



# Together we can

Healthwatch Richmond  
Annual Report 2022–23

**healthwatch**  
Richmond upon  
Thames

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# Foreword

April 2023 marks the 10-year anniversary of the launch of Healthwatch and, having run Healthwatch Richmond since its inception in 2013, we are delighted to present our Annual Report 2022-23.

The past 10-years have seen dramatic changes, particularly around technology, within the structure of the NHS and the pressures on health and social care. The importance of our relationships with people across health, social care, and the community, however, remains as important and strong as ever.

The relationships we have built up over these ten years have helped us to ensure that patient and public voice is at the heart of local health and care planning and to ensure that it has a stronger role than ever within the new Integrated Care System. It is difficult to list all of our achievements and the difference that we have made to the community in the past 10 years, but some highlights include:

- Our local work was among the first warnings of the scale of the crisis in NHS Dentistry and contributed significantly to the national pressure that led to the Parliamentary Dentistry Inquiry. . Our work led directly to improvements that mean people can more easily find an NHS dentist.
- Healthwatch visits to Care homes recognised good practice where we found it, and provided feedback to enable managers to make meaningful improvements to care, for example by making it easier for people with dementia to find their way around.

We also identified risks to care home residents that were then removed and led to CQC inspections and regulatory action where this was necessary

- Healthwatch work with Hospitals led to improvements in staffing levels, and the implementation of comfort rounds to ensure that patients didn't need to wait long for assistance. Clinicians were included in the assessment for non-emergency transport ensuring fairer access and support around meal times was improved.
- We've published 70 reports on a wide range of health and social care services for Richmond.

# Foreword

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- Our work informed the redesign of Teddington Memorial Hospital's walk-in centre, improving privacy and the waiting areas for patients.
- We uncovered a Counsellor operating fraudulently from an NHS premises through enter and view visits in 2015 and put a stop to it, protecting patients and the NHS from the fraud.
- Healthwatch's report on the experiences of nearly 1,600 young people informed the Children and Young People's Plan and led to improvements including better support in schools and the implementation of online counselling services. Some of the challenges that we identified around long waiting lists and high thresholds unfortunately still exist some 7 years later.
- Maintaining a flexible service through the challenges of the pandemic and lockdowns so that people could still access support and signposting
- Richmond Healthwatch research on the impact of Covid informed the development of the local NHS Long Covid service in the midst of the crisis
- We undertook 225 DBS checks for our voluntary sector free of charge during the pandemic, saving local charities 39 days of staff time and enabling them to provide regular support to 450 more vulnerable members of our community.

## Our first 10 Years in numbers:

- 239,000 Guides to Richmond's NHS care & Support delivered to homes
- 222,430 visitors to our website
- £105,000 of extra investment into Healthwatch Richmond activity beyond our contractual income from our other charitable work
- 13,716 people engaged through 393 engagement sessions and 50 events
- 10,969 people's views included in our research, Enter & View and related work
- 96 people have supported our work including:
  - 49 amazing volunteers
  - 29 fabulous trustees
  - 17 wonderful members of staff

# About us

## Healthwatch Richmond is your local health and social care champion.

Healthwatch Richmond is the independent champion for people who use health and social care services in the London Borough of Richmond. We're here to find out what matters to people and, by sharing people's views with those who have the power to make change happen. We help make sure the support provided meets people's needs and uses limited resources effectively.



### Our vision

Everyone in Richmond can get the health and care they need.



### Our mission

To understand people's experiences and ensure they help make health and care better.

# About us

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## Our approach – what is important to us?

- 1. Engage** – reach people where they are to listen to them and make sure their voices are heard.
- 2. Include** everyone in the conversation, especially those who don't always have their voices heard
- 3. Answer** people's questions through our signposting service
- 4. Prioritise** our work to meet both the community's and the system's needs
- 5. Evidence** collected through well-planned and analysed work gives decision-makers the evidence they need to make meaningful improvements
- 6. Communicate** proactively so that everyone has access to the information they need, can take part in decisions, and knows what we have achieved
- 7. Partner** with stakeholders including NHS and care services and the voluntary and community sector at Place (Richmond) and ICS level (South West London) to ensure that we understand their priorities and that we can influence change.



## Our objectives

1. To be a financially sustainable and high-performing local Healthwatch and secure the Healthwatch Contract from 2024 onwards.
2. To hear experiences of health, public health and social care services from across the whole community through effective and broad community engagement including those whose voices are seldom heard.
3. To be able to demonstrate that we have had a meaningful impact on health and care policy and practice.
4. To develop the reach and effectiveness of our communications, responding to changing behaviours, and making use of new technology and opportunities.
5. To provide meaningful and rewarding opportunities to volunteers and the public to participate in our work.

