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Message from our Chair



I am very proud of the work of Healthwatch Shropshire during 2019. There were several changes within our small staff team at the start of the year, but their enthusiasm and commitment to engaging with the people of Shropshire in every way they can has led to some high quality work.

This annual report gives you a flavour of the wide range of activities undertaken by our staff team and wonderful volunteers, and how we share what people tell us about their experiences to influence organisations and services to improve the care they provide.

Towards the end of the 2019/20 year came Covid-19. In common with the whole country, this has radically changed how Healthwatch Shropshire works, but has had a far more extreme impact on the NHS and Care Sectors. In the coming year we will continue to try to learn about people's experiences during this period, and equally importantly to discover what changes in services and the way they are delivered have worked really well and will be important to continue going forward into the 'post-Covid' world.

I want to mention just one of our many programmes during 2019. Our work with focus groups on the NHS Long Term Plan, engaging with people with Dementia and their carers, led us to set up a number of visits to Care Homes across the county. We were heartened to see the efforts made to create a 'dementia-friendly' environment in almost all the homes we visited, and even more by the overwhelmingly positive feedback we received from residents and their relatives on the caring attitudes of Care Home staff. Our thoughts and best wishes are with the health and care sectors in the daily struggle to meet the challenges presented by Covid-19.

A handwritten signature in black ink that reads "Vanessa Barrett".

Vanessa Barrett – Chair of Healthwatch Shropshire

About us

Here to make care better

A message from Healthwatch England:

Healthwatch England was established under the Health and Social Care Act 2012, which took effect in April 2013. The Healthwatch network is made up of local Healthwatch covering each of the local authority areas and Healthwatch England, the national body.

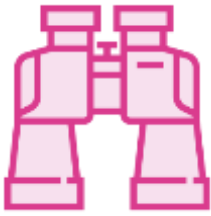
The network's collaborative effort around the NHS Long Term Plan shows the power of the Healthwatch network in giving people that find it hardest to be heard a chance to speak up. The #WhatWouldYouDo campaign saw national movement, engaging with people all over the country to see how the Long Term Plan should be implemented locally. Thanks to the thousands of views shared with Healthwatch, Healthwatch England were also able to highlight the issue of patient transport not being included in the NHS Long Term Plan review – sparking a national review of patient transport from NHS England.

Healthwatch England could not do this without the dedicated work and efforts from our staff and volunteers in each Healthwatch and, of course, we couldn't have done it without you. Whether it's working with your local Healthwatch to raise awareness of local issues, or sharing your views and experiences, I'd like to thank you all. It's important that services continue to listen, so please do keep talking to your local Healthwatch. Let's strive to make the NHS and social care services the best that they can be.

I've now been Chair of Healthwatch England for over a year and I'm extremely proud to see it go from strength to strength, highlighting the importance of listening to people's views to decision makers at a national and local level. – Sir Robert Francis



Lynn Cawley (Chief Officer Healthwatch Shropshire), Philip Dunne (MP), Sir Robert Francis (Chair Healthwatch England)



Our vision is simple

Health and care that works for you

People want health and social care support that works – helping them to stay well, get the best out of services and manage any conditions they face.



Our purpose

To be the recognised independent voice of the people of Shropshire in seeking to improve their experience of Health and Social Care services.



Our approach

People's views come first – especially those who find it hardest to be heard.

We champion what matters to you and work with others to find solutions. We are independent and committed to making the biggest difference to you.



How we find out what matters to you

People are at the heart of everything we do. Our staff and volunteers identify what matters most to people by:

- Visiting services to see how they work
- Running surveys and focus groups
- Going out in the community and working with other organisations



Find out more about us and the work we do

Website: www.healthwatchshropshire.co.uk

Twitter: @HWSHropshire

Facebook: @HealthwatchShropshire

Instagram: @healthwatchshropshire

Our priorities

Our four priorities for 2019-20 were based on what the people of Shropshire told us was important to them and what we knew about the priorities of the local health and social care system. They were:



Mental health and well-being, e.g. 0-25 services, quality of dementia care in care homes



Adult Social Care, e.g. partnership work around discharge and care at home



Primary Care, e.g. access, technology and shared care records, out-of-hours



Prevention and Social Prescribing, e.g. community resilience

Highlights from our year

Find out about our resources and the way we have engaged and supported more people in 2019-20

Health and care that works for you

- **23 volunteers** (including Board members) helped us to carry out our work. In total, they gave up **1,353 hours** of their time.
- We have **6 staff**
- We received **£162,000 in funding** from our local authority in 2019-20 to provide **Healthwatch** and the **Independent Health Complaints Advocacy Service (IHCAS)**



Providing support

- **753¹ people** shared their **health and social care story** with us, 37% more than last year.
- **134 people** contacted the team directly asking for **information or advice** about local services and support
- Since it was launched in October 2019, the **'Advice and information' section of our new website** has been viewed **228 times**.



¹ It is likely that the number of comments received this year would have been higher if we had not had to stop all face-to-face public engagement from early March 2020 due to Covid-19.

Reaching out

- **2678 people** engaged with us face-to-face across **134 community events**
- **2637 people** followed us on **social media channels**², a 10% increase on last year
- We received **4956 hits**³ on our **website** and **136 people** contacted us through the website



Making a difference to care

- We published **24 reports*** about the improvements people would like to see with their health and social care
- We made **126 recommendations** for improvement.



**Please note: Four reports have been delayed due to the Covid-19 pandemic and will be published in early 2020-21.*

² Social media followers: Facebook: 310, Instagram: 226, Twitter: 2101.

³ The actual number is higher but we changed website provider this year so were unable to record hits during the switchover in Quarter 2. People can contact us through two web forms – ‘Contact Us’ and ‘Share your views’

How we've made a difference

Listening to people

Speaking up about your experiences of health and social care services is the first step to change.

Take a look at how your views have helped make a difference to the care and support people receive in Shropshire:

Case Study 1: People tell us the importance of communication at End of Life

In January 2020 we published our engagement report 'Experiences of End of Life and Palliative Care Services in Shropshire'

As a person nears end of life, whether they are in hospital or being supported at home, there is only one chance for the providers of care to get it right.

