do

From finding out what residents think to helping raise awareness, our volunteers have championed community concerns to improve care.

Sue Smith

I have really enjoyed the opportunity to increase my volunteer activities with Healthwatch Knowsley. Long term, I have attended and contributed to the Patient Participation Group (PPG) Forum for Kirkby Primary Care Network (PCN). This group is facilitated by Healthwatch and Kirkby PCN and draws its membership from the Practice PPGs. Through this connection I attended and contributed to the PLACE visit for Liverpool University Hospitals Trust – Aintree site and really enjoyed taking part in this work.

I have just signed up for Enter and View training with Healthwatch and will be supporting their visits to nursing and residential care settings in the coming year.

Sadly, this year we lost Pauline Whittaker. Pauline had been a valued and loved member of Healthwatch and Knowsley Older People's Voice (KOPV) for many years. She was a great advocate for older people particularly around pensions, finance and linked us with the National Pensioner's Convention.

As well as being a Director of Healthwatch Knowsley, Pauline was also our Hospital Champion for Liverpool University Hospitals Trust and worked to ensure that the voice of patients was heard clearly.

Pauline was a lovely lady and will be very much missed by all of us.

Pauline Whittaker

Be part of the change.

If you've felt inspired by these stories, contact us today and find out how you can be part of the change.

www.healthwatchknowsley.co.uk

0151 449 3954

enquiries@healthwatchknowsley.co.uk

Finance and future priorities

We receive funding from Knowsley 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	£171,000	Expenditure on pay	£170,886
Additional income	£23,645	Non-pay expenditure	£5,162
		Office and management fee	£23,231
Total income	**£194,645**	**Total Expenditure**	**£199,279**

Additional income is broken down into:

- £20,352 received from joint Local Authority and NHS to fund staff working on an external project
- £271 received from Edge Hill University for student placement.
- £3,022 deposit interest

Finance and future priorities

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 top three priorities for the next year are:

1. Work with the Neighbourhood Programme Board to ensure effective community engagement that leads to co-production.
2. Continue to highlight community concerns about digital-by-default approaches to accessing Health and Social Care services.
3. Contribute to national and local campaigns aimed at ensuring the continued independence of patient voice.

Statutory statements

Healthwatch Knowsley is delivered by Healthwatch Knowsley CIC, a registered Community Interest Company limited by guarantee and registered in England and Wales. Company No. 8382931.

Healthwatch Knowsley 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 Knowsley Board consists of three Directors who work on a voluntary basis to provide direction, oversight and scrutiny to our activities. Sadly, one of our Directors Pauline Whittaker passed away shortly after the year-end (see page 28). Our Board ensures that decisions about priority areas of work reflect the concerns and interests of our diverse local community and met on 7 occasions, making decisions on matters such as work priorities and how to best challenge proposals in the Health Bill so that we might ensure that provision for supporting independent patient voice are retained.

The Board benefits from the skills and experience of other lay people and professionals via formal and informal routes.

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 have the opportunity to provide us with insight about their experience of using services. During 2025/26 we have been available by phone, email, via our website and through social media, as well as attending meetings of community groups and forums. We are also able to produce service specific materials to help build the volume of feedback for health and social care services we do not regularly hear about.

Our successful and long-standing online feedback centre came under threat this year when the developer gave notice of their intention to remove support for the system with effect from the end of December 2025. However, we have been able to work with a new developer to design a similar system, and the transfer took place smoothly in January 2026.

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 www.healthwatchknowsley.co.uk and it will be formally presented as an agenda item at the Knowsley Health & Wellbeing Board.

Statutory statements

Responses to recommendations

There were no providers who did not respond 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 about the insight and experiences that have been shared with us.

In our local authority area for example we take information to the Health & Wellbeing Board, Safeguarding Adults Board, Knowsley Primary Care Business Group, Quality Assurance Standards Group, Healthier Together Board and the Quality and Performance Group.

We also take insight and experiences to decision makers in the Cheshire & Merseyside Integrated Care System. This is undertaken via our Cheshire and Merseyside Healthwatch Collaborative, providing a trusted and effective relationship developed over ten years.

"Healthwatch Knowsley are truly a critical friend. They ask difficult questions and ensure as many people as possible are able to have their voice heard. They conduct themselves in a professional manner while having difficult conversations with us."

"We always see HW Knowsley Challenging local authority on issues within partnership meetings which is very positive"

Direct quotes taken from the Healthwatch Knowsley 360° Stakeholder Survey

Statutory statements

Healthwatch representatives

Healthwatch Knowsley is represented on the Knowsley Health and Wellbeing Board by our Chair Martin McDonagh. During 2025/26 our representative has effectively carried out this role by contributing to the review and development work undertaken by the Board.