# Year in review

## Reaching out



**2, 582 people**

engaged with us or shared their experiences of health and social care services with us, helping to raise awareness of issues and improve care.

**177 people**

came to us for clear advice and information about topics such as Dentistry, social care or access to support.

## Making a difference to care

We published

**3 reports**

about the improvements people would like to see to health and social care services including:

- **Healthy Living** - 815 people's experiences detailing their needs, influences, barriers and solutions around healthy eating, staying active, smoking, alcohol and how these can be improved.
- **London Ambulance Service: Experiences from Richmond** - 266 people's experiences of urgent and emergency care, their satisfaction and confidence in the service as well as what worked well and what could improve.
- **Adult Mental Health Services** - 41 people shared their experiences during the initial part of a year-long review of the transformation of Mental Health care that will enable us to both steer how things improve for patients and to measure the improvement.
- **Dentistry**
  - People can now find dentists taking on NHS patients as a direct response to our specific requests and extensive campaigning.
  - This amazing result was not achieved by us alone. We're incredibly grateful for the support of our MPs who have raised this on our behalf in Parliament, from journalists who have covered our work extensively, and from the whole Healthwatch network who have collaborated with us on national reports and meetings with senior figures at NHS England and the Department of Health & Social Care.
  - Our signposting work has helped hundreds of people to find a dentist saving more than £200k in private fees and considerable pain.
- **Maternity care** - our work during the pandemic led to a long-term programme of improvements. These have now been completed and we're able to report that people experience better care as a result.

# Health and care that works for you



We're funded by our local authority. In 2022-23 we received

**£146,000**

which is the same as in previous years.

Through prudent management and raising extra income, we were able to invest in an additional 16% above this, spending more than

**£169,000**

on delivering the Healthwatch Richmond contract

We currently employ

**4-5 staff**

who help us carry out our work.







# Listening to your experiences

Services can't make improvements without hearing your views. That's why over the last year we have made listening to feedback from all areas of the community a priority. This allows us to understand the full picture, and feed this back to services and help them improve.

# Healthy Living

Our work, in partnership with Public Health Richmond, sought to understand what would help our residents, including those from our most deprived and at-risk populations, to eat more healthily, stay more active, stop smoking, and reduce their alcohol intake. We collected data about how inclined people were to make lifestyle changes, the reasons they would, or would not make changes, what influenced them, the barriers to change, and the potential solutions to these.

Through extensive and innovative engagement and targeted communications, we collected the detailed experiences of 815 people from across our community. This included:

1. Face-to-face engagement across a range of community assets and spaces
2. Freepost return printed surveys
3. Printed materials with QR codes
4. Geographically focussed text message
5. Door-to-door survey distribution
6. Social media campaigns.

This provided us with rich data from a large sample, inclusive of the full diversity of our community. It was rigorously researched, analysed and written, and informed by an extensive literature review and theories of behaviour change. To understand the issues in greater depth, we conducted 7 focus groups with balanced groups of participants along with representatives from public health with the aim of co-designing interventions.

## Key findings:

### Healthy Living

Healthy eating had the highest proportion of people who had changed their behaviour. Maintaining and improving current health, healthy ageing and independence as well as weight loss and appearance, were given as primary reasons for wanting to change eating habits.

### Physical Activity

Residents in Richmond have a strong desire to be physically active. The main reasons expressed for wanting to become more active were to improve general health and thereby healthy ageing and maintaining independence. Improving physical appearance was also a key reason for many.

### Alcohol

Only 17.5% of our participants intended to change their behaviour, around half the level of those drinking harmfully. Many people thought their level of consumption was harmless however would consider reducing their alcohol consumption if they thought they needed to for health reasons.

### Smoking

The great majority of people in the sample claimed that they do not smoke. This is unsurprising as data suggests that just 14.1% of Richmond smoke. The challenges in reducing or quitting smoking were largely related to issues breaking the habit and stopping cravings.

# Healthy Living

## Impact

This report provides a compelling body of evidence on what local individuals and organisations can do to help their communities to live more healthily and reduce lifestyle-related ill health. Our report has already informed Richmond and South West London-wide plans, the Council's leisure services strategy and Richmond's Health & Wellbeing Strategy - all of which will lead to improvements in support for our community and eventually to improved health

It is too soon to claim impacts from this, but over the coming years, we hope to see a wide range of impacts, including:



- Businesses Providing More Alcohol-free Options And Events And Running More Healthy Community Activities
- Nicotine Replacement Being Sold And Promoted Alongside Cigarettes
- Professionals Empowered To Talk More About Lifestyles
- Friends And Family Understanding And Using Their Social Influence To Help People Make Changes
- Public Bodies Running Targeted, Evidence-based, Interventions.



