

Together we can

Healthwatch
England
Annual Report
2021–22



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England
**Annual Report
2021–22**

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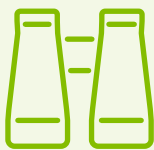


About us

Healthwatch is your health and social care champion. If you use health services or need care we want to hear about your experiences. We have the power to make sure NHS and social care leaders listen to your feedback and improve standards of care. We can also help you to find reliable and trustworthy information and advice.

Wherever you live in England, you'll also have a local Healthwatch nearby. Last year, we helped two million people like you to have your say and get the support you need.

Our strategy



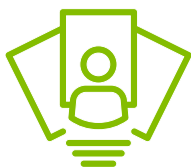
Our vision

A world where we can all get the health and care we need.



Our mission

To make sure people's experiences help make health and care better.



Our values

- **Listening** to people and making sure their voices are heard.
- **Including** everyone in the conversation – especially those who don't always have their voice heard.
- **Analysing** different people's experiences to learn how to improve care.
- **Acting** on feedback and driving change.
- **Partnering** with care providers, Government, and the voluntary sector – serving as the public's independent advocate.



Our objectives

- To find out the experiences of people needing or using health, public health and social care services.
- To seek the views of those who are seldom heard and reduce the barriers they face.
- To build a sustainable and high-performing network of local Healthwatch services.
- To act on what we hear to improve health and care policy and practice.
- To build on and share our expertise in engagement.
- To be strong, well-governed and use our resources for the greatest impact.

Foreword

Belinda Black, Interim Chair

I have always passionately believed that people who provide NHS and social care services only make the best decisions if they listen to the people they care for.

It was, therefore, a privilege to be appointed Interim Chair of Healthwatch England and to become part of the Healthwatch network—a movement of dedicated staff and volunteers who ensure people’s views are used to make a genuine difference.

I would like to take this opportunity to express our thanks to Sir Robert Francis the outgoing Chair for his significant contribution not only to Healthwatch but his absolute commitment to excellence in health and social care.

Challenges we face

The need for the public to have a strong health and social care champion like Healthwatch has never been greater. The NHS and social care system, which we value and rely on, faces enormous challenges. Millions of people are currently on NHS waiting lists for vital surgery and treatment¹. Waiting times at A&E departments have risen. And seeing essential community services, such as a GP or dentist, has become more challenging for many people.

There is a similar picture in social care, with almost 400,000 people waiting for an adult social care needs assessment. More than one in ten people have also been waiting over six months, making daily life an increasing struggle and exposing them to unmanaged but avoidable risks, such as falls².

Add to this widening health inequalities, NHS finance and workforce challenges and a social care system in need of vital reform, and it is no wonder that both the public and professionals we hear from are worried.

Resolving these problems, restoring confidence and building the health and care system we all want will not be easy. But, if NHS and social care decision-makers work with communities and put people’s voices at the heart of work to improve care, I believe that together we can. And this is where Healthwatch can play a vital role.



Belinda Black,
Interim Chair Healthwatch
England

A trusted partner

Healthwatch was established nearly ten years ago and in that time we have raised the voices of people who use health and social care in planning and delivering effective services.

Last year alone, the Healthwatch network supported over two million people to share their experiences of care or access the advice they need. This reach provides unrivalled insight.

Information that enables policymakers to put themselves in people's shoes, to understand their reality and the issues that need tackling to improve care.

We are an independent partner that works proactively with people to find solutions that improve care quality and safety.

Making your voice count

This annual report is a reminder of the positive steps that happen when people speak up and health and care policymakers listen. It also highlights the importance of including everyone in the conversation about better care.

Sometimes, it's about bringing big issues to the attention of those in power. For example, our work advocating for fairer NHS dentistry has highlighted that people on low incomes are increasingly struggling to afford NHS dental charges and are avoiding treatment. We have also highlighted how parents with young children are a group struggling to access care. Only 44% of parents aged 18-34 can get NHS care for their children, compared to 60% of 35-54-year olds³.

On other occasions, the patient voice helps identify areas of care that need to be reviewed. For example, people have had to turn down faster care because they couldn't afford to travel to hospitals further away. Thanks to NHS England taking our recommendation on board, 6,700 people have already been offered support to get care away from their usual hospital. This opportunity is usually limited to people who can afford the cost of travel and accommodation.

Millions of people are experiencing long waits for hospital treatment. But we know disabled people, people from low incomes, people from ethnic minority backgrounds, and women are all more likely to wait longer. For example, 57% of ethnic minority respondents to our research experienced a delay or cancellation to their treatment compared with 42% of white British respondents⁴.

That's why we recommended that the NHS provides better options, like the ability to book, view or cancel appointments through the NHS app. We're pleased to confirm this feature is already available to people in some Trusts and will be rolled out to more patients in 2023.

