



**Healthwatch Birmingham**  
**Annual Report 2016/17**

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# Message from our Chair

The focus this year has been growth. Healthwatch Birmingham's first full year operating within our new strategy has resulted in us listening more, engaging more and effecting more change in health and social care services.



Every aspect of our work is centred on improving how the voice of local citizens is used to improve local services, to make sure patients, the public, carers and service users are at the heart of service change.

Growth in our activity is resulting in real impact for the people of Birmingham. The more experiences Healthwatch Birmingham hear, the more effective we are at leveraging positive change through our investigations and holding health and social care services in the city to account.

Birmingham is vast and diverse resulting in a large range of patient experience, across a complex mix of health and social care services.

The development of our Quality Standard has built a strong framework to continuously improve the way commissioners and providers use citizen's feedback and views to shape service development.

We are working in an ever changing environment and this year our strength has been our responsiveness when needed.

The Five Year Forward View saw the introduction of Sustainability and Transformation Plans (STPs), bringing together NHS organisations and local authorities to develop place-based plans for the future of health and social care services in the area. We have also seen a move to bring Clinical Commissioning Groups (CCGs) together into a single body, and Hospital Trusts merging.

Healthwatch Birmingham's aim is to be at the front line of these developments to ensure plans are made with the needs and views of patients and the public at the heart. You can read about our engagement with STPs on page 47.

Through all the changes, Healthwatch Birmingham's successes have seen us remain resolute, publicly led and passionate about local people being at the centre of health and social care decision making.

We have built strength in our governance to ensure our strategy is implemented effectively. We are now confident our decisions focus our resources to where we can get maximum value and impact for citizens.

From May 2016, Andy Cave, Chief Executive Officer, has led the now full staff and executive team. We have also welcomed four new Non-Executive Directors to the Healthwatch Birmingham Board, extending our expertise and skills from across sectors. Our volunteers continue to be an invaluable part of our work, widening our reach and supporting our growth.

I would like to thank the volunteers, staff and Board for their hard work and dedication over the past year. As I conclude my time as Chair in May 2017, we welcome Danielle Oum as the new Chair of Healthwatch Birmingham to take us from strength to strength.

**Brian Carr**  
Chair, Healthwatch Birmingham

# Message from our new Chair

I am delighted to become Chair of Healthwatch Birmingham at this time, and am passionate about their work. I am impressed with the strength of their strategy and how this is resulting in real change for the people of Birmingham.



The year ahead continues to be one of uncertainty and change within health and social care. As Chair, I will be leading the Board to ensure that Healthwatch Birmingham builds on its strengths; our ability to listen and champion the patient voice and challenge and improve the level to which patient insight, experience and involvement is central to the development of any plans.

With a new business plan for 2017/2018, our activities will focus on increasing our effectiveness in influencing change within the city. We will aim to grow our presence in communities, hearing more quality experiences from patients and the public about their local health and social care services. It is key we build upon our unique position within the city supporting those that, for whatever reason, do not share their experiences currently.

We will continue to build the Healthwatch Birmingham Board, creating a secure platform to fulfil our statutory duties. I am excited to be working with the team of volunteers, staff and the Board to see Healthwatch Birmingham develop as a leading organisation in the local health and social care system. Together we can instigate positive change for the citizens of Birmingham.

**Danielle Oum**  
Chair, Healthwatch Birmingham



# Message from our Chief Executive

It was a pleasure to take over as Chief Executive in May 2016. With our new model of working, I knew 2016/17 would see us influencing real change in health and social care for the citizens of Birmingham.

Our role is vitally important in the city to ensure patients, carers, service users and citizens are at the heart of all decisions. Our strategy, in its first full year of operation, is enabling us to make it happen.

Key to our growth is our priority to listen to more patient experiences from citizens across the city. We have heard 60% more experiences this year, widening our reach within communities to hear more about local health and social care services. With the support of volunteers and local community groups we have engaged with citizens across all districts in Birmingham.

Through a series of marketing and awareness campaigns we have seen a growth in people sharing their experiences with us. Our #FeedbackonFriday campaign encouraged people to tell us about their recent experiences. Our campaign on over 200 buses resulted in increased feedback from individuals who had not shared reviews before, who are experiencing real barriers to accessing the care and support they need.

Growth in people contacting our Information and Signposting service is seeing us take action quickly. Escalating issues to Safeguarding and the Care Quality Commission (CQC) is centred on keeping people safe. By feeding into local regulatory and scrutiny mechanisms, experiences we have heard are being shared regularly.

This year, we also focused on strengthening the impact of our investigations, which are based on patient feedback. Our investigation into mental health care plans is seeing the number of individuals with a care plan being improved. We also looked into the provision of same-day emergency GP appointments for those with a clinical need. The CQC are now using our report to raise this issue during their inspections, when relevant.



Our reports are instigating real action, with commissioners and providers identifying the changes needed to reduce variation across the city and improve services for those not receiving the level of care they should.

Healthwatch Birmingham is passionate about the value that effective use of patient involvement has in improving services. Our Quality Standard has made huge strides forward. This framework is driving the way health and social care organisations use patient insight, experience and involvement to make services better.

My thanks go to our team of volunteers, staff and Board members for their hard work. This annual report highlights the great success we have had this year. Our vision continues to promote patients and the public at the heart of health and social care decision making and improvement in Birmingham.

**Andy Cave**  
Chief Executive Officer



# Highlights from the year

*This year we engaged with 28,000 people through social media*



*Our volunteers supported us in community engagement and our investigations*



*We supported 260 people through our Information and Signposting Line*



*Our reports have tackled issues ranging from mental health care plans to emergency GP appointments*



*We have heard from over 350 people through our Feedback Centre*



*We have met over 1000 people at our community events*



# Who we are

**Healthwatch Birmingham is the local independent consumer champion for health and social care in Birmingham.**

We gather people's real experiences of using health and social care services to drive change. This helps us build a picture of where services are doing well and where improvement is needed.

We identify and investigate unfair or avoidable differences in health and wellbeing - which may be caused by the way health and social care services are set up and run.

We are part of a network, with a Healthwatch in every local authority area, alongside our national body Healthwatch England.

## Our Vision

Patients, public, carers and service users are at the heart of every change made in the name of service improvement in health and social care in the city of Birmingham.

## Our Statutory Functions

- + Promoting and supporting the involvement of local people in the commissioning, the provision and scrutiny of local care services.
- + Enabling local people to monitor the standard of provision of local care services, and how they could and ought to be improved.
- + Gathering the views of local people regarding their need for, and experiences of, local care services and importantly to make these views known.

- + Making reports and recommendations about how local care services could or ought to be improved. These are directed to commissioners and providers of care services and people responsible for managing or scrutinising local care services. We also share our reports with Healthwatch England.
- + Providing information and signposting about access to local support services so people can make informed choices about their care.
- + Making recommendations to Healthwatch England to advise the Care Quality Commission (CQC) to conduct special reviews or investigations. Or, where the circumstances justify doing so, making such recommendations direct to the CQC.
- + Providing Healthwatch England with the intelligence and insight it needs to enable it to perform effectively.



## Priorities for 2016 /17

Our priorities for this year were centred on building upon the foundations of our new strategy; engaging more people, hearing the experiences of more patients, leveraging more change in health and social care and gaining increased stakeholder support for our work.

### Engaging the citizens of Birmingham

Growing the awareness of Healthwatch Birmingham and our role and function was key and has led to more citizens of Birmingham being engaged in our work. To achieve this, we focused on developing a range of marketing and engagement priorities.

We aimed to:

- + Grow our digital media presence, to raise awareness of our role and build routes to access Healthwatch Birmingham.
- + Develop innovative campaigns to increase our reach into communities.
- + Build stronger relationships with the voluntary and community sector, creating links with different groups.

### Hearing more patient experience

- + More community engagement activity, across all districts of Birmingham has enabled everyone to share their experiences of health and social care when and where they want to.
- + Recruit and train more volunteers to increase our capacity and reach into the communities of Birmingham.
- + Develop our online Feedback Centre, making it easier for individuals to leave feedback and for us to effectively process data.
- + Strengthened our Information and Signposting Line to enable individuals to identify the best route to find the help and support they need.

### Levering change in health and social care

- + Developed our Quality Standard for using patient insight, experience and involvement to reduce health inequality and to drive service improvement.
- + Our priority was to pilot our Quality Standard locally. Raising the standard of patient and public involvement (PPI) means that more and more citizens of Birmingham will be involved early on in the decision making and planning process.

### Our Investigations and reporting

- + We reported directly to commissioners and providers to influence change to improve the experiences of patients and the public.
- + We will be holding commissioners and providers to account for making improvements.



## Quality Accounts and Consultations

- + We increased our impact through commenting on quality accounts and consultations throughout the year.
- + This was a perfect opportunity for us to ask key challenge questions to raise the quality of PPI in the work that is being done.

## Gaining stakeholder support

- + To be a leading organisation in the local health and social care system, we need to ensure support from our health and social care colleagues. This year we aimed to build key relationships across health and social care and raise awareness of our work.

## Using our seats at meetings and boards

- + We built our position at meetings and boards developing key challenge questions to raise the quality and level of PPI in the city.

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## Our Team

(from left to right) Di Hickey (PA to CEO and Secretary to the Board), Sarah Walmsley (Project Officer), Barbara Hagger (Researcher), Jane Upton (Head of Research). Bottom: Chipiliro Kalebe-Nyamongo (Policy Officer), Andy Cave (Chief Executive Officer), Claire Reynolds (Marketing and Events Officer).

Thank you to all staff members past and present who have supported us over the past year including: Chris Smith (Policy Officer), Naomi Hawkins (Head of Volunteering and Public Involvement) and Phil Morgan (Audit Officer).



# Marketing and Communications

People have heard a lot more about Healthwatch Birmingham this year. 2016/2017 has seen a real step up in marketing and communications activities to raise awareness of our role and impact, connect with citizens, champion the patient voice and promote the importance of patient feedback.

Our priority this year was to strengthen our communications to connect with the public in ways that they prefer. This means our information is effectively reaching wider groups. As a result, we have listened and heard more patient experiences about a greater number of services and supported more people to navigate the health and social care system through our Information and Signposting Line.



## Our website

2016/2017 has seen an increase in the amount of news and information we post about our activity, links to our case studies, reports and investigations and relevant health and social care system news and briefings. We have also promoted opportunities for citizens to share their views on issues that matter to them by listing latest consultations.

**Over 86,000 visits to our website**



**Over 6000 engagement with our Twitter content**



**Over 22,000 reach and engagement on our Facebook page**



## Social media

Improving our content to create engaging and useful information for our followers has seen a big growth in our social media use and interaction with stakeholders. Campaigns like our #FeedbackonFriday campaign (see page 23) is just one of the ways we are encouraging members of the public to regularly feedback, as well as reporting when it has been responded to by providers.





***Your views on  
health and care***

ST4E

# Listening to local people's views

Patient's and the public's views and experiences are at the centre of our work at Healthwatch Birmingham. To make sure we hear from as many different people as possible, we have a number of routes to hear these views.

