

# Our Year 2022-23







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# Message from our Vice-Chair

**This year our Chair, Steve Palmer was unwell at the time the report was being produced so this section has been written by our Vice-Chair, Neil Tester.**

The year covered by this report saw life get harder for people in Hertfordshire, as well as across the country. There were also growing pressures on health and care services and big changes in how they are organised for the future. This means we have been an even more essential link between the public and those who design and deliver services in Hertfordshire.

Local councils, NHS leaders and service providers increasingly recognise that we bring significant value to the table when it comes to managing services, making improvements and planning for a more joined-up future. Our high-quality research provides valuable insights into the state of local health and care services, and we are being called on to assist with more projects and studies than ever before. In line with this, we have further developed our research offer and sharpened our focus on tackling inequalities.

“Healthwatch Hertfordshire is an integral and hugely valued part of the Voluntary, Community, Faith and Social Enterprise (VCFSE) Alliance, and wider Integrated Care System. Raising the voice of patients across the County, the team at Healthwatch (loudly 😊) influence health & social care decision-making and advocate for patients always being at the core of service delivery.”

**Joanna Marovitch, Chief Executive, Hertfordshire Mind Network and Chair, Herts & West Essex VCFSE Alliance**

We have been integral to the development of the Hertfordshire and West Essex Integrated Care Board (ICB) and the wider Integrated Care Partnership since its launch last July. We have made a significant contribution to forming alliances that bring together NHS organisations, Local Government, the voluntary sector and the public to develop, plan and run services.

The ICB has commissioned our research team to undertake regular projects on its behalf to understand local people’s experiences and look at how services can be improved. It is reassuring to see commissioners and providers becoming even more aware that listening to, and acting upon, the experiences of patients and service users results in better care. Find out more about this on pages 17 – 20.

Hertfordshire County Council called on our expertise to help identify and assess the impact of the Cost of Living crisis on local people, acting on our findings to provide assistance where it could help most. The huge public response to this work showed it was much needed and helped increase awareness about our services. You can find out more on page 14.

Our signposting service gathers essential feedback by listening to people’s health and care experiences. It is no surprise that we have been hearing more and more about the capacity of the County’s health and care services being outstripped by people’s needs.

Increasingly, people have needed our help to navigate complex systems that are struggling to cope. GPs, dentistry, waiting lists at hospitals and mental health are the top issues we hear about repeatedly, with the strain in some services starting to affect the levels of care and empathy that people experience.

Identifying these challenges from what people tell us is crucial, so we can hold the system to account and work with patients and providers to ensure improvements are made. Read more about how we do this on page 9.

In all our work, we continue to actively champion equity, diversity and inclusion to ensure services reach every part of the community – especially those who are seldom heard. We have strengthened our commitment to reducing health inequalities and are currently monitoring the work on unequal treatment of people from Black and Asian communities that we began in 2021/22. This is making a real difference to people through improvement to services and organisational cultures as highlighted on pages 11 – 13.

This commitment is built into all our projects and reflected in our Board development. We regularly undertake training to learn, update and refresh our knowledge so that we can best serve the people of Hertfordshire and be seen as an essential part of the local health and care network.

Our team also played a leading role in the development of the Voluntary, Community, Faith and Social Enterprise sector (VCFSE) Alliance which has enabled this new forum to share skills and expertise to support people to stay well, feel valued and help reduce health inequalities.

I know Steve would like to join me in thanking our staff team for their hard work, skill and dedication, our Board, our volunteers, our health, social care and community partners – and of course the people of Hertfordshire for their continued support.

**Thank you for trusting us with your experiences and helping us make care in Hertfordshire better for everyone.**

I hope you enjoy reading about the work we have been doing and the impact this is having on local services.



A handwritten signature in black ink that reads "Neil Tester". The signature is written in a cursive style and is positioned above a horizontal line that ends in an arrowhead pointing to the right.

**Neil Tester**  
**Vice Chair**  
**Healthwatch Hertfordshire**



# Our Year in Focus

## As the year moved on we could see rays of hope...

This time last year we talked about the long-term pressures faced by the system, many of which remain and continue to impact people's experience of health and care services. Nationally, demand for services, backlogs, problems with access and the knock-on effect of both physical and mental health has grown, while recruitment and retention of staff in the sector continues to be a major challenge. As the year moved on, we could see a ray of hope here in Hertfordshire – with some waiting lists coming down and improvements such as new GP telephony in place. This year we have strengthened our focus on monitoring and sharing the impact of our work, which is shown in this report and is an area we will continue to develop.

As an organisation, our role to evidence patient experience and represent the patient voice in Hertfordshire is even more crucial and in demand, as the outcomes we achieve are trusted and valued. Strategically we have a pivotal role within the Integrated Care System, an ever-growing reputation and a leading role in coproduction. This means we can ensure people's voices are heard and acted upon by health and social care decision-makers. You can read more about our work *Involving Communities to Improve Services* on pages 21 – 23.