Looking ahead

The times we live in are uncertain. The health and care system we value faces enormous challenges. But, as the public health and care champion, we want to play our part.

We will do this in three ways. Firstly, we'll continue to support those who face the most significant health inequalities to speak up about their care.

Secondly, we will focus on the areas where people tell us they face the most acute challenges accessing care or their needs are underserved.

And as the NHS reorganises itself into Integrated Care Systems, we'll work to ensure that patients have a strong voice in the plans to help services rebuild and recover.

However, our staff and volunteers' passion, skills and dedication will only take us so far. The Healthwatch network's funding has not kept pace with the increased demand for our service and evidence. In fact, it has fallen in real terms by half in the ten years since our foundation.

If we are to play our part fully, the work to engage and represent the views of local communities in finding solutions must be adequately funded.

This report highlights the ever-growing number of positive changes achieved when people speak up about their care and services listen.

If there is one message I could leave you with, it is that this must not stop—quite the contrary. We need to double our efforts so that together we can make care better.

Our year in review

We supported more than two million people with information, and to have their say on care.

Nationally⁵



414,000

people used our service for clear information and advice

9,600

people shared their experiences of care

Locally⁶



1,400,000

people used our service for clear information and advice

407,400

people shared their experiences of care

Our top stories from 2021-22

Our research exploring vaccine confidence with people from different backgrounds provided vital lessons for public health campaigns.



We highlighted the negative impact poor NHS admin can have and recommended five principles for services to improve people's experiences.



The Government updated key hospital discharge guidance to put patient safety first, thanks to the views of over 500 patients and carers.



NHS Digital agreed to clarify how they collect and use patient data after we raised public concerns.



NHS England announced improvements to non-emergency patient transport services thanks to public feedback.



After we and other organisations called for an urgent response to hospital waiting lists, and better interim communication and support, the NHS set out a recovery plan to address the backlog.



We continued to voice public concerns that improvements to NHS dentistry are too slow, leaving thousands of people in pain.



We uncovered that only a third of NHS Trusts fully comply with their duty to help patients with sensory impairments and learning disabilities, which has helped lead to a review of the Accessible Information Standard.



6,800 people helped inform our campaign 'Your care, your way' to ensure everyone is given healthcare information in a way they understand.





Together we can make care fair

We can only make care fair when it is equitable. That starts with building trust with people from different backgrounds. It means making sure everyone has the opportunity to raise concerns and that what they say is taken seriously. Here are some of the ways we've been playing our part.

Campaigning for clear and understandable information

Everyone should get clear healthcare information to make the right decisions about their care.

Disabled people, those with sensory impairments, and their carers have legal rights to get healthcare information and support in a way they understand. This is backed up by the Accessible Information Standard, which was established in 2016.

But our campaign 'Your care, your way' uncovered that many services aren't meeting their legal duties – leaving people struggling to access care. Our research drew on the experiences of over 6,800 people who came forward to discuss their difficulties⁷. We also heard from people not currently covered by the Standard, including those who don't speak English as a first language or people with dyslexia.



A dozen leading disability organisations supported the campaign and helped us raise concerns. In response, NHS England has committed to publishing a review of the Standard, taking our recommendations on board. These include strengthening provisions for services to check that people's needs are being met and ensuring that services are held accountable against the Standard.

This is good news for people who struggle to get health information in a way they can understand, and we continue to advocate for these changes.



6,800

people shared their experiences



200

organisations helped highlight this important topic



170

pieces of media coverage helped us get the word out

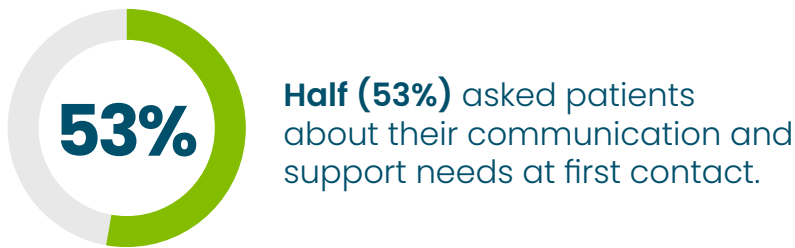
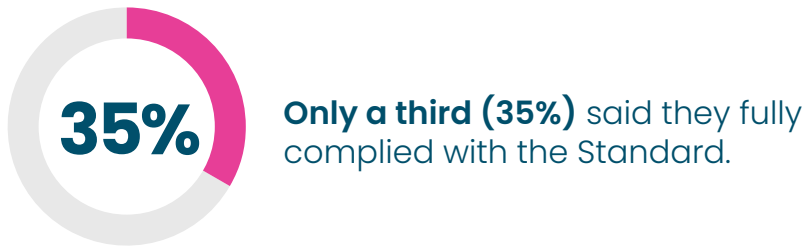


100

professionals attended a webinar to learn from our research

Many NHS Trusts aren't supporting people who are deaf, blind or have a learning disability

Of the 139 NHS Trusts that responded to our Freedom of Information request⁸:



Some Trusts admitted low staff awareness, lack of resources, and poor IT systems **prevented** them from **putting arrangements in place**.

