
What we're hearing about Surrey Downs

July 2024



"... after leaving the practice the person on the desk called me, I had literally just left the building and walked past them. I missed the call as my phone was in the bag, I then needed to call back and wait to get through to be able to book the follow up. The processes are nearly there but if I had been told to go to the desk after my appointment it could have been dealt with there and then."



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Report overview

This report provides insights into local people's views on, and experiences with, health and social care services across Surrey Downs. It is based on what people have told us at a series of engagement events in the area, as well as enquiries to our [Helpdesk](#), between November 2023 and May 2024.

Our report focusses on:

- [In the Surrey Downs Community](#)
- [Experiences of general practice](#)
- [Spotlight on pharmacy](#)
- [Spotlight on Epsom and St Helier Hospitals.](#)

Please note: Any urgent or concerning experiences within this report have been escalated to the appropriate teams. All appropriate information and advice and signposting to complaints processes has already been given.

If you would like more information or examples of what people have shared, please get in touch.

Recommendations around pharmacy have not been included in this report as they will be shared as part of our involvement in the Pharmaceutical Needs Assessment (PNA) steering group in the coming months.

Summary and recommendations

The following table shows evidence and recommendations for the themes highlighted in this report.

Theme	Evidence	Recommendations We recommend that local providers of care consider the following:
Poor communication resulting in barriers to care	Case Study 1: Text message cancellation.	1. When sending text messages to cancel appointments, information is given about any action a patient must take to follow up on their care.
Poor communication resulting in barriers to care/ Experiences of General Practice	1. Case study 2: Tried to feedback about care. 2. Communication between patients and staff.	2. When a patient gives verbal feedback, that is not able to be resolved there and then, that the GP practice gives options for other routes to feedback about care. 3. When dealing with patients verbal feedback over the phone, ensure they know who they are speaking to; name and job title.
Experiences of General Practice/ Poor communication resulting in barriers to care	1. Frustrations about processes. 2. Case Study 3: Barriers to following up on care.	4. Clear information given to patients by all members of staff (including clinicians) about processes to book and cancel appointments and follow up appointments. 5. Written information given to patient at point of referral with clear timeframes about when, how and who to follow up the referral with.
Experiences of general practice	Self management of medications is being made difficult by repeat prescription delays and confusion around the system and process.	6. Supporting GP practices to develop a 'how to' guide which clarifies the process for obtaining repeat prescriptions in their surgery.
Communication with carers.	Carers of patients not being effectively identified and communicated with about discharge from hospital.	7. Review Healthwatch Surrey recommendations from the carers discharge report and respond with actions to improve communication to carers in hospital.
N/A	N/A	8. Sharing any other actions related to the experiences presented within this report.

What we're hearing

In the Surrey Downs community

Our community engagements are an opportunity to listen to people in person and offer information and signposting to local residents. Visits to community settings such as local libraries and community cafes, along with visits to local community services, empower people who may not have had their voices heard to have their say. Whilst the majority of the feedback has been added to the general themes across Surrey Downs, we have also selected several specific visits to share insight about.

Epsom Safe Haven, supporting with mental health needs.

We arranged this visit in partnership with Combating Drugs Partnership Public Involvement (CDPPI), also delivered by Luminus. We visited to speak with service users, staff and volunteers running this service. As well as sharing their experience of visiting the Safe Haven, people told us about how they are supported by other providers of care too.

Epsom Safe Haven

- Accessing the Safe Haven service is critical to those in crisis.
- Carers who bring along a person in crisis very often need support from Safe Haven too.
- The service is adapting and hoping to create an additional service to refer those who need more practical support to aid their recovery.
- The team work closely with the day service run by Mary Frances Trust, encouraging people to access support during the week.

Virtual Safe Haven

- Virtual Safe Haven has enabled the team to support more people.
- In the past, those in crisis who were intoxicated, would have been turned away but now the team are able to direct to the Virtual Safe Haven.
- However, for some, this may prompt a visit to A&E.

Safe Haven and substance use

- For many, mental health is intrinsically linked to substance use.

“I have called the Safe Haven tonight because I don't want to drink tonight. In March, I ended up staying in at Epsom Hospital after being brought in by ambulance because I was totally intoxicated. I needed a 3 day detox with them. I spoke to the alcohol liaison nurse, and they referred me to i-access.”