We wanted to know if people felt that the care their loved one received was what they wanted and expected. For example, if they were treated with dignity, if they felt listened to and if their wishes were respected.

As we expected, it has been very difficult to achieve a high level of engagement over this very emotional subject but we received 33 patient and family experiences of end of life (EoL) care during 2019.

Key Findings:

- Overall the people who shared their experiences with us reported slightly more positive aspects (71) about their experiences of palliative / end of life care than negative aspects (65). However 79% of experiences included at least one negative aspect.



- The experiences where the majority of the feedback was positive included comments on general service delivery (e.g. “RSH treated him and they were wonderful, he received great care”) and organisation, quality of care and quality of staffing.
- The majority of negative experiences were around communication and information, treatment and continuity of care.
- A theme apparent from the feedback is that once it is acknowledged by staff that the patient is in need of end of life care the patient’s and family’s experience is more positive, e.g. when they go on to receive hospice services or care from the End of Life Care Team in hospitals.
- Some families found a lack of recognition by professionals that the person was at end of life and did not have the opportunity to prepare for the end of life.

Sample comment:

- **It may have been useful to have had someone actually talk through the likely stages [the patient and family] would experience so that they could be more prepared and feel supported. Being given a leaflet about the end of life at that time was ineffective, it needed some compassion and someone to explain and answer any questions. [The patient] too missed out on this opportunity.”** – Family member

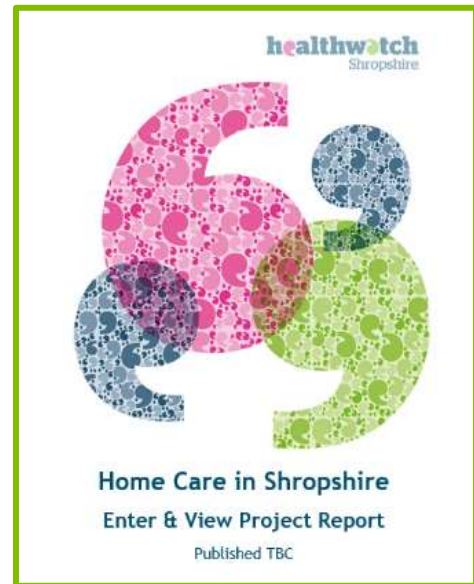
We shared the report with all local providers and Shropshire Clinical Commissioning Group (SCCG):

- **“Thank you for sharing the Healthwatch End of Life report with us. It will undoubtedly be a useful resource to improve the care of people at end of life and identify where we can all give better support to families.”** – SCCG Senior Quality Lead for Care Homes
- **“Thank you for this detailed report which provides an excellent overview of the complex care that our patients and their families navigate. It is particularly helpful to have a report that covers all providers as although we work closely with our colleagues in other organisations, our focus is naturally on what happens within the hospital. We have worked very hard with our partners in other organisations, through the Shropshire-wide End of Life Care Group, to join up care as much as possible and to try and care for people in their own homes wherever possible so it is good to see this recognised in the report.”** - Clinical Lead for End of Life Care at Shrewsbury & Telford Hospital NHS Trust

Since its publication we have been invited to attend a number of meetings to share our findings and recommendations, including the End of Life Care Group.

Case study 2: Survey about Home Care the first for Healthwatch Shropshire

Healthwatch Shropshire have been keen to increase the amount of feedback we receive about home care (domiciliary care) for some time as the people receiving these services are often isolated and some of the most seldom heard. During our quarterly meetings with the Service Manager for Commissioning at Shropshire Council responsible for contracting domiciliary care agencies, we agreed that as an independent organisation, Healthwatch Shropshire would be well placed to complete a research project focusing on the experience of home care for service users and the challenges providers face delivering these services.



With input from Shropshire Partners in Care (SPIC) we designed a questionnaire for people receiving home care. We received 102 responses. The majority of people told us that they were very happy with the service they were receiving. The main issue highlighted was 'continuity of carer' with 17% of respondents telling us they don't see the same carers regularly.

We also met with seven home care providers to discuss their experiences. They told us:

- Recruitment can be difficult in Shropshire
- Hospital discharges can be problematic for care providers due to failed discharges, lack of communication and equipment
- Some providers are using technology which they say improves communication and frees up staff time to spend with clients

Publication of this report was delayed by Covid-19 and we plan to publish the report 2020-21.

Case study 3: Reaching out to our veterans and serving personnel

This year we decided there was more we could do to gather and share the experiences of this community. We attended 12 events and told 289 people what we do. We gathered 54 comments from the people we met covering a range of issues:

- Pain management services and access to adaptive equipment



- The impact of Post-Traumatic Stress Disorder (PTSD) on accessing services (e.g. going to the GP)
- PTSD treatment in Shropshire
- Impact of duties on maternity leave and maternity mental health

Feedback from partners:

- ☛ **“It was really helpful having you at the Outreach Event yesterday, it was lovely to have people come to specifically talk to you, it worked very well the way you went round the room speaking with people. You are welcome to come back anytime.”** - Veterans Outreach
- ☛ **“Having contact with Healthwatch Shropshire has added another dynamic to the Armed Services Outreach Support, we are often working multi-agency with clients and having the opportunity to tap into Healthwatch for support adds another string to our bow. Healthwatch is always very well received, their approach to the clients is spot on. We look forward to continuing the work we have started.”** – Armed Forces Outreach Support

Case study 4: Improving mental health support for parents

In 2018 Healthwatch England gathered experiences from 2,000 new mums and pregnant women of perinatal mental health services (the period between conception and the child’s first birthday). Late 2018 Healthwatch Shropshire were asked to be one of five local Healthwatch to contribute to this piece of national research and share our findings with Healthwatch England by the end of March 2019.



