

healthwatch

Healthwatch England Annual Report 2016-17

Speak up



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Healthwatch England Annual Report 2016 - 2017

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About us

We are the independent national champion for people who use health and social care services. We're here to make sure that those running services, and the government, put people at the heart of care.



Our vision

We are working towards a society in which people's health and social care needs are heard, understood and met.

Achieving this vision will mean that:

- People shape health and social care delivery
- People influence the services they receive personally
- People hold services to account

How we work

There is a local Healthwatch in every area of England. We support them to find out what people want and to make sure that services meet local communities' needs.

Healthwatch around the country listen to what people like about services and what could be improved. They also help people find information about care. Local Healthwatch share what they learn to let us know what people think about local health and social care services.

We have the power to make sure that people's voices are heard by the government and those running services. As well as seeking the public's views ourselves, we also encourage services to involve people in decisions that affect them. Our sole purpose is to help make care better for people.

What people expect from health and care services

What do you expect when it comes to managing your health and care? This was the question we asked the public when we started.

The result of what people told us is captured in **eight principles** which help guide our work.



Being listened to



A safe, dignified and quality service



Access



Being involved



Essential services



Information and education



Choice



A healthy environment



A message from our Chair

By Jane Mordue,
Chair of Healthwatch England

In our first report to Parliament, we set out what the public wanted from health and care services. People told us they expect support that takes their individual needs into account, that helps them to stay well, and manage any conditions they face.

Since 2013, we have supported people to speak up about what they want, and encouraged services to act on their views.

Growing public voice

Over the last year, Healthwatch staff and volunteers have worked with their communities, making sure that people's views - especially those of groups who are under-represented - are heard.

As a result, 341,000 people have shared their ideas and experiences of health and social care services with their local Healthwatch this year. Their views have helped make services across England better, and demonstrated the impact that a strong public voice can have.

We have seen some truly inspirational stories of people taking action to help make a difference. There have also been some outstanding examples of services listening to what people want and using their feedback to improve care.

There are positive signs of a growing desire amongst professionals to understand and act on the views of communities. However, many services still do not understand how to achieve this consistently in practice.

The Healthwatch network is here to help. But, at a time when the NHS, social care and local Healthwatch all face funding pressures, the challenge is to make sure that the positive progress we have seen this year gathers pace.

Better mental health care

Local Healthwatch seek the views of a wide cross-section of the community, hearing from people with a broad range of needs, circumstances and views.

Whilst many areas of health and social care are in need of attention to ensure that they meet people's needs, mental health services have stood out as a significant concern.

When mental health care goes wrong or isn't available, it has a significant impact on people and their families. We've heard through the Healthwatch network that many people struggle to get a clear diagnosis and access to support. If people don't have an understanding of their conditions or where to go for help, they can end up in a crisis situation, which could have been avoided.

Local Healthwatch have heard a growing level of feedback about mental health care this year, so we'll be working with them over the next 12 months to keep talking to people, and to encourage services to listen to people's views.

Care that meets everyone's needs

Although mental health care is in particular need of attention, the issues people raised about it apply to many other areas of health and social care. People are calling for clear and timely diagnoses, access to the right support at the right time, and a more personalised service across the board.

With an ageing population and the growing prevalence of long-term conditions, many of which can be triggered or made worse by lifestyle choices, our services are under increasing pressure. To keep people as well as possible, and using the care available appropriately, services need to listen to people's experiences and tailor care accordingly.

The views that people have shared with us over the last year highlight the variation that can exist in people's experiences of individual services. They also demonstrate that people working in health and social care don't always work together as well as they could, making it difficult for people to get the support they need.

The changes to health and social care services currently taking place aim to address many of these issues. However, many people are yet to see the positive outcomes these reforms are designed to deliver.

Time to listen

The best services know their customers. They listen to what they like and what could be better, and they make changes where they're needed. Although we have seen progress when it comes to services understanding and acting upon what people want, there is still a long way to go before this is commonplace.

Our research shows that most people are willing to share their views to help improve services, but they need to know how they can speak up and professionals must be willing to listen.

This is why we will continue to raise awareness of how people can have their say and encourage services to act on their users' views.

Our year in numbers

**Find out some of the ways the
Healthwatch network has worked
to make people's voices heard.**



We reached **650,000** people

with our 'Speak up' campaign, calling on people to share their views of services

37% more

people used our website this year than last to find their local Healthwatch



176,000

people contacted our network for advice and information about health and social care services



4,700 volunteers

gave up their time to support our work



341,000

people spoke to our network about their experiences of using health and social care services



We publicised the difference local Healthwatch have helped make through their

1,745 reports

and used the contents to inform our national work

What do people think about today's services?

The NHS and social care are going through a number of reforms to help deal with the pressure services are under. However, to be successful, these changes need to be based on a strong understanding of what people need and want.

During the last year, people shared their experiences of using health and social care services with their Healthwatch. In this section, we highlight the top issues people spoke to Healthwatch about.