214800, Mole Valley resident, Virtual safe haven user

- The importance of easy access to services for substance use is vital to aid mental health recovery.
- For some, there are barriers to accessing substance use support services. This includes self-referral forms and a lack of understanding about which services can help them.
- We also heard that for those with both mental health and sensory sensitivities, accessing some drug and alcohol recovery services provided in group settings can be overwhelming.

Our visit has empowered Safe Haven staff to find out more:

- By Healthwatch Surrey partnering with CDPPI we were able to support the service to arrange an information session with i-access staff to find out in more detail about how some services work.
- CDPPI has connected organisers of the Hep C bus with the Safe Haven to be on site to screen people for Hepatitis C.
- The staff have been connected to Emerge Advocacy, whose youth workers support young people attending A&E because of self harm or a suicide attempt.

Social Prescribing Service, Leatherhead Primary Care Network

We were invited to accompany the social prescribing team from Leatherhead Primary Care Network working at a regular Thursday Leatherhead Advice Hub. People told us about their GP, pharmacy and hospital care. We also heard about the valuable work the social prescribers are doing in the community.

“We are here at the advice cafe every week. We also support people by phone too.... **The wellbeing team offer a holistic approach to someone's life, supporting with multiple issues which may be contributing to their health.** We have 2 parts to the team. A coaching team helping people with long term conditions such as diabetes to help them make a change to benefit their health. The social prescribing is often around housing, finances, low mood, loneliness and we can signpost and refer as needed. The feedback we have had from people using the service has been really positive, they are beginning to make changes and they see the positive impact it has on their life.”

Wellbeing Advisor May 2024

“I'm diabetic and in my fourth year of remission from prostate cancer, I'm too old [60s] to be sofa surfing or being in a shared house. [After seeing my GP] **I was referred to the social prescribers as I needed help with housing. [The social prescriber has been excellent. It has really helped me, totally. Really good things are happening and changing now, she has helped me to find out stuff, whereas I was doing all that on my own in the past [...]** I have no fixed abode and I'm staying with friends for now. The housing people I was put in touch with have been amazing.”

214915 Mole Valley Resident May 2024

The Meeting Room, Ewell - The impact of poor communication

In February we met with local residents attending The Meeting Room in Epsom and Ewell. This organisation ‘supports homeless, vulnerable and socially isolated people in the Mole Valley & Epsom areas’.

- Although each person's story was very different, we heard a common theme around the importance of clear communication.
- Confusing information about care and how to access care are barriers for some.
- People rely on the support that family, carers and staff members offer to help with navigating care services.

We have highlighted 3 people's experiences where communication could have been improved:

Case Study 1: Text message cancellation

"I booked in several times for appointments with my GP for mental health reasons and then I was referred to GPimhs (GP Integrated Mental Health Service). I had an assessment booked in for me at the end of January, which was a couple of months wait. I was really disappointed as the appointment didn't happen. The day before, I was sent a text message to say the practitioner was ill and so the assessment was cancelled. **No one has followed up with me since and there were no instructions as to what I should do next.** I'm not very digitally savvy and I struggle a bit with long messages with lots of text. My brother helps me with my phone and with figuring out the appointments and things. [mentioned Tech Angels] I was told about Tech Angels – I'm waiting to hear back from them."

211440, Epsom and Ewell resident, February 2024.

Healthwatch Surrey offered information and advice, suggesting a way to follow up with the GPimhs service and shared information on how to do this. We recommend when sending text messages to cancel appointments, information is given about any action a patient must take to follow up on their care.

Case Study 2: Tried to feedback about care

This person was reluctant to share their feedback - they said 'what's the point, nothing ever changes' but the support worker encouraged them.

[Being supported by The Meeting Room] "I'm still waiting for an ADHD assessment, it's been 2 years. I'm in my 30s and I've heard nothing since a psychologist put me forward for this. They suggested medication would help me. I am reliant on medication now for sleeping, otherwise, I am unable to sleep and get proper rest. I have been having problems getting consistent medication, it is chaotic. I request medication via

the NHS App and then they don't approve them. I need the medication not just for sleeping but also for my mental health. When they don't approve it, then I don't have enough and so if I come off it, that is a problem. It works best when I am continuously on them. I was meant to speak with the clinical pharmacist last week and had a phone appointment organised, they didn't call. I then got a text asking how my appointment went. **I feedback that they didn't call me. I heard nothing back. It looks like they think I had the appointment, but I didn't.** It's so frustrating as I had my phone by me the whole time, all day, and no one called. I feel so frustrated I want to give up, I've heard nothing since, it's rude - now I have to start again and it was a struggle to get this far with them. It makes me annoyed and then they wonder why patients come in annoyed. I went in there a while back and just said I need my medication for my mental health and just stood there and kept asking. **I feedback to the Practice Manager but it didn't change anything."**

211032, Mole Valley resident, February 2024.