What did people tell us about their experiences in recent years?



Rapid changes to services during the pandemic were hard for people who are blind, deaf or have a learning disability: Many people stopped getting information from the NHS in formats they understood.



The burden placed on family and friends: Many people had to rely on family and friends to translate or explain, which meant they felt forced to share sensitive information and were less independent.



Individuals' needs were overlooked: Some deaf people struggled to lip-read hospital staff because of facemasks, others were asked to book GP appointments over the phone, and some felt intimidated by staff who communicated by shouting. One blind person was even given paper forms to order a cane.



People with little or no English struggle at all points of their healthcare journey: They need help to register with a GP, access urgent care, navigate large healthcare settings, explain their problems, or understand what the doctor says.



Connor's story



“

**I feel forgotten,
ignored and not
taken seriously.”**

Connor

Connor is studying for a Masters in Social and Public Policy in Leeds. He is blind and needs healthcare information in electronic formats as well as in braille.

“Trying to get information about my own healthcare, in a format I can understand, has often been difficult. I can't read letters that come through the post, or prescription medications.

“I feel forgotten, ignored, and not taken seriously. All I'm asking for is consistency, training on accessible information for staff – a few minor changes would make the world of difference to people like myself.

“I want to be able to take responsibility for myself, and good accessibility gives me the choice and freedom to do that. When it's accessible, there's nothing I can't do.”

Reaching out to diverse communities

Across England, local Healthwatch work hard to make sure the care needs of different communities are not overlooked.



Better care for fishermen

There are 11,000 fishermen in the UK spending long unsociable hours at sea, which makes it hard for them to use public services. When Healthwatch Kent reached out to hear the experiences of local fishermen, many said getting a GP appointment was difficult as they were out at sea during practice opening times. They also avoided making health appointments because they wouldn't get paid when missing work. As a result, Healthwatch Kent recommended that GP opening hours should be extended and more health check sessions should be held at the local docks.

“

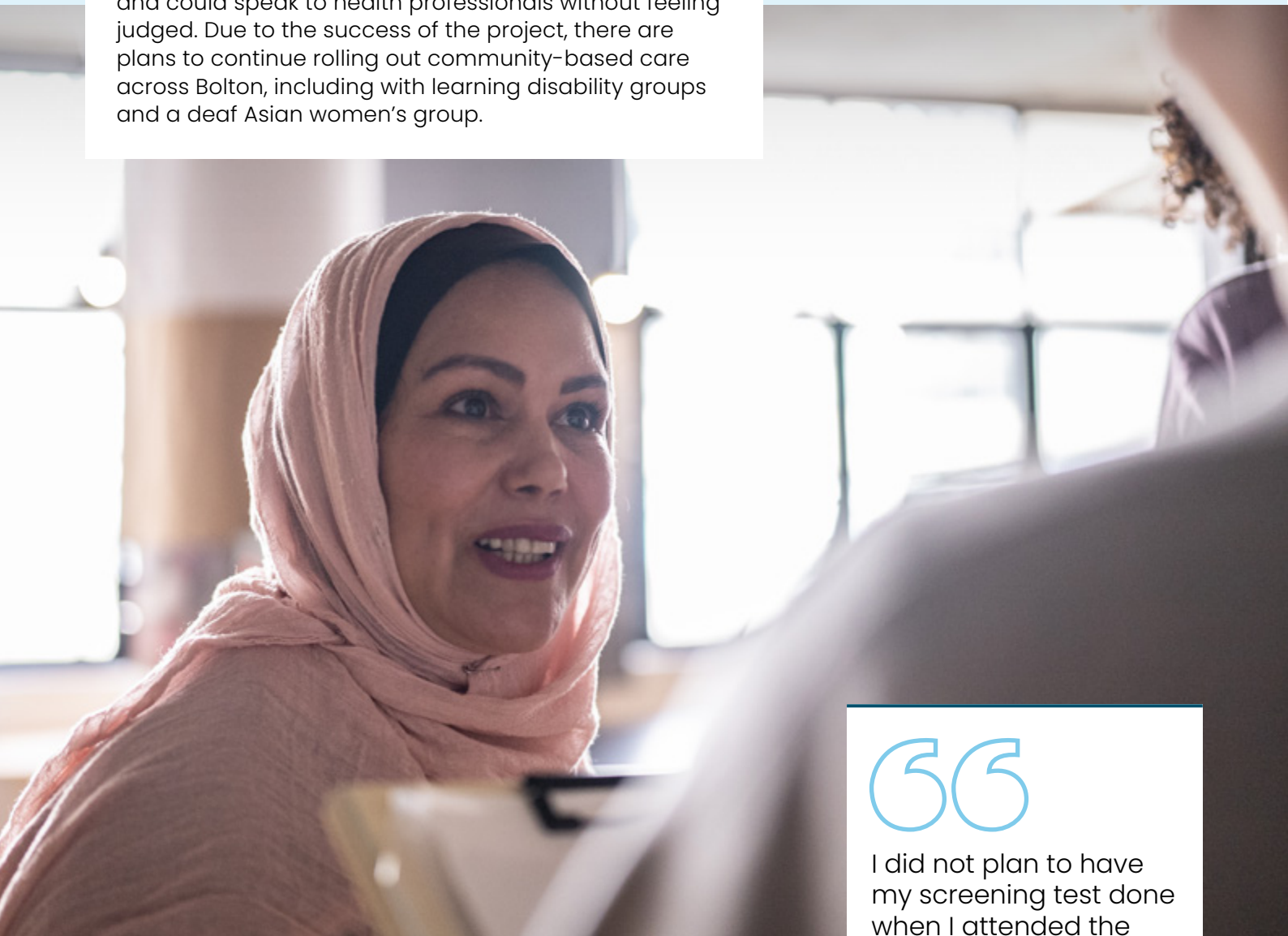
I could do with going to the GP about my elbow. But nowadays the GP wants you to call at 8:30...**I just can't call at that time.** By the time I'm back onshore, **all the appointments have been taken.**”