We had already run a Hot Topic in August 2018 hearing from seven people about their difficult experiences accessing Perinatal Mental Health Services. We followed this up by attending a range of groups/events across Shropshire, including mother and baby groups, asking people to complete questionnaires, holding focus groups and conducting interviews. Our engagement was supported by the Maternity Voices Partnership.

We spoke to 348 people including partners, staff and stakeholders from across the local maternity system, including the NHS and Public Health.

Our report was published June 2019:

- **The Shropshire, Telford & Wrekin Local Maternity System (LMS) welcomes this key piece of work undertaken by Healthwatch Shropshire. The LMS will use these findings from this research to help ensure perinatal mental health services meet the needs of our local population.**

In recognition the LMS has asked this to be routinely undertaken across the LMS footprint so we can measure the ongoing impact of improvements to perinatal mental health services and associated outcomes for women and their families. – LMS Programme Manager

What next?

In September 2019, we were asked to present our findings to the Annual Public Health Conference and the LMS asked us to do a follow-up piece of work. We ran a focus group speaking to mums about the maternity mental health support currently available, any gaps in provision, accessing peer support and how they prefer to access information.



We reported our findings to the Perinatal Mental Health Workstream of the LMS.

Healthwatch Shropshire has been invited to comment on the draft public consultation documents for Transforming Midwifery Care across Shropshire, Telford & Wrekin and will be visible at consultation events to support the public to have their voice heard. *(The consultation has been delayed by Covid-19.)*

Improving services

This is the focus of everything we do, from gathering people's views on services, visiting services to see them for ourselves and sharing our findings with providers, commissioners and regulators. All comments and findings are shared with Healthwatch England so we can contribute to national work.

Case study 1: Suicide prevention within the rural farming community

In September 2019 Shropshire and Telford Suicide Prevention Network (STSPN), in collaboration with those who have been affected by suicide, launched 'Pick up the phone you are not alone'. This Z-card aims to help people of all ages who are experiencing suicidal thoughts or those concerned for other's mental well-being.



With the high incidence of suicide in the rural farming community Councillor Dean Carol and Shropshire Public Health wondered how the Z-card would be received by the farming community.

Healthwatch Shropshire took the Z-card to a livestock market in Bridgnorth. We spoke to 33 farmers and associated industry workers. We discovered:

- People were willing to discuss mental health, issues around suicide and the pressures farmers and their families face. The majority of people we spoke to knew someone who had taken their own life
- That people were happy to share the suicide prevention information on the Z-card across the farming community and in their communications with clients and business networks (e.g. via email)
- People also told us how the Z-card could be improved and gave suggestions about how the card could be adapted for their community and the message shared more widely.

What happened next?

Healthwatch Shropshire shared the feedback we received with the Network and the Z-card was amended and more targeted information for the farming community is expected to be developed. Another result of our work is that links were made between the Network and farming industry and further engagement is planned including a workshop focused on mental health.

Healthwatch Shropshire links with the agricultural feed merchants, some larger veterinary practices and a livestock market has enabled mental health awareness information to be distributed more widely, including through social media and company websites.

Case study 2: Understanding how people access Primary Care including GPs and pharmacies

In 2015 Healthwatch Shropshire along with other local Healthwatch in the region carried out a piece of research that showed patients didn't always understand how GP appointment systems worked and we are still hearing that message.



Practices are now offering 'extended access' appointments, where patients are able to book routine appointments to see a GP, practice nurse, or other qualified healthcare professional, at a time which may be more convenient - in the evenings, at the weekend and during bank holidays. Patients can book appointments online and are being advised to contact their local pharmacist instead of their GP for certain conditions. We wanted to know how the patient experience has been affected.

We took a multi-faceted approach to this project, we:

- Put a call out through our media, stakeholders and community contacts across Shropshire asking people to contact us and share their experiences
- Sent a questionnaire to all General Practices in Shropshire at the same time asking questions about how they arrange their services to meet the needs of their patients
- Carried out a review of general practice websites to understand how they were communicating with their patients about access to services
- Completed seven visits to GP surgeries across Shropshire and our volunteers asked about appointments and the extended access offer

Key findings:

- 59% of people who told us about accessing routine appointments reported a negative experience, this was focused around a few practices
- 83% of people who told us about accessing urgent appointments reported a positive experience
- 38 out of the 40 GP practices in Shropshire had information about the extended access scheme on their website. However, 45% of practices were giving either incorrect or incomplete information or both. A range of approaches was taken to how these appointments were offered by staff
- The percentage of GP appointments made available by practices for booking online vary from 10% to 100%. Patient experiences of online booking of appointments was mixed. Three patients who we spoke to in practices had been able to get appointments in

reasonable time but the feedback we received from 11 people about online booking was entirely negative.

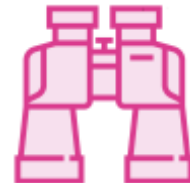
- Twenty four people shared their experiences of using community pharmacies, 17 (70.8%) were positive, 3 (12.5%) negative and 4 (16.7%) neutral.
- There seems to be no method of sharing records of advice given in community pharmacies with the patient’s GP. (It is unclear if records are routinely kept by the pharmacies.)
- Total opening hours for GP practices vary from 36 per week to 60 per week. 25% advertise as being open at 8am or earlier every day during the week.

Shropshire Clinical Commissioning Group have agreed to comment on our report and findings before it is published. This has been postponed by Covid-19 and is planned for early 2020-21.

Case study 3: You said, we did

During the year we have taken a variety of issues raised by patients and service users to the service providers and commissioners. For example:

We received several reports that emergency ambulances had problems locating the patient, either because the postcode of the property was not precise enough or because the caller was unsure of the exact outside location they were at.



We spoke to West Midlands Ambulance Service (WMAS) and they explained the methods they use to locate patients, including using the [‘what3words’](#) system if the caller has it installed on their mobile phone. However, they were unable to tell us how often they had this problem. We wrote formally to the Chief Executive but they could not provide the data requested. We made the Shropshire Clinical Commissioning Group aware of the issue and the WMAS response to make sure that they understand the problem and can raise it in their contract meetings.

