healthwatch
Richmond upon
Thames

Healthwatch Richmond

Annual Report 2013-2014

Contents

Chair's foreword

I'm delighted to present Healthwatch Richmond's first annual report. It's been both a rewarding and challenging year. We've built the organisation from scratch and sought to represent the views of the community of Richmond effectively at a time of considerable change in health and social care.

We started our journey by seeking to understand what mattered most to the community, through surveys, outreach and events. What the community told us has shaped our priorities. We've initially focused on GPs, mental health and continence care. But inevitably we've engaged on a much wider agenda than this as our commissioners have considered how best to deliver integrated care in the Borough and other opportunities to represent the community have arisen.

Here we've built on the great legacy of Richmond LINk, strengthening links with commissioners, providers and voluntary groups. Many LINk volunteers have continued to work with Healthwatch Richmond, representing the community at an amazing array of boards and committees. It's clear that without our volunteers we would be able to do a tiny fraction of our current activities. My and the Board's thanks goes out to each and every one of them. We want to do more to support them effectively over the coming year.

We're now looking forward to delivering more over the coming year. A larger team will provide us with greater capacity and capability to reach further into the community and to engage in a wider range of issues. It's a great position to be in as the need for engagement with the community in health and social care issues has never been more needed. If you are reading this and want to get involved, please get in touch.

Amanda Brooks

Chair, Healthwatch Richmond

Achievements

Healthwatch Richmond is part of Richmond Health Voices. Richmond Health Voices was registered as a company limited by guarantee with Companies House on 30th January 2013 and registered with the Charity Commission on 7th June 2013. It was awarded the Healthwatch Richmond contract on July 1st 2013 and two staff transferred across from Richmond Council for Voluntary Service on the same day. This Annual Report for Healthwatch Richmond covers the period to 31st Match 2014.

In the nine months covered by this report, we have achieved a significant amount. Our key achievements are listed below; these are discussed in detail in the following report.

- Recorded over 250 community views in the Healthwatch England Database
- Attended 20 community groups and venues to engage the community
- Engaged with 20 separate organisationsto promote Healthwatch Richmond
- Participated regularly in around 50 boards and committees
- Held 3 public events and supported a 4th event
- Completed 2 major projects and reports that we hope will lead to improved care
- Ran surveys into patient experience of mental health care and continence care
- Made 3 reports to the Care Quality Commission
- Made 1 report to Healthwatch England
- Responded to the Quality Accounts of 5 local NHS trusts by providing commentary
- Sent 34 bulletins promoting 52 Events, Consultations and opportunities to sit on Boards
- Built a contact list of 750 members of the community

Gathering views from the community

Engaging the community directly allows us to obtain the views and experiences of members of the public. The intelligence we gather from patients and the public is the foundation of how we make decisions about the work we do, the services we look at, and the way we use our resources and statutory powers. The legislation relating to Healthwatch calls these "relevant decisions" and the diagram here shows how to take these decisions.

We obtain the views of the community through outreach, public meetings, and surveys and from people contacting us directly.

As the community's champion for health and social care, our role requires us to listen to the community's needs for, and experiences of health and social care. To fulfil this role our first task was to engage the community through an extensive period of outreach and engagement activity. We engaged the community through a series of outreach sessions (page 5), public event (page 7) and surveys (page 8).

Gathering the views of the community enabled us to identify our initial plan of work which included General Practice (page 11), Mental Health (page 13), Residential Care (page 14), and the Continence Care (page 14).

Figure 1 Decision making Process

Outreach

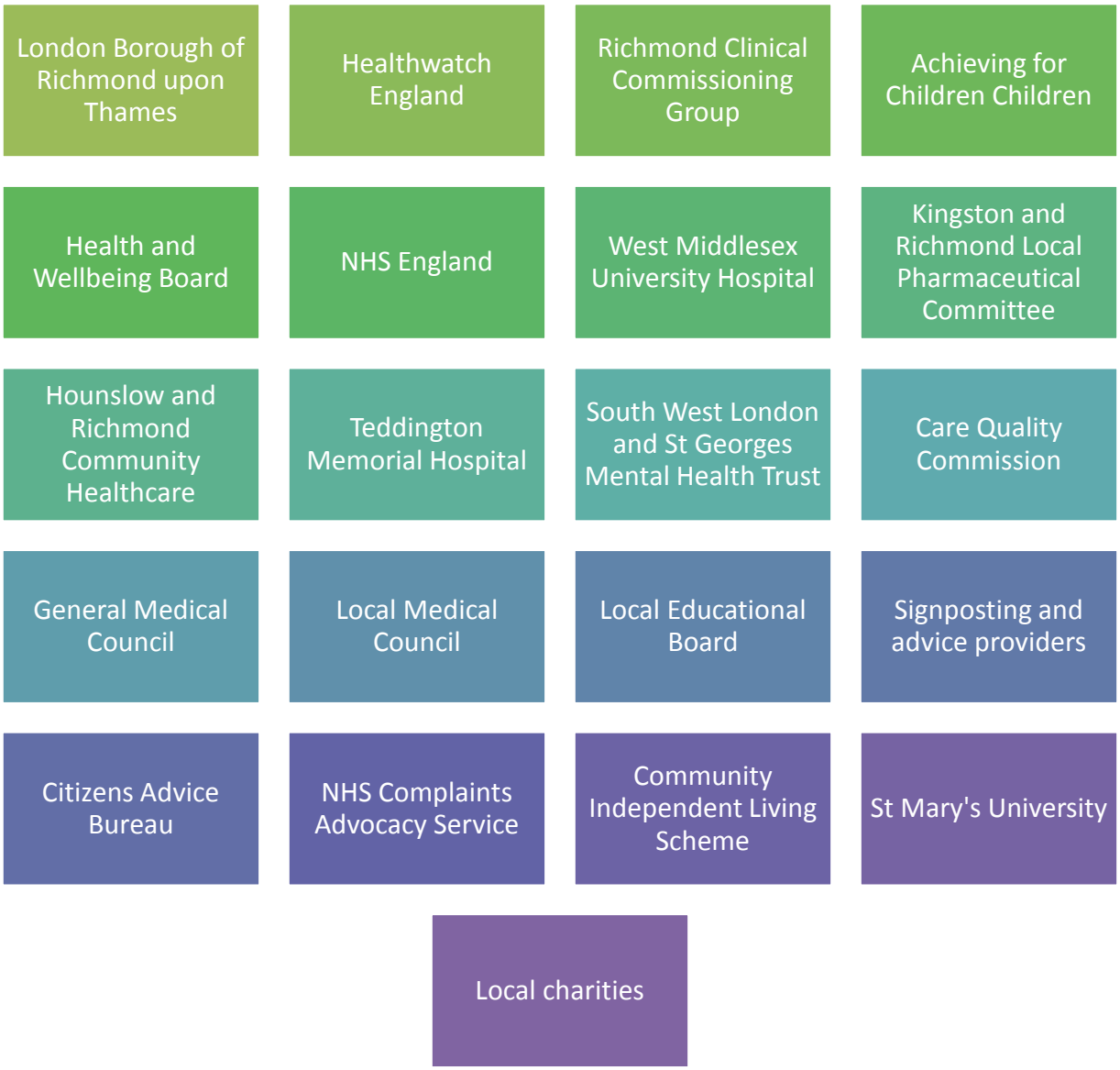
Outreach is a key way for us to engage with new communities, gather views and bring our signposting service to new audiences. We usually undertake outreach sessions with an open agenda, asking people about their good or poor experiences of care, but also sometimes undertake this activity to engage people on specific topics, for example as part of our work on Mental Health. In our nine months of operation last year, we undertook over 20 outreach sessions to a range of community groups including:

Figure 2 Organisations we visited in 2013-2014

This work contributed to over 250 detailed pieces of information being recorded on Healthwatch England's InfoBank database. Analysing the feedback we received presented the priorities from which we identified our first pieces of work (Reports, page 11). We were also able to share information about providers with the CQC ahead of their inspections to West Middlesex University Hospital, Hounslow and Richmond Community Healthcare NHS Trust and South West London and St George's Mental Health Trust.

As well as engaging with the public, Healthwatch Richmond engaged extensively with key organisations such as providers, commissioners and third sector organisations within health and social care. This helped to build our credibility and profile with these organisations. Our engagement activities were primarily through taking seats at meetings and on committees within these organisations. However a series of one-off meetings were also held with organisations to raise awareness of Healthwatch Richmond.

These organisations included:



3 Committees we've engaged with during 2013-2014

You can read more about this work in the section supporting people to engage in the section Gathering views from the community, (page 4).

Public meetings

We held three public meetings during the year and supported a fourth as part of our role within the Health and Wellbeing Board.

Event	Launch	Public Forum	GP Forum	Health & Wellbeing Board Engagement Event
Attendance	60	80	100	40

Our Launch event aimed to re-engage with the volunteers and active members of Richmond LINk rather than the wider public. We used this event to set out our vision for Healthwatch Richmond, how we hoped that it would operate and to encourage people to continue their support for the new organisation.

Our second event aimed to give the community their say on the development of an Integrated Care Organisation (ICO) with Hounslow, a neighbouring borough. The development of the ICO was dropped shortly before the meeting and we used the opportunity instead to explore the community's views on integrated care more generally. Subsequently much of the local policy and service development, including the Better Care Fund, has focussed on integrating services. The feedback gained from this event has shaped Healthwatch Richmond's input in these areas.

The GP Forum was a key part of engaging patients, the public and key stakeholders in our work on General Practice. We were supported by 20 volunteers who facilitated and scribed the event. It was a great success with patients from at least 22 of the 30 practices present and 86.7% of attendees were satisfied (i.e. ratings of "good" or "very good") with the programme content. There was praise for the competence of focus group facilitators, virtually all of whom were trained volunteers.

For a relatively new organisation in its first year of operation, we were most pleased to note that this event enhanced our reputation. 41% of participants rated the event "better than expected", and only 3% judged it "disappointing". 46.4% of attendees were returning participants, but for 53.6% of participants this was their first experience of a Healthwatch Richmond event. This indicates that we are both maintaining the interest of our established audience and attracting newcomers.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General Practice Public Forum

How do you feel about access to GP services?
What is positive?
What would you change?

Healthwatch Richmond is holding a public event in response to accumulated patient experience and the recent publication of key policy including NHS England's General practice - a call to action.

GPs	Patients	CCG members	Acute clinicians
"We are dealing with unprecedented levels of demand"	"A&E is faster than my GP service"	"There are significant variations in healthcare resource consumption"	"I see the same patients readmitted in a worse condition because their post discharge care is not good enough"
"I'm worried about the financial sustainability of my practice"	"I wouldn't know who to contact in the evenings and at weekends"	"We're concerned about the quality of care in that practice and need NHS England to step in"	"I am not confident discharging patients back into the community so they are in hospital longer"
"Patient expectations are out of kilter with what's achievable"	"I can't get through on the phone"	"We need to strengthen primary care if we want to stop acute activity from spiraling"	"There is too much variation in standards of primary care"
"The contract is over prescriptive and drives the wrong behaviours"	"At the most convenient times of the day my surgery's doors are closed"		

Taken from General Practice, a call to action (2013)

By bringing together local people, GP's, and key decision makers, Healthwatch aims to create a shared understanding about patient experience and to identify priorities for improving the quality of care in Richmond.

Thursday, 23 January 2014 from 18:00 to 20:00
Clarendon Hall, York House,
Twickenham, TW1 3AA

To register for this event
Call: 020 3178 8784
Email: steph@healthwatchrichmond.co.uk

Figure 4 Flyer promoting GP Event

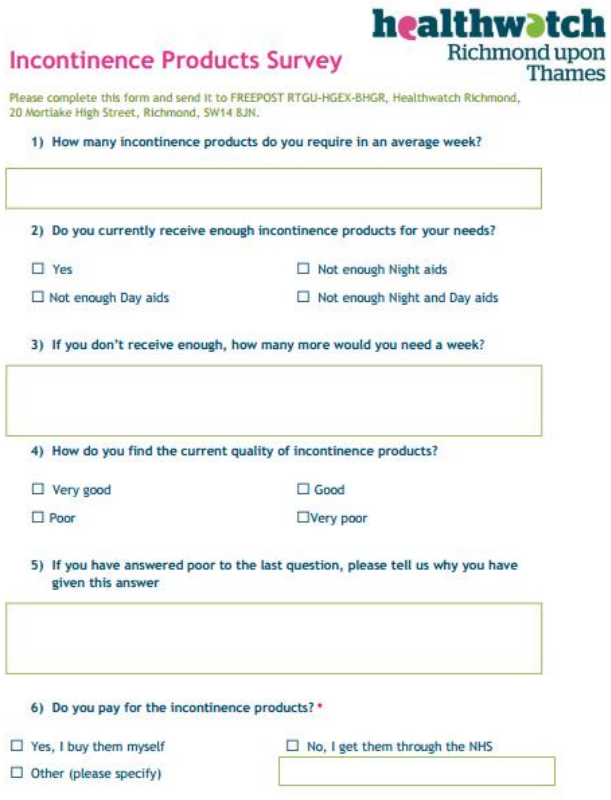
Surveys

We have set up surveys to gather experiences of Mental Health Care and Continence Care. We have also designed a survey to collect experiences of people using our signposting service which we will roll out in the coming year.