Healthwatch Surrey offered information and advice, suggesting the resident try again with the Clinical Pharmacist and showing them how to do this via the website form.

We heard a follow up:

"I went for an appointment the other day and they wanted me to wait 30 minutes for my appointment over time and I couldn't. They know I have bad anxiety and ADHD so I had to leave. I put in a request for my meds last week and I only found out that it had been sent yesterday to the chemist. It is a joke."

Healthwatch Surrey suggested that this person ask to be referred to the Live Well service offered by this practice which said it will help with clinical pharmacist/ social prescribing. We recommend that when a patient gives verbal feedback that is not able to be resolved there and then, that the GP practice gives options to other routes to feedback about care.

Case Study 3: Barriers to following up on care

This person felt that health staff were not listening to her. She is managing complex health conditions and finding it hard to manage care, whilst feeling unwell.

One of the support workers at The Meeting Room told us how she had helped with arranging care. She said that when she comes along to appointments/helps to manage care, things start happening as staff listen to her, rather than the patient. The support worker said this person doesn't feel like anything happens when she speaks for herself.

"I'm in my 50s and have disabilities... I feel like I'm not getting the care I need, they referred me to Ashted Hospital for an injection so that I can have steroid injections. Had an injection and the hospital said we will see you in 6 months and that should have been December 2023/January 2024 time but I haven't heard a thing from them. I also have had a referral to Epsom Hospital from the GP practice to orthopaedics. The GP said they would do the referral back in December, [I followed up] and asked them to get in touch. **The support worker [at the meeting room] called back a week later as I didn't think they were listening to me when I called. They hadn't sent the letter for the referral (mid January) but now the letter has been sent.** [I feel] the delays are not my fault but I am the one living with the pain. The GP upped the pain patches in the meantime. I have lost my phone and so have no further information about the injections and don't know who to call. I don't have access to online."

211032, Mole Valley resident, February 2024.

Healthwatch Surrey suggested that this person follow up with the PALS service at Epsom Hospital and shared information on how to do this. We recommend giving clear information to patients from all members of staff (including clinicians) about processes to book and cancel appointments and follow up appointments. Written information should be given to patient at point of referral with clear timeframes about when, how and who to follow up the referral with.

Experiences of general practice

Virtually every person we speak to has needed to contact their local GP practice at one time or another resulting in GP practices being the most talked about topic in Surrey Downs. In general, we have heard about how easy or hard the processes around accessing a GP practice have been for patients.

Working in conjunction with Glenlyn Medical Centre, we set out to hear specifically from their patients about their experiences of the service. We visited the practice in February 2024 to hear from patients, running a survey alongside this engagement. The final report with recommendations can be found on our website - [What we're hearing about Glenlyn Medical Centre - March 2024 - Healthwatch Surrey](#). We have shared our findings and recommendations with both Glenlyn Medical Centre and Surrey Heartlands via the head of Primary Care.

Across Surrey Downs we have heard the following key themes relating to GP practices:

Difficulties contacting GP practices, digitally and by phone.

We hear from some people who feel that practices have gone 'completely online'.

People have told us about using/not wanting to use the NHS App. Our Engagement Officers have been explaining the NHS App and signposting to tech support at local libraries or Tech Angels (provided by Surrey Coalition).

"I always have to go online but the form never seems to go through. If I ring up, they tell me to go online. I don't want to. Would much rather call, it's too much hassle online. I never bother with the Friends and Family Survey. I've fed back in the past, never get acknowledged, so what is the point?"

211761, Elmbridge resident, February 2024.

“My GP practice are extremely good. The only problem is that everything is online now, and if you call them, you must wait a long time to get through, and often you are disconnected.”

208389, Reigate & Banstead resident, January 2024.

“They are very easy to contact and the staff are very responsive. I go online, call directly or walk in as I am local. I get appointments quickly. I don't use the NHS App as I don't see the benefit!”