Our report this year focuses around three themes, which broadly cover the main areas of our delivery plans:



**Making care fairer**



**Tackling the big issues**



**Involving communities to improve services**

Big issues have emerged in terms of primary care services including GP Access and support for carers. This led to our research and engagement expertise being commissioned to support the ICB's Primary Care Transformation Programme to tackle the big issues, with further projects being planned for next year. Read more about our work on pages 17 – 20.

Health inequalities continue to be a major concern and our role to address this across the system has been at the forefront more than ever this year. By championing equity, diversity and inclusion we aim to help services reach all parts of the community.

With our deepening focus on addressing inequalities, two major projects have concentrated on the theme of *Making Care Fairer*. All Trusts across Hertfordshire have responded positively to our Making Local Healthcare Equal Report and recommendations, with commitments to actions now in place. Our Cost of Living survey, in partnership with Herts County Council, attracted an unprecedented response rate of 7,000+ people who told us how the crisis was impacting them locally. These findings are being used to target support where it is most needed. Our interim report can be found [here](#) and the full report will be published on our website in July 2023.

We met with health and care leaders on more than 60 occasions throughout the year to highlight issues raised by patients, hold to account and scrutinise services.

As our organisation thrives in this busy climate, we recognise the value of having an inspirational team and dedicated Board of Trustees who bring vigour, commitment and expertise to our daily work.

# How we've made a difference throughout the year

## Reaching Out



**9,357** people shared their experience of health & social care services with us, helping to raise awareness of issues and improve care.

**44,676** people came to us for clear advice and information about topics such as mental health and the Cost of Living crisis.

## Making a difference to care

We published **9 reports** about the improvements people would like to see to health and social care services.

Our most groundbreaking report was **Making Local Healthcare Equal: Healthcare Concerns in Black and Asian Communities**, which highlighted the struggles of people from Black & Asian communities when accessing the health and social care system.



## Making your voice heard

We held **66** meetings with senior NHS and care leaders and attended a further **85** boards and committees to ensure your voice and what matters most to you was represented and heard.

## Addressing health inequalities

Our Research and Engagement programme focussed on **addressing health inequalities** across Hertfordshire. As an organisation we have reflected on our **cultural competency** and learnt lessons to improve how we communicate in order to reach out and be inclusive, so that we can better engage with our seldom heard groups.



# 10 Years of Improving Care

Looking back over an exciting 10 years since Healthwatch started and summing it all up on a single page is a challenge. Here are 10 examples of voices we have amplified, 10 examples of approaches we adopted and 10 examples of areas we have worked on.











## Voices we have amplified

	Patients, service users, carers and communities		People with a Learning Disability
	Children and Young people		People with a sensory or physical disability
	People whose voices are seldom heard including those from our diverse communities		Care Home residents
	Veterans		LGBTQ+ community
	People who are digitally excluded		People with dementia

## Ways we have worked

1. Research projects
2. Providing patient stories
3. Mystery Shopping
4. Building youth involvement
5. Using volunteers with lived experience
6. Working in partnership with the NHS, Social Care, the Voluntary, Community, Faith and Social Enterprise sector, the University of Hertfordshire and national partners to deliver improvements
7. Recommended improvements to commissioners and providers
8. Reviewed and improved NHS communication and processes
9. Enter and View Visits
10. Audits

## Areas we have worked on

	Improving access to GP services		Supporting NHS organisations in special measures
	Emphasising the importance of patients being at the centre of their care		Improving patient experience of NHS complaint handling
	Creating and developing new models of patient and community engagement across the health and care system		Improving access to and information about NHS dentistry
	Holding the NHS and Social Care to Account for service delivery		Gathering information about patient experiences locally during the pandemic
	Understanding the needs of children and their families living in the most socio-economically challenged areas		Researching the effectiveness of Annual Health Checks for people with learning disabilities





# The Way We Work

As Hertfordshire's independent health and social care champion, our role is to improve NHS and social care services for everyone and address inequalities across the system. We make sure NHS and social care leaders, and other decision makers hear people's voices and use their feedback to shape and improve care.

We aim to understand the needs, experiences and concerns of people who use health and social care services and speak out on their behalf. By challenging and **holding the system to account**, we work to get services right for the future and ensure that worries and concerns are addressed.

Through our innovative **research and engagement programme**, we encourage people to share their views and experiences. Using this evidence and knowledge we make recommendations to NHS and social care leaders, demonstrating how lived experience can have a positive impact on the redesign and improvement of local services.

When people feel lost and don't know where to turn, we provide confidential support and free information through our **signposting service** to help them access, understand and navigate the health and social care system. The experiences and data we collect using this service provides a further source of valuable information.