The surveys have been distributed in paper and electronic formats via mixed communication methods. We found that providing a Freepost address had a positive impact on the postal numbers returned and Google Forms has been an effective method encouraging large numbers of electronic responses.

The Mental Health survey generated nearly 60 responses in a month and we continue to receive responses on a regular basis. We combined this with feedback gathered about mental health from our outreach work and shared our findings with the CQC to inform their recent inspection of South West London and St Georges Mental Health Trust (Mental Health Project, page 13).

Our continence survey also produced an excellent response. Again combining these responses with the responses received via outreach work, the need for further investigation was highlighted (page 14).



Incontinence Products Survey

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Please complete this form and send it to FREEPOST RTGU-HGEX-BHGR, Healthwatch Richmond, 20 Mortlake High Street, Richmond, SW14 8JN.

1) How many incontinence products do you require in an average week?

2) Do you currently receive enough incontinence products for your needs?

☐ Yes ☐ Not enough Night aids

☐ Not enough Day aids ☐ Not enough Night and Day aids

3) If you don't receive enough, how many more would you need a week?

4) How do you find the current quality of incontinence products?

☐ Very good ☐ Good

☐ Poor ☐Very poor

5) If you have answered poor to the last question, please tell us why you have given this answer

6) Do you pay for the incontinence products? *

☐ Yes, I buy them myself ☐ No, I get them through the NHS

☐ Other (please specify)

Figure 5 Continence Survey

What have we done to engage hard to reach and seldom heard groups?

We've worked effectively over the past year to reach patients, carers, parents of young children with disabilities and people with mental health needs. Our outreach and surveys reached these people thanks largely to support we received from a number of community groups that provide services to these groups of people. We really value the support local charities give us to access the people that they work with and are working to extend this further over the coming year (Figure Figure 2 Organisations we visited in 2013-2014, page5 – our thanks to them all).

We delivered an accessible presentation to people with learning disabilities, explaining what Healthwatch is and what we were working on. The presentation led to a small group of people with learning disabilities participating in our GP Forum with support from our wonderful colleagues at MENCAP Richmond and volunteers. We will expand our work with people with learning disabilities over the coming year.

The community is diverse and over the coming year we will do more to reach deeper into the community and to reach some of those currently under-represented or unreached by our activity to date. Our priorities over the coming year are to reach children and young people, older people living alone and to increase our work with faith organisations.

Figure 6 Accessible presentation

Obtaining the views of members of the community in figures

Who contacted us	**#**
Service User	149
Carer and Relative	45
Relative	30
Carer	25
Professional	7
Visitor	5
Unknown	3
Service Provider	2
Commissioner	1
How people contacted us	**#**
Visit	90
Survey	51
Community Group	45
Telephone	28
E-mail	23
Focus Group	10
Meeting	10
Correspondence	5
Website	2
Forum	1
Third Sector Rep	1
What provider they told us about	**#**
GP	69
South West London and St George's Mental Health Trust	65
West Middlesex University Hospital	47
Richmond CCG	35
Kingston Hospital	34
Social Care	24
Hounslow and Richmond Community Healthcare	18
Residential Care	2
What issues people told us about at those providers	**#**
Access to Services	105
Waiting Times	76
Accident & Emergency	33
Referrals	24
Discharges	15
Continence	3
Sentiment of the comments people made	**#**
Negative	177
Positive	47
Mixed	29
Unclear	4
Neutral	9
Total Contacts	267

Reports

Healthwatch makes reports and recommendations about how health or social care services could or should be improved. To ensure Healthwatch's reports can make a difference, providers and commissioners are required by legislation to respond within 20 days to any recommendations that Healthwatch makes.

This year we completed two major projects that resulted in reports with recommendations; the GP Project and the Mental Health Project.

General Practice

Our early engagement work identified concerns with GP Practices as a primary concern for Richmond residents, highlighting the need for improvements to these services. These initial findings were presented to a Public Forum attended by 60 residents in October 2013 which, along with the publication of NHS England's *"Transforming Primary Care in London: General Practice A Call to Action"* in November 2013, established the wider context of this issue and confirmed the need for further research.

By comparing our findings to the National GP Patient Survey data from November 2013 and January 2014 we were able to understand the experiences of a larger number of local patients. This showed that Richmond has generally positive but mixed patient satisfaction with general practice across Richmond. Some practices received very positive and others very negative results.

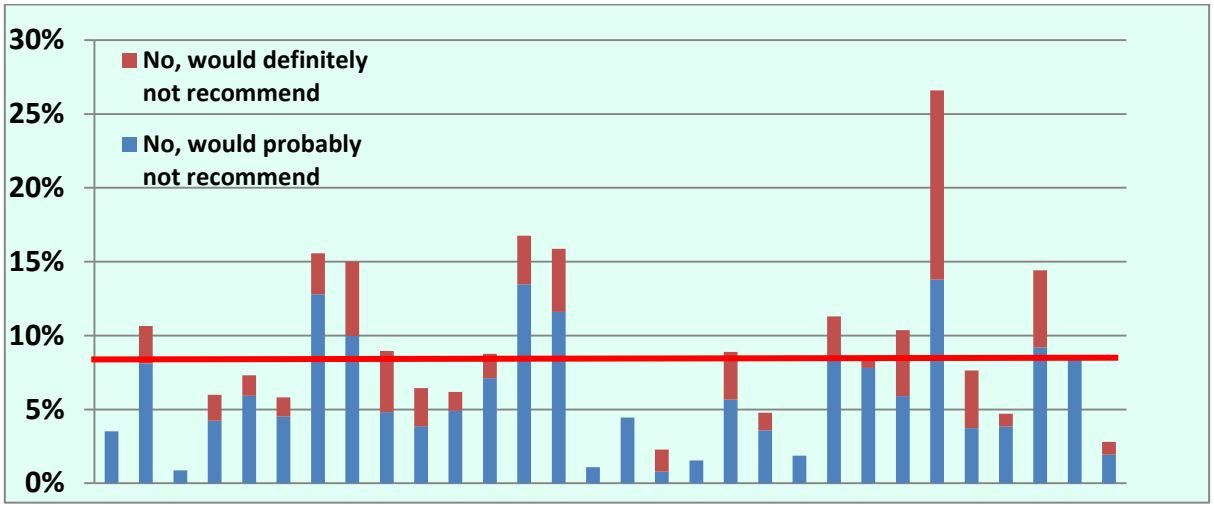


Figure 7: Data from National GP Patient Survey showing high average satisfaction (red line) at borough level and mixed patient satisfaction at practice level