Mental health

Around 1 in 4 people in the UK will experience a mental health issue this year.¹

It's therefore not surprising that two thirds of the Healthwatch network have found that their communities want to see a greater focus on improving mental health support. People want to see mental health concerns treated with equal importance as their physical wellbeing.

Although we have seen some positive examples of good practice, accessing the right mental health support at the right time can still be a challenge for those who need it.

6,360 people's experiences informed this section.

Key themes

1. Lack of mental health awareness and early intervention

People don't always get the help they need early enough. There are indications that some GPs lack awareness of mental health issues, find it difficult to spot the signs consistently, and don't always know where to refer patients for support. Without early intervention, there's a risk that patients won't get the right diagnosis, treatment and access to specialist services that can help prevent them having a crisis.

To help people get the help they need, more needs to be done to provide clear information about the support available, and to reduce stigma around mental health.

2. Difficulty accessing effective and appropriate support

In some areas of the country, children and young people experience waits as long as five years for initial assessments and diagnoses. Young people and their families have told local Healthwatch about the impact delays in getting support can have on their lives at home and school.

Adults have told local Healthwatch that they can also face delays accessing mental health support - in some cases up to two years - leaving them vulnerable.

“I have been waiting for an official diagnosis of my Attention Deficit Hyperactivity Disorder for around three years. It took me over a year of waiting to get a referral to the autism team and then long waiting lists for assessment. I am finally nearly there now but the fight has been exhausting. Someone with significant mental health issues and neurological impairments shouldn't have to battle against the system that is so ill-equipped to serve them.”

(Patient story shared with Healthwatch Northamptonshire).

3. Not receiving continuous or consistent care

People accessing mental health services told local Healthwatch that they don't always receive continuous and consistent care. Not getting to see the same health professional can be frustrating as people are often asked to repeat their medical history and less time is spent on discussing diagnosis or treatment. People also feel left out of important

decisions about the future of their own mental health care. They want professionals to involve them in discussions and to be taken seriously in these conversations.

4. Accessing care in a crisis can be a challenge

People and their families are concerned that mental health support is only available when they reach a point of crisis, and even at this critical stage, care can be inconsistent. Across services, some practitioners don't have a clear understanding of how to support people in a crisis effectively. We have also heard that crisis care teams don't always show up when they're needed, and are not available at all in certain areas.

“I have Asperger's Syndrome, and issues with self-harm and addiction. I had a major breakdown and was frightened for my safety, so I called an ambulance. The triage nurse found my heart rate was dangerously high and started to treat my physical health despite repeated requests for the crisis team. The next morning I was seen by a doctor and told I was well enough to go home. I asked again for support from the crisis team and I was told that if I didn't leave security would be called. I haven't had any input from the crisis team and I'm feeling vulnerable and unsure about where to go for support.”

(Patient story shared with Healthwatch Rochdale).

Lessons for the future

Although we're pleased to see the Government has increased funding for mental health support, it's vital that services take people's needs into account so that they can make care better. More needs to be done to make sure that people are diagnosed in a timely and consistent manner, given support sooner, and are treated before they reach crisis.

With the NHS focussed on delivering the Mental Health Five Year Forward View strategy, in the year ahead we will prioritise helping services understand what improvements the public want to see.



Primary care

When people have a health concern, their first point of contact for support will usually be a GP, a pharmacist, or another primary care service, so it's vital that help is available when they need it.

Over the past year, we received more feedback about primary care than any other type of service. Although most people are satisfied with their GPs, dentists and pharmacists, we have heard there is still room for improvement.

28,773 people's experiences informed this section.

Key themes

1. Difficulty accessing services

In some areas of the country, booking an appointment to see a GP or a NHS dentist can be a significant challenge. People told us they struggle to get a same day appointment and even advanced slots can be booked up.

Poor access to primary care services has a knock-on effect, as long waits to be seen by a doctor or dentist can prevent people from receiving the right diagnosis, treatment or referral to specialist services.

When people don't receive support early, their condition can get worse and they might need emergency care, which puts a strain on A&E services.

“I can never get an appointment. You can only get one for the day you ring, if you ring at 8am, and if you're not through by 8:05am then you won't get one. Waste of time. I don't really bother unless it's for the children. I can understand why people go to A&E instead and have every sympathy for them.”

(Patient story shared with Healthwatch Bradford)

2. Patients aren't getting the information they need

People told local Healthwatch that they can find it difficult to access the right support because they receive inconsistent information from services.

For example, those without proof of address have told us it can be a challenge to register with a GP surgery.

Similarly, patients miss out on important information, such as details about opening times and how to give feedback, when services don't provide up-to-date details. Some GP surgeries have introduced online booking for appointments, but according to the most recent GP patient survey, only 36% of people are aware it is available.ⁱⁱ

“My father was diagnosed with dementia last July by his GP and given tablets... I found it very isolating as the GP didn't explain to me that they were starting on a low dose of tablets that would then be upped.”