Case Study 4: “There are some issues that can’t be fixed by medicine alone”

In 2018-19 we asked people about the barriers to accessing social prescribing. The success of this piece of work resulted in Shropshire Council Public Health asking us to speak to people again. This time we talked to young people aged 16-25 to ask them what they think about social prescribing and how it should work for them.



To reach as many people as possible we ran an on-line survey, focus groups and worked with Psychology Students from University Centre Shrewsbury (UCS). We interviewed three GPs from across Shropshire and Community Care Coordinators to get their views. Three USC Psychology Students conducted research into social prescribing for their peer group and agreed to share their findings with us.

The progress of the project was delayed by Covid-19 as some planned focus groups were cancelled and the University closed.

When the survey closed we had received 49 responses

Findings so far:

- Social prescribing for this age group would need to be highly flexible and tailored to an individual at each part of the process (e.g. moving from on-line to face-to-face)
- The language around social prescribing would need to be carefully considered and de-medicalised and become more informal
- The lack of currently available groups, travel and finances would need to be considered.
- The social prescriber's age and personal experience might be an issue for some young people as they said they would like to speak to someone who had shared their experiences, the same might be true for group/activity leaders
- Follow up would need to be on-going and supportive
- Virtual groups, physical groups, peer support and 1:1 sessions and changing between them could all help ensure full participation by someone
- The focus groups, GPs and C&CCs all identified mental health and life skills, as key areas where social prescribing for this age group could be helpful

Impact of this work?

Shropshire Council are continuing to develop their social prescribing offer for 16 to 25 years and HWS has been able to feedback our early findings from this project. They await our final report early 2020-21.

- **Brilliant. We are progressing this, so it's timely. Will look forward to seeing the full report.** – Consultant in Public Health & NHS E Regional Facilitator – Midlands Social Prescribing Network

The Sustainability and Transformation Partnership Long Term Plan

Engagement Highlights

- More than **40,000 people** shared their views nationally with Healthwatch
- Our network held over **500 focus groups** reaching different communities across England
- Healthwatch attended almost **1,000** community events



In Shropshire

- **244 people** responded to our surveys
- **132 people** spoke to us at focus groups with people with Dementia and their carers, adults with learning disabilities and their carers or at 'What would you do?' public event



NHS Long Term Plan

Following a commitment from the Government to increase investment in the NHS, the NHS published the 'Long Term Plan' in January 2019, setting out its key ambitions over the next 10 years. Healthwatch launched a countrywide campaign to give people a say in how the plan should be implemented in their communities.



What is most important to people?

Working with Healthwatch Telford & Wrekin we asked people #WhatWouldYouDo to improve the NHS locally and produced a report highlighting our findings from the surveys, focus groups and public events we ran across the county.

Visit our website to see the full report: <https://www.healthwatchshropshire.co.uk/report/2019-07-15/what-would-you-do-nhs-long-term-plan-shropshire-telford-wrekin-report>

Through our survey people told us that what is most important to them is:

- **Access to the help and treatment I need when I want it**
- **Choosing the right treatment to be a joint decision between me and the relevant health and care professional**
- **I want to be able to stay in my own home for as long as it is safe to do so**
- **I can talk to my doctor or other health care professional wherever I am**

What are we doing about it?

The Shropshire Telford and Wrekin Sustainability and Transformation Partnership (STP) membership includes the local authorities, clinical commissioning groups and all local NHS Trusts, including the Community Trust, mental health Trust (Midlands Partnership Foundation Trust) and the ambulance Trust (West Midlands Ambulance Service). Every meeting we attend across the STP is an opportunity for Healthwatch Shropshire to remind them of what the public told us they want them to do:

- ✓ Improve how the NHS works so that people can get help more easily and closer to home
- ✓ Help more people to stay well
- ✓ Make care better
- ✓ Invest more money in technology

In response to our report Sir Neil McKay (Independent Chair of the STP) said:

- **I would like to thank Healthwatch Shropshire and Healthwatch Telford and Wrekin colleagues on producing this important report, which has reached many different people across Shropshire, Telford & Wrekin [...] Together with the views of our partners, clinicians, staff and service users we can identify what is working well, what can be improved and what is important to them. This will enable us to plan, design and deliver health and social care services that are right for our local population of Shropshire, Telford and Wrekin.**

Our work has led to us being invited to attend meetings across the four 'clusters' of the STP and relevant work streams. We also have a seat on the Integrated Care System (ICS) Shadow Board with the Chief Executives and Chairs of all member Trusts, the local authorities and Voluntary and Community Sector representatives.

The findings of our report were the focus of our Annual Event in March. (See p.20)



Example of impact – Sharing the experiences of people with Dementia and their carers

'As far as Shropshire health conditions go, we believe that Dementia is a "sleeping giant"... one that has begun to wake up.' 'Projections show that by 2031, 45% of the South Shropshire population will be over 65 years of age and will be among the three oldest populations across England and Wales.' (Shropshire Dementia Strategy 2017-2020, Shropshire Clinical Commissioning Group / Shropshire Council).



As part of the STP Long-term plan engagement we spoke to 97 people living with Dementia and their carers in focus groups, and heard from others through the questionnaire. The Chair of the Dementia Action Alliance said:

- **I think the Healthwatch Shropshire project about the experiences of people living with Dementia provide an invaluable library of information for commissioners, providers and General Practitioners to learn from. It represents the best and most comprehensive research ever carried out in Shropshire, about the experiences of those affected by Dementia and must be used to improve services and support.**

The publication of our report coincided with the Shropshire Clinical Commissioning Group (SCCG) Dementia lead refreshing the county's Dementia Strategy 2017-20. As a result Healthwatch Shropshire were able to work with SCCG, Healthwatch Telford & Wrekin and representatives from the Shropshire, Telford and Wrekin Health Economy Dementia Steering Group to form a task and finish subgroup. Our findings were used to inform discussions and the final proposal. For example, our report highlighted a lack of, and in many cases unawareness of, effective case reviews and the need for increased levels of support for people with Dementia and their carers in certain parts of the county. As a result the group were able to work towards developing a 'living well plan'.