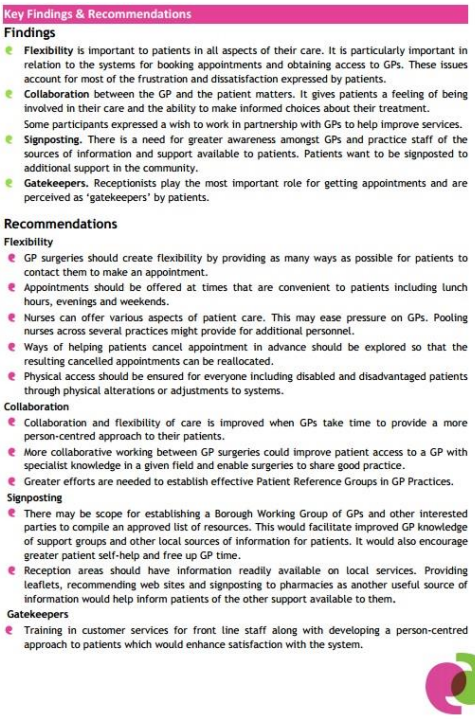
On the basis of this work we held a public and stakeholder forum. Our GP Forum was widely promoted and viewed as being very successful (Public meetings, page7).

The Forum took a co-design approach, bringing together approximately 100 local GPs and patients, representing around 75% of the GP practices. We use facilitated discussion groups to identify positive performance and produce a description of best practice. We asked:

What's good or bad about getting an appointment at your GP Practice?

Thinking about your experience of the service offered at your GP Practice;

- What things could your Practice improve?
- What does your Practice do well/ what could others learn from your Practice?



Key Findings & Recommendations

Findings

- **Flexibility** is important to patients in all aspects of their care. It is particularly important in relation to the systems for booking appointments and obtaining access to GPs. These issues account for most of the frustration and dissatisfaction expressed by patients.
- **Collaboration** between the GP and the patient matters. It gives patients a feeling of being involved in their care and the ability to make informed choices about their treatment.
  Some participants expressed a wish to work in partnership with GPs to help improve services.
- **Signposting.** There is a need for greater awareness amongst GPs and practice staff of the sources of information and support available to patients. Patients want to be signposted to additional support in the community.
- **Gatekeepers.** Receptionists play the most important role for getting appointments and are perceived as 'gatekeepers' by patients.

Recommendations

Flexibility

- GP surgeries should create flexibility by providing as many ways as possible for patients to contact them to make an appointment.
- Appointments should be offered at times that are convenient to patients including lunch hours, evenings and weekends.
- Nurses can offer various aspects of patient care. This may ease pressure on GPs. Pooling nurses across several practices might provide for additional personnel.
- Ways of helping patients cancel appointment in advance should be explored so that the resulting cancelled appointments can be reallocated.
- Physical access should be ensured for everyone including disabled and disadvantaged patients through physical alterations or adjustments to systems.

Collaboration

- Collaboration and flexibility of care is improved when GPs take time to provide a more person-centred approach to their patients.
- More collaborative working between GP surgeries could improve patient access to a GP with specialist knowledge in a given field and enable surgeries to share good practice.
- Greater efforts are needed to establish effective Patient Reference Groups in GP Practices.

Signposting

- There may be scope for establishing a Borough Working Group of GPs and other interested parties to compile an approved list of resources. This would facilitate improved GP knowledge of support groups and other local sources of information for patients. It would also encourage greater patient self-help and free up GP time.
- Reception areas should have information readily available on local services. Providing leaflets, recommending web sites and signposting to pharmacies as another useful source of information would help inform patients of the other support available to them.

Gatekeepers

- Training in customer services for front line staff along with developing a person-centred approach to patients which would enhance satisfaction with the system.

Page 3

Figure 8 Key findings from our GP Project

Outcomes

Based on the analysis of the feedback and other data we identified 11 recommendations relating to:

- developing flexibility,
- improving collaboration,
- improving signposting
- supporting the gatekeepers to take a more person-centred approach to care.

The report was shared with NHS England to inform their Call to Action to transform General Practice in London and with Richmond Clinical Commissioning Group (CCG) in late March 2014. We hope to hear from NHS England on how the views of local people were able to shape regional and national policy as a result of this work.

We are also in discussions with Richmond CCG on developing a shared Code of General Practice to ensure patients are clear on what to expect from GPs and to increase good practice within surgeries. Every GP practice in Richmond has received a copy of our report.

As part of our research into local GP practices we identified two practices that were not registered with the CQC. We informed the CQC and provided patient experience for both practices.

The CQC have since undertaken inspections at the lead surgeries for each of these satellite practices. One was found by the CQC to require improvements and is now registered with the CQC. At the time of writing this report the results of the inspection of the second are not available.

Our next steps include identifying providers from the national patient survey and from our own patient experience data who could most benefit from implementing good practice to help them to develop their service and improve patient care. Additionally, we plan to work with Patient Participation Groups, where they exist and to support their development where they do not, to audit local practices.

Mental Health Project

Healthwatch Richmond was invited to provide feedback to the Care Quality Commission (CQC) in relation to the South West London and St George's Mental Health Trust ahead of their planned inspection. To gain additional patient experience data, a survey was devised and undertaken during February 2014. It was circulated to Healthwatch Richmond's wider membership, via voluntary sector organisations supporting people with mental health needs and undertaken through face to face visits to inpatient facilities and support groups.

The findings of this were combined with patient experience data already collected by Healthwatch Richmond through its general engagement activity, and analysed to identify key issues. The key issues were shared with the CQC to inform their inspection and a summary version with individual comments removed was also shared with the Trust and published.