“I would like to thank and applaud you and your team for working so well with us and producing this beautiful, insightful and very useful piece of work. I acknowledge the time and dedication that Healthwatch have put into it and the steer and expertise brought to getting the residents' voice... it was well received with compliments”

**Public Health Richmond**

# Urgent & Emergency care

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The London Ambulance Service asked us for evidence of what patients and the public want them to improve the care that they provide Londoners. We conducted a survey to explore the patient's journey and obtain their thoughts as a result.

The data collection period ran from 22nd November to 9th January, covering the Christmas period where we usually see lower response rates and ending prior to industrial action on the 11th and 23rd January.

## Impact

Responses from 266 local residents were detailed in our report which will be used by the London Ambulance Service to inform their next organisational strategy for 2023-28.



“The engagement you and your Healthwatch colleagues led with local residents has been one of the key data inputs into LAS five year strategy development process. The areas of work and improvements LAS is going to introduce over the next five years have been heavily influenced by the voice of the residents that Healthwatch engaged with.”

**London Ambulance Service**

**As an example of the impact of this, LAS has now committed to a target of 90% of patients requiring urgent clinical assessment (Priority 1,2,3) receiving a call back within 1 hour.**

As well as informing the London Ambulance Service's Strategy for the coming 5 years, the feedback of our residents has informed the strategies and plans for our Integrated Care System. Our work is directly referenced in the Joint Forward Plan:

“Some reports of reduced confidence in urgent and emergency care services, which was attributed to people's experiences of care, particularly waiting times, and the view that the NHS needed to invest in more staff. There were some concerns around staff not having the time to listen to people about their symptoms and clearly informs meaningful plans for improved urgent and emergency care.”

**- NHS South West London, Developing our NHS Joint Forward Plan**



# Urgent & Emergency care

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The changes that flow from this are too extensive to list in full here but include:

- Eliminating waiting across the system – from patients waiting for an ambulance all the way through to people waiting to go home.
- Increasing the number of senior clinicians working in 111 and 999 so that more people can be dealt with on the phone or by video call.
- Using digital integration to make it easier for services such as emergency departments or 111 to book an appointment in the most appropriate place based on the urgency of their condition.

As well as being a testament to our work, it is important to recognise that this is also a testament to the responsiveness of our ICS partners. It reflects both the trust and value that they place on us and their own genuine desire to shape their plans around and be responsive to evidence of community need.



# Transforming Adult Mental Health Services

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South West London & St George's NHS Mental Health Trust (SWLSTG) are transforming their services to make improvements to how they operate. As a part of this transformation, SWLSTG has implemented new roles and interventions, developed a social support model, and streamlined the pathway for referrals through the system. The aim of the new model is to improve the way that care is delivered in the borough.

To support this much needed improvement, we began a review of the Transformation of Adult Mental Health services. This review began in late 2022/2023 with us contacting 200 patients by email, text and phone calls to collect their experiences. The results of this will form a baseline measurement of patient experience.

We'll repeat this exercise at 6 monthly intervals to track the impact of the transformation programme and inform future improvements. As well as enabling us to evidence how changes to care impact patients, our work will inform the roll-out of the transformation programme as it develops.

Whilst there are obvious tangible benefits to ensuring that the transformation improves the things that matter to patients, and from providing ongoing real-time intelligence to the Trust to inform their transformation work, this has also generated some additional income for us.

Cumulatively, additional income from work like this enables us to expand our activity and maintain financial stability in the face of cuts to our Healthwatch Contract income and increasing pressures from inflation, delivering more benefit for our community and adding more value than we could afford from the Healthwatch Contract alone.

# Dentistry

We have been campaigning for improvements in NHS Dentistry since late 2020 when it first became clear that the pandemic had led to a crisis in an already overstretched service.

**Since the campaign started, we have:**



**Published a report**



**Provided evidence  
to Healthwatch  
England**



**Briefed our MPs  
who have asked  
questions in  
Parliament**



**Met several times with  
senior people at NHS  
England and the  
Department of Health**



**Supported 300+  
residents to access NHS  
care saving them  
£200,000 and  
immeasurable suffering**

“At the height of the pandemic we heard almost everyday from someone who needed help getting dental care. We’re still helping many people every week to access an NHS dentist but with a significant backlog of unmet demand, NHS Dentistry is in crisis. People do everything they can to access treatment, scraping together money to access private treatment because they can’t find or can’t wait for NHS care.”