Working in partnership with others

Healthwatch Shropshire uses a collaborative approach to working with service providers, commissioners, regulators and other partners to bring about change.

Case Study 1: Stronger Together - How health, social care and the voluntary and community sector are working together to support you

The year we used our Annual Event to highlight some key messages from our STP Long Term Plan report, demonstrate how we are working with others to gather people's experiences of services, share good practice and show case multi-agency working.



We invited five speakers from the NHS, Public Health, Housing and the voluntary and community sector (VCS) to explain the work they are doing with partners and the difference it is making. We also invited other organisations to have stands and share information about their services with a focus on prevention. The public had the opportunity to speak to service providers, ask questions and give feedback directly.

Attendance:

- 85 people attended the event:
- 60 members of the public (including HWS Board Members and volunteers)
- 25 organisation representatives (speakers and stall holders)

In the event feedback, 89% of those who attended said they would be able to use what they had heard about personally or professionally.

Questions from the audience in the room highlighted the need for more information about how the projects could be accessed and fit together. We will be working with the many organisations involved to try and achieve this through our involvement in the STP and Voluntary and Community Sector Assembly.

- **We were really pleased to have the opportunity to bring our work to others in the health and social care communities in the County. I think it is so important that we all understand what is available and how we can work together more effectively to get the best results with what money is available. – Sustain Housing Support**

Case Study 2: Working with the CQC to improve services

Healthwatch Shropshire has quarterly information sharing meetings with Care Quality Commission (CQC) inspectors representing each of the inspection teams (e.g. GP services, hospitals, care homes, mental health services). All reports we produce are shared directly with the CQC and we also liaise with inspectors to make sure Enter & View visits do not clash with an Inspection. The CQC ask us for any information we hold about services before their inspection (e.g. Enter & View reports, comments).

Through our involvement in the Shropshire and Telford Provider Information Sharing Meetings and quarterly meetings we work closely with the CQC and other partners to identify services we could visit to gather the views of the people using those services to contribute to the monitoring process.

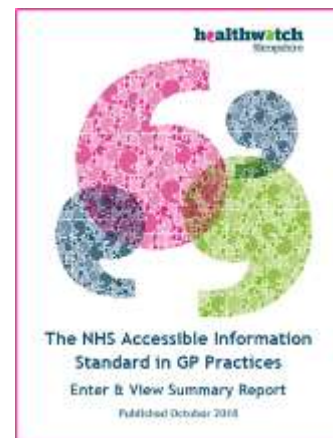
In 2018-19 we completed an Enter & View report: **'The NHS Accessible Information Standard (AIS) in GP Practices'**.

CQC Primary Care inspectors told us they took this report on their inspections to GP practices saying:

☛ This report is really useful. We wish every local Healthwatch would do something similar.

This year they have told us they are continuing to speak to practices about the report and as a result, in October 2019 Shropshire Clinical Commissioning Group asked us to speak to 182 Practice Secretaries, Receptionists and Admin Staff from across Shropshire about the Standard and how to implement it due to our "extensive and informed knowledge".

In January 2020 a GP Practice Manager told us they had been speaking to the CQC and were advised to look on our website for our AIS report. She thanked us for our help.



Case Study 3: Connecting with 'Community Connectors'

The Shropshire Community Connectors Networks are made up of representatives from community groups, charities, Shropshire Council services, local businesses and other individuals who have an interest in helping or supporting local people. In Oswestry Community Connectors Network (CCN) meetings are an important part of the work the Qube do as part of their resilient community work. Up to 25 organisations are represented. They also provide support and promotion for Shropshire's Social Prescribing programme.

Healthwatch Shropshire has improved its links with the CCN this year and regularly attends meetings. We have led spotlight sessions where we have been able to explain what we do and tell members about our events, surveys and ask for help in sharing information.

Feedback from the organiser about our attendance at meetings:

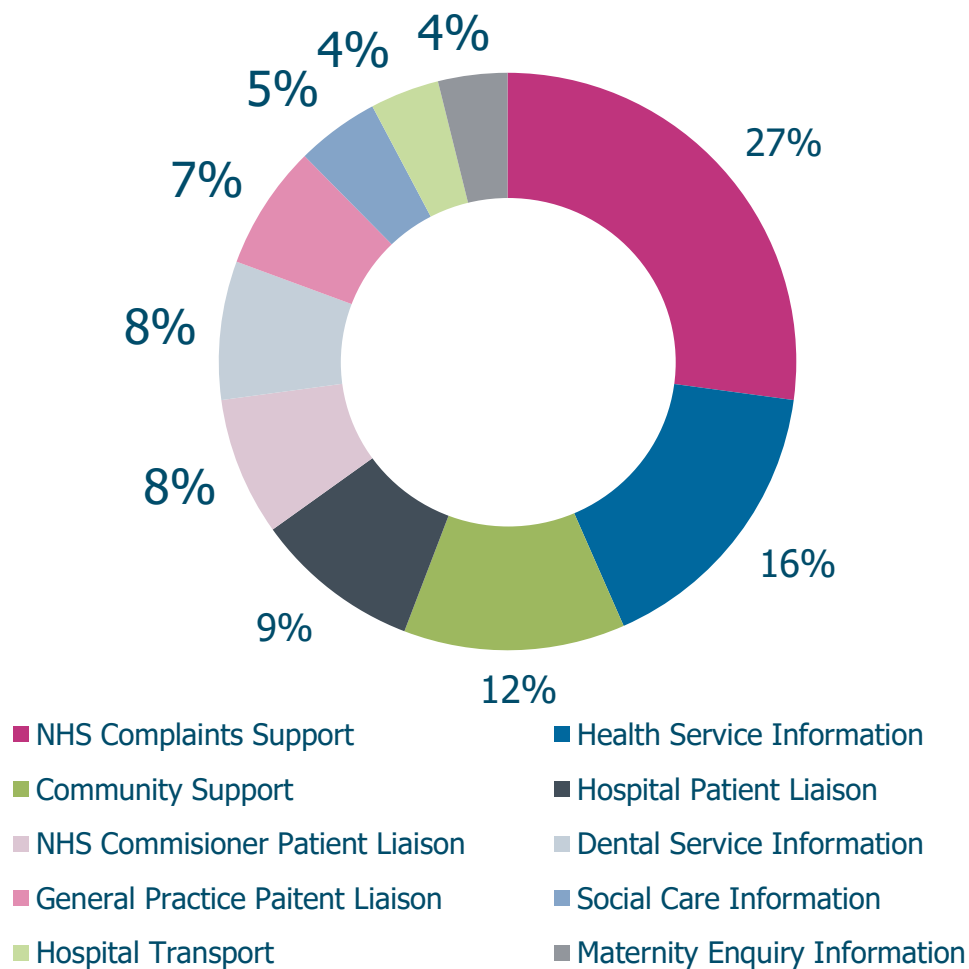
- **It's an invaluable way of imparting information and making it much more accessible; by hearing it directly from Healthwatch it adds a depth of knowledge that is appreciated. Individuals are able to ask relevant questions and Healthwatch can give a deeper perspective on some of the matters arising. Our members have been able to share the information you give with certain target groups and this has opened up communication and networking opportunities even further. Feedback from our members has been positive and I know that lots of people share the information and details you give.**