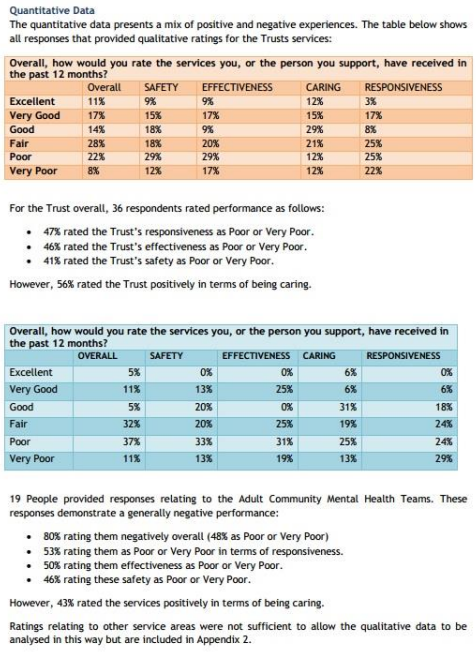
Outcomes

Nearly 60 individuals responded to our month long survey and further responses were received after the closing date. Respondents told us about high occupancy levels and low staffing levels, particularly in relation to Lavender Ward where some said they felt unsafe. Other respondents told us about high levels of staff turnover in community teams, feeling that they were discharged too soon and that they were not always able to get help in a crisis. When the CQC's report is published we hope to learn what impact these had on the way the inspection was carried out. Whilst the sentiment received through the survey was generally negative, a number of views regarding the Trust's permanent staff were very positive.

In addition to gathering data, we were able to arrange for CQC inspectors to meet with carers and patient groups, who had expressed an interest, during the course of this work, in being more involved in the inspection. This gave a group of people, who would not have otherwise been able to influence the CQC inspection, a strong and direct voice with the inspectors.

At the time of writing this report the CQC report had not been published. We hope that when it is available, our work will have a clear impact on the way the inspection was conducted and will have helped ensure that patient and carers' experiences were reflected in its design.

We are also looking forward to meeting the Trust after the publication of the CQC report to discuss how we can gather further patient experiences and use this to help the Trust to drive improvements in its care. The Chair of the Trust has already responded very positively and we look forward to working closely to ensure patient experience drives improvements.



Quantitative Data

The quantitative data presents a mix of positive and negative experiences. The table below shows all responses that provided qualitative ratings for the Trusts services:

Overall, how would you rate the services you, or the person you support, have received in the past 12 months?	Overall	SAFETY	EFFECTIVENESS	CARING	RESPONSIVENESS
Excellent	11%	9%	9%	12%	3%
Very Good	17%	15%	17%	15%	17%
Good	14%	18%	9%	29%	8%
Fair	28%	18%	20%	21%	25%
Poor	22%	29%	29%	12%	25%
Very Poor	8%	12%	17%	12%	22%

For the Trust overall, 36 respondents rated performance as follows:

- 47% rated the Trust's responsiveness as Poor or Very Poor.
- 46% rated the Trust's effectiveness as Poor or Very Poor.
- 41% rated the Trust's safety as Poor or Very Poor.

However, 56% rated the Trust positively in terms of being caring.

Overall, how would you rate the services you, or the person you support, have received in the past 12 months?	OVERALL	SAFETY	EFFECTIVENESS	CARING	RESPONSIVENESS
Excellent	5%	0%	0%	6%	0%
Very Good	11%	13%	25%	6%	6%
Good	5%	20%	0%	31%	18%
Fair	32%	20%	25%	19%	24%
Poor	37%	33%	31%	25%	24%
Very Poor	11%	13%	19%	13%	29%

19 People provided responses relating to the Adult Community Mental Health Teams. These responses demonstrate a generally negative performance:

- 80% rating them negatively overall (48% as Poor or Very Poor)
- 53% rating them as Poor or Very Poor in terms of responsiveness.
- 50% rating them effectiveness as Poor or Very Poor.
- 46% rating these safety as Poor or Very Poor.

However, 43% rated the services positively in terms of being caring.

Ratings relating to other service areas were not sufficient to allow the qualitative data to be analysed in this way but are included in Appendix 2.

Figure 9 Key findings from our Mental Health Project

Continence Care

Following our initial outreach we identified reports of problems arising from changes to the continence service from a range of sections of the community. We engaged our membership to determine quickly whether this was an issue that warranted further investigation through a short survey and a call for evidence. Whilst the total numbers of responses we received were fairly low, there was a strong indication that changes to this service had impacted local patients.

We have since recruited a small steering group of people who use the service and have arranged meetings to discuss the issues with the commissioner and provider of this service. We've identified that significant changes have taken place within the service and that patient engagement in this process has been quite limited.

Due to circumstances outside of our control, we were unable to hold a meeting during the reporting period with both the provider and commissioner present. Looking into the coming year our aim is to ensure that the experiences of people who use this service are properly explored and understood. We'll work to ensure that any need for improvement in the service is identified and that local people have a say in designing a continence service that fits their needs.

10. Slide from presentation explaining how Healthwatch was undertaking work on continence care

Quality Accounts

NHS providers have to produce an annual Quality Account. The Quality Account is a report for the public on the quality of services. It gives an overview of how current standards are maintained and identifies actions for improvement. Providers are legally obliged to share this report with their local Healthwatch who then assess it to see if it is a fair and accurate reflection.

In April 2013, Healthwatch Richmond provided commentary for West Middlesex University Hospital, Kingston Hospital, Hounslow and Richmond Community Healthcare NHS Trust and South West London and St George's Mental Health Trust. The commentaries are published within the providers Quality Accounts and the most recent commentaries are also published on Healthwatch Richmond's website.

Providing members of the community with the opportunity to take part in writing our Quality Account commentaries is also a significant outcome for Healthwatch Richmond in 2014-2015.

Residential Care

Undertaking Enter and view visits was identified by Richmond LINk as a priority for future work and delivering this is a key part of ensuring the legacy of our predecessors. Our main aim for undertaking this work is to gather information from residents of care homes in Richmond about their experiences of care.

We are coordinating Enter and View visits to care homes via an intelligence sharing meeting involving Richmond Council, Richmond Clinical Commissioning Group and the Care Quality Commission, combined with our own intelligence from outreach work. By working in this way we will establish a priority list reflecting of residential homes at risk of providing a level of care below what would be considered reasonable by the local community. Individual plans will then be drawn-up for each of the premises to be visited with the Enter & View Representatives who will undertake the visits.

By the end of the reporting period we had held initial meetings with the intelligence sharing group and two homes have been identified for the initial visits. We've recruited a volunteer lead who is working with us to implement a project plan that will see the first of these visits taking place in early autumn 2014. To support this we have established a recruitment and training plan for Enter and View Representatives, the first of whom will be selected from a list of 27 interested volunteers.

Social Care

During the transition from LINk to Healthwatch we supported the publication of 2 research papers based on Richmond LINk's work into social care.