**Mike Derry, Chief Officer, Healthwatch Richmond**

# Dentistry

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We've been incredibly grateful for the wide support in our campaign of our local MPs who have raised this issue on our behalf in Parliament, from journalists who have covered our work extensively, and from the whole Healthwatch network who have collaborated with us on national reports and meetings with senior figures at NHS England and the Department of Health & Social Care. We were therefore delighted when the Parliamentary Health & Social Care Committee opened its Inquiry into NHS Dentistry on 8th December 2022 with a call for evidence.

"I pay tribute to Healthwatch Richmond's lobbying of Healthwatch England and NHS England for bringing us to the point where we have the information to hand and can put pressure on NHS England and on Ministers. I thank Mike Derry for his work."

**Munira Wilson MP**

## Impact

Whilst we're awaiting the results of the Parliamentary Inquiry, our campaigning, formal submissions and meetings with NHS England have already led to major actions being taken. The changes that have been made that follow the exact wording of our calls to action, demonstrating that we've made a significant contribution to them.

"Improving access to the available capacity could be accomplished immediately by [improving] the functionality of the NHS.uk website to enable people to search for NHS dentists offering appointments to their category of patient (i.e. Accepting new adult NHS patients, Accepting new adult patients entitled to free NHS dental care, Accepting children as new NHS patients, Urgent NHS dental appointments)."

**Healthwatch Richmond: Submission for Health & Social Committee NHS Dentistry Inquiry**

A search function has been added to the [NHS.uk](https://www.nhs.uk) website enabling people to find NHS dentists offering appointments to the exact categories of patients that we had called for. Previously the website simply returned the 50 nearest dentists even if none of them were currently taking on NHS patients. Dentists with NHS contracts are also now required to keep the NHS updated on whether or not they are taking on NHS patients which ensures that this information is accurate. Prior to this free and simple, but long overdue, change people often needed to call dozens of dentists, often without finding one that could see them.



# Dentistry

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The extent of the NHS Dental Crisis that has built up from 2020 has also been recognised and published for the first time. It is an astonishing backlog of 93.5 million units of dental activity, more than the annual amount of dental activity before the pandemic and roughly equivalent to 31.2 million missed fillings or similar treatments.

“... [there] is compelling evidence that there is considerable unmet need within NHS Dentistry. It is likely that this will create demand beyond that which existed before the pandemic. Any solution therefore needs to recognise and articulate both the extent of the unmet need that built up from 2020 to date, and set out the plan for how to recover from this.”

## **Healthwatch Richmond: Submission for Health & Social Committee NHS Dentistry Inquiry**

Having data published may seem like a small step, but it makes clear that concerted change is urgently needed. Responsibility passed from NHS England to Integrated Care Boards (ICBs) in 2023 and by getting this data published, we have given ICBs a benchmark of the scale of the challenge that they face and from which they can build. It is clear that the minor tweaks and changes that we saw from NHS England over the past few years, which the British Dental Association describes as: *"little more than rearranging the deckchairs on the Titanic"*, were entirely insufficient. Our work on NHS Dentistry has led to patients having better access to NHS care and is enabling us to support the ICB to make meaningful improvements in its vital new role as the lead for NHS Dentistry in South West London.



# Maternity care

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Achieving change and improvements to care can be a long-term process, even where an organisation works proactively to implement our findings. It is therefore important occasionally to look back at the impact of work undertaken in past years.

In Summer 2020 we worked with Chelsea and Westminster NHS Foundation Trust to collect detailed responses from 462 people with recent experience of maternity services at West Middlesex University Hospital and Chelsea & Westminster Hospital. Whilst there was much to praise, we also identified significant concerns.

Our report and recommendations were published in late 2020. We reported in our 2020-21 Annual Report that the Trust was receptive to our findings and that we were confident that they would lead to meaningful improvements for patients, but that we had not seen these improvements at that point.

Delivering the actions was a long-term project for the Hospital Trust as it was balanced with managing the impact of the pandemic, workforce needs and implementing other improvements identified in subsequent reviews. We stayed in touch with the Trust through regular meetings focussed on service quality and patient experience and were able to monitor the delivery of these improvements over time.

Whilst there is always room for improvement, it is also important to recognise provider's achievements and the impact of our work in supporting these. We received assurance in late 2022 that all of the actions needed to address the findings of our report had all been implemented. Following that, the services received positive CQC ratings.