People can contact us by:

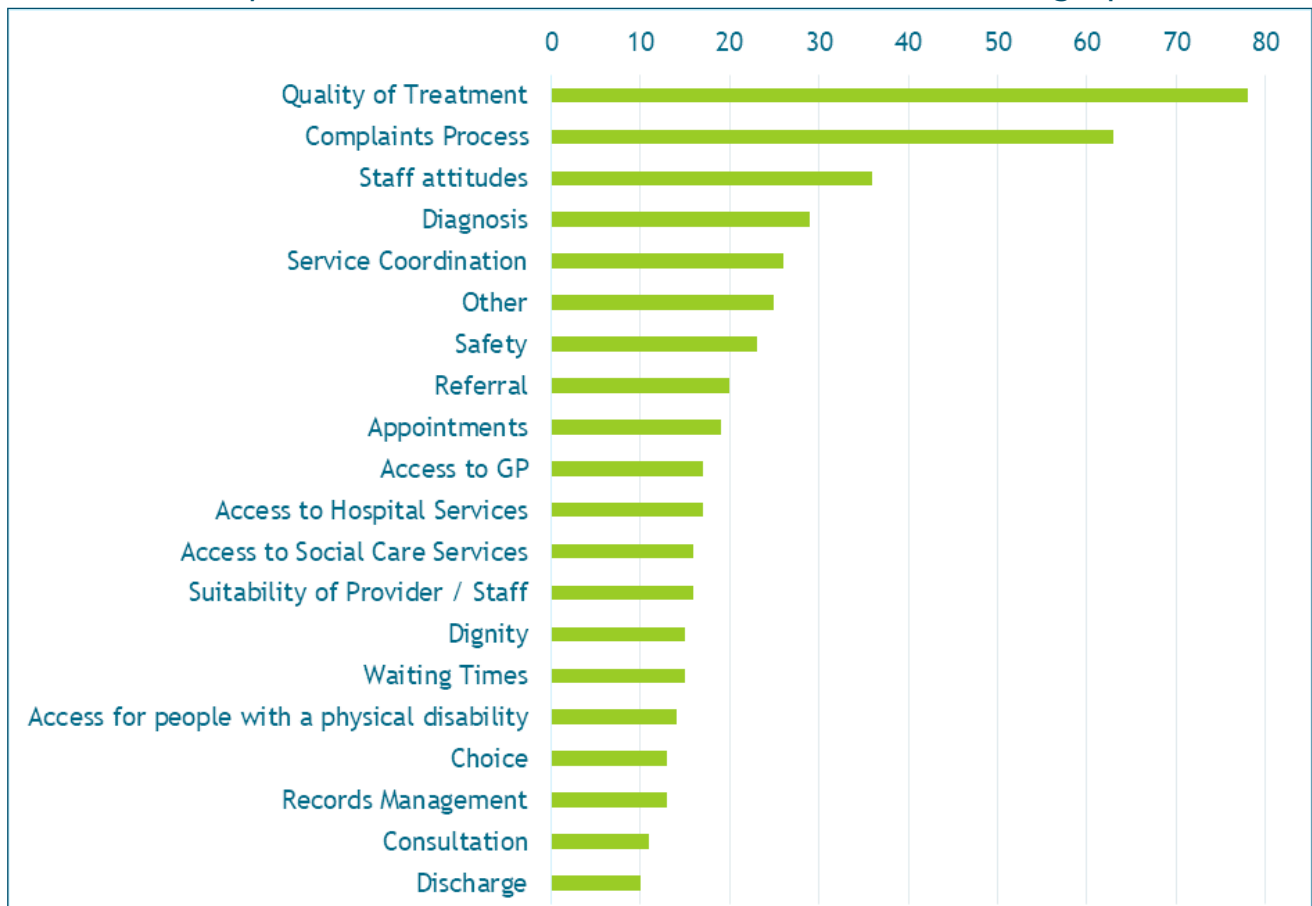
- + Website
- + Email
- + Telephone
- + Social Media
- + Letter
- + Feedback Postcard
- + Talking to us at an event

**We heard the views of over 600 people through all the different ways people can contact us**



When people contact our Information and Signposting Line, as well as dealing with their enquiry, we listen out for any key themes or patterns in what we're hearing. We consider these experiences when looking at which topics to investigate further.

This year individuals have shared their stories with the following top themes:



## The Feedback Centre

Our Feedback Centre has seen a big growth in patients and the public telling us about their health and social care services.

Healthwatch Birmingham's Feedback Centre remains the most effective tool for gathering people's experiences of local services. We have seen a 60% growth over the past year in patients and service users rating and reviewing their hospital, GP health and medical centres, dentists, opticians, pharmacists, community based care or social care services.

Following marketing campaigns and community engagement activities, we have also gathered feedback about services we have not heard about before. In particular, dentists, social care and GP services. This is enabling us to make sure more providers are taking more people's experiences into account. As a result we are now connecting with more services, as we make them aware of feedback received.

We are also delighted by the growth in patients sharing detailed feedback when telling us about their experiences. The Feedback Centre's simple feedback form supports people to tell us about their whole experience: from interactions with staff and clinical professionals, treatment explanation, medicine management, waiting times and appointment availability to treatment quality and effectiveness.



**60% growth in people sharing their experiences through our Feedback Centre**



## Providing simple ways to feedback

The Feedback Centre provides an easy platform for people to not only feedback, but also see what others are saying about local health and social care. In engaging with diverse communities, the Feedback Centre's additional accessibility features are enabling us to listen to citizens who may be seldom heard or find it difficult to share their views through other routes. Birmingham is a diverse and multi-cultural city; our Feedback Centre translates into over 100 languages to accommodate this diversity, strengthening our capacity to listen to more people.

It is vitally important we engage and listen to as many citizens as possible and our Feedback Centre continues to be an accessible tool to do so.

## Making people's views known

Healthwatch Birmingham has seen a step up in how we work with health and social care organisations to share feedback data, as we instil standard practices to make sure feedback is brought to their attention. The Feedback Centre provides a real-time data source, beneficial to those purchasing, providing or inspecting services as a means to understand what people are experiencing now.

## Service providers are responding to patient feedback:

The Feedback Centre is an effective way for providers to reply to feedback about their service, acknowledging good reviews or providing solutions to any issues raised by patients. Since the introduction of the new Right to Respond feature for providers, over

100 reviews have received a response by the service over the past year. This is vital in demonstrating accountability and helps us track the value placed in patients' and the public's views by those delivering services.

Some responses include services acknowledging and thanking patients for taking the time to share positive feedback, whilst some providers are offering real solutions when people share issues they have experienced.

One patient commented that they had been waiting a long time to access a specific mental health service - as such, the provider shared direct contact details to support the patient to speak with them directly and more efficiently.

In a positive review about a local hospital, the Patient Experience Lead at the Trust responded, informing the reviewer that their feedback had been shared with staff in the department, who greatly value hearing that they have made a positive difference.

## Clinical Commissioning Groups (CCGs)

Every quarter we share data trends we receive through the Feedback Centre about CCG's member practices and co-commissioned services. We have shared over 70 pieces of feedback with CCGs in the last 6 months.

This helps them understand which member practices are actively responding to feedback and which are not. CCGs will be using this data to inform their visits to their member practices, with data triangulated from other sources (like NHS Choices). It will also be used to help inform the CCG when redesigning services and procurement, and support reporting to quality and safety committees.

## Using patient experience to shape our activity

### + Understanding people's needs

Listening to patient experience is enabling us to understand whether there are any gaps in service provision, where there may be a high demand for a particular service which is not being met, or where best practice is creating positive outcomes for patients.

### + Shaping our investigations

All feedback we hear is analysed for trends, supporting us to build a picture of what issues may need further investigation. Our investigation into urgent GP appointments stemmed from patient feedback, with the collective experiences of service users highlighting issues about access.

### + Understanding the level of patient and public involvement

One of the main things patients tell us in reviewing local services is about treatment explanation, communication and patient involvement. This, in particular, helps us understand whether people are involved in their own care and whether services are doing enough to effectively engage with patients throughout their journey.



**Over 100 responses to patient feedback by service providers on our Feedback Centre**



**Over 70 pieces of feedback shared with CCGs in the last 6 months**

## Patients have greater opportunities to share their feedback about local services as more organisations adopt our free Widget.

This year more health and social care organisations have adopted the Feedback Centre Widget. This helps patients to share their experiences quickly and directly via a service's website. It provides services with real-time feedback and helps us understand care quality and performance.

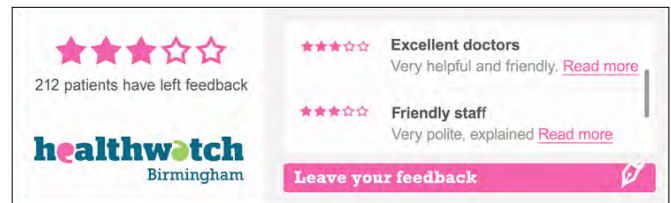
Services that have adopted the widget this year include Birmingham and Solihull Mental Health Foundation Trust (BSMHFT), Pleasant Valley Care and other care services.

Services adopting the widget gain a greater insight into how patients are rating their service.

“It is very important that service users and carers have the opportunity to tell us about their experiences so that our Trust can respond appropriately and work towards developing and improving the services that we provide.

“Patient experience is currently captured in a variety of ways and we welcome the addition of the Healthwatch Birmingham Widget, which will provide an additional route for our service users and carers to let us know what we are doing right and the areas of our services that require improvement.”

John Short, BSMHFT Chief Executive.



The widget is key for those that deliver services to demonstrate their accountability and transparency to service users. Responding to feedback evidences patient and public involvement and ensures people know their views are being taken into account.

Healthwatch Birmingham provides the widget for free to all providers in Birmingham - from now on we will be working to encourage more services to demonstrate the value of patient feedback by adopting the widget.

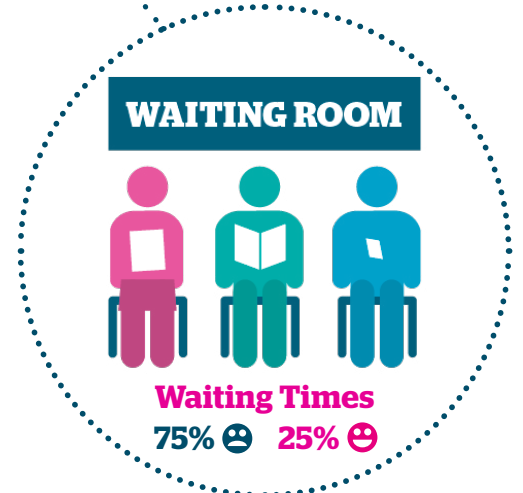
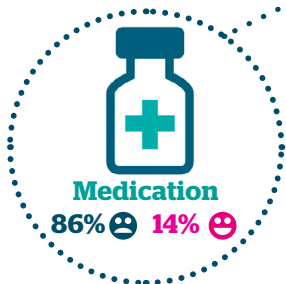
## Incorporating patient feedback into a local care quality dashboard

We have been working with Birmingham City Council to incorporate patient feedback into their online Care Quality dashboard. This provides an overview of the care homes and home care support the local authority commissions. People can access the dashboard to see quality ratings from the council and links to Care Quality Commission inspection reports and ratings. From now on, we will be improving the links to existing patient feedback through our Feedback Centre which is featured on the dashboard.

We are delighted the Council is expecting services to use the questions on our Feedback Centre to ask for service user feedback. They are also encouraging providers to promote the Feedback Centre to service users as an independent route to share experiences and for the provider to demonstrate performance.

## What have people told us about their experiences?

Our Feedback Centre is providing a route for people to share their positive or negative experiences of local health and social care services. This is a snapshot of what we heard in 2016/2017.



Gaps in percentage totals a result of neutral feedback statistics

## Community Engagement

2016/2017 has seen Healthwatch Birmingham increase our community engagement activities across the city to engage with more people about their health and social care.

Community engagement is one of the key ways we gather and understand feedback from patients, the public, service users and carers.

### Raising awareness

An active presence within communities, Healthwatch Birmingham is effectively engaging citizens to raise awareness of:

- + our role, including how we support patients to make their voice heard.
- + how and why we listen to and understand patients' experiences, providing information about the simple ways people can have their say.
- + the different services people can tell us about in the NHS and adult social care, informing people that they can feedback at any time, about multiple services.
- + how we use patient experiences and insight to drive change and improvement in health and social care, sharing details of our latest reports, investigations and impact.
- + our Information and Signposting Line, which is guiding people to a range of health and social care support services and information.

Over the past year, Healthwatch Birmingham has engaged with nearly 1000 citizens through our attendance at community engagement events and service user group sessions.

### Gathering Feedback

This year we have gathered more feedback through community engagement. This enables us to hear from citizens who wouldn't normally feedback or be confident to do so.

Community engagement gives us the opportunity to:

- + Gather feedback through our online Feedback Centre.
- + Gather feedback through our Feedback Postcards.
- + Collect specific experience data for our investigations.

Tapping into community hubs like St Paul's Crossover in Bordesley Green helped us engage with local people to listen to their feedback.

Growth in our community engagement activity is a key priority. It is helping us to understand the experiences of more people from all groups and a range of demographics. It is vital we talk to people in their community, in familiar spaces where they feel comfortable to share their experiences with us. Through this, we listen out for any variation in services, which may be based upon the geographical location of the patient or service user.

One way we engage with diverse groups is taking part in regional and national health, wellbeing and cultural campaigns. We promote and encourage people to feedback and get in touch with us as part of these awareness days, weeks or months through a range of marketing methods, like social media.



**We have engaged with over 1000 citizens through community engagement**

Through community engagement in particular, we have engaged with a range of groups within communities.

## Young people and older people

In June 2016 we took part in a Wellbeing Day for a local housing association's residents, where we engaged with young people about their experiences of local health and social care services.

As part of National Volunteers Week in June we also attended a University Volunteering Fair to raise awareness of what we do. We engaged with young people about getting involved through volunteering with us.

We are connecting with more older people (over 65) through community engagement events and family days, which is helping us to understand how they are accessing and experiencing services.

Through our bus campaign, we saw an increase in older people getting in touch with us.