The articles, *"Personalization and self-directed support: A survey of user satisfaction with the assessment process"*, and *"How to improve personalization: A study of service user satisfaction with the self-directed support self-assessment process"*, were published on-line in the *Journal of Care Services Management* in July 2013.

Other Reports and Recommendations

We met requests from the Care Quality Commission (CQC) to share intelligence gathered on West Middlesex University Hospital and Hounslow and Richmond Community Healthcare in advance of their planned inspections.

Through meetings with Richmond CCG, we were able to make important representations based on expertise carried over from Richmond LINk on the development of the Non-Emergency Patient Transport service.

Planned future work:

Responding to Quality Accounts for:

- West Middlesex University Hospital
- Kingston Hospital
- Hounslow and Richmond Community Healthcare NHS Trust
- South West London and St Georges Mental Health Trust

Care Act

- Supporting Richmond Council to deliver effective consultation

Pharmacy

- Exploring patient and pharmacist experience

Hospitals

- Reconfiguration of services across South West London

St Mary's University

- Undertaking a survey of the student body
- Seeking joint research opportunities
- Hosting student placements

West Middlesex University Hospital

- Collaboratively reviewing the quality of care on their wards

Existing projects

- Creating improvements in the Continence service
- Reviewing Residential Care homes
- Driving improvements in patient satisfaction with Mental Health

Supporting people to engage

An important role for Healthwatch organisations is promoting and supporting local people to get involved in the commissioning, the provision and scrutiny of local care services; enabling them to monitor the standard of local care services and say whether and how local care services could and ought to be improved.

Our communications are the main way that we let people know about opportunities to get involved (Communications, page 23). During the reporting period we promoted 16 Consultations, 28 Events and 8 Boards to around 600 people through our bulletins. We look to put people into direct contact with the organisations running the events which can make it difficult to measure how many people took up these opportunities.

Case studies:

Female Genital Mutilation (FGM) Conference

Our February Healthcare Bulletin carried a short item on Unite about FGM, a conference being run at City Hall. We asked interested people to contact us to book spaces to attend. As a result two members who had not previously been involved in our work attended on behalf of Healthwatch Richmond and produced a news article on the subject to inform people about the issue. We published this on our website and promoted it via our next bulletin.

Patient Led Assessments of the Care Environment (PLACE)

West Middlesex University Hospital got in touch to ask us to put forward volunteers for their PLACE survey. We wrote directly to volunteers who had registered an interest in Enter & View roles to let them know about the opportunities. As a result of this, 6 people from Richmond were involved in the Assessment, most of who had not previously been involved in Healthwatch.

Engaging with providers and commissioners

We support members of the community to engage directly with major local commissioners and providers on an ongoing basis through seats on around 50 different committees and Board across all commissioner and major providers.

Within these meetings we scrutinise the work that goes through the committee, ask questions that we feel are in the public interest and provide insight where we have it of the patient and public views. Without community members and Healthwatch representatives present, decisions in many of these meetings could be taken without any patient or public involvement at all.

In addition having representatives on Boards ensures that key decision makers are aware of Healthwatch Richmond, that they consider our involvement in their work. It also ensures that Healthwatch Richmond is aware of developments within these organisations at an early stage.

Our engagement with commissioners and providers varies from board and senior committees to more specific policy and service development groups including:

Figure 11 Examples of Boards and senior committees Healthwatch Richmond engaged with in 2013/14

Health and Wellbeing Board and Richmond (HWB) Clinical Commissioning Group (CCG)

Healthwatch have a statutory seat on the Health and Wellbeing Board and Richmond's Clinical Commissioning Group. By participating in these Boards, we are championing the interests of patients, drawing on our projects and feedback from the community. We keep the Boards updated on our work programme and have been delighted when HWB and CCG board members have attended our events to hear patients' views first hand.

We supported the development of the Health and Wellbeing Board through participating in a working group to advise on the development of its public engagement. We collaborated with the Board and partner organisations to deliver a jointly run engagement event. The event was attended by around 40 people and led to key proposals to strengthen engagement with the board including:

- A clear forward plan so engagement can take place ahead of meetings
- Better use of existing forums to engage
- The inclusion of a voluntary sector representative on the board

Integrated Care

We have been directly involved in the process of developing an Integrated Care System in the Borough, harnessing the means to provide both Health and Social Care provision in a unified system. Through a number of working groups with Richmond CCG and the London Borough of Richmond upon Thames (LBRUT) we've worked to ensure a better service for patients. This initiative has been delayed however. We hope that through the current work on the Better Care Fund and 'outcomes based' community care provision, to which we are a significant party, we shall achieve clear cut improvements for the Richmond Community.

Outcomes Based Commissioning

Richmond CCG invited us to attend their Steering Committee overseeing the implementation of Outcomes Based Commissioning, a new and relatively untried way of commissioning services. As a result we were able to review the case for change before this information was in the public domain. We felt that insufficient evidence was provided to support the radical proposals, to justify the risk to local service providers and the nine month time-scale for implementation and used this opportunity to challenge the CCG on these points. As result the options for implementation were revised to allow public involvement to shape them and the timeline was relaxed.

How are we going to improve this next year?

We want to support more people to engage with commissioners and providers directly and to better support those people who through the legacy of Richmond LINk are already in these roles. To do this we will set up groups for people who undertake representative work to provide support, coordination, an opportunity to network and intelligence sharing, moderation and a sense of connection with HWR.

Signposting

A key part of our work around developing our signposting service was engaging with the other providers of signposting services to identify a need that our own service could fill. We engaged with key providers in the voluntary sector as well as local commissioners and providers. The signposting and advice economy proved to be very rich and we were keen to collaborate and add value rather than compete with existing providers.

As a result, we designed a service aimed at helping people who have questions about health and social care but don't know who to ask for help.

Figure 12 Advert for Signposting Service

To support people we mapped the existing sources of support and set up a simple database to allow staff to provide signposting information. Over 60 organisaions providing advice, information and support were identified through this exercise.

We began actively promoting the service in January 2014 and have helped 29 people access the information that they needed. The service and the systems that we have in place are proving effective and we have recently begun running a satisfaction survey that will enable us to monitor the performance of our service.

What have people contacted us about?

Query	Number
Help with making complaints	26%
GP's	23%
Adult Social Care	17%
Patient/ service user rights	11%
Medical/ Care Records	9%
Dentistry	9%
Other healthcare	6%

Now that the infrastructure is in place and has proven to be effective, our next major tasks in relation to signposting are to increase promotional activity to raise awareness of the service (see Communications for more details), and increase our outreach activity to take our messages to the wider community.