It is therefore excellent to be able to recognise the improvements that the Hospital has made and the work that it has done to:

- Ensure better postnatal care at night time through improving staff training, support and ward rounds to offer support
- Develop a culture that celebrates kindness and compassion by using staff and patient feedback, kindness messages of the week and protected time so that staff are well looked after themselves and able to provide good care
- Improve the ward environment for patients by reducing noise and unnecessary light during rest periods



# Hearing from all communities

Over the past year we have worked hard to make sure we hear from everyone within our local area. We consider it important to reach out to the communities we hear from less frequently, to gather their feedback and make sure their voice is heard and services meet their needs.

This year we have reached different communities by:

- Delivering a number of Outreach sessions
- Reported on experiences of Long Covid in 2021/22 to ensure that services met the needs of people with the condition
- Running our third Black History Month event to bring people together

# Hearing from all our Communities

## Reaching out

We reached over 1,200 people through 63 outreach sessions across our community in 2022/23, a 75% increase in activity on the previous year. Despite the substantial increase in community engagement activity, much of the year saw lower levels of attendance at community groups and lower footfall in community spaces.

Our engagement was targeted across the wider community and included sessions in community groups, on-street engagement and running large public events.

Focus of group	Number of sessions
<b>Socio-economic deprivation</b>	<b>11</b>
<b>EAL/ Minority ethnicity</b>	<b>10</b>
<b>Age Well</b>	<b>10</b>
<b>Live Well</b>	<b>9</b>
<b>Start Well</b>	<b>8</b>
<b>Carers</b>	<b>4</b>
<b>Long-term conditions</b>	<b>4</b>
<b>Disability</b>	<b>4</b>
<b>Faith</b>	<b>3</b>

Our plans for engagement in 2023/24 have identified 48 groups that we aim to engage with a particular focus on groups that cater for: Gender groups, Sexual Identity groups, Faith, Disability, Health conditions, and Carers.

# Hearing from all our Communities

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## Bringing people together



### Long Covid

We reported on experiences of Long Covid in 2021/22 and ensured that the emerging service met the needs of people with the condition.

One of our findings was that people needed help to find information about the condition and the support available in order to access it. To help address this, we ran an event in May 2022 bringing together 60 people along with the leading clinicians and sharing our research.

Participants heard the most up-to-date information about Long Covid and treatments for it and had the opportunity to ask questions to the speakers. We also made this information available online where it was viewed by 893 unique individuals.



### Black History Month

We ran Richmond's third annual Black History Month event attended by over 100 people. These events are key to bringing together an underserved part of our community. The strong attendance demonstrates the appetite for them.

Whilst we have been proud to run these community events, and they have been key to helping us to engage with a part of our community that lacks a support organisation, we do not have the capacity to run the 2023 event. We are therefore seeking an alternative delivery partner to take over running these events. Whilst we remain supportive of future activity and expect to play a part in this, we hope that partners from across the community will step in to continue the work that we have begun.

**IMPACT:** We created a focal point that brings Black people in Richmond together, providing an opportunity for voice, visibility and engagement that was not available before.