(Patient story shared with Healthwatch Wiltshire)

People want to manage their own health, but poor communication between staff and patients can be a barrier. In serious cases this has led to patients receiving unclear instructions about how to take their medication.

Lessons for the future

Services that provide care that is rated outstanding by the Care Quality Commission (CQC) are more likely to understand the needs of their patients. Some services ask people for their views, but many don't. Our research indicates that only one in five people (23%) have ever provided feedback to their GP.ⁱⁱⁱ

Most people are interested in sharing their feedback to help make services better, but many simply don't know how. For this reason, over the next year we will encourage GP practices to remind patients how they can share their views to help improve care, and how these views have been used to make changes.

We're pleased to see the CQC's report, **State of care in general practice 2014 to 2017**, supports our view on the importance of patient feedback.^{iv} We'll still continue to reinforce the clear message that the best performing practices are those that use people's feedback to inform how they deliver care.





Hospital care

Every year NHS hospitals manage over 92 million outpatient appointments and 21 million visits to A&E.¹

Although people value NHS staff and recognise the pressure they are under, they also tell us their experiences - from getting to appointments, to leaving hospital - can vary greatly.

16,729 people's experiences informed this section.

Key themes

1. Getting to hospital can be difficult

Getting to hospital on time can be a stressful experience. We heard from people who were let down by transport and missed their appointment as a result.

Parking can be a major issue, with some people arriving up to three hours in advance to find a space and then having to pay expensive charges. Non-emergency patient transport can also be unreliable. People told us that they cannot always depend on these services to pick them up or drop them home. There is confusion over who is eligible to use the transport and how to complain about poor service.

“Father had a below-the-knee amputation this year on one leg and a foot amputation on the other... He also has early onset dementia. He lives in a residential care home and has been having two to three hospital trips per month. He has been denied patient transport services as he needs no medical intervention on the journey. I’ve spoken to social services and they said it’s nothing to do with them. He has been told he needs to use a private disabled access taxi service. He only has £25 per week to live on, so this would cost too much. He has paid for a taxi for one hospital visit and it cost £120. He won’t be able to do this again and will now be denied medical intervention because he can’t afford to get to hospital.”
(Patient story shared with Healthwatch Cornwall)

2. Long waits in A&E

People feel they’re waiting too long when they visit A&E for immediate care. This could be because of a lack of clarity about waiting times.

However, in some cases we know people are waiting in excess of the NHS four-hour waiting target. For example, Healthwatch Worcestershire heard that a patient had to wait 18 hours on a trolley in the A&E Department.

We also heard that some out-of-hours services and NHS 111 are incorrectly directing people to A&E. Healthwatch Reading found that more than 80% of people they spoke to had been sent to A&E by another service. Their findings challenge the assumption that people are using A&E as a first port of call.

3. Lack of support when leaving hospital

When hospitals discharge patients, they don’t always take the time to make sure they have the right support in place. Without a care plan or guidance about what to do next, it can be a struggle to cope at home and lead to readmission.

Families tell us the process of leaving hospital can be confusing because of a lack of communication between services, and this means loved ones aren’t always informed or given the right information when their relatives are discharged.

“Mum was given the Friday as a discharge date. I arranged with the hospital that she would be brought home in the hospital transport ambulance at 4pm as I had arranged for two carers to receive her at her house. This was necessary as mum cannot walk, is very deaf, diabetic and needs support. For some reason the hospital transport ignored this instruction and took her home at 2pm. They took the key out of her key safe and let themselves in, dumping my mum on the bed. They left her alone without a drink or any support. She was left disorientated and alone for two hours.”
(Patient story shared with Healthwatch Hillingdon)

Lessons for the future

In 2015 we published **Safely home**, our first report about people’s experiences of leaving hospital. Although the evidence was hard to hear at times, our report played an important role in encouraging much needed system-wide leadership. Since publication we have seen promising changes at both a national and local level. This is clear from the work taking place across the country to get people home from hospital safely and effectively, with the right support they need to recuperate.

Yet in our follow-up report, **What happens when people leave hospital and other care settings**, we heard that people are still raising concerns with local Healthwatch about communication, coordination and the support available once they’ve left hospital. For this reason, the Healthwatch network will continue to work with hospitals and their partners to help them understand if they are genuinely improving the experience for people.



Social care

Over a quarter of a million people are estimated to live in care homes in Britain^{vi}, while 673,000 people are supported by social care services to continue living independently within their homes.^{vii} This is why social care has been a major focus for Healthwatch during the last year.

4,026

people's experiences informed this section.

People told local Healthwatch that some care providers deliver their social care services without listening to what those who use them actually want. People and their families also said they want to be more involved in the decisions that affect their lives. Conversations with people using social care services indicate a number of areas where their experiences could be better.