As a result of the **impact** we are making, our reputation and influence continues to grow strategically across the system and operationally in our seldom heard communities. By meeting with health and social care leaders on a regular basis we assess findings together, highlight issues raised by patients and the public and help to shape service improvements and outcomes. We also work closely with social care and voluntary, community and faith sectors to help design service improvements and ensure that all voices are heard.

Working in the new Integrated Care System has created more opportunities for us to feed people's views, recognising different perspectives, into the planning and running of local services. By championing equity, diversity and inclusion we aim to help services reach all parts of the community.

As part of the wider Healthwatch network, we share information and contribute to initiatives with Healthwatch England and the Care Quality Commission, which helps us to have an impact across the County and help shape the national agenda.

We are represented and play an active role on both the Hertfordshire Health and Wellbeing Board and the Integrated Care Partnership Board for the Herts and West Essex Integrated Care System.

## Our Governance

Our Healthwatch Board of Trustees consists of eight members who are volunteers and were appointed because they bring a mixture of skills and knowledge of health and social care. They provide direction, oversight and scrutiny to our activities, ensuring that we fulfil our legal and statutory obligations and that we use our resources wisely.

Our Board ensures that decisions about priority areas of work reflect the concerns and interests of our diverse local communities. To enhance their understanding of equity, diversity and inclusion the Board held an away day facilitated by experts in the field which included a particular focus on neurodiversity.

Throughout 2022/23 the Board met five times and made decisions on matters such as how the organisation should prioritise its spending and how to ensure a focus on addressing health inequalities. During the year, Board members set up a Task and Finish Group to review the organisation's strategic direction which will shape the forthcoming Business Plan.

The Board ensure that public involvement also impacts on our work programme: patient experience of dentistry heard through signposting ensured a focus on both holding the system to account and publicising pathways to emergency dentistry. Feedback from diverse communities about experiences of NHS treatment led to our research focus on making healthcare equal for all. Hearing people's struggle with the Cost of Living crisis was a catalyst to our large-scale survey to fully understand the challenges they faced.







# Making Care Fairer

## Tackling ethnic health inequalities in our NHS

Thanks to our in-depth research, Trusts are now acting on our recommendations and making changes to improve service delivery, culture and outcomes for Black and Asian communities.

We are now supporting the health inequalities workstream of the ICB to develop a best practice engagement model and ensure community voices are heard.

This work gained praise within Black and Asian communities in Hertfordshire and has built sustainable and trusting relationships for future work.

Our research involved in-depth engagement with Black and Asian people across Hertfordshire, testing whether or not they are treated fairly in healthcare settings. This is leading to system wide improvements to service delivery and cultural competency within the NHS locally.

“HCT have found working with Healthwatch invaluable in developing our thinking about inequalities. By conducting a brilliant report about attitudes to the NHS, they achieved a level of honesty that people are reluctant to give the NHS directly. As a result they have changed the manner in which we involve patients in their healthcare.”

**Elliot Howard-Jones, Chief Executive, Hertfordshire Community NHS Trust**

## What did we find?

We know that Black and Asian communities experience significantly poorer health outcomes. By engaging with Black and Asian Hertfordshire residents, we have been working with local services to tackle ethnic health inequalities and help ensure that everybody receives the same level of care, regardless of race, ethnicity, religion or culture. .

Our work focused on healthcare services in Hertfordshire and the lack of trust felt, and discrimination experienced by, these communities. Survey responses, one-to-one interviews and focus groups gave personal stories with rich insight. Issues raised included:

- Racial stereotyping with damaging homogenisation putting people into groups e.g. BAME (Black, Asian and Minority Ethnic)
  - Feelings of mistrust, not feeling heard and being undervalued
  - Language barriers
  - A need for the NHS and others to recognise difference and complexity within communities
- 
- **45%** felt they had been discriminated against in a healthcare setting, with many believing this was because of their ethnicity.
  - **44%** felt that their health was not equally protected by the NHS compared to the health of a white person.

In some cases, there were alarming examples linked to poor experiences such as maternity services and inaccurate diagnosis. A lack of cultural competence in care often meant that diet, religion and language were not respected. You can read the full report [here](#).

**“I think Black women are scared that if they do go to a white doctor when they go into labour that they won’t come out alive.”**

**“People from ethnic backgrounds have to work harder. As a Pakistani I have to work four times harder to be listened to.”**

“Meeting with Healthwatch colleagues over the last year has been invaluable, informative and instructive. Hearing about patient experiences supports the HWE ICB Nursing & Quality team’s work with system providers in strengthening the delivery of quality care and improving safety. The learning from reports such as ‘Making Local Healthcare Equal’ supports our aim that people receive responsive, personalised services that improve their experience of care for all communities and ethnicities across the life span.”