Working with Healthwatch England

Over the past year we have been a regular contributor to Healthwatch England's activities, attending regular national and regional meetings. We have used InfoBank, their patient experience database, extensively and in this way we share all of the feedback that we receive with them and all other Healthwatch organisations.

During the year we shared some of the concerns that we received with Healthwatch England so that they could raise these at a national level. A good example of this was related to the sharing of the medical records held by GP about each of their patients to create a national research database called care.data.

Along with a number of other Healthwatch organisations, we provided Healthwatch England with information about the sentiments and concerns that local people had expressed to us. Specifically people in Richmond felt that the information and the way it was distributed did not provide them with sufficient information or opportunity to make an informed decision about their care records.

With this information and similar comments from across the country, Healthwatch England were able to challenge the Department of Health's communications and "opt out" activities and the process has subsequently been paused. We're pleased to now be able to support Department of Health colleagues to deliver improved communications that will enable people to exercise choice.

Next year?

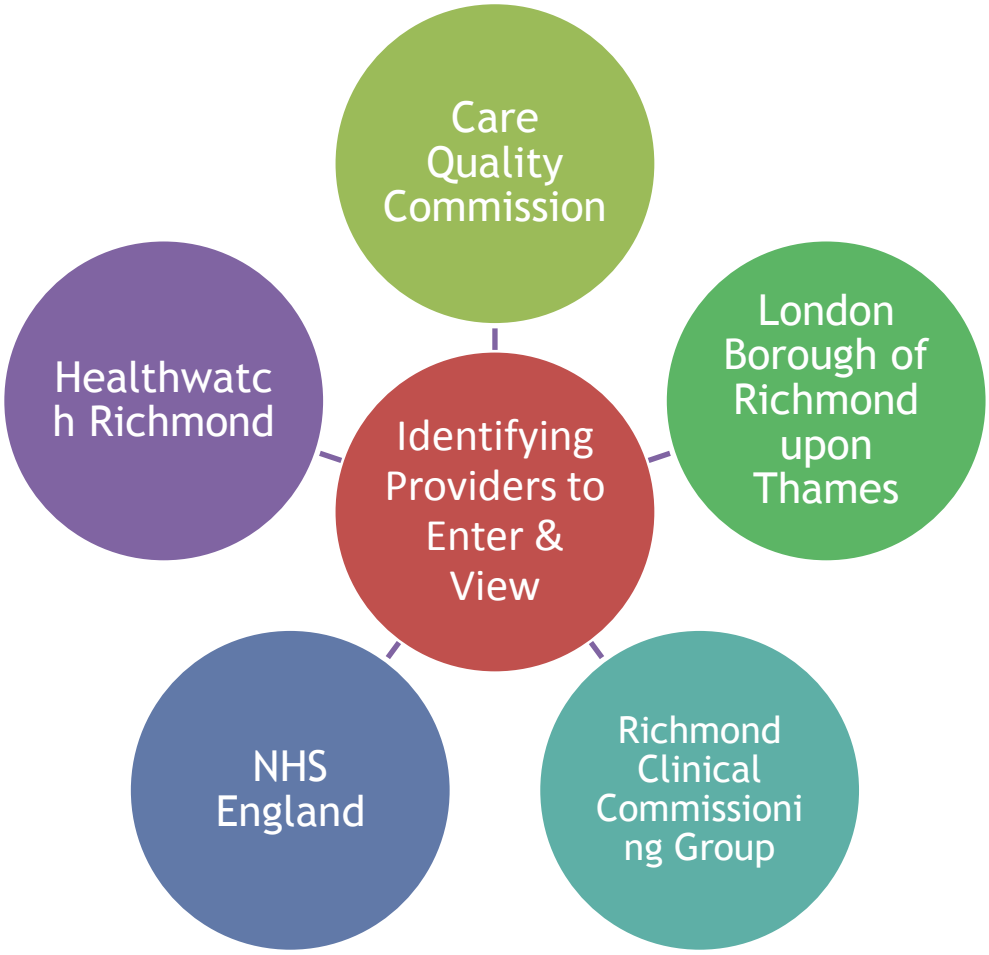
We're continuing to work closely with Healthwatch England over the coming year and are in regular contact. As part of the team piloting the new Customer Relationship Management database system we will be supporting the development of this important shared resource for the entire network. We'll also continue our regular contributions to the London wide and national networks for Communications staff, Policy Officers and Chief Executives.

Enter and View

There were no Authorised Representatives for the purposes of Enter and View during the year 2013-2014.

Recruitment however is underway and we aim to have 12 representatives recruited, DBS checked, trained in safeguarding adults, in safeguarding children, and in Enter and View visits by late summer/ early autumn 2014. Visits are planned to residential care homes and acute hospitals with the first taking place in early autumn 2014 (Residential Care, page 15).

To support the selection of premises for our Enter and View visits we have set up joint meetings with representatives of the Care Quality Commission, London Borough of Richmond upon Thames, Richmond Clinical Commissioning Group and NHS England. These meetings allow us to share intelligence and coordinate our approach to providers with the key quality assurance, commissioning and regulatory bodies.



Communications

Our communications is a key part of engaging the community but also supports all of our other functions. All of our communications use the trademarked Healthwatch material. We have signed up to the Trademark licence agreement and use the branding guidelines.

During the year we sent 34 mailshots to around 600 people by email and 150 postal contacts. An average of 40% of those people receiving our communications read them. This compares favourably to the industry average of around 22%.

Our direct communications allows us to let people on our mailing lists know about our work, but also lets us promote opportunities for people to participate, invite comments and offer volunteering opportunities to people as they arise.

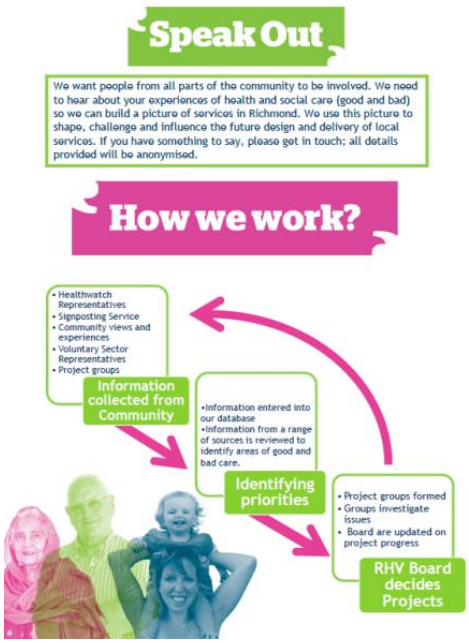


Figure 13 Healthwatch Leaflet

From analysing responses to our communications we've found that people are primarily interested in news about Healthwatch Richmond's activities, there is also strong interest in our surveys and in news about local providers.