Local Fisherman

Breaking down barriers to life saving screenings

Cervical cancer screening saves around 2,000 lives a year in the UK⁹. But uptake in Bolton was lower than the national average, particularly in Rumworth, an ethnically diverse area, due to religious and cultural reasons.

With the help of local groups, Healthwatch Bolton hosted sessions in the community to break down barriers. For example, a local mosque was used to hold screenings, creating an environment where women felt comfortable and could speak to health professionals without feeling judged. Due to the success of the project, there are plans to continue rolling out community-based care across Bolton, including with learning disability groups and a deaf Asian women's group.



“

I did not plan to have my screening test done when I attended the pop-up clinic; however, seeing how helpful the staff were, I decided to have my test done. **I felt more comfortable and relaxed than going to my health centre.**”

Local resident

What do young people with learning disabilities want from a digital health app?

To help children and young people with learning disabilities manage their health online, the local council wanted to trial a new app. Healthwatch Hertfordshire worked with local youth and their carers to test how accessible the digital tool was.

Although participants liked that they could customise the app and record information about their hobbies, some things could have been improved. For example, many young people needed support to use the app, or found it confusing. Sharing information with health professionals via the app was also difficult, and some carers had safety concerns.

Most young people already used other online tools to manage their health and appointments. So, the council took this feedback on board and decided to promote various digital tools that individuals could choose from depending on their needs. This included both free and paid options to include everyone.



“

The council took this feedback on board and decided to promote various digital tools that individuals could choose from depending on their needs.



Sharon's story



Getting mammogram recall letters available in easy read

Sharon, from Sunderland, used her experience to help people get mammogram recall letters from the NHS in an easy read format. Sharon said:

"When I get easy read appointment letters, I feel confident that I know what's going to happen. I find it easy to understand. But I got a mammogram recall letter from the hospital that was not easy read. It was hard to understand. It was small text so you couldn't see it.

"Healthwatch Sunderland helped me ask the hospital. But they said mammogram recall letters in easy read format did not exist. We spoke to the NHS and Public Health England to change this.

"Sam from the NHS was able to hear my story. This helped getting mammogram recall letters done in easy read for everyone. I would advise other women with a learning disability and autism to make sure they get an invitation for screening in easy read so they can understand the information. It's very important they get checked."

“

I got a mammogram recall letter from the hospital that was not easy read. It was hard to understand.”

Sharon



Together we can tackle big issues

Some problems take a long time to change. However, thanks to the public speaking up about the challenges they face, we have continued to shine a light on persistent problems that health and care decision-makers need to tackle.

Advocating for fairer NHS dentistry

We have once again warned decision-makers that NHS dentistry is in desperate need of reform.

With living costs rising, our new findings showed widening health inequalities as people in every part of the country struggled to pay for dental care.

The shortage of NHS appointments affected people on low incomes hardest, meaning they were less likely to have dental treatment than those on higher incomes.

We made renewed calls on NHS England and the Department of Health and Social Care to put a reformed dental contract in place before formal responsibility for dental services passes to the 42 new Integrated Care Systems in April 2023¹⁰.