**Mary Emson, Deputy Director Nursing & Quality, Hertfordshire and West Essex ICB**

## Looking to the future

Local NHS Trusts and the Integrated Care System expressed a strong commitment to tackling ethnic inequality and more work needs to be done to provide equal and fair care to all patients. We made [16 recommendations](#) to our local NHS. Six months on, we have gone back to monitor their feedback.



# What's changing as a result?

## Developing cultural competency and staff support

Encouraging respect, value and inclusion across their diverse workforce, **West Herts Teaching Hospitals NHS Trust** has launched a campaign to encourage staff to spell their name phonetically on email signatures so that colleagues can use correct pronunciations.

Tailoring an in-house training programme to address cultural competency and understanding of protected characteristics, with a focus on bias, language and negative behaviours at **Central London Community Healthcare NHS Trust (CLCH)**.

Embedding a Freedom to Speak Up Guardian to allow staff at the **Stevenage South Primary Care Network**, including Black and Asian staff, the opportunity for proportionate response to any disciplinary concerns and actions.

## End of life care

Understanding the experiences of diverse communities in relation to end of life care services is the focus of a new project being scoped by **CLCH**. The project objectives were explored with our Research Team and the work aims to understand cultural and faith considerations and experiences, as well as identifying barriers to accessing services and support to enable good access.

## Diabetes

Supporting outreach events at local mosques, the **Integrated Care Board (ICB)** is increasing awareness of diabetes in south Asian communities where this condition is more prevalent. The events provide an opportunity to have tests and get support to reduce the risk of developing diabetes. They also offer information to help manage the condition for those already diagnosed.

Providing more training to primary care staff, including Health Care Assistants and Community Pharmacists, the **ICB** will ensure that the eight diabetic processes (a series of annual checks to monitor and improve the health of people with diabetes) can be delivered more widely. The project will target underserved groups and ensure people with diabetes attend appointments to prevent further complications.

## Atrial Fibrillation

Recognising the importance of working directly with Black and Asian communities, the **Stevenage South Primary Care Network** is engaging with community connectors. Partnering with Voluntary, Community, Faith and Social Enterprise (VCFSE) groups. They are raising awareness and targeting support for Black and Asian communities and people with greater socio-economic challenges, where there are identified lower than expected rates of detected and managed Atrial Fibrillation (irregular heart rhythms).

## Broadening community links

Building on existing links within Black and Asian communities locally, **West Herts Teaching Hospitals NHS Trust** is reaching out to more of these communities in Hertfordshire to involve and engage with them about the work of, and opportunities within, the Trust.

# Cost of Living Crisis: Hearing from Hertfordshire Residents

Thanks to our research, more than 7,000 Hertfordshire residents shared how the Cost of Living Crisis has affected their finances, lifestyle, physical and mental health and their access to healthcare.

Unsurprisingly, specific groups have been disproportionately affected by rising costs, including single parents, families, people with a long-term condition and/or disability, carers and people from a Black or Asian ethnic background.

Herts County Council's Cost of Living Response Group is using the data to target, inform and develop its services.

## What did people tell us?

**69%** said that rising costs were affecting them a little, but they were managing, while a further **24%** said they were affecting them a lot and they were struggling.

**40%** either had not enough money (**11%**) or just enough (**29%**) for basic necessities. However, many commented that one unexpected/expensive bill or re-mortgaging would leave them needing financial support or having to find other ways to cope.

**"Everything is so stressful and sometimes I feel life is not worth living as I try to keep up with everything."**

**"I basically only eat one meal a day to make sure my family don't go without."**

"Healthwatch Hertfordshire have been a proactive key partner in Hertfordshire's Cost of Living response. Through the Cost of Living survey they have not only provided a rich source of data but their flexible and positive approach in engaging with partners has meant that support has been provided to those citizens that need it the most."

**Kristy Thakur, Head of Community and People Wellbeing, Hertfordshire County Council**

Most had made significant changes to their lives in order to cope with rising costs. **79%** used less heating and **61%** reduced the quality and/or amount of food they were eating – with some living in damp, cold and mouldy conditions and others eating only one meal a day, or skipping meals, so their children could eat.

**32%** said their physical health has been affected. Cold conditions caused pain and discomfort, while many felt physically sick with stress and worry.

**45%** said their access to healthcare had been affected. Many avoided visits to the dentist or optician, some were unable to buy equipment to help with their health or mobility, while others were unable to travel to appointments or spent less on medication.

Our full report will be published in July 2023 and will be available on our [website](#).





## Caring for patients with a stoma

By raising concerns of a stoma patient with the Director of Nursing at a local Trust, two hospitals have installed shelving in their outpatient toilets.

The shelving will provide the stoma patients with somewhere to safely place their essential medical and hygiene items. This small change means that stoma patients will be more comfortable attending future appointments and will enable them to use facilities with dignity and without anxiety.