## BAME communities

In October 2016 we took part in Black History Month, promoting local events through social media and attending a Caribbean Cultural Day in Kings Heath, where we spoke with over 40 people from BAME communities. As part of International Women's Day in March 2017, we attended a community event in Sparkbrook and engaged with over 80 Asian women about their experiences of local health and social care services, and raised awareness of our Information and Signposting Line.

## Parents

We have attended local children's centre meetings and community coffee mornings in areas such as Nechells and Perry Barr. We have spoken with more parents, particularly new parents, this year about their experiences,

collecting and understanding feedback. Getting involved in a large community fun day in Castle Vale saw us listening and collecting feedback from nearly 100 people of all ages. We particularly heard feedback from mothers about how they, and their families, were experiencing local services. It was interesting to hear lots of people share their really positive experiences about social prescriptions by local GPs, in particular.

## People living with mental health needs

Attending positive mental health groups, local service user groups and taking part in World Mental Health Day in October 2016, provided us with the opportunity to listen to those living with mental health issues to understand how they rated local support services, and whether services were meeting their needs.

## English as second or other language

At community engagement events this year we have helped people to feedback about their local services by translating the Feedback Centre into Polish, Urdu, Gujarati and other languages.



## Our volunteers are supporting us to do more

Healthwatch Birmingham's volunteers are crucial in delivering our community engagement activity. Volunteers support us by helping us prepare community stands, collecting feedback and helping people to complete our Feedback Postcards.

Volunteers talk with people about what Healthwatch Birmingham does as part of the health and social care system, and how we champion the patient voice. Growth in our community engagement activity over the past year through the support of our volunteers has seen us engage and listen to more people across the city.

**“It is an amazing opportunity for me working alongside professional people in Healthwatch Birmingham.”**

**Fatemeh, Volunteer,  
Healthwatch Birmingham**

## Building links with the third sector and service user groups

Last year saw us commit to building more relationships with the voluntary, community and social enterprise (VCSE) sector and service user groups across Birmingham. Connecting and engaging with so many people could not have been achieved without the collaboration of community centres, hubs, service user groups and other similar organisations. We would like to say thank you to key stakeholders which included:

- + Midland Heart
- + St Paul's Crossover, Bordesley Green
- + Birmingham Mind
- + Changes UK
- + Birmingham LGBT Centre

- + Creative Support
- + West Midlands Autism Network
- + Motor Neurone Disease Association
- + Sure Start
- + Ashiana Community Project
- + Phoenix Mental Health Hub
- + Nechells POD
- + The Positive Mental Health Group

## What we've learnt from visiting services

Healthwatch Birmingham utilises our Enter and View powers only when this is necessary as part of our research investigations. In this period we did not carry out any visits as none of our investigations required this.

We did however recruit and train our authorised representatives to be ready for Enter and View visits in 2017/2018. These representatives are:

- + Andy Cave
- + Barbara Hagger
- + Chipiliro Kalebe-Nyamongo
- + Fatemeh Mossavar
- + Jane Upton
- + Mark Lynes
- + Mike Tye
- + Mohammed Jobbar
- + Pat Coyle
- + Tina Brown Love

## Boosting awareness of Healthwatch Birmingham on the buses

Through September and October 2016, we ran a campaign to raise awareness of Healthwatch Birmingham and the simple ways people can share their health and social care experiences with us. The advertising campaign saw our posters featured within 200 buses on over 50 routes across Birmingham.

Posters included details of our online Feedback Centre, our Information and Signposting phone line and our email contact details, all of which people can use to share their views. We also wanted to encourage people to help their fellow citizens to become more aware about how they can feedback too.

Raising awareness in this way enabled us to reach a diverse range of people in Birmingham. In particular, we saw an increase in older people (over 65) getting in touch, who told us they are unable to access our website or communicate through email. We also heard about a range of issues about specific services which we had not heard about before.



**healthwatch**  
Birmingham

**your voice counts**

**Accessed a health or social care service recently?  
Did you know that you can have your say and rate local services?**

We need you to tell us your experiences. Whether these are good or bad, your views count. You can help us improve health and social care across the city. Review services such as GPs, Hospitals, Dentists, Opticians, Pharmacies, Care Homes and Community Based Care.

Take just 5 minutes to feedback:  
[www.healthwatchbirmingham.co.uk](http://www.healthwatchbirmingham.co.uk)  
Email: [info@healthwatchbirmingham.co.uk](mailto:info@healthwatchbirmingham.co.uk)  
**Freephone: 0800 652 5278**  
(you can leave anonymous feedback)

Healthwatch Birmingham  
PO Box 16875, Birmingham, B16 6TN.  
Company Registration No. 08440757.

### Campaign impact:

- + Over 80 pieces of feedback within the advertising period alone.
- + Received consistent regular feedback, particularly through our Feedback Centre and Information and Signposting Line.
- + Heard about a range of health and social care services that we had not heard about before, for example an increase in hearing about specific dentists, opticians and social care services.
- + Heard more feedback through different routes: we had an increase in calls and emails to share experiences.

### Supporting people to share their views and access services

Patients and the public valued the opportunity to find out more and tell us about the quality of care they receive. It also saw us support more people through our Information and Signposting Line, pointing them in the right direction to access local services.

One caller to our Information and Signposting Line had not accessed a dentist for over two years and was having issues finding a local dentist that accepted NHS patients. After seeing our poster on the bus and calling us, we provided information about 3 dentists near to where she lived.

Another caller was delighted to find a route to be able to share positive feedback about her optician; as a result she was also made aware that she could feedback about a range of different services, and not just within the campaign period.

Healthwatch Birmingham is delighted that the campaign engaged so many people. It aimed to empower people to have their say and highlight that their experiences of local health and social care services matter.

With current and future plans to increase digitisation in health and social care, there are risks that those digitally excluded will not benefit from up-to-date information about how to access services. Those excluded may be unable to find basic health information, like finding details of a local GP service or

pharmacist opening hours; something people who can access the internet can find quickly and easily.

Through this campaign, older people in particular told us they struggled to find up-to-date details about services, or an easy offline route to feedback about the care they had received.

## Posters spotted on routes across Birmingham city



# #FeedbackonFriday

A new digital marketing campaign asking people to share recent experiences of local health and social care services.

As part of our digital communications strategy Healthwatch Birmingham has increased its marketing activity over the past year, harnessing social media to widen our reach and engage people in the city. Through Twitter and Facebook, our **#FeedbackonFriday** campaign aims to prompt people to take just a few minutes at the end of their week to share their experiences. Content encourages people to feedback about services they have accessed recently.

The campaign works to compliment our other communications and engagement activities, focused on growing the quality of patient feedback we hear.

We use **#FeedbackonFriday** as a friendly reminder, a tool to encourage people to engage and acknowledge when people have reviewed services. Like our advertising campaign on the buses or our work with local hospital radio, our key messages aim to empower people and make them understand that their experiences, whether positive, negative or neutral, matter.

As a result, Healthwatch Birmingham is receiving regular, consistent feedback about local health and social care services from people across Birmingham. We have seen an increase in feedback received over weekends when some people may find it easier to find the time to review services.

## Links to community engagement activity

We are not just promoting **#FeedbackonFriday** online, but also when we are out and about in the community engaging with citizens. Staff and volunteers attend community events, coffee mornings and group sessions to share information about our role. We share campaign details, using it as an informal conversation starter to discuss people's experiences of care.

## Spreading the word

In launching the campaign, Healthwatch Birmingham actively engaged local stakeholders to help share our messages. Local Clinical Commissioning Groups (CCGs), third sector organisations, sector professionals, public bodies and figures all shared and posted content, supporting us to reach wider audiences.



Supporting tweet from Neil Tester,  
Deputy Director at Healthwatch England

## Connecting with local hospital radio to encourage more patient feedback

Building links with organisations like local radio is enabling us to communicate with citizens across Birmingham to raise awareness of our role.

In Autumn 2016 Healthwatch Birmingham worked with Birmingham Hospital's Broadcasting Network (BHBN) to raise awareness of how we are supporting patients and the public to share their health and social care experiences. Chief Executive Officer, Andy Cave, and Jane Upton, Head of Evidence were both interviewed by Donna Joseph, BHBN DJ, at their studios in the old Queen Elizabeth Hospital. During the interview, we shared information about our role in listening to and gathering feedback from patients and the public about local health and social care, and how we make their views known to those who provide and commission those services.

BHBN is a volunteer led hospital radio station broadcasting to 6 hospitals in Birmingham and Solihull, including Birmingham Women's Hospital, Heartlands, Good Hope, City Hospital, the Queen Elizabeth Hospital and Solihull Hospital. Listeners can tune in online, with hospital patients being able to listen to BHBN through their bedside media units.

The full-length interview aired in early December, and was re-aired in March.

The interview gave us the opportunity to highlight how Healthwatch Birmingham is using the feedback we receive, and what impact is being made through our investigations. We discussed important issues for patients and the public, like the difficulty some people face trying to find the right service for them, or how to raise a complaint about NHS or social care services. We shared details about our Information and Signposting Line, which is guiding people to access information and signposting them to organisations that can support them.

**"It was an absolute pleasure to have Andy Cave and Jane Upton in to meet us at our BHBN studios. On average we have 1000 patient listeners to BHBN per week as well as a growing online audience. These figures are growing rapidly especially since the launch of our new magazine so we're very pleased to be able to bring awareness to such a great service."**

Donna Joseph, BHBN DJ



“Working with hospital radio gives us a unique opportunity to raise awareness with patients while they are actually receiving care.

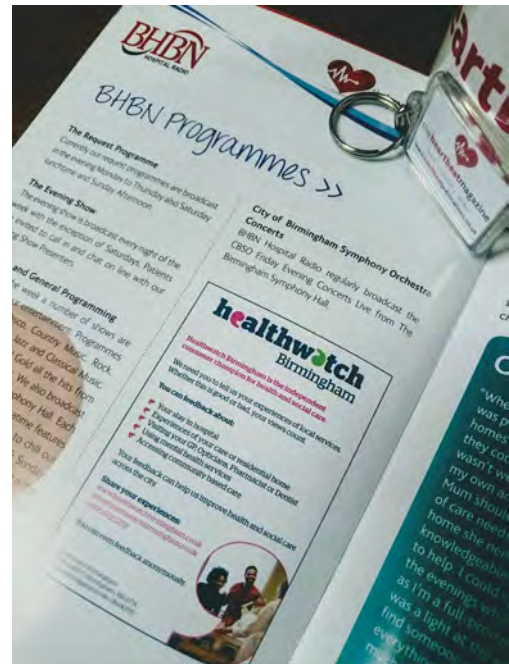
“We want more people to be aware of the simple ways they can have their say about health and social care. It is key to continue highlighting our role as an independent champion, and that people can feedback to us at any time. BHBN’s listeners are patients, or friends and family of patients, accessing treatment in hospitals right now.

“Healthwatch Birmingham really valued the opportunity to work with BHBN. Their passionate and skilled volunteers are doing great work to deliver a truly people-centred service. We are delighted to be raising awareness with patients and members of the public tuning in.”

Andy Cave, Chief Executive Officer

## Continuing to connect with hospital patients

Healthwatch Birmingham is also providing information to patients through BHBN’s newly launched Patients and Local Community magazine, which is shared with patients within hospitals across Birmingham.





*Helping you  
find the  
answers*

## Our Information and Signposting Line

**Healthwatch Birmingham's Information and Signposting Line is in a stronger position, continuing to guide people to details about local support and helping them navigate health and social care services.**

2016/2017 has seen significant growth in calls received. We are signposting more people to relevant services and providing them with factual information to help them make informed choices about support they can access. This growth has been achieved in part by our promotional activities this year, which have resulted in more citizens learning about how we can help and knowing who to contact. As we engage with more people, awareness of our services is increasing through word of mouth.

When people contact us we often hear that they are not sure who can help them or know where to start. It is our role to put that person in touch with the best organisation to help them. We do this by knowing the right support organisations in Birmingham through our signposting database, which is assisting callers to consider the best options for them.

**Mrs C called us about the treatment she had received from her GP. She was unhappy about it, but did not feel able to complain or know how to do so. We put her in touch with the local NHS complaints advocacy provider, VoiceAbility who are independent of the NHS. They assisted her to make a complaint. We later spoke to Mrs C and she confirmed she was now happy with the treatment she was receiving.**

Sometimes when a person contacts us, it is to ask for information to empower them to take control of their own health and care. Often this is because the information they need is hard

to find, or understand. A key part of our Policy Officer's role is bringing that information together for us to share with the service user.

**Mr G contacted us as he had been waiting several months for major surgery and didn't feel this was right. We provided him with the section of the NHS constitution which outlines what the maximum waiting times should be. Mr G reported to us "The information you provided gave me the knowledge and confidence to raise a formal complaint with the hospital". As a result he received a date for surgery.**

It is important to us that the person concerned has received the service that they needed and expected. Where appropriate we follow up with audit calls which tell us whether the organisation was the right one to support them and has helped resolve the issue. We challenge organisations if there are any concerns.