Moving dentistry up the agenda

Our findings achieved widespread media coverage and helped move the issue of access to NHS dentistry up the political agenda. In July, NHS England announced several changes to the contract with dentists who provide NHS care, including:



Increasing the payments for dentists when treating patients with complex needs, for example, people needing fillings done on three or more teeth.



Requiring dental practices to regularly update the national directory on www.nhs.net to clarify if they are taking on NHS patients.



Moving resources from dental practices that are underperforming and giving those resources to others who can provide the dental care needed.



The **shortage of NHS appointments affected people on low incomes hardest**, meaning they were **less likely to have dental treatment** than those on higher incomes.

This announcement showed the power of people's voices, with decision-makers listening and taking action.

The changes should mean it is easier for people to find a dentist, to access more complex care and those taking on new NHS patients.

However, these changes need to be just the start. We will keep advocating for greater reform and a dental service that is accessible and affordable for everyone.



Lydia's story



“

Whenever I eat and feel a twinge my heart drops.”

Lydia

Lydia, from Somerset, struggled to find an NHS dentist in her area for a long time. Eventually, she gave in and reached out to a private provider. Lydia said:

“Sitting in the dentist's office, listening to the list of treatments, the cost of £1,100 brought me to tears. These costs were on top of the £50 I had to spend to have the appointment.

“Whenever I eat and feel a twinge my heart drops. I panic that something terrible is happening.

“There's no version of private dentistry that's affordable. The word affordable is a slap in the face.”

Tackling public confusion on social care

Social care can change lives, but people can't always get support when needed or in a way that works for them. Reform of the social care system has been a long-standing issue that many governments have tried to tackle.

One key issue is public confusion. Our research shows that people sometimes need help understanding what social care is, who provides services, how care is paid for, their rights, or who they should turn to for help¹¹. People have told us they want access to trusted, independent local sources of information on social care.

More funding for public information and advice

We shared our insights on social care with the Government before they published their social care white paper. Our advice influenced their decision to announce an additional five million pounds in funding for local organisations to test new ways of providing personalised information and advice to the public about social care services¹².



People **sometimes need help understanding** what social care is, who provides services, how care is paid for, their rights, or **who they should turn to for help.**



Making sure people's needs are met

Our evidence to Government also highlighted that some people are not getting social care support.

However, as stated in the white paper, the size of this group remains unclear because there is no clear Government data to understand more about who accesses care, who doesn't, and why.

To help decision-makers better understand this issue, we are working with local Healthwatch to map out why people don't always get the support they need from the social care system. We will share these findings with the Government to help them quantify who is not getting the social care they need.



Annie's story*



“

I might as well have been on a desert island in the middle of nowhere 'cause there was no one helping me.”

Annie

Working mum of two Annie from Luton provided unpaid care for both her parents. Her father needs constant care for his dementia and diabetes and her mother needs support after suffering a stroke.

Annie felt isolated and overwhelmed – she just couldn't get the help she needed. She found the communication surrounding the social care support she was entitled to practically non-existent.

During the six years caring for her father, she was not supported with many things. She was not signposted by the local authority or her father's social worker. It was only by a chance conversation with a hairdresser that Annie became aware of any financial support for her father.

“I might as well have been on a desert island in the middle of nowhere 'cause there was no one helping me. I didn't even have anybody to turn to like a social worker either.”

*Stock photo used to depict Annie's story.



Together we can improve access to care

Public feedback can play a crucial role in helping NHS and social care services spot barriers that prevent people from accessing their services.

Locked out: Digital exclusion from GP care

The COVID-19 pandemic dramatically changed the way we see our GP. While remote appointments worked well for some, they also created new barriers to care often for people already facing health inequalities.

To understand the impact of this on people's health, we spoke to patients and GP staff about why this was happening and their experience of remote appointments¹³.



What prevents people using virtual appointments?

We found that people can be digitally excluded for various reasons, including digital skill level, affordability of technology, disabilities, or language barriers.

“Before it was much easier, I would go to my GP in person, and the receptionist understood what I needed. My GP was also patient with me, and face to face, it was easier to talk about my health. Now it’s different, I know they do telephone consultations, but it is not suitable for people like me. My English is weak, and I am not sure I would be able to explain myself on the phone.”

– Patient story shared with us

While people understood the benefits and need for remote appointments, there were many reasons this didn't work for them. Unfortunately, the systems in place could not support their individual communication needs, meaning they often had poorer care, were reliant on family members or abandoned getting care altogether.

GP staff also felt there needed to be a better balance between remote and face-to-face appointments to ensure no one was left behind.

Five principles for post-COVID digital healthcare

Thanks to people's feedback, we identified five principles for post-COVID-19 care to ensure everyone has access to the appointments they need.