### Their story

The patient concerned was attending outpatient appointments at two separate hospitals within the same Trust. During both visits, they needed to use the facilities to change their stoma bag but found that none of the toilets had a shelf available.

On contacting our signposting service, the patient described their hospital visit experience and said they had to ask staff for access to a suitable location to change their stoma bag. In one hospital, they were directed to a CT scan room and in the other hospital they were directed to a medical examination room. The caller felt this was unsuitable and unhygienic and was concerned that anyone going into the room after them would experience bad smells – but they had no other choice.

**Such a simple action can make a huge difference.**

## Working together to improve Community Nursing across the East of England

By engaging with patients, carers and families, we wanted to understand views toward community nursing and experiences of using this service.

To ensure community nursing meets the needs of patients into the future, we worked with NHS England and local Healthwatch in the East of England to find out what people thought about the service and how it could be improved.

### Findings included:

- Thanks and praise for community nurses and recognition of their compassion and kindness, as well as respect for different cultures, religion and ethnicity when delivering care
- Positive communication with community nurses themselves, but some problems with admin teams such as inefficiency and unresponsiveness
- A need for more accessible information about community nursing
- The importance of continuity of care, which wasn't always the case
- Concerns about the pressure on community nursing suggesting that the service was unsupported, short-staffed and with unmanageable caseloads

The report has been shared by NHS England at a national and regional level, with practical action being taken in response.

You can read a copy of the full report [here](#).

# Three ways we have made a difference for the community

Through our research programme we focus on addressing health inequalities

## Improving care home access so that families can visit



Thanks to a Healthwatch audit of County-wide care home website content, and a visitor survey, we were able to influence commissioners and County safeguarding leads to take action.

We reinforced the message that residents can have visitors even during an outbreak, highlighting the need for clear and consistent communication.

As a direct result of our [Care Homes report](#), Hertfordshire Care Providers Association (HCPA) published two communications guides to support providers – a visitor guide and a social media toolkit.

## Improving our reach in all communities – Cost of living research



Thanks to our stakeholder relationships across the system and within our communities, we reached 7,000+ local people who responded to our call for action via social media, with people from all backgrounds encouraged to take part in our survey.

## Strengthening relationships within our communities to improve health inequalities



Listening to Community Leaders, who advised us to explore health inequalities more broadly, we understood the need for more meaningful engagement with ethnically diverse communities. As a result of strong partnerships and learning, we improved our approach to be more tailored, culturally sensitive and inclusive.

Through these strengthened relationships, we are developing long term engagement and partnerships in the wider community, with increased access for future work.





# Tackling the big issues

Supporting the Integrated Care Board (ICB) to tackle the big issues

## Improving access to GP services for parents and carers

Commissioned by the ICB to support its transformation programme, our research into GP access, Community Pharmacies and support for carers is helping to transform local Primary Care services.

In line with our findings the ICB is taking action to improve GP access with 96 practices upgrading their telephone systems to date.

Other improvements include:

- Procuring a new range of online and video consultation tools
- Promoting online services to patients and carrying out website reviews to ensure information is accessible
- Assessing patients so that they are seen by the most appropriate professional for their needs
- Supporting the development of Patient Participation Groups

By highlighting the concerns of more than **230** parents and carers who shared their experiences of accessing support for their children, we made **17 recommendations to the ICB**. The recommendations focussed on improving access, providing more choice and high-quality care and offering more information and support when using online services.



## What we found

We found that in some cases parents and carers waited for over an hour to speak to a receptionist and were unable to book an appointment, even weeks in advance. Such experiences led to **49%** of parents and carers avoiding accessing GP services for their child and, in extreme cases, not having a face-to-face appointment led to misdiagnosis or the need for urgent care.

While parents and carers tended to have a more positive experience using online services, they wanted to see improvements and expansion.

**“The race to get through at 8:00am is terrible. It feels like we are an inconvenience to the system.”**

**“We were offered a telephone appointment which meant no one could actually feel or see his stomach and ascertain why he was in pain.”**

## Broxbourne residents struggle to access GPs

Thanks to our [recommendations](#) to improve GP access in Broxbourne, the ICB has committed to take action to meet demand for GP appointments in the area.

Evidence showed Broxbourne residents faced more than average difficulty getting an appointment, so NHS leaders commissioned us to find out more and target Broxbourne patients with this survey.

Over **100** Broxbourne residents shared their views, with **64%** finding it difficult to get through to their GP practice, and **57%** stating they had a negative experience when trying to make an appointment. For many, their only option was to contact by telephone as their GP practice did not offer appointments online or in-person, which excluded those with work and/or caring responsibilities.

We hope to see significant improvements particularly with availability and access to GP appointments in this area and will be monitoring and reporting on progress over the next few months.



## Improving access to Community Pharmacies

Thanks to over **300** Hertfordshire residents sharing their views on local pharmacies through our survey, we are helping providers to improve awareness and accessibility to develop a more joined-up approach.