Key themes

1. Lack of staff training and high turnover can lead to poor care

People are grateful for the help they receive from their care workers. However, many have raised concerns about high staff turnover and a lack of training, as well as the use of agency workers, particularly when it comes to home care. They have told local Healthwatch that these factors can result in poor care.

People told local Healthwatch that care workers don't always turn up, and are often late or rushed during appointments. Some can't do basic tasks, such as cooking breakfast or making the bed. We have also heard of people being visited by 20 different care workers in a single week, meaning they were always seeing somebody who was unfamiliar with their care plan.

“Sometimes they give me a shower, but most of the time they haven't got the time to give me one, so I go a couple of weeks without one and that is not right, I feel dirty.”

(Patient story shared with Healthwatch Redcar and Cleveland)

2. Services don't always recognise that care homes are people's homes

The best residential services are the ones that focus on enabling people to continue living as if they were still in their own home. Although local Healthwatch heard examples of residents in care homes being supported to live as full a life as possible, people also told them that some services did not meet their needs.

Issues ranged from cleanliness and decor, to care homes not providing enough activities to help people stay healthy, active and connected to their community. Local Healthwatch visits found that the quality of care can vary not only between homes, but also within the same home, with too few homes getting the basics right every time.

3. People in care homes struggle to access primary care services

In some areas across England, people told local Healthwatch that it can be difficult to access a doctor or a dentist if you are a care home resident. People who have poor mobility or dementia struggle to get to a high street practice, and home visits are not always available. This means people who can't leave their care home do not have access to primary care services.

“The care home has 40 residents, at least half of whom are bed ridden and may require dental care. My father has complex health needs, and it is not so easy to predict whether he will be fit and able to travel to a dentist's surgery and be prepared to wait to be seen. All of it would be a hugely distressing experience for all concerned especially as we would have no foreknowledge of when or if my father would be seen by the emergency dentist.”

(Patient story shared with Healthwatch Derby)

Lessons for the future

With younger people with disabilities in need of care often living longer, and the older population growing rapidly, the country has to tackle some big questions about how we plan and resource the care sector.

In 2017, we published two reports - **Home care services** and **What's it like to live in a care home?** - to highlight people's experiences and inform this debate. We will also be conducting further research to understand what people want from the future of social care. We'll use our findings to show commissioners and social care providers how they can improve quality by making better use of people's feedback.

More broadly, and as part of our commitment to Quality Matters, we will be working with the Local Government and Social Care Ombudsman (LGO) to help build a positive attitude to learning from feedback across the social care sector as whole.^{viii} We want more people to feel confident that their feedback is making a difference.



In focus:

How do people's experiences of using health and care differ?

The support people need to stay well and to manage their conditions will vary depending on their circumstances. From people with special needs, to those who are homeless, Healthwatch speak to groups from different sections of the community to understand the challenges they face when using services.

Here we highlight how experiences can vary for people at different stages of their lives.



Top issues older people told us they face:

1. Poor communication between hospital staff, patients and their families.
2. A lack of patience towards their needs from some staff in hospitals.
3. A struggle to access their GP service when they need it.
4. A lack of basic care from staff providing help in care homes and at home.

Top issues young people told us they face:

1. Difficulties getting an appointment with a GP or specialist.
2. Mental health concerns not being taken seriously by professionals.
3. Unhelpful and indiscreet frontline and reception staff.
4. A lack of support for young carers.

Older people
Over 65

Younger people
Under 25

Listening to everyone

We're here to listen to what everybody thinks of health and social care - not just those who shout the loudest.

We take seriously our legal duty to protect the equality and human rights of everybody who uses services.

We therefore make sure that our work:

- Is inclusive, accessible and meaningful to everyone;
- Is underpinned by the human rights principles of fairness, respect, equality, dignity and autonomy;
- Responds to the needs of different groups and individuals and every section of the community; and
- Takes into account age, disability, sex, gender reassignment, pregnancy and maternity, race, sexual orientation, religion or belief, and carers.

Local Healthwatch work hard to ensure that people from all parts of the community have a say. For example:

- Healthwatch Hampshire made a powerful film to highlight healthcare experiences of transgender people.
- Healthwatch Leicester explored what it's like to use health services when you are deaf, and recommended changes that would make appointments easier.
- Healthwatch Hackney carried out an in-depth research project with local sex workers to find out about their health and wellbeing needs.
- Healthwatch Newcastle worked with refugees and asylum seekers to explore how services could best support them.

Our progress

Every day Healthwatch volunteers and staff are out in the community speaking to people about what they think of health and social care services. What people tell us about their experiences is crucial. In this section we share how we have used these views to bring about change to the way services are run.





Our work on dementia

Understanding the issue

Dementia is the leading cause of disability in people over 65 in the UK. By 2025 over a million people are expected to have the disease. Dementia not only takes a huge toll on people's wellbeing, it's also estimated that it costs the UK £26 billion a year.^{ix} The Government has therefore made plans to improve dementia care and research by 2020. Being diagnosed early and finding suitable treatment and support is vital.