1

Maintain traditional models of care alongside remote methods and support people in choosing the most appropriate appointment type to meet their needs.

2

Invest in support programmes to give as many people as possible the skills to access remote care.

3

Clarify patients' rights regarding remote care, ensuring people with support or access needs are not disadvantaged when accessing care remotely.

4

Enable practices to be proactive about inclusion by recording people's support needs.

5

Commit to digital inclusion by treating the internet as a universal right.



Satish's story



“

I feel my knowledge has been useful to someone and helped them access NHS services.”

Satish

Satish volunteers for Healthwatch Haringey and helps to run a digital project to get more residents online. One of the main aims of the project, run by volunteers, is to help people access online health advice, services and appointments. So far, the project has enabled over 60 people to access online appointments.

“I am retired and wanted to share my experience and knowledge of IT. I help older people, showing them how to use their devices, mobile phones or laptops, to find information on health services.

“I benefit too – I feel my knowledge has been useful to someone and helped them access NHS services.”



Together we can support unwell people

Positive changes to patient transport support

Getting to healthcare appointments can be challenging for some people if they don't have private transport, live far from services or cannot afford public transportation. Without help to travel, some people risk missing vital care like chemotherapy or dialysis.

The NHS provides patient transport support, but it's often unclear who is eligible for this help. This is why we have continued to put patient transport concerns on the NHS's radar.

A win for patients

There have been positive changes for people who rely on patient transport. Due to our call for change, NHS England's Non-Emergency Patient Transport services announced several changes in August 2021¹⁵. The NHS proposed new clear and consistent eligibility criteria, improvements and quick reimbursement to the travel cost scheme, and a commitment to 100% zero emissions journeys by 2035.



Our evidence also informed the Department of Health and Social Care's hospital discharge guidance, which recommended that hospital discharge teams ensure transport is available for patients returning home¹⁶.

NHS England also took on our recommendation that people's transport costs should be covered when offered care away from their usual hospital. By June 2022, 6,700 people had been offered this support¹⁷. Without this, the choice to be seen sooner would be limited to people who could afford travel and accommodation.

Moving forward, we will work with NHS England to support the implementation of the new eligibility criteria. We will also help the NHS get the service specifications right to help those who need support most.

Four recommendations based on public feedback¹⁴:

1

The NHS should always ask about transport support during the hospital discharge process, so people have a way to get home.

2

No one should be discharged from the hospital at night unless transport has been arranged, so they aren't left stranded.

3

The criteria for who is eligible for NHS Non-Emergency Patient Transport need to be reviewed to ensure it's consistently applied and people with long-term conditions can access this vital service.

4

Improve the Healthcare Travel Cost Scheme so that more people who need financial support know how it can help and are quickly reimbursed for any costs.



Jessica's story*



“

They can't travel on public transport. It would require two buses and they are far too ill.”

Jessica

Last year, over 17,000 people accessed our online advice about getting help to travel to hospital. Commenting on the article one individual explained why they needed help.

“I need information on transportation for someone attending regular dialysis. They can't travel on public transport. It would require two buses and they are far too ill. They also do not have anyone who could drive them there.”

*Stock photo used to depict Jessica's story.

Helping to manage the NHS backlog

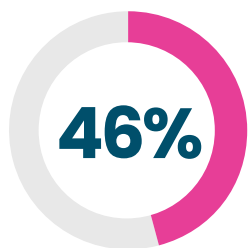
Last year, the number of people waiting for hospital treatment exceeded seven million for the first time. But behind every number is a person often struggling to cope.

Until capacity can meet demand, long waits for care are here to stay. This is why we're calling for more focus on letting people know when they can expect to be seen, prioritising those in the greatest pain, supporting patients while they wait and tackling the unequal access some face.

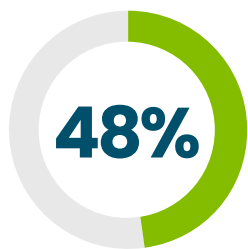
Long waits take a toll on people's health and wellbeing

In September 2021, we called for urgent action to address hospital waiting lists and improve people's experiences together with the King's Fund¹⁸.

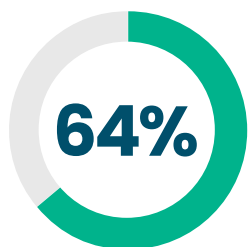
Our national poll of over 1,600 British adults who were either waiting for a planned treatment or had a family member waiting showed delays to treatment often took a toll on health, pain levels, and mental wellbeing¹⁹.



Nearly half (46%) of people said they or a relative didn't receive enough information – leaving them in the dark about when they could expect treatment.



Similarly, almost half (48%) didn't receive any support to manage their condition during the wait.



Over half (64%) hadn't been given a contact they could turn to while waiting.