With community pharmacies playing an increasingly larger role in our care, it's important to understand what's working well and what could be better.

As a result of our research, we made recommendations to the ICB suggesting how pharmacies could improve to:

- Raise awareness of the services they offer
- Improve accessibility
- Improve awareness of their expertise, and
- Work better with other primary care services



## What we found

Feedback was very positive, with many stating they trust and have confidence in pharmacists and are very happy to access the service for advice and information on a range of health matters.

Most also had a good awareness of the essential services pharmacies provide and were supportive of pharmacies having a larger role in their care and greater responsibility.

**“There are still frustrations between pharmacies and GP practices. I feel they should have a better understanding of each other’s businesses and their priorities.”**

**“I have had a recent diagnosis of cancer and my local pharmacy has been invaluable in advice and coordinating between the dietician, my GP and the hospital consultant.”**

However, some felt that pharmacies could be more accessible, including opening outside regular working hours, reducing waiting times and queues and offering more privacy. Improving integration and joined-up care was also important, with only **46%** stating their pharmacy and GP practice work well together.

Now that the ICB has responsibility for Community Pharmacies, based on our recommendations it will oversee improvements as part of its Transformation Programme. The ICB will also be promoting the value of community pharmacy services, particularly to groups who are less aware. The full report will be published in Summer 2023 and will be available on our [website](#).

## Support for gender transition patients



By raising concerns we had heard through our signposting service with the Nursing and Quality Team at the ICB at our regular meetings, they have commissioned a programme for all GPs to improve their knowledge and understanding of the support needed for individuals who are transitioning. The training aims to provide information and improve confidence for GPs when prescribing much-needed medication. This case was highlighted by a patient who was in distress and came to us having been unable to get medication from several GPs.



# Helping carers get better support from GP services



By raising concerns about carer support with the Primary Care Board, they are listening to our recommendations to better identify carers, encourage registration and improve access and support. The full report will be published in Summer 2023 and will be available on our [website](#).

## In response

Strong support for our recommendations means that the ICB will be working with GP practices to implement improvements, including introducing carers' champions and promoting flexibility of appointments to reflect the needs of carers.

We will be monitoring these improvements across Primary Care so that carers get the support they need.

## What we found

Our recent survey of more than **600** carers found that in many cases, the support received from their GP practice had been inadequate with over **30%** not being registered as a carer.

This has left many carers feeling "alone", "unsupported" and "under-appreciated" and they are calling for GP practices to provide better support.

Given the demands of caring responsibilities, it is important that carers are supported and that their physical and mental health is looked after. Most carers are not aware that they are entitled to annual flu vaccinations, NHS Health Checks, a Carer Assessment and benefit checks. For those who were aware, many had not been offered support, despite being registered as a carer for several years.

**"I do feel that because I am an unpaid carer and 57 years old that I'm not worthy of the doctor's extra time, but my caring role has taken a huge toll on my life and still does."**

**"I feel that I am on my own when it comes to support from my GP practice which is disappointing."**

**"It makes no difference if I am a carer to my GP, they don't care. It means nothing to them."**



**79% have not received any signposting information or support**



**87% of carers have not had their physical or mental health examined in relation to their caring role**

## Future projects

Our support to the ICB transformation programme continues, with the next two research projects covering GP services for autistic people and support for women during the menopause.







# Involving communities to improve services

## Patient involvement in action: helping to shape health and care services in Hertfordshire

Our role to represent the patient voice is at the heart of what we do and is built into all our activities. We are making sure that leaders and decision makers across the system hear those voices and use that feedback to improve care for everyone. By championing equity, diversity and inclusion we aim to help services reach all parts of the community.

We are committed to taking additional steps to ensure we obtain the views of people from diverse backgrounds who are often not heard. This year we did this by engaging with community groups to inform our research aimed at tackling health inequalities in our Black and Asian Communities.

With our latest research into GP access and experiences for people with learning disabilities, we partnered with Herts People First and created a range of Easy Read materials to explain the project and how to get involved. To suit individual needs and preferences and encourage involvement, we also gave participants the choice of in-person, online or telephone interviews.

“We were delighted to work with Healthwatch Hertfordshire so people with learning disabilities could share their experience of how their GP surgery supports them.

Healthwatch Hertfordshire listened to us, they explained the project in different and easy ways. A measure of success was everyone who came to a meeting to hear about the project volunteered to take part.

We look forward to hearing how what we said makes a difference to services.”

**Carol Lee MBE, Chair, Herts People First**

Working in the new Integrated Care System has created more opportunities for us to ensure that people's views impact on the planning and delivery of services.

Leading on coproduction for the NHS, we are immersed in several projects designed to ensure patient involvement – focussing on how this is embedded into Health and Care systems, plans and processes. We ensure patient voices are heard and are treated equally with those of providers and commissioners.