In addition we have had good press coverage with stories appearing in the local press about our Mental Health and GP Projects. These have led to great awareness of our work and have encouraged people to engage with us directly.

Our website has driven significant engagement, in part hosting the surveys described above but also directing people to contact us by email, phone and comment form. It is difficult to quantify the exact impact of the website during the year but we estimate that between 5-10% of all our communication stems directly from our website.

Future Communications

We expect to increase our communications activity in the coming year, following recruitment of new staff to deliver this activity. We are developing promotional material targeted at specific groups. By linking our promotional work with our outreach work we hope to achieve maximum impact and value. We have commissioned the design and print of a range of posters and flyers to promote our signposting service. These will target messages at older people, parents, people with an interest in mental health care, and users of primary care. As an innovative way of reaching people of working age, we're printing similar adverts on till receipts so that our messages will be distributed through major retail outlets in the borough.

Figure 14 Planned publicity and promotional work for 2014-2015

We are targeting users of libraries by engaging with librarians to educate them about Healthwatch, holding outreach sessions in libraries and providing bookmarks printed with our messages for people to take away. Similarly, printed marketing material will be developed and used in outreach sessions targeted at children and young people and users of religious centres.

We're investigating advertising through social media, physical adverts in high footfall areas (e.g. stations) and through the local media to raise awareness of Healthwatch Richmond and increase the number of people with access to our services

Finances

STATEMENT OF FINANCIAL ACTIVITIES			
FOR THE PERIOD ENDED 31 MARCH 2014			
	Designated	Restricted	Total
	Funds	Funds	Funds
			2014
	£	£	£
Incoming Resources			
Grant Income	18,473	65,583	84,056
Other Income	6,533		6,533
Total incoming resources	£25,006	£65,583	£90,589
Costs of generating funds	-	-	-
Net resources available for			
Charities Activities	£25,006	£65,583	£90,589
Charitable Expenditure			
Grant Expenditure		64,661	64,661
Governance costs		922	922
Total resources Expended		£65,583	£65,583
Net incoming/(outgoing) resources	£25,006	£0	£25,006
before transfers			
Net movement of funds	£25,006	£0	£25,006
Total funds at 31 March 2014	£25,006	£0	£25,006

Contract commencement was not on April 1st and so Incoming Resources are the amount received during the period Richmond Health Voices were funded to deliver Healthwatch Richmond

BALANCE SHEET		
FOR THE PERIOD ENDED 31 MARCH 2014		
	March 31st 2014	
	£	£
CURRENT ASSETS		
Debtors and prepayments	-	
Cash at bank	75,572	
CREDITORS: Amounts falling due		
within one year		£50,566
NET CURRENT ASSETS		£25,006
TOTAL ASSETS LESS CURRENT LIABILITIES		£25,006
General Funds		£25,006
Restricted Funds		£0
TOTAL FUNDS		£25,006

Please note that the finances provided here are provided prior to audit and agreement by the Board. As a result, final published company accounts may differ from those published here.

Developing a strong and effective organisation

Healthwatch Richmond is part of Richmond Health Voices. Richmond Health Voices was registered as a company limited by guarantee with Companies House on 30th January 2013 and registered with the Charity Commission on 7th June 2013. It was awarded the Healthwatch Richmond contract on July 1st 2013 and staff transferred across from Richmond Council for Voluntary Service on the same day.

As a start-up organisation we have had to develop the infrastructure necessary to be an effective charity and to run Healthwatch Richmond. In the nine months since we were awarded the contract we've made exceptional progress towards the development of a safe, effective and sustainable vehicle for delivering Healthwatch Richmond.

Staff

Starting with a planned staff team of 2.6 full-time equivalents, we encountered challenges with recruitment, retention and continuity. As a result we've revised our staffing structure, increasing our team to 4 full-time staff, each working across all aspects of Healthwatch Richmond's work. Recruitment to these roles has recently been successfully concluded and we hope that this will bring significant increases in capacity as well as allowing us to react more quickly and undertake more activity.

Policies and procedures

We developed over 20 policies and procedures covering the way Healthwatch Richmond works. These include: Decision-making about Healthwatch Activities, Enter and View, Data Protection and Confidentiality, Safeguarding, Risk Management, Codes of Conduct and Conflicts of Interest, and Human Resources policies.

Location

We completed an office move on 1st April 2014 relocating from a shared office into self-contained premises. Our new offices are significantly more cost effective. This has enabled us to accommodate a growing staff team, allowed us to support better our increasing number of projects and volunteers and provide a better level of service to the community.

Board

We recruited a strong and full Board of 12 Trustees. The Board meet on a 6 weekly basis and guide the development of the organisation. Two away days have been held and Board development is ongoing. Full details of our Board are available via our website: www.healthwatchrichmond.co.uk

Company Details

Healthwatch Richmond is part of Richmond Health Voices, a Registered Company (08382351) and Charity (1152333).

Our registered officers are 20 Mortlake High Street, Richmond, SW14 8JN.

Contact Details

Phone: 020 3178 8784

Email: info@healthwatchrichmond.co.uk

Website: www.healthwatchrichmond.co.uk

Directors service between April 1st 2013 and March 31st 2014

- Amanda Brooks (Chair)
- Kathy Sheldon (Vice-Chair)
- Sheila Mayrhofer (Treasurer)
- Andrew Munro (Company Secretary)
- Chris Manning
- Darren Thorne
- Laura Fox
- Mary McNulty
- Paul Pegden Smith
- Peter Hughes
- Philip Darling
- CJ Hamilton

Staff

Mike Derry (Chief Officer)

We thank the following staff for their contributions to the team during the year:

- Sandra Nelson (Administration Officer)
- Stephanie Learmonth (Research and Projects Officer)
- Chorna Horun (Interim Communications Office)
- Joanna Saucek (Communications Officer)
- Louise Smith (Market Research and Communications Intern)

Auditors

Not confirmed at time of going to press

Bank

Unity Trust Bank plc:
Nine Brindleyplace, Birmingham, B1 2HB

Any enquiries regarding this publication should be sent to us at mike@healthwatchrichmod.co.uk

You can download this publication from www.healthwatchrichmond.co.uk