Having more control over appointments

In November 2021, we recommended that the NHS provides better options for people to feedback about their issues while waiting for elective care procedures.

This included allowing people to book, view or cancel their appointments through the NHS app.

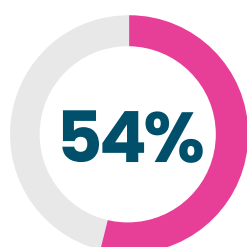
We're pleased to confirm that this new feature is available to patients at 20 NHS Trusts, with more Trusts expected to make this available by March 2023.

People from poor households hit hardest by the backlog

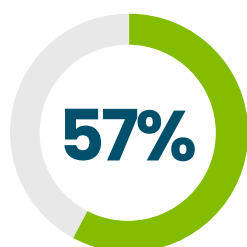
To understand how the NHS backlog affected people from different backgrounds, we polled 1,000 people in June 2022²⁰.

Disabled people, those with lower levels of wealth, women, and people from ethnic minority backgrounds were the most likely groups to have been waiting over four months for treatment and to have experienced a delay or cancellation.

Women and disabled people were also most negatively impacted by their long wait for care, with relationships, socialising, ability to provide care for a loved one, and mental health suffering as a result. The issues were even starker for people who were from two or more groups.



54% of respondents from lower-income households said they experienced long waits, compared to people from higher-income households (34%).



57% of ethnic minority respondents faced longer delays or cancellations than White British respondents (42%).

Providing support for people while tackling the backlog

As part of NHS England's Elective Recovery Plan, NHS staff made huge efforts to reduce the number of patients waiting over two years for treatment. We were pleased to see that as part of the plan, NHS England took on our recommendations, including offering transport and accommodation if patients waiting over two years chose to travel for care to specialised hubs.

However, with millions more people waiting for care, the NHS must ensure it is doing everything it can to support people while they wait and reduce inequalities.



Barbara's story*



“

I feel it's unfair to be left in pain for so long. I feel like I'm expected to go private, something which I can't afford, being disabled.”

Barbara

Barbara is a cancer survivor and uses a wheelchair. Last year Barbara's operation for an ileal conduit was cancelled with four-weeks' notice. She later had the surgery scheduled for this summer, although she was initially told she required urgent treatment.

Barbara said: "I've been living in constant pain for over a year. I can't do anything because of the pain and my urostomy keeps swelling up huge. I haven't received any help from the hospital. My GP was helpful, sending letters on my behalf and prescribing antibiotics and painkillers. I've also been struggling mentally, getting anxious when I have to go to toilet."

"I'm having to buy heat pads, things for pain, cushions and shaped pillows. I pay for taxis to go to my GP practice nearly every week to put samples in. As they are not hospital appointments, I don't qualify for patient transport. I feel it's unfair to be left in pain for so long. I feel like I'm expected to go private, something which I can't afford, being disabled."

*Stock photo used to depict Barbara's story.

Looking ahead

Louise Ansari, National Director

Seventy-five years after its birth, the NHS and the social care system we value so much faces unprecedented challenges.

Tackling the backlog in care and building a future service that can help people stay well and support those in greatest need will be challenging.

Our society faces difficult questions when it comes to how we invest in future services:

- How can the NHS adapt to prevent more illness and stop the rise in health inequalities while at the same time supporting an ageing population?
- How can the range of NHS, public health and social care organisations work together to provide better, more joined-up, efficient care?
- With increasing demand for mental health support, how can the NHS work with others in society to improve wellbeing?²¹
- How can the NHS harness technology and information to improve communication and give more control to patients?



**Louise Ansari,
National Director,
Healthwatch England**

Health and care decision-makers need to answer these questions with the public's input. And this is where Healthwatch comes in.

In the ten years since we launched, we've demonstrated the power of public feedback in helping the health and care system understand what is working, spot issues and think about how care can be better in the future.

With the NHS facing such serious problems, we need to consider how our staff and volunteers across England can make an even bigger difference.

With investment in the Healthwatch network at an all-time low and future public finance likely to be limited, this will take work and imagination. With this in mind, our committee have instigated a review of our future direction.

We will carry forward our work on the key issues of NHS dentistry,





In the ten years since we launched, we've demonstrated the **power of public feedback** in helping the health and care system **understand what is working**, spot issues and think about **how care can be better in the future.**"

accessible information and the impact of the cost of living on people's health. As well as this, over the next year we will also focus on how we can:

- Continue to raise the profile of our service, so every community knows that we are there for them as their independent health and care champion.
- Focus more on the big issues that most concern the public – like GP access and social care – and the communities that are most affected by inequalities.
- Work with the NHS at every level to use public feedback to help find solutions.
- Harness the resources of the Healthwatch network in a more efficient way by reviewing every aspect of our work.

Overcoming the health and care challenges our society faces will not be easy, but I believe that together we can find a positive way forward.