# Hearing from all our Communities

## Communications

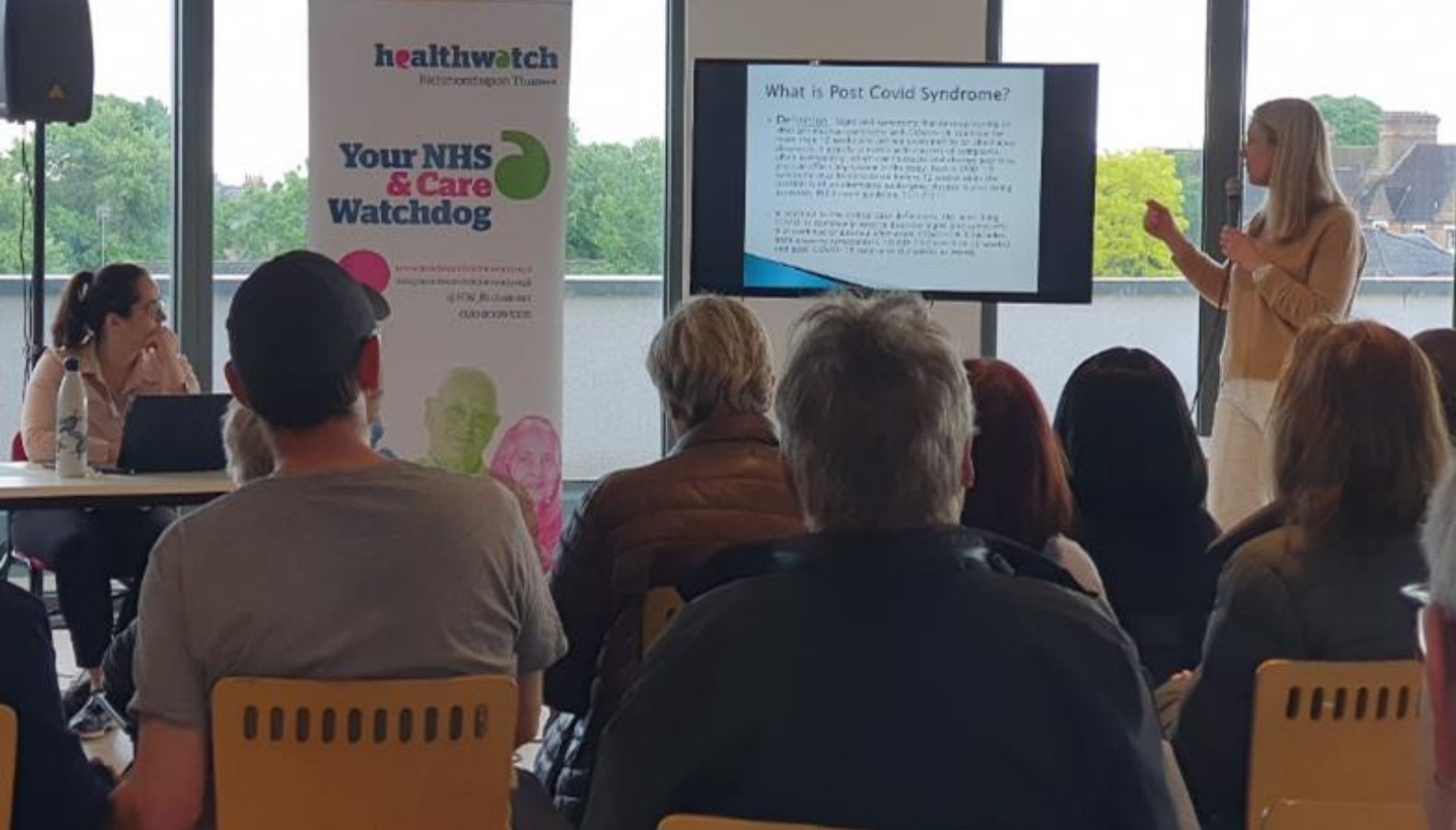


During the height of the pandemic, our communications were a key source of information for thousands of people in Richmond and beyond. National benchmarking data showed that our website reach has been the highest in the country and, as our foreword noted, over 222,000 people visited our website since it launched in 2013.

Whilst we're rightly proud of this achievement, the level of interest in our Covid related information and communications has dropped significantly. As a result, we've seen a decrease in traffic to our website following the pandemic from a peak of 30,000 visitors a month in March 2021. Some overall decline was inevitable; however engagement with our non-Covid communications and information has continued to grow and is around 3 times higher than pre-pandemic levels.

Our reach on social media and through our email bulletins has seen a similar pattern but also remains strong in terms of click-through rates, reach, and engagement. We've also distributed around 239,000 of our innovative Guides to Richmond's NHS, Care & Support.

Whilst it is difficult to identify the impact of communications, data collected by Healthwatch England shows that awareness of Healthwatch increased from 28% across London in 2020-21, to 38% in 2022-23. Our network-leading communications and strong media coverage will have played a disproportionate role in driving this awareness.



# Advice and information

**Our signposting services has helped thousands of people to find answers to their questions over the past 10 years.** We've seen marked reductions in people contacting us in relation to previously key issues:

**Dentistry:** We have helped around 250 Richmond residents to access dental care since the start of the pandemic, saving them in the region of £200,000 and considerable suffering. Following the improvements that we called for to the [NHS.uk](https://www.nhs.uk) system, people are now able to identify NHS Dentists for themselves. Calls to us about NHS Dentistry have significantly reduced as a result.

**Covid related** calls have also reduced significantly as the risks and restrictions from the pandemic have reduced and the vaccination programme has become more targeted.

The total number of calls related to other issues has remained fairly stable. However, as Dentistry and Covid related queries comprised 50% of our signposting work last year, we have seen a commensurate reduction in the total number of signposting issues that we have logged.

## Using relationships to help with complex signposting issues

The reduction in signposting issues logged is offset to some extent by an increase in the proportion of issues that require multiple contacts, or that require us to intervene in some to resolve.

In previous years there were too few of these to warrant monitoring but we estimate that in the region of 10% - 20% of signposting issues over the past year have required multiple contacts to us or for us to intervene to resolve. Over the coming year, we'll adjust our monitoring to enable us to track the number of repeat contacts and the number of interventions that are required.