Since 2020 we have run and co-chaired the **Co-production Board at West Hertfordshire Teaching Hospitals NHS Trust**. The group has advised on projects to improve patient experience, including:

- Support for women in early pregnancy
- Helping children with asthma
- Reducing inpatient lost property – both valuables and everyday needs such as teeth, hearing aids and glasses

More recently, the Co-production Board has helped improve carers' support and involvement in discharge leading to the Carers' Lead at Watford Hospital receiving the Commitment to Carers Award from the Royal College of Nursing.

“Our co-production board is well established and co-chaired by the WHTH Deputy Chief Nurse and the Chief Executive of Healthwatch. This collaborative approach supports the aims of the board which are to engage, involve, and place patients and the public at the heart of what we do.”

**Michelle Hope, Acting Chief Nurse, West Hertfordshire Teaching Hospitals NHS Trust**

Because of our expertise, we have been asked to project manage the implementation of coproduction for the **South and West Hertfordshire Health and Care Partnership**. The Partnership wants to ensure that local people are involved in their care and that co-production is used whenever feasible to do so.

Our Chief Executive chairs the **Community Assembly** that supports **East and North Herts Health and Care Partnership**. Since the Assembly started in 2021, it has gone from strength-to-strength with a mix of patient, voluntary and community, NHS and social care representatives working together to jointly set the agenda, so that issues of concern to patients can be heard. By also sitting on the Partnership Board, the views and concerns voiced by the Assembly can be raised by our Chief Executive at a strategic level.

Similarly, because the Chair of the Healthwatch Board sits on the **Integrated Care Partnership Board** we also have an opportunity to raise views and concerns at a strategic level, ensuring that patient perspectives are a crucial element of the Partnership's work.



# Research for All

By helping the health and care system locally develop a more inclusive, accessible and effective approach to research activity, our involvement ensures the patient voice is being heard and barriers are being addressed.

As the Voluntary, Faith, Community and Social Enterprise (VCFSE) Lead for this project, we have been supporting partners within the Hertfordshire and West Essex Integrated Care System (ICS) with its Research and Engagement Network Development Programme (REND).

## Working with partners we are:

- Building a stronger and more diverse Research Network with representation across the ICS
- Identifying existing participation to explore how we can increase the diversity of people who get involved in NHS research
- Engaging with the public, research participants and researchers about their views, challenges and experiences
- Holding events with the public, professionals and the VCFSE sector to share what we've found so far, discuss the challenges they face when participating in NHS research and tell us how we can make NHS research more inclusive
- Considering how research participation could be included in patient care records
- Supporting the development of an ICS Research Strategy

## What we found:

Our role was to ensure the patient voice was heard. Through in-depth one-to-one interviews, we asked the public about their views on NHS research and how it could be more inclusive.

- Awareness of research opportunities was poor, with respondents calling for greater promotion of opportunities, particularly outside of health and care settings
- Practical barriers can prevent people from participating, including employment, financial concerns, travel and location and time commitments
- The accessibility of NHS research was a concern, including issues around language, communication and digital exclusion
- Other important concerns included the lack of inclusivity and accessibility within the NHS, especially in relation to cultural sensitivity
- People who did participate emphasised the importance of feedback as to how their views were used and any impact
- Those who had participated in NHS research generally had a positive experience, and felt they were "giving back" and supporting the greater good

The REND programme has ensured that we have a good understanding of our health and social care research and research-participation across our area. As part of the Integrated Care System, we will work with members of the public so that research is more inclusive and can help the development of services to meet local needs.

"Healthwatch Hertfordshire has played a key role in connecting the Hertfordshire and West Essex Integrated Care System with members of the public. Their Research and Engagement Team have gone above and beyond to ensure that we could really listen to the public voice and their Chief Executive has worked behind the scenes to ensure that the overall REND programme has delivered benefit for all voluntary, community, faith and social enterprise partners."

**Phillip Smith (PhD), Associate Director of Research, East and North Hertfordshire NHS Trust**

**"There are people that can't afford to take part in research because they can't afford the travel or can't afford to lose their benefits."**

**"My son has cystic fibrosis and he is invited to lots of trials but that would mean him having to take time off work and he can't afford to do that."**





# Volunteering with Healthwatch Hertfordshire

Over the years volunteers have played a valuable role for us in helping people have their say on health and social care.

Covid-19 changed the way that we worked and influenced our priorities.

As an organisation we are even more focussed on addressing the needs of Hertfordshire residents – particularly those who are disadvantaged. This has led to an emphasis on our research and signposting activities.

Recognising these challenges, we used the opportunity to review our volunteer programme so we could recruit and enable people to support our work on a project-by-project basis and plan for the future. This approach will enable us to engage and use the right skills, experience and expertise as and when required.