The information gathered is recorded on our secure database and the information is used as part of wider patient feedback reporting. We share trends in patients' experiences, issues and concerns with services so they know what is impacting people. Healthwatch Birmingham do not share personal details of those who contact us unless there is a danger to themselves or the public.

This year, the majority of calls through the Information and Signposting Line have been about primary care. For example, GP medical centres, or about the care that patients or service users have received in hospitals or through mental health services.

**Through our Information and Signposting Line we have signposted to a range of organisations and information including:**

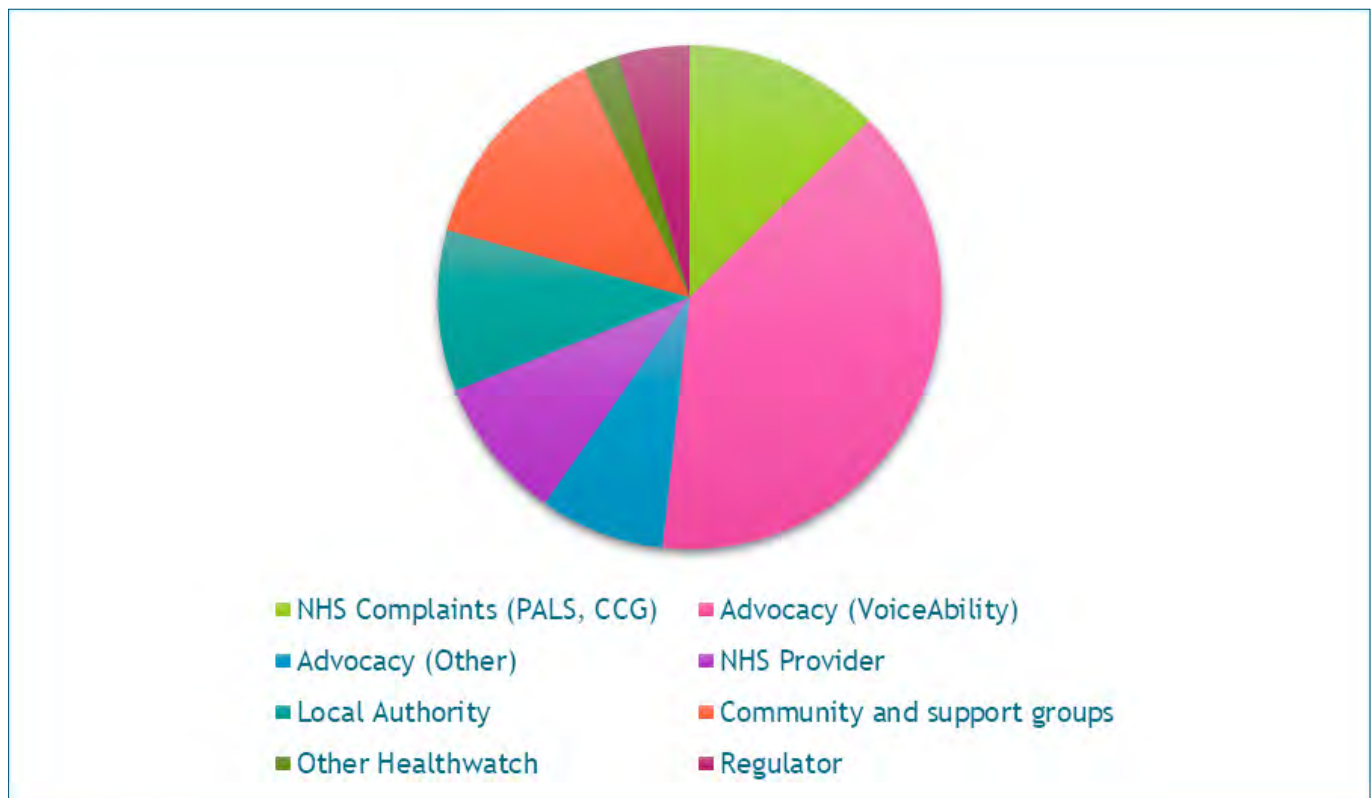
- + Complaints advocacy providers, like VoiceAbility or Advocacy Matters, when people would like support to make a complaint.
- + Patient Advice and Liaison Services (PALS) and Clinical Commissioning Groups (CCGs), particularly when enquiries include hospital or primary care services. We have signposted to Sandwell and West Birmingham CCG's Customer Care Team, for example.
- + Community and support groups, where people may be able to access health and wellbeing advice and information.
- + Local Authority key information, when people require details about safeguarding or social care.

**We have supported 260 people through our Information and Signposting Line**



- + Policy or guidance from organisations like NHS England, NHS Choices or the National Institute for Care Excellence (NICE).
- + The Care Quality Commission (CQC), or the Parliamentary and Health Service Ombudsman where people can find out more about sharing concerns, complaints or feedback about services and the appropriate processes for raising a complaint.

**The types of organisations we have signposted to over the past year:**



## Our online Information Route

One way that patients and the public can find out about local health and social care services is through our online Information Route.

Found on our website, this free and easy-to-use resource provides people with information and links they may need to navigate the local and national health and social care system. It provides details about:

- + How people can share their experiences, views or concerns about health and social care services, including links to NHS Choices.
- + Local advocacy support, including VoiceAbility, POhWER, CASBA and Advocacy Matters.
- + Safeguarding information, if people want to raise concerns about an adult or a child.
- + How to make a formal complaint, including links to guidance from NHS England, the Parliamentary and Health Ombudsman and the Care Quality Commission.

- + Understanding patients' legal rights, providing links to information about the Care Act 2014, personal health budgets or people's rights about patient choice.
- + Improving wellbeing and accessing community groups, with links to local organisations and support groups.
- + How to get in touch with local Councillors and MPs to share views.

Healthwatch Birmingham actively promotes the Information Route through our awareness activities, so people can independently find the information they may need.

Additionally we provide links when people have requested information to be emailed to them. As part of our wider website review over the forthcoming year we will be developing the Information Route to improve the links and resources included on our website.

The screenshot shows the Healthwatch Birmingham website. At the top left is the logo 'healthwatch Birmingham'. To the right is the tagline 'Your spotlight on local services'. Below the logo is a navigation menu with items: 'Your Feedback', 'Share Experiences', 'News', 'About us', 'Information', 'Work with Us', 'Volunteer', and 'Contact us'. The main content area features a large heading 'Health and Social Care Information Route'. Below this heading is a sub-heading: 'Healthwatch Birmingham provides details for people to find information about how to access health and social care services and support links.' This is followed by a list of links: 'Sharing your experiences of Health and Social Care', 'Getting Advocacy Support', 'Safeguarding', 'How to make a formal complaint', 'Understanding your Legal Rights', 'Improving your Wellbeing', 'Getting in touch with your local MP or Councillor', and 'Finding community groups'. At the bottom of the page, there is contact information: 'If you need help understanding the right organisation to support you please contact Healthwatch Birmingham by email info@healthwatchbirmingham.co.uk or by calling 0800 652 5278.'



Your voice for  
health and social  
care services  
across Birmingham

***Making a  
difference  
together***

# Stakeholder Engagement

To create real impact for people in Birmingham we need to engage with a range of stakeholders to lever change in health and social care. This is critical to our role and function. Engaging with local leaders and policy holders is increasing awareness of Healthwatch Birmingham and promoting our work.

## How we work with the system

### + As a critical friend

Our success is measured by the improvements made in health and social care as a result of our work. We are a critical friend providing patient and public centred evidence to highlight areas of improvement and hold commissioners and providers to account to make changes.

### + Our 'no surprises' approach

We believe that the most effective way to influence change is through working collaboratively with stakeholders across health and social care. Acceptance of our model and way of working by commissioners and providers enables proactive challenge and allows Healthwatch Birmingham to maximise our impact.

### + Honest, open conversations

We need to understand the wider landscape in which we work. This supports us to focus our resources in areas where we can have impact. Our relationships within health and social care allow us to have honest, open conversations about which patient identified issues the system already knows about, which they are working on improving and what services they are looking to change in the future.

As a result our focus is highlighting areas that are not currently being reviewed by others within the system. Our system for prioritising topics is described on page 56.

### + With the wider regulation and scrutiny system

Our relationships within the wider regulation and scrutiny system means that we can have greater reach and impact outside of our field of influence. Working closely with the Care Quality Commission (CQC) and Safeguarding means that when we hear feedback and patient experience that we feel compromises individuals' safety, we can escalate this efficiently and cause action to be taken.

## Our role at meetings

We have a clear strategy to use our seats at board meetings effectively. Our role at these meetings is to:

- + Seek assurance from board members for the quality and effectiveness of their public involvement and engagement in service design and redesign.
- + Proactively share information relating to potential or actual issues we have identified in the course of undertaking our statutory functions.

**The full list of Boards we attend can be found on page 61.**

## Key achievements

### Health and Wellbeing Board

This year we have been able to influence the development of the Health and Wellbeing Board strategy. Actively contributing at meetings has allowed us to raise key challenge questions regarding Sustainability and Transformation Plans (STPs), and influence the importance of involving patients and the public. Our work around the STP is highlighted on page 47.

### Health Wellbeing and the Environment Overview and Scrutiny Committee (HWEOSC)

Over this year we have built a strong relationship with HWEOSC and its equivalent joint meetings with Sandwell and Solihull. Regular meetings with Cllr John Cotton, Birmingham City Council (BCC) Committee Chair, is enabling us to link our work with the HWEOSC work programme. We are able to share intelligence and forward plan together.

**“Healthwatch Birmingham play a vital role in holding health and care services to account and are a vital partner for Birmingham City Council’s Health Scrutiny Committee. Working together, we’ve been able to scrutinise and challenge the decision makers on key issues like the Sustainability and Transformation Plan, the future of our community health services and the quality of adult social care provision - ensuring that the views of the public are heard loud and clear.”**

**Cllr John Cotton, Chair BCC HWEOSC.**

### Primary Care Committees (through the CCGs)

All three of Birmingham’s CCGs have delegated responsibility for Primary Care commissioning through their respective Primary Care Committee. Our clearly defined role here is key to influencing and improving primary care in the city. We have been able to challenge the level of patient and public involvement in commissioning decisions, such as practice closures and mergers.

We have also influenced the involvement of patients and the public in commissioning priorities, including the development of the GP Five Year Forward View. We will continue to influence the delivery plans to ensure all decisions have patients and the public at their heart, and take into account any unintended consequences of decision making.

### West Midlands Quality Surveillance Group (QSG)

The purpose of this group is to systematically bring together the different parts of the system to share information. Healthwatch Birmingham is involved with an ongoing project to ensure that patients’ experiences we have heard are used by QSG members to deepen their understanding of issues prior to being raised at the meeting. We are working closely with commissioners and regulators to pilot a quarterly report of patient stories and case studies of issues.



## How your experiences are helping influence change

**Making sure the views of patients, the public, carers and service users are listened to and acted upon to improve services or during service change has guided our work this year.**

We have worked on a number of topics, and this section will give you a snapshot of our work. We detail our work on GP urgent appointments, Sustainability and Transformation Plans and our Quality Standard for patient and public insight, engagement and involvement.

## Improving the quality of service for people with serious mental illness in Birmingham

**Last year we published a report about care plan provision for those living with serious mental illness.**

- + Our investigation into support for patients with a serious mental health illness challenged the provision of care plans by a local Trust.
- + Now, the Trust is developing more effective reporting methods to monitor care provision.
- + The report also highlighted the benefits of more performance information for internal teams to measure against care planning standards.

In May 2016 there were over 5,500 people with serious mental illness under the care of Birmingham and Solihull Mental Health Foundation Trust (BSMHFT). The Trust provides secondary mental health services for adults over 25 years of age in Birmingham, with patients with complex needs placed on the Care Plan Approach (CPA). The CPA is used to assess, plan, review and coordinate the range of treatment, care and support needs of

people who have complex mental health needs.

Patients with less complex needs, but who still require treatment, are provided with 'Care Support'. This 'statement of care' between the patient and the lead clinician, should contain any relevant information regarding support, care and treatment, intended outcomes and information about risk and relapse prevention strategies.

The Trust's Care Management and Care Programme Approach (CPA) policy states that all patients should have a care plan. Healthwatch Birmingham became aware that 1 in 5 patients with a serious mental illness do not have a current care plan.