### Some examples of this sort of work include:

A family was unable to communicate effectively with social services due to past misunderstandings and so could not get the help that they needed. We worked with senior social workers to clarify the misunderstandings and brought the parties together. The family is now able to work effectively with social services and have more support.



"Thank you ever so much for everything and some. I don't think we would have even got this far if it wasn't for you. We as a family are truly indebted."

**Signposting Service user**

A person couldn't get the help that they needed with medication because they were unable to communicate effectively with GP receptionists meaning that they had been unable to resolve their needs for several days. We were able to explain the patient's needs to the practice and as a result, the practice pharmacist contacted the patient and resolved the issue within an hour.



"Many thanks indeed [for escalating this]. We have now heard from [the patient] who appears to have spoken to the pharmacist and is most satisfied with this solution and grateful for the support. We're very aware of the pressure that reception staff are under in primary care but I note that if the patient had been offered a call with the pharmacist initially that would have been an excellent solution for [them] and would have saved reception some additional work. Thanks again for your swift action."

**GP Practice Partner**



We had a call from a resident who required a specific vaccine booster due to medical needs. The national guidance is for patients to engage with their GP, however, the GP was unaware of how to arrange this and the patient was therefore not referred. We engaged with the lead GPs for Richmond to understand the routes for GPs to refer patients. This led to a system for booking specific vaccines being identified and communicated to all GPs and, ultimately, to this and other patients being able to access a vaccine safely.



"Thank you very much, for prompting a hunt for the right answer! Well done - you definitely helped in pathway clarification at the very start of the booster campaign."

**Primary Care Provider Lead, Richmond**

An individual experienced multiple safeguarding referrals that they did not consent to. As a result, the individual stopped allowing health or care professionals into their home. We liaised between the individual and social services managers to find a resolution that respected the rights and duties of all involved and enabled the safeguarding risks to be managed. We then ensured that the results of this were communicated to health and care providers so that the individual could be confident that accepting care would not result in further safeguarding referrals unless something changed.



"Thank you for supporting X through this challenging time. We will of course fulfil [their] requests and will seek to maintain a positive relationship with X [and]... will not attend without consent. Thank you again for sharing X's concerns. These will all be taken into account, to support our interactions with X in the future."

**Assistant Manager, Richmond Adult Social Care**

We received a call from a person seeking advice on how to progress a complaint they had escalated to Patient Advice & Liaison Services (PALS) regarding their partner's short notice & unsolicited change of care. We listened to their concerns and were able to provide them with an empathetic ear to listen.



"I had a phone conversation with [the service provider], they will be looking into my complaint in detail & seemed very sympathetic to all the problems & stress we have had over the last few weeks. So we shall see what happens but at least she phoned which is one of the things we wanted - just to talk to someone & find out what happened & hopefully it won't happen to anyone else. Thanks very much for your help - we really do appreciate it."

**Signposting Service User**

# Finance

To help us carry out our work we receive funding from our local authority under the Health and Social Care Act 2012.

## Our income and expenditure

Income		Expenditure	
Healthwatch Income	£146,000	Staff Costs	£128,200
Additional income	£82,200	Operational costs	£40,900
<b>Total income</b>	<b>£228,200</b>	<b>Total expenditure</b>	<b>£169,100</b>

This financial statement provides figures accurate to the nearest £100.

In addition to our contractual Healthwatch income, we generate additional income through commissioned work which is shown above as "Other Income". As well as enabling us to deliver additional valuable work, this additional income provides us with future financial stability, and enables us to invest more in delivering Healthwatch activity than we receive from our contractual income.

In 2022/23 we spent 16% more on delivering Healthwatch activity (£169,100) than we received through the Healthwatch contract (£146,000). We expect the contribution from "Other Income" to grow to 20% in 2024/25.

### We ended the year with a surplus as a result of:

1. Additional income generating activity
2. Optimal management of operational costs
3. Savings on planned staff costs arising from uncertainty in our contractual position

This surplus will be reinvested in delivering Healthwatch activity above our contracted level, enabling us to hold higher staffing levels than our contract allows for in 2023/24 and beyond.

# A message from our Chief Officer

## Putting patients at the heart of Richmond and South West London

Last year we reported that we would see a shift from working in Richmond with Clinical Commissioning Groups to working across South West London (SWL) with an Integrated Care System (ICS).

Our work with the emerging system has put us, and the patient voice that we provide, at the heart of the way that the new system works. Through creating strong relationships with the new system we've developed trust in our work. This led to Healthwatch patient experience reports being central to the new systems planning and its Joint Forward Plan. The influence of our work on informing this document is too extensive to list but is summed up well by South West London Integrated Care Board.