We are currently scoping two mystery shop projects involving volunteers:



A large telephone mystery shop of HertsHelp commissioned by Herts County Council



A telephone mystery shop of Herts Community Trust's Integrated Care Co-ordination Centre

These projects are scheduled to take place during 2023/24.





# Finance and Resources

Healthwatch Hertfordshire's budgets are drawn up annually and reviewed frequently. Each year our focus is on activities which enable patient and community voices to be heard.

Healthwatch Hertfordshire's core funding is set up and supplied by our Local Authority Hertfordshire County Council. Our funding for 2022-23 was £418,468.

To meet the needs of the NHS and Social Care for specific and detailed patient and community perspectives on key themes, we are separately commissioned for a number of particular projects. This additional income helps ensure our long-term viability. In the year 2022-2023 this amounted to £62,212.

We are also committed to using our resources wisely and generated efficiency savings including significant premises cost reduction and costs of meetings. These savings amount to £12,000.

Detailed information is provided in our annual accounts. A link to our annual accounts will be added here once approved and published.

# Our Focus for the Year Ahead

We have achieved so much this year and, as outlined in this report, our work contributed to improvements that have had a positive impact on services and patients, both at a system and individual level. This has been achieved thanks to our dedicated team, Board, volunteers and everyone who has shared their experiences with us.

Looking ahead, we want to build on our achievements and reputation by continuing to focus on ensuring the public voice, especially seldom heard voices and those facing unequal treatment or barriers to accessing care, are heard and represented across the Health and Social Care system in Hertfordshire.

Our 'business as usual' will play a crucial role in improving the care and experiences of the public by **providing information and advice to the public** through our much-needed signposting service; **holding the system to account** using the insights from our research and signposting service; **representing the patient perspective at strategic level** through our presence on strategic boards such as the Integrated Care Partnership Board for Hertfordshire and West Essex. This includes ensuring the patient voice is heard through the process of redevelopment of acute hospitals at West Herts Teaching Hospital and Princess Alexandra Hospital when this progresses.

**Our areas of focus for the year ahead echo our priorities and include:**

## Monitoring progress and evidencing the impact of our work



We will monitor progress on the outcomes of our recommendations and report on the impact of our work. This might be about changes to the system or, most importantly, improvements to the care and experience of people using health and social care services. We are currently gathering evidence of the impact of our work on tackling inequalities faced by Black and Asian communities, some of which are highlighted on page 13. of this report. Later in the year we will be reporting on the impact of further projects, including our work to address inequalities faced due to the Cost of Living crisis.



## Continued focus on ensuring the public voice is integral to improving and designing services

We have developed patient and community engagement models (Community Assembly in East and North Herts and co-production at West Herts Teaching Hospitals Trust and through the South and West Herts Health and Care Partnership co-production board) that ensure local voices have a direct impact on health and care services in Hertfordshire. We will continue to have a leading role in these forums and, more widely, in designing and facilitating patient and community engagement so that local voices are heard to inform the transformation and improvement of health and care services.



## Making a difference in Hertfordshire through partnership working with our colleagues in the Voluntary, Community, Faith and Social Enterprise organisations

We have strong links with a wide range of Voluntary, Community, Faith and Social Enterprise (VCFSE) organisations on an individual basis and also through the Herts and West Essex VCFSE Alliance. As one of the 12 leaders of the Alliance steering group, we ensure it works closely with the NHS, councils and other partners within the Integrated Care System at both a strategic and operational level, to help make sure everyone can find support when they need it.



## Focusing our evidence-based research programme on tackling health inequalities and access to services

This year we will be focusing on a range of topics including:

- Cardiovascular health awareness and support
- Experiences of people with learning disabilities accessing GP services
- Substance use
- Access to services for autistic people
- Cultural competency in end-of-life care
- Menopause support



## Ensuring the financial sustainability of the organisation and building on our reputation for high quality research

As a result of the high quality, innovative research we have delivered in recent years, we have gained a strong reputation in this field, which has enabled us to increase the number of commissioned research projects we deliver. We will build on our success this year by continuing to generate revenue through commissioned projects, outlined on pages 17 – 20 of this report and continue to seek opportunities to complement our core contract in this way.

I would like to end by again celebrating our strengths and passing on my thanks to everyone. The dedication and hard work of our small organisation is proof that we can influence important changes and make improvements to local health and social care, if we keep putting patients at the heart of what we do. Thank you to our Chair and Board who bring diverse, effective, patient-focused governance to the organisation. Thank you also to everyone we have worked in partnership with over the last year.

To conclude, the final thank you as always must go to the people of Hertfordshire who trust us with their feedback to try and improve health and care across the County and beyond.



**Geoff Brown**  
Chief Executive  
Healthwatch Hertfordshire



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We ensure that this Annual Report is made available to as many members of the public and partner organisations as possible. We will publish it on our website and promote through social media.