## What we did

Over 60% of stakeholders we surveyed as part of our investigation decision making process chose care plan provision as the issue they felt we should investigate as a priority. Respondents said that the reason this issue was important was:

- + 'Ensure when in crisis an individual can access the correct service'
- + 'Mental illness is one of the major issues faced by the healthcare system and a focus on care plans would help'
- + 'Care plans are essential to determine how to support patients and enable them to recover more quickly and to sustain their recovery. Patients having plans will reduce their need for support and help them back to health faster'

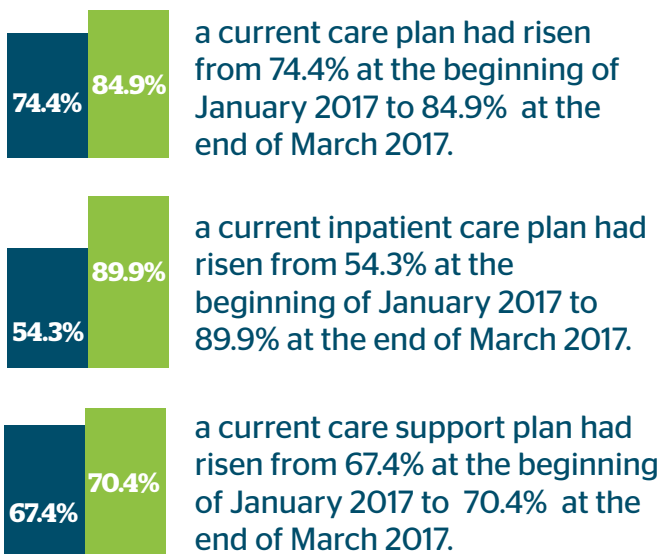
Following this, Healthwatch Birmingham discussed the issue with the Trust's Chief Executive, John Short. The Trust was aware of this issue, and welcomed Healthwatch Birmingham highlighting the issue with them. They were keen to increase the percentage of people with care plans under the Trust's care, and shared relevant data with us about care plan provision.

The Trust informed us that the report highlighted the need for more detailed performance information against care planning standards for internal teams. They have now developed effective reporting to monitor the number of service users on care support or CPA.

### Improving the quality of service

BSMHFT decided to put our report on this issue through their formal governance process and to start a work programme through the Trust's Quality Committee to address this issue.

The Trust provided Healthwatch Birmingham with updates on their progress. They based their update on the presence of a care plan updated in the last 12 months. The number of patients with:



This provides evidence of a continuous and sustained improvement in the number of service users who have a copy of their care plan. Trust staff regularly meet to continue to monitor and track progress. All teams are made aware of expected improvement targets, to drive the level of service quality for patients. Local action plans are in place to improve and maintain care plan compliance.

### What next?

- + Healthwatch Birmingham will be meeting with BSMHFT to discuss the progress they have made, and will continue to make.
- + We continue to monitor trends about mental health services from patient and public feedback, and are actively encouraging people to share their experiences with us.

**In a House of Lords debate about effective service user representation in health and social care and the role of Healthwatch England and local Healthwatch, we were recognised for our work investigating mental health services in Birmingham. Our mental health care plan report shows the power of our strategy for collecting evidence, reporting these findings to decision makers, and holding them to account.**



## Working with other organisations

### The Care Quality Commission

A closer working relationship with the Care Quality Commission (CQC) over the past year is ensuring more patient experience is being taken into account by those regulating health and social care services in the city.

2016/2017 has seen an increase in patient feedback trends being shared with the CQC to support their local inspection activity. Patients and the public sharing their feedback can benefit in the knowledge that their views are actively being used to not just inform Healthwatch Birmingham activity, but support local bodies who commission and regulate services. A key part of our growth this year has been the level at which Healthwatch Birmingham's intelligence has been acknowledged and used by system partners.

The CQC approach Healthwatch Birmingham for patient feedback to support their announced, and unannounced inspections, of care homes, day care centres and hospital services. Trends from feedback published and publicly available via the Feedback Centre is shared directly with the CQC. The personal details of the patient, service user or member of the public who have submitted their review are not shared with the CQC unless prior permission is given by the reviewer.

Feedback from patients and the public is being used to help inform inspections, which is resulting in a more accurate picture of the quality of services.



**Over 60 requests by the CQC for feedback links on our Feedback Centre**

### Case study - escalating to the CQC

Every review we receive through our Feedback Centre goes through a moderation process before publication. This allows us to check whether feedback contains details that need to be acted on. A person leaving the review can also ask Healthwatch Birmingham for information about the official complaints process.

We received feedback from a family member of a resident in a care home, who was concerned about the quality of the care they were receiving. We provided the relative with information about the complaints process for adult social care and about the ombudsman. Due to the nature of the feedback we also escalated the concerns to the CQC.

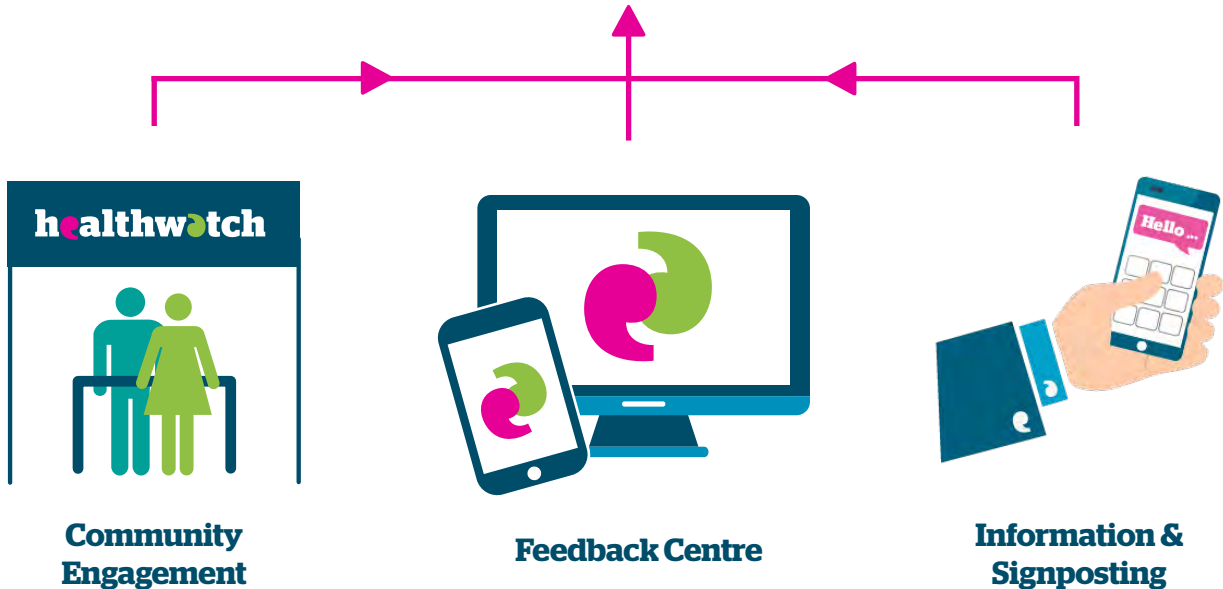
A local CQC inspector made contact with the relative, who was assured that residents care had subsequently improved following a change of management at the care home. The CQC inspector reported they would use the information provided by Healthwatch Birmingham and the relative to inform the planning for the next inspection of the service.

**Information about how Healthwatch Birmingham escalates issues we hear from patients and the public to organisations like the CQC and Safeguarding teams can be found on the next page.**

Information about how Healthwatch Birmingham escalates issues we hear from patients and the public to organisations like the CQC and Safeguarding teams.

### Advocacy Support

- + Identified need for assistance through complaints process
- + Identified need for support to access services



**Community Engagement**

**Feedback Centre**

**Information & Signposting**

**Care Quality Commission**

**Service Provider**

**Safeguarding (Children & Adults)**

- + Concerns for safety
- + Regular negative experiences and trends
- + All safeguarding referrals

- + Right to Respond
- + Regular positive and negative experiences and trends
- + Whistleblowing of significant incidence

- + Identified risk for current safety of citizen or patient
- + General safety concerns about a provider
- + Wider alerts to individual safety, welfare or risk of abuse in an individual's life

**Triggers for escalation:**

**Commissioners**

- + Quarterly quality reports of all feedback heard
- + Regular positive and negative trends
- + Reports of significant events or whistleblowing

## Question and answer session hosted by NHS Birmingham South Central CCG:

In November 2016, NHS Birmingham South Central Clinical Commissioning Group (CCG) held a Question and Answer session at Bournville College in response to our report on *Young people's perception of patient centred care in Birmingham* published in 2015/2016.

The event was hosted by Charmaine Burton of New Style Radio's Different Anglez of Society show and encouraged young people, including students from the college to attend and ask questions of the panel.

The panel consisted of:

- + Dr Diane Reeves - Accountable Officer, NHS Birmingham South Central CCG
- + Jane Upton PhD - Head of Evidence, Healthwatch Birmingham
- + Elaine Kirwan - Associate Director of Nursing, Forward Thinking Birmingham

Following this event, New Style radio aired excerpts for its listeners to hear, and had a follow up studio show on the subject with Andy Cave, CEO, Healthwatch Birmingham and James Sandy, Partnership Manager, NHS Birmingham South Central CCG. This allowed more people to hear about our report, and the actions the CCG has taken as a result.



## PPG Awareness Week:

Patient Participation Group (PPG) Awareness Week (annually in June) aims to promote the role and benefits of PPGs to patients, the public and health professionals, to create more understanding of the value of true patient participation.

NHS Birmingham South Central CCG held an interactive workshop on the 6th June 2016 exploring ways in which they could better support Patient Participation Groups and strengthen links to local NHS engagement activities. Jane Upton, our Head of Research attended to give PPG members an overview of:

- + The different ways Healthwatch Birmingham hear patient experience.
- + How we select what topic to investigate next.
- + How we assure good patient and public involvement - including information about our Quality Standard.

Jane answered questions about Healthwatch Birmingham's work and how PPG members could become involved.



## Working with Providers and Commissioners to test the Quality Standard

One of the ways in which Healthwatch Birmingham promotes and supports the involvement of people in the commissioning and provision of local health and social care services is through building the quality and importance of using patient and public insight and experience. As instigated by health and social care stakeholders, we developed a framework of what good looks like in effective patient and public involvement (PPI) which we are using to hold commissioners and providers to account.

This framework is the Healthwatch Birmingham Quality Standard for using patient and public insight, experience and involvement to reduce health inequality, improve health outcomes and drive service improvement.

This year we have been further developing the Quality Standard and testing this with a range of commissioners and providers in the city. Key learning from this has been used to upgrade the Quality Standard. It's important that we understand how this can be used by health and social care organisations to ensure it has maximum impact for patients and the public.

Throughout the year we have received positive feedback about how both commissioners and providers can see the tool being used as part of their organisation. Feedback highlighted the importance of the Quality Standard as a whole organisational approach to using patient insight and experience and that it clearly defines how and why this can be used to reduce health inequality, improve health outcomes and drive service improvement.

**You can see the full list of organisations we have worked with to develop this tool on page 61.**

## What next?

- + We will be working with organisations to develop how they will use the Quality Standard in practice. We will support the implementation of questionnaires and develop action plans to raise the standards across their organisations.
- + We will work to raise awareness of the new Quality Standard pages on our website more widely with stakeholders as an easily accessible resource to find out more about the tool and access supporting information.
- + Plan content aimed at patients and the public to communicate the impact of the Quality Standard for how they interact with the health and social care system locally.



## Quality Accounts - making sure patient experience and feedback is central to quality improvement

This year Healthwatch Birmingham commented on the draft Quality Accounts of several local health and care providers.

NHS services publish Quality Accounts to report on the quality of care they provide and highlight improvements made over the past year. They also provide details of the quality improvement goals for the upcoming year.

Healthwatch Birmingham commented on 9 Quality Accounts, including all 8 of our local Foundation Trusts.

- + Birmingham Community Healthcare NHS Trust
- + Heart of England NHS Foundation Trust
- + Sandwell and West Birmingham Hospitals NHS Trust
- + Birmingham Children's Hospital NHS Foundation Trust
- + Birmingham Women's NHS Foundation Trust
- + Royal Orthopaedic Hospital NHS Foundation Trust
- + University Hospitals Birmingham NHS Foundation Trust
- + Birmingham and Solihull Mental Health NHS Foundation Trust
- + John Taylor Hospice

## Our responses to the Quality Accounts focused on:

- + Promoting the importance of providers demonstrating what actions they have taken to reduce inequalities in care and patient experience. We review and comment on provider's activities to address specific issues. For example, complaints handling, patient experience, waiting times or cancelled operations.
- + Challenging information presented in the Quality Accounts including seeking clarity or more details in order for Healthwatch Birmingham to provide a comprehensive response. In some responses, we asked for clarity on planned actions to support improvement, particularly where providers outline they have not met their own measures or targets, or regional/national measures.
- + Commenting on the health or care provider's performance. We respond to the provider's general performance and their quality goals outlined in previous Quality Accounts.
- + Acting as a critical friend to scrutinise their next year's quality goals, the plans in place to achieve them and how they will be evidenced. As part of our wider strategy to promote patient and public involvement (PPI) in improvement and decision making, it is important providers demonstrate accountability to the public in an open and transparent way. We welcomed where priorities for the forthcoming year clearly demonstrate that providers are incorporating patient and public feedback.
- + Commenting on the extent that the plans set out in the Quality Account demonstrate that provider is responding to the patient feedback it is collecting.