I believe the connection we have with Healthwatch Shropshire is a positive one, we welcome a wide variety of groups and individuals but having some recognisable organisations like Healthwatch Shropshire adds to the quality of information and the meetings. [During Covid-19] we are still operating our virtual network and we are happy to share and promote any information Healthwatch want us to.

Helping you find the answers

Finding the right service can be worrying and stressful. Healthwatch Shropshire plays an important role in helping people to get the information they need to take control of their health and care and find services that will provide them with the right support.

Here are some of the areas that people asked about



This year we helped people get the advice and information they need by:

- Providing advice and information articles on our website.
- Answering people’s queries about services over the phone, by email, or online.
- Talking to people at community events.
- Promoting services and information that can help people on our social media.

Case Study 1: Improving information for Cancer patients

People told us that the car parking charging system at the Shrewsbury and Telford Hospital Trust (SaTH) for cancer patients was unclear and staff were interpreting the rules in various ways.



We contacted SaTH and they clarified the position that patients get four months free parking when first diagnosed with cancer because it is likely that they will go through some intensive treatment over that period. This is for all treatment including out patients appointments. The Trust told us they will review the information on their website and will do some more communication with staff.

Case Study 2: Enter & View visit prompts a GP practice to improve communication about appointments

As part of our work to understand how people access Primary Care we visited Cambrian Medical Centre in Oswestry to look at access to appointments and in particular ‘extended access’ appointments and how these are offered and advertised.



The visit team spoke to 10 people in the waiting rooms and also looked around the waiting areas for information displayed about appointments. We looked at the Practice’s website before our visit.

Key findings

- Nine of the ten people we spoke to told us they found it ‘easy’ to get appointments
- One person told us it was difficult to get an appointment with a named GP
- Two people we spoke to knew about ‘extended access’ appointments
- There were posters in the practice but they were not very visible
- Information on the website about appointments was not prominent.

We made two recommendations suggesting they look at different ways to promote the availability of extended access appointments as the layout of the surgery could make the effective use of posters difficult and they review website information on Extended Access appointments and see if this could be made more prominent.

In response to our report and recommendations the Practice Manager told us:

- The practice has increased the number of posters around the building and have tried to find more prominent placements of them.
 - The practice has an active twitter account and regularly promote the service and will continue to do so.
 - The website is set up in such a way that latest news is featured in a more prominent place this changed from latest news in November. They reviewed this to see if they could give the service a refresh on the site. We checked on this and it has now been done.
- **Thank you for the report and visit, we are very pleased with it and would welcome a further visit from Healthwatch in future.** - Practice Manager

Volunteers

At Healthwatch Shropshire we are supported by 23 volunteers to help us find out what people think about services in their communities, what is working and what they would like to improve

This year our volunteers:

- Raised awareness of the work we do at events, in the community and with health and care services
- Visited services to make sure they are providing people with the right support
- Helped support our day-to-day running
- Listened to people's experiences to help us know which areas we need to focus on

This is just one example of how the work of our volunteers has helped us hear from some of the most vulnerable and seldom heard people in Shropshire and see for ourselves what is being done to support them:

Case Study: Providers listen when Enter & View volunteers report on Dementia care in care homes

People with Dementia living in care homes can be some of the most vulnerable people and it can be difficult for them to have a voice. Healthwatch Shropshire decided to focus on Dementia care in care homes, looking particularly at choice, dignity and the care home environment.

We completed a programme of Enter and View visits to eight care and nursing homes registered with CQC as providing Dementia care.

Our volunteers spoke to 85 people in total on the visits (28 residents, 17 visitors and 40 members of staff). We found that the residents, and their relatives or friends, were overwhelmingly happy with the care they were receiving. We found that residents were being offered choice in all the homes, however in order to help people to choose their meals we recommended changes to menus in three homes (e.g. adding pictures and making words larger).

People felt that staff knew them well and provided good care. Staff were very positive telling us about a “great staff team” around them and being “very proud” of the excellent training they had received.

Using King’s Fund guidance we found the environment could be made more ‘dementia-friendly’ in some of the care homes.

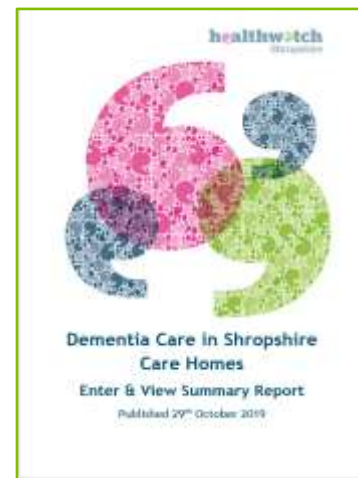
In total we made 43 recommendations, 23 were about the environment of the homes for example:

- developing the use of the outside area for residents’
- installing dementia appropriate directional signs to toilets, nurses’ station and exits

So what?