Making a difference

In January 2017 we published **Dementia Services - Findings from the Healthwatch network**, which captured the views of over 1,000 people.

Common issues people shared

1. Lack of dementia awareness amongst the public and professionals.
2. People with dementia and their families don't always have the support they need.
3. Places aren't always dementia-friendly.

The publication also showed how people's feedback has already been used to improve the support people with dementia receive. NHS Improvements has used this work to inform its Dementia Assessment and Improvement Framework.

- Healthwatch Essex helped produce a training film called 'Putting the Care into Dementia Care', based on what people with dementia had told them about their experiences of the support available. The film is now used as part of the nursing induction programme and the views that people shared are helping to inform the commissioning of dementia support in Essex.
- Healthwatch Middlesbrough heard that people with dementia struggled when faced with poor signage, lighting and seating. These findings were used by Middlesbrough Borough Council when



it reviewed its checklist for dementia-friendly environments, and led to greater emphasis on these factors in its guidance.

- Healthwatch Greenwich published a report based on the views of 130 local people who spoke to them about their experiences of dementia. The report contributed to the setting up of an action group, which includes local authority commissioners, the voluntary sector and NHS providers to encourage changes to the support people with dementia get.

Our work on young people with autism

Understanding the issue

In the last 30 years, there has been a 25-fold increase in autism diagnosis.^x This has led to more awareness of the issue, as well as continued calls for greater support for people with autism spectrum disorders and their families. With around half a million people in England on the autism spectrum, the Government has taken steps to improve the support people get through its **Think Autism** strategy.

Making a difference

Our report, **Children and young people with autism**, brought together findings from 33 local Healthwatch and set out the issues young people and their families can face when it comes to autism support.

Common issues people shared

1. Lack of understanding and knowledge from GP surgeries and schools
2. Long waiting times for diagnosis
3. Not enough support and information for parents and carers
4. Limited communication and coordination between health and social care services
5. Lack of consistency in the pathways for diagnosis and support

The briefing also showed how local Healthwatch are helping to ensure that services work better for people. In West Sussex, Healthwatch has worked with local support groups and GP surgeries to make visiting the doctor easier for young people with autism.

They encouraged over 100 families to share their experiences and ideas for how children's autism services could be improved. The group then created a simple five-step plan setting out simple changes GPs can make. This includes improving the waiting room environment, and having better notes on files to help staff identify when patients are autistic.

So far seven GP practices are using the plan to change the way they work. Volunteers from the group have helped train NHS staff to help make going to the doctor a better experience for families.



Our work on leaving hospital

Understanding the issue

When discharge goes wrong, it comes at a cost to the NHS, to social care services, and to the individual and their families. When it works, people are able to move on with their lives and potentially recover safely.

Last winter, the number of people affected by delays leaving hospital care reached an all-time high with over 6,000 NHS beds occupied by people who no longer needed inpatient care.^{xi}

In March 2017, the Government introduced a new NHS target to help tackle this issue.

Making a difference

Over 3,000 people told us in 2015 about the effect a poor experience of leaving hospital care had on their lives. Since then, a number of national programmes have been set up to help improve the process of being discharged from hospital, and the care provided afterwards.

Despite these efforts, we have continued to hear from people who feel their experience of leaving hospital was poorly managed. We have used what people have shared with local Healthwatch to inform national discussions about ways to make hospital discharge better:

- We worked with NHS England to develop two guides. The first encourages staff to speak to patients earlier about their choices when being discharged from hospital to a care home.

The second aims to help patients understand how they could be assessed for their needs after they have been discharged from hospital and are back home.

- As part of our role as a statutory consultee on the mandate to NHS England, we raised concerns with the Government about hospital discharge

processes. The updated NHS Mandate for 2017, which sets out the Government's objectives for the NHS, included a new target to reduce the number of instances where a patient is ready to leave hospital but is unable to do so. Whilst we welcome the introduction of this target, the impact this can have on patients needs to be evaluated fully. In particular, we are keen to ensure that reducing delayed discharge does not increase the number of emergency readmissions.

- A new initiative, Red2Green, which aims to reduce the number of days patients spend in hospital that do not directly contribute towards their discharge ('red days'), has been set-up by the Emergency Care Improvement Programme.

It seeks to replace these with 'green days', which help people get home by encouraging staff from different areas of health and social care to work more effectively together. It also aims to keep patients more informed about their treatment and when they should expect to leave hospital, so they too can challenge unnecessary delays. Some local Healthwatch have been helping to evaluate how these programmes are working for patients to help make sure that they are having the desired impact.



Our work on dentistry

Understanding the issue

Everyone should be able to access good quality NHS dental services. Although most people who try to make an NHS dental appointment are successful, there are still some people who find it difficult to get the care they need.

1 in 5 (19%) of the people we polled in early 2016 told us they could not get an NHS appointment within a reasonable timeframe. When services aren't available to people, they can be left in pain or with developing tooth problems that could have been resolved if a check-up had been provided.