Our 10 year anniversary

This year marks a special milestone for Healthwatch. Over the last ten years, people have shared their experiences, good and bad, to help improve health and social care. A big thank you to all our Healthwatch Heroes that have stepped up and inspired change.



Here are a few of our highlights:

- Rebecca from Staffordshire who helped the NHS save money and improve orthotic services nationally – ensuring children can access support quickly.
- George from Buckinghamshire whose feedback led to birthing partners having better communication during labour.
- Maggie from Cornwall who courageously spoke up about her husband's end of life care, showing services how they could learn from the experience.
- Tony from Durham who helped make it easier to find care home information after his own struggles finding a care home for his mum.
- Errol from Bristol who encouraged men from the Afro-Caribbean community to take up lifesaving prostate cancer screenings.

Our resources

The funding we get nationally and locally

Healthwatch England is funded by the Department of Health and Social Care. We also receive additional funding from NHS England to support specific public engagement projects.

Our strategy commits us to using our resources wisely to help achieve the greatest impact.

In 2021-22, our budget underspend was due to our accounting processes, which require work to be completed within the financial year. Since the work funding local Healthwatch was spread across two financial years, a portion of the funding had to be accounted for in 2022-23.

Our income and expenditure

Income		Expenditure	
Annual grant from Government	£3,377,309	Expenditure on pay	£2,089,576
Additional income	£219,929	Non-pay expenditure	£776,448
		Office and management fee	£283,362
Total income	£3,597,238	Total expenditure	£3,149,386

In focus: The resources of local Healthwatch services

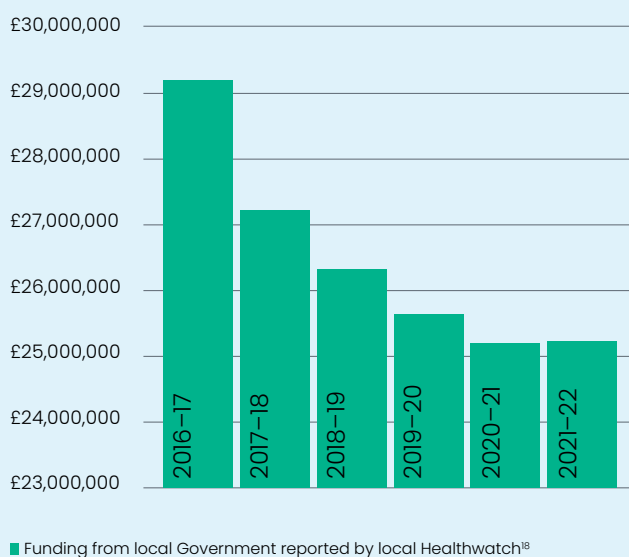
Local Healthwatch across the country are independently funded by councils and supported by staff and volunteers. We help them with training, advice and support and are committed to building a sustainable and high-performing network of local Healthwatch services.

152 Healthwatch in England received £25.3 million from local authorities to carry out their statutory activities in 2021-22²². Healthwatch England also supports local Healthwatch and other organisations by funding specific projects to involve people in health and social care.

Funding specific local Healthwatch projects

We provided over £157,500 in funding the involvement of local people in health and care services in 2021-22.

Local Healthwatch funding over time



Our people

We would not be able to do what we do without our staff and volunteers.

Nationally



40

staff work with the public, policymakers and partners to improve care.

Locally across 152 services

595

full-time equivalent staff deliver the Healthwatch service for local communities²³.



3,700

volunteers kindly give up their time to understand local people's views, provide advice and help improve services.

On average each local Healthwatch has

4

full-time equivalent staff.

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 time holding public meetings to hear everyone's views and use this knowledge to inform our decision-making.

Members

Belinda Black, Interim Chair (November 2022)
Sir Robert Francis KC, Chair (stepped down November 2022)
Phil Huggon, Vice Chair
Lee Adams
Pav Akhtar
Dr Andrew McCulloch
Sir John Oldham
Danielle Oum
Helen Parker
Umar Zamman

A big thank you

We're grateful to everyone who continues to support our work to improve health and social care. A special mention to:

- You – thank you to all the people and loved ones who took the time to share their stories and ideas.
- Our dedicated local Healthwatch volunteers and colleagues working hard across the country.
- The voluntary organisations that have supported our research to help highlight big issues, such as British Red Cross, the Kings Fund, National Voices, and the Richmond Group.
- Our [coalition of partners](#) supporting the 'Your care, your way' campaign for more accessible healthcare information.
- The health and social care professionals who have listened to public feedback and made changes.
- Our national partners in the Department of Health and Social Care, Care Quality Commission, NHS England, NHS Digital, Association of Directors of Adult Social Services and other statutory organisations who have acted on what the public have said.

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