Healthwatch Birmingham also uses this opportunity to share any relevant feedback we have received from service users about the provider.



## Promoting improvements in PPI

Where we consider a Quality Account does not provide enough evidence on how the organisation uses patient and public involvement as part of the quality improvement process, we have made suggestions on how this can be improved for future years.

- + In four of our nine responses this year we requested more information on how PPI is used to inform service development.
- + In seven of our responses we also made suggestions about how the collection and reporting of patient experience data (including feedback, patient surveys, complaints etc.) can be improved to give a clearer reflection of a Trust's performance in this area.

We have also used Quality Account responses to encourage Trusts to collect and report more data on the experience of seldom heard groups, and raised this in eight of our nine responses.

Healthwatch Birmingham is pleased that our responses to Quality Accounts have been useful to providers who have given an update of the actions they are taking as a result.

“We note your helpful suggestion around making sure patients, particularly hard to reach groups, feel able to complain or provide feedback and will include this in next year's Quality Report.

“We also note your comment on the lack of information on how the Trust engages and involves [Patients, the public, service users and carers] when developing or redesigning services. We will give some thought to this for next year's report and could potentially include a section on service improvement and some of the other areas where we engage patients and the public.”

Imogen Gray

Head of Quality Development, University Hospitals Birmingham NHS Foundation Trust.



## Freedom of Information Requests

This period we carried out 13 FOI requests as part of our work. Out of these we received responses from all of our requests apart from Sandwell and West Birmingham Hospital Trust who did not reply despite being chased.

## Consultations - Placing patients and the public at the heart of decision-making

Consultations are one of the ways that we ensure the views and experiences of patients, the public, service users and carers are at the centre of key decision making in the commissioning of health and social care services in Birmingham.

They also enable us to communicate feedback we have received to decision makers so as to highlight the impact decisions might have on health and wellbeing; and scrutinise patient and public involvement (PPI) in service review or changes in strategy and system governance.

### Strengthening our strategy for responding to consultations

This year we focused on developing a clear process of why and how we respond to consultations and how that process aligns with our aims and objectives. This work has helped to highlight the impact Healthwatch Birmingham would like to have when responding to consultations.

Therefore, we asked questions to understand:

- + whether the organisation consulting has carried out an impact assessment and an equality analysis to determine the impact proposals will have on the community, on particular groups and on health inequality/inequity.
- + how accessible the consultation is and how transparent they are in setting out the case for change and options available.

Also important to us is the extent to which consultation documents lay out how they will take responses into account before making a final decision.

This year Healthwatch Birmingham has responded to eleven consultations including:

- + Consultation on service change at a local medical practice
- + Proposed changes to urgent care across the city
- + Framework for patient and public participation in commissioning
- + Local Authority consultation on budget changes
- + Child and Adolescent Mental Health Services 2017
- + Oral health in care homes and hospitals draft quality standard
- + CQC's 'Our next phase of regulation' consultation
- + Birmingham Domestic Abuse Prevention strategy 2017 - 2020

### Summary of the issues raised in our consultation responses:

#### Impact for patients, service users and the public

Some of our consultation responses focused on the impact a review or changes to services would have on people's health and wellbeing, especially particular groups.

In responding to proposed changes to urgent care, we used patient feedback to highlight the impact of service change for patients and the public, and the health inequities that may result. With scenarios proposed including potential closures to services, we highlighted the importance of effective PPI in any decision-making.

We also shared patient feedback in response to the Child and Adolescent Mental Health services 2017 consultation about the responsiveness of the system to their needs. We shared findings from our mental health and care plans study, which emphasises the need

for proposals to be implemented in line with stated objectives. In our response we commended the NHS for recognising the need for personalised and joined-up care for children and young people suffering from mental health issues.

Though not a specific health, social care or wellbeing consultation, our responses to local parking changes in certain areas of Birmingham centred on the potential impact of proposals on different groups, and their ability to access local health and social care services as a result of these changes.

### Transparency and Accessibility

Our responses commented on how transparent the consultation process is, especially in communicating details of proposed changes.

Several of our responses highlighted our concerns on how accessible the consultation is, and whether it has effectively considered offering as many people as possible the opportunity to share their views.

### Importance and value of PPI

As part of our role in championing PPI, our responses commented on whether the consultation genuinely seeks to involve patients and the public. We reviewed whether the consultations explained how responses will be used to make final decisions on changes and how this will be communicated.

Within the CQC 'Our next phase of regulation' consultation, we commented that there was insufficient focus on engaging with service users about how services provided by health and social care organisations impact wider health and wellbeing. We stressed the importance of PPI informing all regulation activities. We also commented on the accountability for quality of care where services are delivered across organisations and the importance of being regulated in a way that the needs of patients and the public are a core focus. **Our comments on this will be included in the CQC final report due in September 2017.**

In responding to the draft framework for patient and public participation in commissioning, we highlighted our Quality Standard, which offers solutions to bring together patient and public involvement and addressing health inequalities. **As a result, NHS England has requested a link to the Quality Standard to include in their final report.**

The consultation into budget changes by the local authority saw us call on the Council to ensure that the views of the public are central to decision making.

### Case study

Healthwatch Birmingham received a call from a member of the public who was concerned about a relocation of a service away from her local area. She had received a letter from the CCG advising of the proposed change, but was unhappy with the timescales given to feedback her thoughts to them. She also reported concerns that other service users were not aware of the proposal.

In line with our role to promote effective communication with patients about service changes, we contacted the CCG for more details.

- + We asked them to outline actions that they have taken to involve patients and the public in this service change.
- + The CCG shared this with us, which enabled us to highlight the suggested improvements within the process and recommend solutions such as using our Quality Standard to strengthen engagement.
- + The CCG welcomed our comments and met with us to discuss this further. Following this, we were satisfied with the steps the CCG had taken. The CCG now keep us informed about all their public engagement on service changes and consultation activities.



***It starts  
with you***

## Can patients in Birmingham access emergency GP appointments in Birmingham?

Patient's access to care and experiences of services are being impacted by the variation in the management of emergency GP appointments across Birmingham.

Healthwatch Birmingham has seen an increase in the number of patients telling us about the issues they face in getting a GP appointment. Feedback indicated that people reporting serious conditions in particular were not able to get a same-day emergency appointment. Patients told us about the impact of not being able to see their GP, including having to access alternative services and the effects on their health and wellbeing.

One relative shared their feedback about the impact on the wider family: “Recently tried to book appointment, told no places for more than one week, another occasion called few days after another rebuff got appointment for later the same week (thought I won the lottery) [...] This is totally inadequate service, deeply frustrating seeing a family member unwell unnecessarily, the potential harm and distress this causes have a knock on effect through the family...”

A patient told us that they had to change GPs, after being discharged from hospital, to access the care they needed: “I could not get reception to understand I had been sent out of hospital with one week of tablets and needed more. They could not offer me an appointment before the tablets would run out. I kept being told to try tomorrow until I was so fed up I registered at another GP.”

### What we did

Members of the public, and professionals working in health and social care locally, told us that they wanted Healthwatch Birmingham to explore this issue further.

People across Birmingham took part in our survey throughout July 2016. We heard from a range of people from all ages, including parents with young children, people living with sensory or learning disabilities and those with mental health related needs. It was key to present the views of a wide range of people with differing experiences, which could lead to them having poorer health.

### What people told us

Patients taking part in the investigation shared a variety of symptoms, which they had reported at the time of trying to get a GP appointment. This included chest infections, diabetes, allergic reaction, mental health issues, shortness of breath and the wheezing of a young baby. Patients told us about their general practice, whether they got an appointment, the timescales or waiting times to be seen, and whether they accessed an alternative service as a result. The wide variation in appointment timescales from the practices included:

- + Consultation within 1-2 hours
- + Telephone call within 4 hours
- + A few days
- + Appointment after 5 days
- + Two weeks for an appointment
- + Not offered a consultation, and not directed to an alternative service

### Examples:

- + “Was given a consultation at the practice with a GP or Nurse Practitioner. I think it was a few days after the call it definitely wasn't

the same day ... In the past few years I've had to use the NHS Walk in Centre as I've not been able to get an appointment the same week!"

- + "I was not offered a consultation, and not advised to go elsewhere. Just said sorry no appointments available ring back in the morning"
- + "I had to wait two weeks for appointment with the doctor"
- + "I was given a consultation at the practice with a GP or Nurse Practitioner over 4 hours but on the same day."

We selected 20 patient's experiences and presented their symptoms, together with the age and gender of the patient, to over 70 GPs to comment on. We wanted to understand, based on the symptoms indicated, what warranted a same-day emergency appointment.

## What we found

- + **Our findings show marked differences in how individual GPs would have managed such cases and the actual experiences reported by patients.**
- + **Patients we heard from should, in the views of the GPs we talked to, have had either an emergency appointment or a referral to A&E.**
- + **Some patients are not getting access to an emergency appointment when GPs consider it to be an emergency.**
- + **Our findings clearly indicate that there is unfairness in the system for getting an emergency GP appointment across Birmingham, with a wide variation in the management of requests for such appointments.**

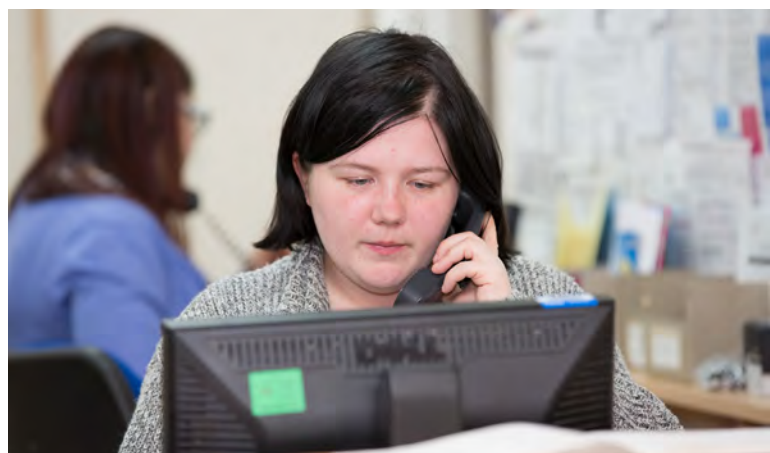
GPs told us about some of the barriers to providing emergency appointments, which included high demand, shortage of GPs and inappropriate requests for appointments. Some practices highlighted that they have effective mitigations in place to handle such issues.

We did hear from patients who told us about their positive experiences of getting an appointment. We highlighted that some GPs in Birmingham are able to offer appointments within a timeframe that is appropriate to the patient's clinical need.

## Understanding the issue

Patients are telling us that they want to access the care they need when they need it, but their expectations are not being met, or vary widely across services. Good access to general practice is key. It supports patients to have their essential health issues addressed and improves general health.

Through patient feedback and GP's comments within our investigation, our report indicates that decisions about access to emergency appointments by GPs varies across Birmingham.



With no national or local policy, GPs are required to have their own arrangements in place. As a result some patients are negatively impacted, experiencing demand failure and accessing alternative services which may not fully meet their needs, which is costly for the NHS to deliver.

### Sharing best practice to improve services for patients

The final report was shared with all three Clinical Commissioning Groups (CCGs) in Birmingham, who shared the report with all General Practices in the city. We asked GPs to share their experiences and suggestions of how allocation of such appointments could be improved, to improve patient care and access for people across the city.

The large amount of feedback we received about this issue highlights the importance of every patient's experience. As an evidence-based organisation all feedback from patients in Birmingham is considered as a means to make a difference. All people's views were taken into account in deciding to investigate further.

Dr Elizabeth Croton from Bournbook Varsity Medical Centre in Birmingham took part in the GP questionnaire:

**“None of us is as wise as all of us: We've found it really helpful in our practice to do more of what works and less of what doesn't which is why it's so useful to share best practice. The work that Healthwatch Birmingham is doing makes this process easy and straightforward.”**

Listening and understanding patient feedback is also supporting us in our conversations with commissioners and providers to improve services and make them better for people.