Making a difference

Our report, **Access to NHS Dental Services**, looks at the experiences people shared with local Healthwatch, and identifies three areas requiring particular attention.

The report also highlighted the work local Healthwatch are doing to help address the issues people have shared with them.

Common issues people shared

1. In some parts of the country, people still have trouble getting appointments with NHS dentists. There are gaps in provision for particular groups, such as people in care homes, people with disabilities, refugees and people who are homeless.
2. Mixed information about how frequently people should go to the dentist means that some could be going too often and others not enough.
3. Some dental practices are not sharing adequate information about how people can make a complaint, meaning that opportunities to improve are being missed.

- Healthwatch Bradford and Healthwatch Kirklees have been integral to helping improve access to NHS dentists in their areas.

After hearing that people were struggling, and that both locations were significantly above the national profile for decayed, missing and filled teeth, they decided to do something about it.

Working together they have been able to understand people's experiences, to spot where gaps exist in the services available and to review and raise concerns about inaccurate information offered to the public about local dentists.

They have also explored the impact limited access to dentists is having on specific groups, such as those living in care homes. Healthwatch organisations across West Yorkshire are working in partnership with the Chief Dental Officer, NHS England, Public Health England and the General Dental Council on a pilot project that is exploring better use of NICE guidelines in NHS dentistry.

The project aims to help more people in the area access an NHS dentist.

- The NHS Choices website is a key source of information for people who are looking for a dental appointment. For several years we have said that patients miss out on vital information when practices don't keep their availability data up-to-date.
- Since the publication of our report, NHS Choices has made changes to improve the accuracy of its information, and we will continue to monitor whether this is making it easier for people to find a dentist. We have asked the Department of Health whether keeping availability data up-to-date can be included in the new contract, and will continue to explore this.
- To better understand the issue, we have produced a support pack to help the Healthwatch network collect information on dental provision for care home residents, feedback and complaints, and benefits and entitlements. Our evidence will be used to inform the Regulation of Dental Services Programme Board.

Our work on complaints

Understanding the issue

When care goes wrong and people have a bad experience, it's vital that services put things right as soon as possible. But it's just as important to learn from what happened.

Research we conducted in 2014, indicates that two-thirds of people don't complain when they receive or witness poor care.^{xii} This is often because people don't know how to complain, they are worried about being penalised by the service, or they don't think they'd be taken seriously.

There has been significant focus on improving the complaints process and, in particular, learning from complaints. NHS Digital is now publishing more detailed data on complaints than ever before. However, our conversations with professionals and the public suggest making a complaint can still be confusing, and improvements should be made to make the system more effective.

In the last year we have continued to promote to health and social care professionals and decision makers the benefits of learning from positive and negative patient feedback.

Making a difference

In 2015, the Secretary of State for Health asked Healthwatch to play "a strong, visible role" in scrutinising complaints that are handled locally.

In 2016, we produced a toolkit to help the Healthwatch network understand whether complaints processes are working for people.

Our work continues to contribute to important changes at a national level:

- As part of our role as a statutory consultee on the NHS Mandate, we emphasised the need for services to learn from patient feedback and complaints. The Department of Health's Mandate now asks NHS England to develop proposals for how complaints, whistleblowing and wider feedback can be used more effectively to support people, carers and staff, and drive up quality and improve patient safety in primary care and specialised commissioning.

- We worked with the General Dental Council and others to develop a common statement on complaints handling in dental services. The statement aims to make sure that people get consistent information about where to share their concerns, no matter which part of the dental system they approach first.

We have also seen action taken at a local level. For example, in Torbay the local Healthwatch looked into the quality of service offered by a home care provider after receiving complaints from the public. They found that people didn't feel listened to, their requests were often ignored, that care workers were inexperienced, and that people didn't know who would visit them or at what time.

Healthwatch Torbay raised its concerns with the CQC which, following an inspection, rated the provider as inadequate and placed it into Special Measures. The provider has since agreed to make improvements, demonstrating the power and importance of listening to people's views.



Our work helping people find services

Helping communities navigate health and care services is one of local Healthwatch's main roles. Over the last year our network has helped around 176,000 people to find the support they need.

Healthwatch Essex won the award for providing advice and information to its community at the Healthwatch Network Awards 2017.

Helping people in Essex get the right health and social care

Healthwatch Essex created a dedicated information service, with a team of four specialists, to provide information and advice. Since its launch in 2014, the service has helped over 4,000 people, carers and professionals better understand the local health and social care system.

The team also developed a website, in partnership with the local council, to give people information about a range of topics, as well as a directory of services. Over 15,000 people visit the site every month.

Over the last year, demand for the service has increased, with the number of calls more than doubling compared to the previous 12 months.

Healthwatch also shares the insight it gathers with local health and care authorities to help improve services in Essex. The information collected has already led to urgent reviews to address issues with accessibility and care quality.