Healthwatch provides a community insight report to each Board session with key themes highlighted including:

- Extra Care
- Access to Primary Care
- A&E Waiting Times
- Corridor Care
- Domiciliary Care – Sport Purchase Providers
- Digital Access – NHS App Survey
- Children's Phlebotomy
- Enter & View

Through a collaborative way of working the nine Cheshire & Merseyside Healthwatch Organisations are represented on the Integrated Care Board (ICB), the Primary Care Commissioning Committee, the Quality and Performance Committee, the Transformation Committee, the Women's Services Committee, subcommittees and Task and Finish groups and the Health Care Partnership to ensure public voice is represented and heard.

Other representation includes seats on the following Boards and Groups:

Knowsley Healthier Together Board
Knowsley Place Quality & Performance Group
Knowsley Health & Adult Social Care Scrutiny Committee
Knowsley Safeguarding Adults Board

Statutory statements

Enter and view

Location	Reason for visit	What you did as a result
Montgomery Care Home	The visits were undertaken to observe the running of the service as part of an ongoing programme of Enter and View visits to Knowsley Residential and Nursing homes to gather borough-wide information regarding the views and experiences of people living in those environments.	Produced a report with a number of recommendations relating to lift safety, smoking and outdoor area, emergency cords and visitor feedback. The Care Home were very responsive to the visit and stated: 'We appreciate your feedback and remain committed to continuous improvement and delivering a loving, person-centred environment for all who live with us.'
Roby House Care Home		Produced a report with a number of recommendations relating to toilet maintenance, cleanliness, displays, activities and food options. The Care Home did not provide a response to the report.
Aintree Hospital	The visits were undertaken as part of the work looking at Focus on Corridor Care (including Temporary Escalation Spaces) in order to capture feedback and observations of these areas.	A report was produced and the contents were shared with the relevant teams within the Trust, with the opportunity to provide feedback and respond to the report.
Whiston Hospital		A report was produced and the contents were shared with the relevant teams within the Trust, with the opportunity to provide feedback and respond to the report.

Statutory statements

2025 – 2026 Outcomes

Project/activity	Outcomes achieved
Extra Care	• Healthwatch Knowsley worked with the Local Authority to identify residents living in Extra Care housing developments within Knowsley to understand their experiences of the care provided within the schemes. • A survey was produced for both residents and staff within 9 venues in Knowsley. A total of 95 residents and 33 staff members participated. • The results from the survey was used to produce a report and supported the tendering process for extra care support in Knowsley.
Domiciliary Care	• The focus for this activity was on Spot Purchase providers and replicates the work that had been previously completed regarding Knowsley Domiciliary Providers. • Using the previous survey format, Healthwatch were asked to contacted service users who are allocated to the smaller and spot-purchase service providers of domiciliary care, to understand their experiences of the care provided. • Feedback was received from 36 service users/family members about 9 different spot purchase providers. • Findings contributed to a dedicated report and quality assurance processes
Access to Primary Care	• Work was completed with Cheshire & Merseyside Healthwatch's to capture people's experiences of access to primary care services • Overall, 1,187 Knowsley residents contributed to this piece of work. • The findings were included in a regional report and will contribute to future improvements to primary care services across Knowsley, ensuring that patient experiences inform strategic planning and modifications in service delivery.

Statutory statements

2025 – 2026 Outcomes

Project/activity	Outcomes achieved
Corridor Care	• Healthwatch Knowsley, Liverpool and Sefton carried out Enter and View visits to Emergency Departments. • The purpose of the visits were to understand the real time experiences of patients, relatives and carers receiving care in corridor areas or temporary escalation spaces, and to observe how care was being delivered in these environments. • The visits highlighted both the dedication of staff and the environmental constraints that affect safe, dignified care. They also demonstrated the need for sustained action—at departmental, organisational and system levels—to reduce reliance on corridor care and ensure that, where it does occur, patient experience and safety are upheld to the highest possible standard.
NHS App Survey	• The nine Healthwatch organisations across Cheshire and Merseyside worked together to understand people's views and experiences of using the NHS App, through the production of a bespoke survey to capture people's experiences and opinions of using the NHS App. • The findings have shown that the NHS App is seen as useful but should be considered as an option. • The results from the survey has been used to produce a regional report, which included several recommendations,, providing suggestions on how digital services should support but not replace other methods of access.
Children's Phlebotomy	• Following experiences received from families struggling to get timely blood testing appointments for their children, HWK reported these concerns to both the provider service and NHS commissioners. • Consequently, additional phlebotomists based locally were trained in the specifics of the children's blood service with some Knowsley venues then identified to offer the service and adding capacity to help reduce waiting times.

healthwatch Knowsley

Healthwatch Knowsley
The Old Schoolhouse, St Johns Road,
Huyton, Knowsley
L36 0UX

www healthwatchknowsley.co.uk

0151 449 3954

enquiries@healthwatchknowsley.co.uk

Facebook.com/Healthwatch.Knowsley

@HWKnowsley

hwknowsley