Providers were largely positive in their responses to our recommendations with 30% of recommendations acted on immediately and providers telling us they intended to act on another 42% of our recommendations in the future.

We shared the final report with the Executive Director of Quality at Shropshire Clinical Commissioning Group who took it to the Care Sector Group.



Our Volunteers

We could not do what we do without the support of our amazing volunteers.

This year our Enter and View Authorised Representatives have undertaken 15 Enter and View visits to Care Homes, Hospital Wards and GP practices. We have published 18 Enter and View reports which are available on our website. Other volunteers have helped us by sharing their views through our Committees, supporting us with public engagement (e.g. manning stands, distributing information) and helping us to write reports.

Meet some of the team and hear what they get up to

Fran - "I am a retired Community Nurse who really appreciated the amount of healthcare that went on outside of the hospital setting as well as within. I volunteer with Qube in Oswestry at a social befriending club and one of our speakers was a member of Healthwatch Shropshire - an organisation that I wasn't aware of. I decided to find out a bit more, to see if there was anything that I could offer.



Since joining Healthwatch as an Enter & View Authorised Representative I have particularly enjoyed being involved in some fact-finding about End of Life Care out of hours.

It's nice to be useful, using knowledge and life skills learnt over many years and I enjoy learning new skills, too. I like the idea that 'ordinary' people are able to have a voice anonymously about the services that they receive. It's also good to be part of a team again."

Jayne - "I have had a long-term interest in NHS and social care services. After I retired, I was attracted to the work of Healthwatch Shropshire as an independent organisation looking at the services delivered by the NHS and social care providers from the public's perspective.

One of the pieces of work I have done this year was visiting a number of GPs surgeries to do a survey with patients in the waiting room about making appointments with the practice. The survey asked about the method used to make the appointment, choice of GP, length of time for the appointment date, helpfulness of the reception staff. I enjoyed talking to patients about the

reason for the survey and helping record their responses. It gave me an insight into the different systems and ways of making appointments across Shropshire.

In my role I have the opportunity to talk to people about their experiences of using services rather than reading about them in the media. I enjoy meeting people from different backgrounds, contributing to making a difference and seeing where Healthwatch Shropshire has helped make changes to services over time.

The best things about volunteering with Healthwatch Shropshire are:

- The variety of projects offered (regular and adhoc)
- The opportunity to be a member of selected committees
- Flexible time commitment
- Good support and training.”

Independent Health Complaints Advocacy Service (IHCAS)

Healthwatch Shropshire’s Independent Health Complaints Advocacy Service (IHCAS) aims to empower people to make a formal complaint about NHS treatment either they or a loved one has received.

This year we have had **102 contacts** to the IHCA service

- **54 people** contacted us about **hospital treatment**
- **23 people** contacted us about their **GP**
- **7 people** contacted us about the **Community Mental Health Team**
- **Other services** people wished to complain about included **Ambulance Services, Service Commissioners, Dentists and Opticians**

We aim to empower people to use the NHS complaints process so the first thing we do is share our self-help pack that includes:

- A 19-page step-by-step guide on 'Making a Complaint about the NHS'
- Information on what to include in a letter of complaint
- Contact details for the the organisation they are complaining to



The pack is also available on our website.

We explain the NHS complaints process and their options, including the right to appeal to the Parliamentary and Health Service Ombudsman if they are not happy with the outcome of their complaint.

The top five topics people wished to complain about in 2019/20 were:

- Quality of treatment - 23
- Diagnostics (including misdiagnosis) - 22
- Staff attitude - 17
- Access to a service - 15
- Safety of care and treatment - 14

If people need more information and support to put their complaint in writing a Health Complaints Advocate who will help them to navigate the NHS complaints process.

We have allocated 25 people an Advocate during the year.

- **All communication I had was extremely helpful, friendly and supportive. I no longer felt alone in fighting my case. I cannot speak highly enough of the Healthwatch team and would recommend anyone who requires help to contact them.**– IHCAS Client

People using the IHCA Service often need signposting to other services in addition to help to make a complaint.

In the year 2019/20 we referred 20 people who contacted IHCAS to other services (including the IHCA Service for their area, Action Against Medical Accidents (AVMA), the General Medical Council (GMC), the Ockenden Review into Maternity Services and the Patient Advice and Liaison Service (PALS) if the situation was ongoing and they needed a quicker response.

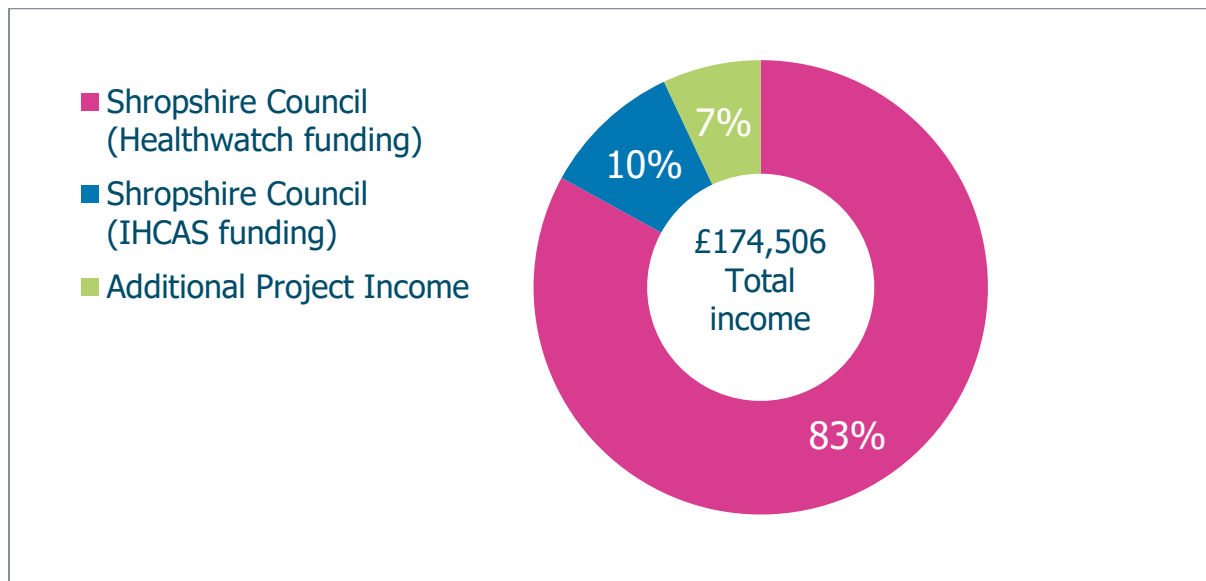
- **I feel so much better just from having this conversation with you, it's like a weight has been lifted. I feel better already** – IHCAS Client