"I am grateful to Healthwatch for sharing with us your comprehensive insight reports from local communities over the past 18 months... We received over 200 submissions which we have reviewed and themed by care setting. I particularly wanted to thank the six Healthwatch organisations [for] the volume, depth and insight contained in your work has been invaluable to us, and these are reflected in each section."

**Deputy Chief Executive/Director of Transformation and People, NHS South West London**

This speaks to the impact of the work done by ourselves and colleagues across South West London at "Place" (our borough) in shaping the priorities of the system. It also shows how by working together we have developed a strong role for Healthwatch across South West London and the value of the Healthwatch Executive Officer that works as our voice to the new system across SWL.

Our involvement in wider meetings has enabled us to have an impact on issues outside of our reports and recommendations. For example:

- At the patient experience committee at Kingston hospital, we fed back problems that we'd heard about with non-emergency patient transport from our signposting work to the hospital. Whilst we'd resolved the issues for individuals through our signposting support, raising this through our meetings with the hospital ultimately led to changes in how patient transport to the hospital is run. This included a clinician rather than an administrator reviewing patients' eligibility for the service where this was in question and ultimately led to fairer access for patients to this vital service.
- A strategy identified alcohol as a key priority for young people however, our evidence showed that risky behaviour (including alcohol) was a more urgent challenge. Our relationships enabled us to ensure that resources were targeted at the most significant risks for young people.

## Meeting the Challenges of the Future

The high inflation that we referenced in our last report remains with us and we've taken steps to reduce the inflationary pressure of our costs. These steps include tight financial controls, working hard to achieve the best prices for services, increasing our income and maximising the returns that we get on the funds that we hold in reserve.

We are aware of financial challenges across the health and care system and that impact on our community. We have taken steps to consider these, including financial status questions within our research, focussing on the areas that can help health and care providers to maximise the value that people get from the services that they need, and focussing on how quality and outcomes can be improved without additional overall cost.

Digital development remains important too. Our systems proved robust during the pandemic and are working well as we adopt a hybrid model to work. We continue to keep an eye on new developments in technology, considering the risks and opportunities that they present and ensuring that any new technology or use meets our strict data governance requirements. This has enabled us to use text messages, and digital communications more effectively and in the future may help us to analyse data more rapidly and effectively.

## Developing an Organisation fit for the next 10 years

Over the first 10 years of Healthwatch we have been working continually to innovate and improve our work. We've pioneered the use of Signposting Directories, run large community events in person and online, had the highest-performing communications in the network, led the call for improvements to NHS Dentistry at a national level and are a key participant in the national network.

We are rightly proud of our performance and our contributions to Richmond and the Healthwatch network. This is the result of our continual improvement. In that tradition, we have reviewed our performance against the Healthwatch Quality Framework this year and developed a strategic plan to ensure that we develop our organisation to be even more effective over the coming years. Our strategic plan is a standalone document however the **"About us"** section of this report provides a high-level summary of our Aims, Vision, Mission and Objectives.

# Our work plans for 2023/24

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## We're working with stakeholders to undertake projects in the following areas:

**Adult Community Mental Health** transformation (the completion of the work begun in 2022/23).

**SEND Futures** - a review of the experiences of parent carers, young people and professionals to inform the future development health, care and support for people with Special Educational Needs and Disabilities.

**Phlebotomy Pilot** - a review of the experiences of people using a new service to see if phlebotomy can be delivered effectively closer to home.

**Crisis care** - a review of patient, provider and stakeholders experiences of this service to inform the future specification of this service, enabling the system to make better use of its funds by helping people to get the support they need earlier so that they can avoid a mental health crisis leading to improved outcomes and experience and reducing the need for emergency and inpatient care.

**Primary Care** - a review of the new roles in GP practices, the new ways of accessing them, the impact that these have on patients and practices, and how the value from these can be maximised for both patients and practices. This will also include developments in personalisation in Primary care.

**Residential care** - a review of care homes that have not recently received CQC inspections or quality assurance involvement. This should provide some assurance of how things are running within homes as well as giving them feedback to improve care for residents and secure more positive CQC ratings.

## We're also developing possible work in the following areas which may or may not take place in the coming year:

**Cancer Pathways** - exploring the inequalities of access and experience in our cancer pathways.

**Secondary care** - re-engaging with our acute trusts to collect experiences from their patients and staff to provide a picture of post-pandemic care. Through this, we will identify and celebrate the areas of strength and also identify any areas of weakness in service provision.



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