Our work on service change

Understanding the issue

Our society faces big challenges when it comes to people's health and ensuring services are available to support them. Many people are living longer and with conditions such as dementia, for which they need ongoing care.

This growing demand for support comes at a time when the cost of care is increasing. It's estimated that the NHS faces a £30 billion funding gap by 2020.^{xiii} To help overcome these problems, services are going through major changes. Reforms are happening to help make services more efficient and better at delivering tailored support. However, these changes will only work if services listen to what the public needs.

Making a difference

NHS England has asked health and social care leaders across 44 NHS areas to develop plans showing how local services will work together to better use existing resources to improve the quality of care and people's health and wellbeing.

Healthwatch across England have been working to raise public awareness of these transformation plans and what they mean for local communities, and to encourage people to have their say.

In the north of England, local Healthwatch teams across the Humber, Coast and Vale area spoke to around 20,000 people through a combination of events, surveys, focus groups, and visits to health and care services.

They used the evidence they collected to inform future NHS plans by highlighting what people like about services, what they're unhappy about and what they think could be done differently.

Meanwhile in the south of England, Healthwatch in Dorset, Hampshire, Isle of Wight, Portsmouth and Southampton worked together to help their local

NHS involve people in changes to services. They held an event for people to hear more about what is driving changes in the NHS, what health services could look like in the future, and to discuss the best way for the NHS to involve the public.

At a national level, we have provided leadership and supported local Healthwatch by setting out five steps we believe the NHS should follow to ensure that communities are involved in decisions that affect them.



NHS England used these principles and the views local Healthwatch gathered from people to inform their **Next Steps on the NHS Five Year Forward View**.^{xiv}

This measures progress since 2014, and sets out NHS England's business plan for the next two years. The document made clear that the NHS must engage - not just consult - people about the plans and how they will be carried out. This is a real step towards putting people at the heart of changes to health and social care.

To further support transformation across the country, we held two national workshops, bringing together local NHS leaders, representatives from local Government, the voluntary sector and local Healthwatch to discuss how the public can be more involved in the reforms that are planned for health and social care.

To encourage more people to get involved in helping to improve health and care, we ran a 'Speak up' for better care campaign, which reached almost 650,000 people.



Five steps to ensure people and communities have their say

1. Set out the case for change so people understand the current situation and why things may need to be done differently.
2. Involve people from the start in coming up with potential solutions.
3. Understand who in the community will be affected by the proposals and find out what they think.
4. Give people enough time to consider the plans and provide feedback.
5. Explain how people's feedback has been used, the difference it made to the plans and how the impact of the changes will be monitored.



Our future focus

By Imelda Redmond, CBE
National Director

Since joining Healthwatch England at the start of 2017, I have been impressed by the invaluable insight our network gathers into what people want from health and social care, as well as the positive changes that result when services act on this information.

But my conversations with people up and down the country have made it clear that we can go much further and achieve a greater impact in the coming years.

This is why we have started work on a new strategy, asking the public, our staff, volunteers and other stakeholders where we should focus our efforts to make the biggest difference.

We will consult further about our strategy later this year but, from what people have told us so far, we know we will need to focus on the following priorities.

Empowering people and communities

Health and social care is going through a huge period of change. People have told us that they want to play their part by being empowered to take more control of their own health and care, as well as the decisions that affect them, their families and local communities.

Our challenge is to establish how the Healthwatch network can help deliver this aspiration by raising awareness of how people can have their say, supporting people to do so, and encouraging health and care organisations to listen to and act on people's feedback.

A stronger Healthwatch network

We have come a long way since we started and our staff and volunteers are keen to do much more to make a difference to people.

The country has to tackle some big questions about how we build future health and social care services that can not only meet the rising demand for care, but also people's individual needs.

To do this, we need to explore how we can engage more sections of the community and work together to help champion the views of the public.

Ensuring people's views help improve care

We need to do more to make every view count.

Health and social care professionals have said that they want to use our evidence to improve the efficiency and quality of care and shape services. To do this, we need to make accessing that information easier.

Communities want to play a greater role in setting health and care priorities but, for that to happen, we

need a culture where people are seen by services as partners.

Above all, people want to be able to access, on an equal basis with others, high quality health and social care support that meets their needs. For us this means a greater focus on highlighting when this does not happen and encouraging policymakers and professionals to act.

The Healthwatch network has already made real progress in supporting people from every part of the community to speak up and to help ensure that health and social care works for everyone.