Callers to the IHCAS also share their feedback on services and their experience of making a formal complaint. These comments are included in our data if they give us their consent to do so

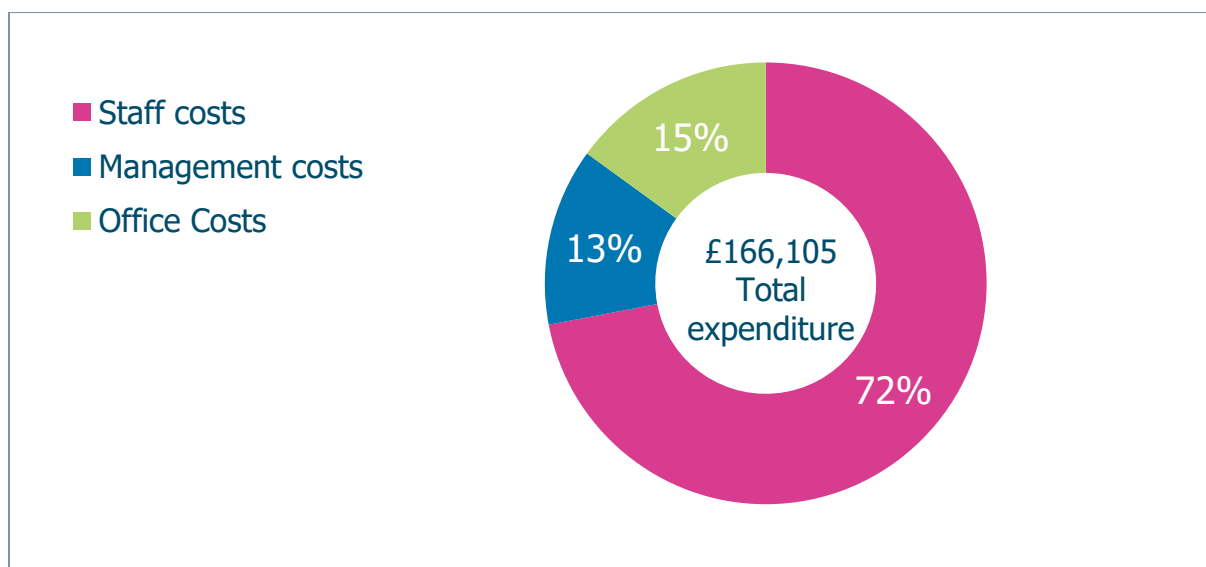
- **I have really appreciated the help from the IHCA service. I know friends who have complained and been completely ignored but the service from IHCAS helped us get a response.”** – IHCAS Client

Finances

We are funded by our local authority, Shropshire Council, under the Health and Social Care Act (2012) to provide Healthwatch services. We are also funded by Shropshire Council to provide the Independent Health Complaints Advocacy Service (IHCAS) for Shropshire.



In 2019-20 we spent £166,105.



Our plans for next year

We have certainly had a busy year. In this report you have heard about some of the things we have been up to but if you want to know more please visit our website:

<https://www.healthwatchshropshire.co.uk/>



Healthwatch Shropshire want to make a difference to the health and social care services you receive. The ways we can do that are:

- Giving you as many ways as possible to share your views with us
- Making sure we know what is happening locally (e.g. attending meetings and events)
- Sharing the information we have with the right people at the right time so it can be taken into account when reviewing and redesigning services

So this year we have decided to align our priorities with the 'clusters' of the Shropshire and Telford and Wrekin Sustainability and Transformation Partnership (STP) which cover a range of activities across health and social care. You will see that they are very similar to our 2019-20 priorities and this will allow us to follow-up some of the pieces of work we have done this year and make sure your views have the biggest impact possible.

In 2020-21 we will really see the impact Covid-19 has had globally, nationally and locally. We plan to use the next year to see what impact it has had on health and social care services in Shropshire. We will work to help the STP reflect on actions taken and the changes to services made during the pandemic, and identify what has gone well and where improvements can be made. We will focus on:

- **Mental Health** (all age mental health)
- **Prevention and Place Based Care** (including Primary Care, Care Homes, Home Care)
- **Acute Care** (including Acute Hospital Reconfiguration, Transforming Midwifery Care)
- **Workforce** (including recruitment, training and support - such as access to PPE)

Remember, we are 'stronger together' so tell us what matters to YOU.

A handwritten signature in black ink that reads 'Lynn Cawley'.

Lynn Cawley - Chief Officer, Healthwatch Shropshire



Thank you

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

- Members of the public who shared their views and experience with us.
- All of our amazing staff and volunteers.
- The voluntary organisations that have contributed to our work.
- The Sustainability & Transformation Partnership for listening to the public voice.



Contact us

Healthwatch Shropshire

4 The Creative Quarter
Shrewsbury Business Park
Shrewsbury
Shropshire
SY2 6LG

Contact number: 01743 237884

Email address: enquiries@healthwatchshropshire.co.uk

Twitter: @HWSHropshire

Facebook: @HealthwatchShropshire

Instagram: @healthwatchshropshire

Website: www.healthwatchshropshire.co.uk

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