209972, Epsom & Ewell resident, February 2024.

“I'm not good at tech at all. I know why I should have the NHS App but I just don't want it. I only have a basic text and call phone.”

209747, Epsom and Ewell Resident, February 2024.

Understanding triage

Triage is still not landing well with some patients, and they feel it is another barrier to access.

“Our local GP clinic is a nightmare for making appointments with a GP. Still not allowing face to face appointments in the first instance and insist on telephone appointments first!”

210160, Reigate & Banstead resident, February 2024

“I object to the receptionist asking personal questions, they're not trained.”

208390, Reigate & Banstead resident, January 2024.

Frustrations around processes

We heard frustrations expressed by patients around overly complex processes and impractical responses to booking processes. Some examples of what we've heard:

“About 5 minutes after leaving the practice the person on the desk called me, I had literally just left the building and walked past them. I missed the call as my phone was in the bag. I then needed to call back and wait to get through to be

able to book the follow up. The processes are nearly there but if I had been told to go to the desk after my appointment it could have been dealt with there and then.”

206819, Mole Valley resident, December 2023.

“Don't get me started about the GP practice. They called me about a pill I was taking. They said I needed to stop taking it and that I needed to have an appointment. I received a text which told me my appointment time and it said it was at the surgery. I drove over to the surgery, but they had no record of an appointment for me. They said it must be a phone appointment. I went home. No one called. Then I received a message to say that appointment was cancelled and that there was appointment via telephone call the next day. No one called me. I drove back over there and spoke to them. I received a call yesterday and the doctor spoke about the medication change.”

214914, Mole Valley resident, May 2024

“I thought they [named GP practice] were useless, I travelled over there to make a GP appointment. I found it really hard to get an appointment [before going], so I tried to book it via the desk but gave up and left. I don't have a smartphone and so that's why it's easier for me to go in and book.”

211036 Elmbridge resident, March 2024 (Currently staying at a homeless night shelter)

Prescription confusion

People have told us that managing medications is being made more difficult by repeat prescription delays and confusion about the system and process.

“I was advised by my GP that my repeat prescription had to be done via the NHS App. Unfortunately, my ongoing prescription is not listed on the App so now I have to go back into the surgery to show photo ID so that they can give me a code to register for it. Seems a bit convoluted, this isn't mentioned on the App anywhere. My repeat prescription is

not on the system for some reason even though I have been on this medication for about a year... The old process was simple! Ask for a repeat prescription to the pharmacist, pharmacist contacts GP, GP issues prescription!"

204199, Epsom & Ewell resident, November 2023.

Poor communication between patients and staff

Several people said they have complained to the practice but have not felt heard.

"[...] they aren't very understanding. I have complained to the Practice Manager there but have got short thrift."

208392 Reigate & Banstead resident, January 2024.

"I have complained to the practice about the time it takes to answer the phone, even if you are number 1 in the queue you always have to wait 15 minutes. I don't know who I spoke to, but they called me back to speak to me. It hasn't got better."

214914, Mole Valley resident, May 2024.

Communication from reception staff

For some the poor communication from front line reception staff is seen as a barrier to care.

"The receptionist was very impatient and rude. When I asked for her name as she could see that I wasn't happy about the way she was treating me and also how she was dealing with the case. She refused to say her name many times and just hung up on me."

212130, Mole Valley resident, March 2024.

"[Phoned to cancel a blood test] The person I spoke to was so rude I was shocked and appalled... She couldn't find my appointment to cancel and got so angry and accused me of making it up - I booked in person and had it written down but she was having none of it. She just kept cutting me off and eventually she hung up on me."

211719, Elmbridge resident, March 2024.

Praise for GP practices

Despite issues for some, we have been pleased to hear from Surrey Downs residents who are really happy with the service their GP practice is providing. This has been relating to prompt referrals and examples of excellent communication from staff.

“I had a recent need for urgent GP access. It is difficult to access the surgery by phone. But they arranged an appointment the same day. It resulted in a cancer concern [prompt referral made...]. The outcome was prompt and I had excellent care through a scan and minor operation. I had excellent care from the NHS staff.”

205062, Reigate & Banstead resident, November 2023.