**Following the report's publication, CQC inspectors informed us they will be using the report in their discussion with general practices they visit.**



### What next?

In 2017/2018 we will share all relevant patient feedback about access to General Practice appointments received in the previous six months.

Healthwatch Birmingham will work with CCGs and individual member practices to share all relevant feedback about this issue, and to encourage the sharing of best practice regarding triaging appointments to improve access and treatment for patients across Birmingham.

We will also raise the findings of this report within key plan developments for primary care including the GP Five Year Forward View and Sustainability and Transformation Plans (STPs).

## Sustainability and Transformation Plans

**Patients and the public are experiencing wide scale, high-level change across local and national health and social care systems.**

As Sustainability and Transformation Plans (STPs) develop from discussions to actions, the role of Healthwatch remains key to ensuring patients and the public are at the heart. Now, more than ever, the needs, views and experiences of local people are vital to developing plans and services to reduce variation in services across Birmingham.

### What are Sustainability and Transformation Plans

Sustainability and Transformation Plans were announced as part of the NHS Five Year Forward View. These plans will support local areas to work together across health and social care to identify actions they need to take to address the funding, quality and inequality gaps in the local system. The aim is to develop plans that respond to the needs of local areas and their populations, rather than on the needs of individual organisations.

The city is split into two STP footprints - West Birmingham is in the Black Country STP, with the rest of Birmingham within the Birmingham and Solihull STP footprint.

NHS England emphasises that each STP development process should be open and engaging. STP leaders should be considering how to include patients, carers and the public, as well as voluntary and community sector organisations in achieving the necessary service transformations. Healthwatch Birmingham welcomed their guidance on engaging local people which outlined how to involve the public and ensure that their views, especially those experiencing the greatest health inequalities, are heard.

The STP should already be using existing patient insight and experience to identify

areas for development and where inequality lies within the city. For long term sustainability and transformation, the public need to be involved to ensure plans meet the future needs of Birmingham people.

### Promoting patient and public involvement

In meeting with system leaders Healthwatch Birmingham can effectively champion the importance of patient and public involvement. Tools such as our Quality Standard can support these organisations to take people's insight and experience into account. We continue to promote the need for STPs to be accessible and transparent to people in Birmingham.

Throughout the year Healthwatch Birmingham has met with the Director for People (Birmingham City Council), Cabinet Member for Health and Social Care the Health, Wellbeing, the Environment and Overview Scrutiny Committee (HWEOSC) Chair, the Programme Director and Communications Lead for the Birmingham and Solihull STP. The aim of this was to raise the importance of involving the public and seek support for our role in the STP process.

We have also been highlighting the needs of West Birmingham residents and how the Birmingham and Solihull STP needs to be working closely with the Black Country STP to ensure there is continuity of services across the city, regardless of where people live.

In the Black Country STP, we worked closely with our neighbouring Local Healthwatch (Dudley), being involved in meetings and update sessions to stay informed about developments for the people of West Birmingham.

## Working with Overview and Scrutiny

Strong links with the Birmingham Health Wellbeing and the Environment Overview and Scrutiny Committee has emphasised the need for effective communication and engagement with the public by STP leaders and featured highly on the agenda. In December a report was presented to full council.

This report highlighted our statutory function to promote the involvement of the public in the commissioning and provision of local health and social care services. They urged the STP to accept Healthwatch Birmingham's expertise in this area and encouraged our involvement in the STP. **The report promoted the use of our Quality Standard and Feedback Centre, by the STP, highlighting the importance of public involvement to get plans right.**

## Our seat at the Health and Wellbeing Board

Our seat on the Birmingham Health and Wellbeing Board has given us the opportunity to publicly challenge the level of citizen involvement in the development of STPs. We have asked for more transparency and access for patients and the public and have been able to challenge both STPs at this meeting. In particular, we have raised questions about the residents of West Birmingham and encouraged both STPs to work together so individuals understand which STP effects them and how this might affect their future health and social care services.

## Next Steps

- + Following significant changes at Birmingham City Council and changes in STP leadership we will work to build new relationships. This will seek assurance that patients and the public are at the heart of every decision.
- + The STP has already resulted in NHS Birmingham South Central, Birmingham CrossCity and Solihull CCGs coming together to form a single commissioning voice for the STP footprint. We will continue to raise the importance of listening to patient insight and experience and how CCGs can involve the public to identify any unforeseen consequences that changes may have on Birmingham residents, and ensure these are overcome.
- + We will also continue to work with STP partners around our Quality Standard, building in structure to the use of patient insight, experience and involvement in delivery plans through the STP workstreams



**Healthwatch Birmingham published a series of briefings about STPs to provide citizens with an overview. Cllr John Cotton was one of the key stakeholders that helped share.**

## Our Quality Standard

### Ensuring service design starts with patients and public at the centre.

Following our work on effective patient and public involvement (PPI) with key stakeholders we have made big strides forward with our Quality Standard.

#### Why this matters

Improving the level and quality of the use of patient insight, experience and involvement across health and social care in the city means that more citizens in Birmingham will have their views heard and can be confident that their voice counts. The more patient oriented insight is used, the more decisions are made with patients and the public at the heart.

#### Developing the Quality Standard

In March-April 2016, we attended the annual assurance meetings of 7 Clinical Commissioning Groups (CCGs) in the West Midlands. We trialled a series of key challenge questions, developed by us, to understand the level and quality of PPI within those CCGs.

Working extensively NHS England, we evaluated the use of the questions. We found that, although useful to highlight areas of good practice and identify variation in the system, the questions did not fully assure NHS England that good practice PPI was consistent across CCGs, and through all commissioning and service design.

In the CCG Assurance Framework (2016/2017), PPI was a golden thread throughout, and in addition focused on how CCGs are reducing health inequality. As a result, Healthwatch Birmingham presented our Quality Standard as a solution at the NHS England West Midlands Locality meeting (June 2016). The Quality Standard brings together both PPI and reducing health inequality, focused on a consistent approach across organisations.

NHS England adopted the Quality Standard as a useful tool to benchmark against across all 14 West Midlands CCGs.

#### Piloting the standards

Following its adoption by NHS England West Midlands, we focused on the completion of the first draft of the standards for Commissioners. This saw NHS England creating a self-assessment tool for CCGs, for them to evidence how they are meeting PPI standards.

Healthwatch Birmingham ran a workshop with NHS England West Midlands to introduce the CCGs to the Quality Standard and how to use it. This included representation from some Local Healthwatch. We also provided telephone support for CCGs to fully understand the standards.

- + All 14 CCGs submitted their self-assessments, including corresponding evidence to NHS England in October 2016.
- + Following which, an audit of submissions was carried out, which rated how each CCG met the criteria of assurance. CCGs received their assurance rating from the self-assessments, highlighting areas of strength and areas to improve.
- + This assessment will be used as a foundation for targeted questioning from NHS England West Midlands to the CCGs as part of their final assurance meeting.
- + This will lead to an overall assurance rating for the CCG.
- + Throughout this, Healthwatch Birmingham continued to evaluate the process and receive feedback from CCGs which was used to upgrade the Quality Standard.

## Working with other Healthwatch

As NHS England West Midlands worked across the West Midlands region with the Quality Standard, Healthwatch Birmingham actively kept colleagues in neighbouring local Healthwatch informed about progress of the project.

Working with NHS England West Midlands we delivered an information session at the regional local Healthwatch meeting in which we updated attendees with the journey of the project, and how NHS England West Midlands were using the Quality Standard.

As a result we encouraged all CCGs to work with their local Healthwatch to evaluate and take action to improve their PPI.

In July 2017 we will be presenting our work around the Quality Standard at the National Healthwatch Conference where we will share our learning from the project.

## Next Steps

- + NHS England now understands what the quality of patient and public involvement in commissioning looks like across the West Midlands. They can identify areas of shared improvement and highlight good practice within the region.
- + Over the next year, we will support NHS England West Midlands to develop workshops in which CCGs are able to share their experiences with others to raise standards across the region.
- + For patients and the public: Through learning from best practice more citizens in the West Midlands will be able to make their views known. They can have more confidence that their voice counts and that their experiences will be used to shape future service delivery and commissioning.



“Working with Healthwatch Birmingham on the Quality Standard this year has been incredibly helpful. The CCG self-assessments and our subsequent evaluation helped us establish a baseline understanding of the West Midlands CCG’s ability to embed PPI practices throughout the commissioning lifecycle.

“We now know where strengths and weaknesses lie across all 14 of our CCGs, including which CCGs need support to improve. We are holding a best practice event in July 2017 to share experiences and examples from across the West Midlands so that others can learn from innovative practice.

“And moving on from that we will continue to work with Healthwatch to further develop our assurance practices in this area.”

**Natalie Penrose, Head of Performance and Delivery, NHS England, West Midlands**

## Quality Standard Case Study NHS Birmingham CrossCity CCG

### Introduction of the Healthwatch Birmingham Quality Standard to the NHS England Assurance Process.

As part of piloting the Quality Standard with CCGs, NHS Birmingham CrossCity CCG shared feedback about their experiences of using the standards, which was very useful for Healthwatch Birmingham to improve the standard for future use.

After being reassessed against the standards as part of NHS England's assurance framework earlier this year, the CCG demonstrated improvement in all areas of the Quality Standard.

In addition to their planned and ongoing improvements in PPI, following an independent review of their engagement structure in 2016, the Quality Standard specifically identified the following areas for improvement at the CCG, which are progressing well:

- + Evaluate the use of patient insight, experience and involvement in decision making.
- + Improve thinking and planning to strengthen engagement and communications. This means key learning from involving patients in engagement and discussions will be shared and used going forward.

- + Using the Quality Standard is supporting more effective conversations throughout the CCG, about the best way to include patient insight, experience and involvement into all areas of the CCG's work.
- + Strengthening how they hold the services that they commission to account for effective PPI; ensuring that these services are involving patients and service users appropriately.
- + Raised the value of using existing patient and public insight and experience. Using patient views from previous engagement activity; including responses, feedback and complaints received, prevents the CCG from unnecessarily repeating activity when considering service redesign and commissioning.

**We commend the CCG on their improvement and we look forward to working with NHS Birmingham CrossCity CCG in the year ahead to develop the use of the Quality Standard and are keen to hear how the CCG develops in their identified areas.**





***Our plans for  
next year***

## What next?

**Following our fantastic year of growth and improvement we are looking forward to developing further in 2017/2018, leading to more impact for the citizens of Birmingham.**

### More Engagement

#### + With patients and the public

We will continue to think creatively, developing new ways to promote what we do and raise awareness. Understanding of our work and public confidence in our organisation is vital to our success.

The more we hear from individuals, the richer the picture we have of health and social care in the city. This will also help to attract more volunteers to get involved and support our work, helping us to raise awareness in their communities.

#### + With the health and social care system

Building upon those key relationships across health and social care is important for strengthening our impact. Our 'no surprises' approach will allow the health and social care system to use our expertise more effectively, which leads to greater impact for people in Birmingham. With long term whole system changes, such as Sustainability and Transformation Plans (STPs), we will challenge decisions and promote effective communication and engagement for patients and the public.

### More Quality Data

The year ahead will be focused on improving the quality of the patient experience and feedback which we receive. Understanding our role within the health and social care system allows us to work with citizens, giving them the time to tell their stories and presenting this in a way that leads to service change.

In particular, we will develop how we identify and listen to the 'quietest voices' in our communities. For example, those people who rarely share their story, or are unable to do so. The quality of this data will be presented regularly to partners in the system. Working with Quality and Patient Experience Leads across commissioners and providers will allow data to be triangulated with other sources, enabling effective data sharing to truly understand the experiences of local people.

This will lead to Healthwatch Birmingham making better decisions, including what we prioritise for our investigations activity. Our ability to focus on the issues raised by patients and the public, where we can have maximum impact and lever lasting change, is central to us being a leading local Healthwatch.



### More Impact

Our success is measured by the changes made to health and social care services as a result of our work. To enable this we will:

- + Continue to produce high quality evidence-based reports leading to commissioning and service improvements throughout health and social care.
- + Working with health and social care organisations we will drive improvement in how patient and public insight, experience and involvement is used through our Quality Standard tool.

- + Raise key challenge questions at meetings ensuring patients and the public are at the heart of decisions made.
- + Produce evidenced base responses to consultations and NHS Trust Quality Accounts.
- + Develop effective routes to share our data and escalate areas of concern quickly to keep citizens safe.

### More Communication

Following on from our range of successful communications activities in 2016/2017, it's important we build upon this, creating innovative ways to promote and celebrate our work. Using our unique position we will connect the public with opportunities to be involved in health and social care and share information useful to them. Clearly communicating what we do with patients stories will lead to more experiences being shared and will strengthen our ability to influence service design.