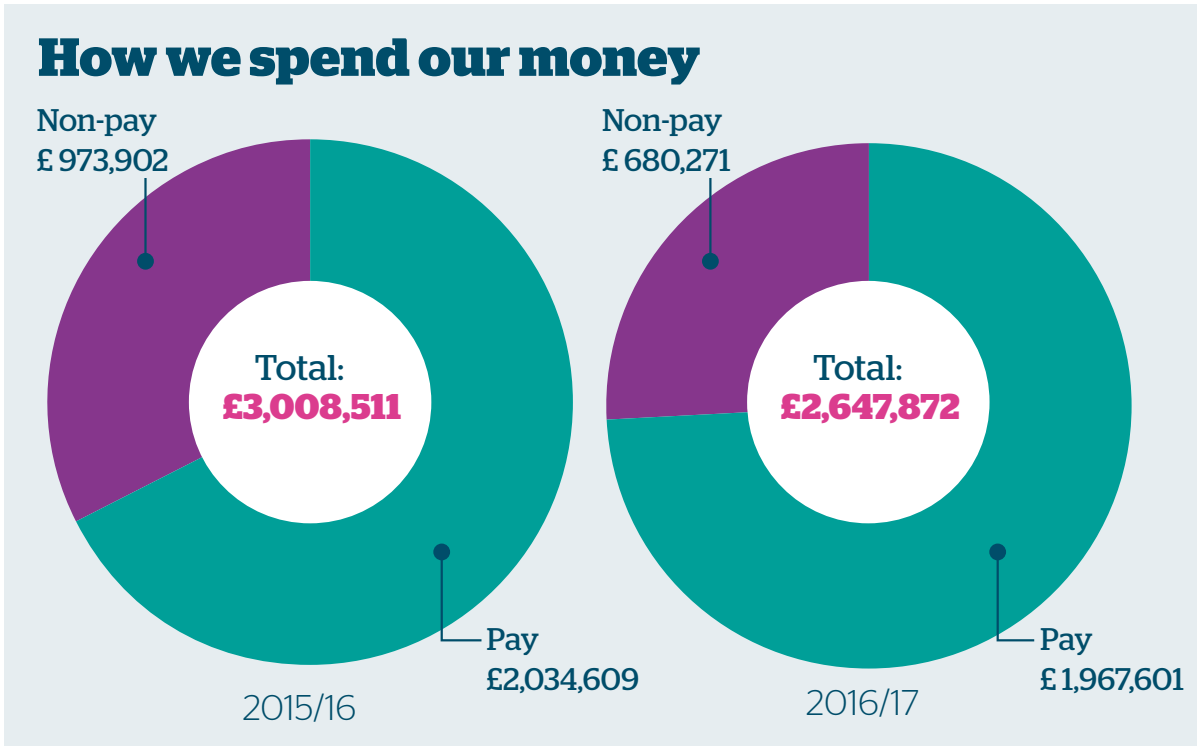
Next year, I look forward to sharing a new strategy setting out how we will go even further - working with professionals and the public - to help make care better.

Our finances

To help us carry out our work to ensure people are at the heart of care, we are funded by the Department of Health. In 2016/17 we spent £2.64 million.

The following section explains more about how our funding is broken down and how we have used it.

How we spend our money



How we used our funding to meet our priorities in 2016-17



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 experiences and views with us.
- All of our amazing volunteers across the Healthwatch network.
- The voluntary organisations who have contributed to our work.
- Our colleagues in local Healthwatch.
- Healthwatch England Committee members and staff.
- The Department of Health sponsorship team.
- Other colleagues across the Department of Health, CQC, NHS England, NICE, NHS Digital, NHS Improvement, ADASS, the Local Government Association and other statutory organisations who have worked with us this year.

Our Committee

We are governed by a Committee who set our strategy, provide scrutiny and oversight, and approve policies and procedures that are needed for us to work effectively. They also spend considerable time travelling around England to hear everyone's views. The Committee then use what they have heard from people to inform our decision-making.

Our Committee Members:

- Jane Mordue (Chair)
- Jenny Baker OBE
- Andrew Barnett
- Pam Bradbury
- John Carvel (until 28 September 2017)
- Alun Davies MBE (until 30 September 2016)
- Deborah Fowler
- Helen Horne
- Michael Hughes (until 30 September 2016)
- Dame Christine Lenehan OBE (until 30 September 2016)
- Liz Sayce OBE

References

- i** Mind, Mental health facts and statistics, April 2017.
- ii** NHS England, GP patient survey 2017, July 2017.
- iii** Healthwatch England, General Practice feedback survey, June 2017.
- iv** CQC, The state of care in general practice 2014-2017, September 2017.
- v** NHS Digital, Hospital episode statistics, March 2017.
- vi** Laing and Buisson, Care of older people, April 2016.
- vii** UK Home Care Association, An overview of the domiciliary care market, May 2016.
- viii** Healthwatch England Complaints about social care, July 2017.
- ix** Alzheimer's Society, Dementia UK update, November 2014.
- x** House of Commons Library, Autism - overview of UK policy and services, April 2016.
- xi** NHS England, Delayed transfers of care data 2017-18, August 2017.
- xii** Healthwatch England, Public complaints survey, August 2014.
- xiii** NHS England, Five year forward view, October 2014.
- xiv** NHS England, Next steps on the five year forward view, March 2017.



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