“I’m really happy with my GP practice. I have been really well supported by them. I’m dyslexic and so we’ve sorted out a system where they know that calling me is best, they also phone/text me to remind me of appointments coming up. I can cope with a short text, that has been helpful. When I call to book appointments, I have found that I can get an appointment quickly.”

214915, Mole Valley Resident, May 2024.

“The GP explained clearly what the lump is, sent a text with a link to a website explaining how to treat it, but also requested a scan for my knee. He also asked if there was anything else I needed to ask him (even though I’d had a text from the surgery stating that I could only discuss one thing).”

207138, Mole Valley resident December 2023.

Spotlight on Pharmacy: the value of pharmacy and the impact of local closures

In April 2024 Healthwatch England released their report “[Pharmacy: what people want](#)” exploring the current state of pharmacy services and offering recommendations for healthcare leaders and the wider sector. The report

is based on a national poll as well as interviews undertaken by local Healthwatch, including Healthwatch Surrey.

In addition to contributing to this national report, we have also been working within the Elmbridge area to explore how people have been affected by a recent pharmacy closure. We have presented our findings and recommendations following this and similar surveys in the Guildford area to the Pharmaceutical Needs Assessment Steering Group in the coming months.

Findings at a glance:

- Residents **value the service and clinical expertise** which their local pharmacy can provide – this supports the [Healthwatch England report](#) which found that pharmacies are often the most visible and accessible part of the health system.
 - 64% of people would consider going to their pharmacy instead of their GP practice for minor illnesses or health advice.
- The impact of the closure of one pharmacy on the alternative provision in the area is a huge concern for local residents – if alternatives don't meet their needs in terms of capacity, space or opening hours **the value of the service is hugely reduced.**
- **Travel distance from home** is the most important core indicator for people when visiting a pharmacy, but this is more complex than a crude mileage value – **people need to be able to walk or have reliable / accessible / affordable public transport options.**
- The closure of Boots Thames Ditton has left many people without a pharmacy in walking distance. This has had a significant impact on local residents, but it has particularly affected the elderly who are both less mobile and more likely to need regular medication, those with young children and those with financial concerns.
- Good customer service is also considered to be critically important, but people's **confidence in this is eroded if a pharmacy is seen to not have sufficient capacity.**
- Many of those affected are not online, and therefore their voices may not be heard.

The report [What we're hearing about pharmacy provision in Thames Ditton - Healthwatch Surrey](#) and summary [What we're hearing about pharmacy](#)

[provision summary: Pharmacy Closures – Impact on Surrey Residents – Healthwatch Surrey](#) are both on our website.

Spotlight on Epsom and St Helier Hospitals:

Hospitals were the next service we heard most about, with the majority of experiences related to Epsom Hospital. We heard mixed experiences of A&E. Communication to patients remains the top theme and we heard several experiences of communication from the hospital from the perspective of carers.

Communication with carers

Communication to families and carers is key to a safe and effective hospital discharge for patients. Poor communication can hinder discharge and prevent appropriate follow up care for patients.

“I went in to visit her on Monday this week, only to be informed that she was going to be discharged to a care home in Egham on Tuesday morning [...] not one person asked if I was her carer.”

212068 (Carer for wife) March 2024, Epsom Hospital.

“Although the hospital has been really good in other regards, like letting us visit whenever we want, no one has approached us and asked if we are carers... We just don't know what to expect next, as no one has told us anything. I'm worried about what will happen when he comes home and how mum will cope.”

212063 (Carer of father with dementia) March 2024, Epsom Hospital.

“Yesterday there was a meeting in the hospital about her care and apparently a decision was made that carers would be popping in, in the morning and afternoon. What does that mean? They haven't even visited the house to assess it, so how can they possibly know what her needs are? I wasn't present at the meeting as I wasn't told about it. I had to keep asking for the details.”

211233, (Carer for wife) March 2024 St Helier Hospital.

In our [2021 report of carers experiences of discharge](#) we found:

- Carers are at a serious disadvantage. They are often unaware of assessment processes, how decisions are made and who has responsibility for what actions. They cannot contribute to the discharge and cannot quality check the discharge.
- These weaknesses can result in actual patient harm.

Healthwatch Surrey are currently following up on our recommendations from this report with each hospital across Surrey.

Experiences of A&E

A&E was the hospital department that people told us about the most. We heard about the breadth of care this vital service offers patients, often under intense pressure. We heard praise for the care received. However, we also heard that communication during busy times could be improved, illustrated by this case study:

Case study 4: Waiting in A&E

We heard from a person who told us about a long wait on a busy night in A&E describing the events of the night.