**Look out for  
me next year!**





healthwatch  
Birmingham

healthwatch  
Birmingham

# *Our people*

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## Decision making

Healthwatch Birmingham has a clear Procedure for Relevant Decision Making, outlining how and why decisions are made. Our Board meetings are held in public and these are advertised, with minutes published on our website, enabling us to be accountable, transparent and open in how decisions are made. Our Procedure for Relevant Decision Making can be found on our website.

A clear way that we involve the public in decision making is by asking members of the public, patients, service users and carers to participate in our Topic Identification and Prioritisation System (TIPS). This is how we process the feedback we hear to decide what topics we follow through to investigation.

We value the strong voluntary, community and social enterprise sector in Birmingham who support us to share our investigations and surveys with their service users and encourage them to get involved. We also invited everyone who had participated in previous surveys and our volunteers to tell us what they think.

Our future investigations, as decided by our public stakeholders will look at:

- + The ease of complaining to the Clinical Commissioning Groups in Birmingham about the health services they commission.
- + The ease of complaining to Birmingham City Council about social care providers they commission.
- + Poor integration of care between service providers, patients and family post hospital discharge.

Healthwatch Birmingham will continue to revise our TIPS process. We want to improve how we listen to the experiences of people who use health and social care services, and

how we learn more about these issues prior to the decision making process.

We will also consider what issues are already being investigated by other organisations within the system. It will also enable us to only select those issues that, if looked into, are likely to have a positive impact on people's experiences of health and social services. We also aim to increase the number of patients, members of the public, service users and carers that help us to select issues for further inquiry.

## Our Volunteers

### Enter and View Training

Healthwatch Birmingham only uses Enter and View visits as part of our investigations. This is where we visit a health or social care service to listen to service users about their experiences.

We recently trained our staff and volunteers to carry out Enter and View visits. We also provided refresher training to volunteers who have previously carried out visits, so they have up-to-date information about how we visit services. Sessions included how the organisation is now using Enter and View as part of our new strategy to engage with patients and service users. Such training is key to recognising volunteer's current skills, upskilling and involving volunteers in our work. Being appropriately trained and having structured processes in place means we can effectively listen and engage patients and service users when we visit services.

It's important for Healthwatch Birmingham to have these measures in place to visit services in a safe manner. These volunteers will be working with us to run a series of Enter and View visits in 2017/2018.

## Our Volunteers

Healthwatch Birmingham would like to say a big thank you to our volunteers who have supported us this year.

Adebayo Lawal	Pat Thomas
Mark Lynes	Gillian Richards
Alex Davis	Raeesah Hussain
Michael Tye	Houston Pearce
Amanda Dickinson	Reema Begum
Mohammed Jobbar	June Phipps
Ashleigh Pittmans	Sandra Alali
Mustak Mirza	Keith Hulin
Barbara Garrett	Shanice Brown
Nina Davis	Khairun Butt
Christine Spooner	Steve O'Neill
Olga Cojocaru	Khakan Qureshi
Deborah Broomfield	Tina Brown Love
Pat Coyle	Mandeep Dosanjh
Fatemeh Mossavar	Trevor Fossey

## Volunteers Bulletin

Healthwatch Birmingham



### New Volunteers E-Bulletin

To keep volunteers informed and involved in Healthwatch Birmingham activity we launched our new Volunteers E-Bulletin last year.

Issued quarterly, content is centred on communicating:

- + Latest opportunities to get involved in community engagement, training or Board/ Volunteer mixers.
- + How volunteers can support Healthwatch Birmingham activity going forward, such as our investigation decision making process.
- + Links to our latest reports, including thanking volunteers for any support with data gathering or engagement activities.
- + Promoting and encouraging volunteers to get involved in our latest awareness campaigns.
- + Sharing our achievements, including reporting on our latest impact.
- + Keeping volunteers informed about any staff or board updates.
- + Information about local, relevant health and social care news.

The first issue launched as part of National Volunteers Week in June 2016.

Regular communication with our volunteers is important for Healthwatch Birmingham to operate in a transparent way with everyone involved in the organisation. It supports us to position our activity in context with what may be happening in the local health and social care system. We also encourage volunteers to help shape the E-bulletin going forward and share their ideas about what information they would like included.



## Our Board

### Non-Executive Director (NED) recruitment

In 2016/17 we reached a critical point in our growth as an organisation, with the successful recruitment of new NEDs. The interest in joining the Healthwatch Birmingham Board is a testament to all our hard work and shows how we are going from strength to strength and attracting a high calibre of applications.

As a result, we would like to welcome:

- + Danielle Oum as Chair (Danielle officially took over from Brian Carr on the 3rd May, 2017)
- + Jenny Jones (Non-Executive Director from 1st April, 2017)
- + Catherine Weir (Non-Executive Director from 1st April, 2017)
- + Les Lawrence (Non-Executive Director from 1st April 2017)

We would like to thank all of our Board members for their support throughout the year. Their combined knowledge and expertise has helped us through a transformation period that has resulted in very positive changes for Healthwatch Birmingham.

In particular we would like to thank Brian Carr who has been Chair of Healthwatch Birmingham for the last 2 years. Brian has been an invaluable lead for the Board guiding the organisation through its transformation, developing a new model of working and strategy. We are very pleased that Brian has agreed to remain as a NED in 2017/2018, where we will continue to benefit from his expertise.

On the back of the growth, we are sorry to have said goodbye to Jonathan Driffill who has stepped down as a NED. Jonathan's knowledge and experience was invaluable to the organisation. We would like to specifically thank him for all his support during his time with Healthwatch Birmingham.

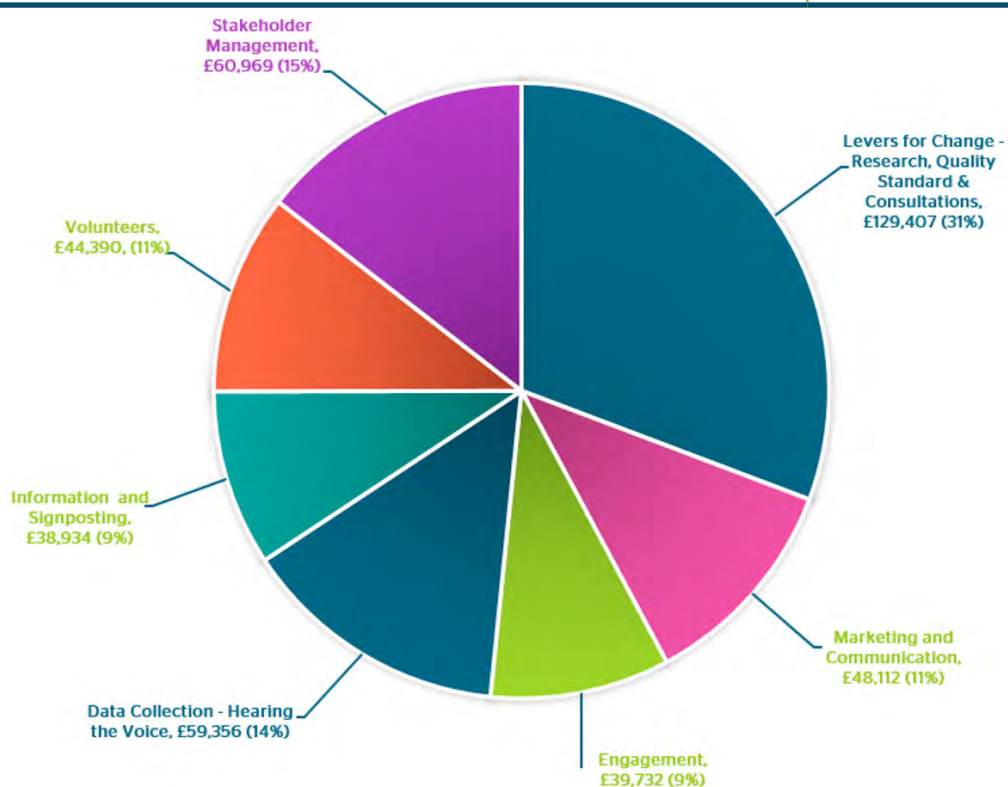
**Main photo (left-right): Carol Burt, Brian Carr, Danielle Oum, Jasbir Rai, Catherine Weir, Dr Peter Rookes, Jenny Jones. (Inset): Les Lawrence and Mike Hughes**





*Our finances*

Income	£
Funding received from local authority to deliver local Healthwatch statutory activities	£445,390
Reserves	£21,060
Other	£8,124
<b>Total income</b>	<b>£474,574</b>
<b>Expenditure</b>	
Operational costs	£92,131
Staffing costs	£282,386
Office costs	£46,383
<b>Total expenditure</b>	<b>£420,900</b>
<b>Balance brought forward</b>	<b>£130,031</b>



## Working with the health and social care system and key stakeholders

### The full list of Boards we attend:

- + Birmingham Health and Wellbeing Board
- + Birmingham Health and Wellbeing Board - Operations Group
- + West Midlands Quality Surveillance Group
- + Birmingham Safeguarding Adults Board
- + Birmingham Safeguarding Adults, Scrutiny and Governance
- + Birmingham Health, Wellbeing and the Environment Overview and Scrutiny Committee
- + Joint Birmingham and Solihull Health Overview and Scrutiny Committee
- + Joint Birmingham and Sandwell Health Overview and Scrutiny Committee
- + NHS Birmingham South Central CCG, Primary Care Committee
- + NHS Birmingham CrossCity CCG, Primary Care Committee
- + NHS Sandwell and West Birmingham CCG, Primary Care Co-Commissioning Committee
- + Primary Care Committee in Common (BSC CCG, BXC CCG, Sol CCG)
- + Sandwell and West Birmingham - New Care Models
- + West Midlands Urgent Care Network
- + Patient Experience Leads Forum

### Quality Standard: The full list of organisations we have worked with to develop our Quality Standard:

- + NHS Sandwell and West Birmingham CCG
- + NHS Birmingham South Central CCG
- + NHS Birmingham Cross City CCG
- + Birmingham City Council Adult Social Care

- + Birmingham City Council Public Health
- + NHS England West Midlands
- + University Hospitals Birmingham Foundation Trust - Queen Elizabeth Hospital
- + Birmingham Women's and Children's Hospital Trust - Birmingham Children's Hospital
- + Birmingham Women's and Children's Hospital Trust - Birmingham Women's Hospital
- + Birmingham Community Healthcare Foundation Trust
- + Birmingham and Solihull Mental Health Foundation Trust
- + Heart of England Foundation Trust
- + Royal Orthopaedic Hospital Foundation Trust
- + John Taylor Hospice
- + Birmingham and Solihull STP
- + Birmingham City Council Health Wellbeing and the Environment Overview and Scrutiny Committee (HWEOSC)
- + Urgent and Emergency Care Network
- + Birmingham Safeguarding Adults Board

### Wider engagement in health and social care included engaging with organisations such as:

- + Birmingham City Council - Director for People, Adult Social Care, Public Health, Safeguarding, Councillors and cabinet members, Prevention Partnership and Commissioning Centre for Excellence.
- + NHS Birmingham CrossCity CCG - Primary Care, Quality Leads, Partnerships Manager, Patient Experience and Engagement, commissioners and contract managers.
- + NHS Birmingham South Central CCG - Executive Team, Primary Care, Quality and Contracting Leads, commissioners, Patient experience and engagement.
- + Sandwell and West Birmingham - Primary Care Team, Quality and Contracting Leads,

Commissioners, New Care Models, Urgent and Emergency Care Network, patient experience and engagement.

- + Sustainable Transformation Plan (STP) - Programme Director and Engagement
- + NHS England - West Midlands
- + Heart of England Foundation Trust
- + Birmingham Community Healthcare Trust
- + University Hospitals Foundation Trust
- + Birmingham Women's and Children's Foundation Trust
- + Birmingham and Solihull Mental Health Foundation Trust
- + Sandwell and West Birmingham Hospital Trust
- + Royal Orthopaedic Foundation Trust
- + West Midlands Ambulance Foundation Trust
- + John Taylor Hospice
- + General Medical Council
- + Local Medical Council
- + Birmingham Local Pharmacy Council
- + Birmingham Local Dental Council
- + Modality Partnership
- + Birmingham Safeguarding Children's Board

# Contact us



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We will be making this annual report publicly available on 30th June 2017 by publishing it on our website and sharing it with Healthwatch England, CQC, NHS England, Clinical Commissioning Groups, Overview and Scrutiny Committee/s, and our local authority.

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

If you require this report in an alternative format please contact us at the address above.

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## Acknowledgements

- + Professional photography for Healthwatch Birmingham supplied by Aidem Digital CIC.
- + Stock photography and graphics supplied by Healthwatch England, Shutterstock and FreePik.



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