- We heard how busy the service was:
“I was taken to Epsom Hospital by ambulance having fallen over and injured both ankles and strained my side. The ambulance team were wonderful and did everything they could to make me comfortable. At about 5.45pm I arrived in the A&E waiting room. It was completely full to the extent that some people were sitting on the floor leaning against the wall.”
- The person gave us some examples of communication from staff whilst waiting:
“After about 2 hours a nurse came through and gave a speech to say they were doing their best but that [we] would be due a long wait (no duration mentioned).”

“4 hours after the ambulance team had given me paracetamol, I was in a lot of pain and asked for some pain

relief. I was told to wait. It didn't appear so about 45 minutes later a friend who had driven up to see how I was went and asked."

"At about 4.30am I asked whether there was any news on when I would be seen. The nurse said it would be soon and disappeared."

- We heard about excellent care:

"By 5.44am I'd seen the doctor and had the x-rays. I was put in a more comfortable recliner to wait for the results of the X-rays. [...]"

"When the results came through, I was told I could go home. The doctor was exceptionally kind and worried about how I would manage on my own at home. He said I could ask at reception for help calling a taxi and organised pain relief for me to take with me."

"I am grateful beyond words to the doctor and x-ray team; they were wonderful."

- However, after a long night for staff and patients, help to leave the hospital could have been improved.

"I was, at this point still seated in the recliner chair. A nurse brought the medication to me and walked off leaving me in the chair. After about 15 minutes I asked someone (not medical staff) who happened to be walking nearby if he could call a nurse for me. The nurse came over and said loudly "I'm told you want to speak to me". I explained that I needed a wheelchair and someone to wheel it to reception where I could get help calling a taxi. The nurse immediately became aggressive and raised her voice at me saying that reception did not call taxis and that I should do that myself. I said that was fine I would organise my own Uber but I needed the wheelchair to get to the pick up point. She became more aggressive and shouted at me "I am trying to tell you that the reception doesn't call taxis". At this point the

doctor appeared and intervened. He apologised to me and asked for a wheelchair to be brought to me. A different nurse brought the wheelchair and wheeled me to the telephone where she left me without waiting to help me get to the taxi collection point. I had to ask a passing medic to wheel me to the pick up point outside.”

- Communication and compassion from staff would help improve long waits in A&E.

“Something needs to be done to improve staff dealing with people waiting for treatment in A&E. Bearing in mind that people there have no idea how serious their ailments are, some are scared, some are too sick to care, others are in pain and those who are with them are worried and afraid. What is needed is compassion and care not staff hiding away behind frosted glass so that they can't be seen, information given out grudgingly and open hostility to the patients.”

215214, Surrey Downs Resident, May 2024

Praise for care

We also heard further experiences of good care.

[Epsom Hospital A&E] “My father had a fall and badly bruised his face and damaged his hand, we received a very good service. Triage quite quickly, sent for X ray, CT head scan and ECG and bloods, tetanus injection given also. Very good experience where the staff are under immense pressure, it was extremely busy, waited 4.5 hours which I don't think was too bad.”

212063, Epsom and Ewell resident, February 2024.

[A&E at St Helier Hospital and Epsom Hospital] “I have had 2 visits to A&E by ambulance during the last month. [...] My 2 experiences were wonderful; I cannot praise all the staff involved highly enough. 10 out of 10.”

204477 Surrey Downs Resident, November 2023.

About Healthwatch Surrey

Healthwatch Surrey champions the voice of local people to shape, improve and get the best from NHS, health and social care services. As an independent statutory body, we have the power to make sure decision makers listen to the experiences of local people.

We passionately believe that listening and responding to local people's experiences is vital to create health and social care services that meet the needs of people in Surrey. We seek out people's experiences of health and care services, particularly from people whose voices are seldom heard, who might be at risk of health inequalities and whose needs are not met by current services. We share our findings publicly and with service providers and commissioners to influence and challenge current provision and future plans.

We also provide reliable and trustworthy information and signposting about local health and social care services to help people get the support they need.

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We are proud to be commended in the National Healthwatch Impact Awards, recognising our work helping to improve local NHS and social care. You can view [our video](#) highlighting how feedback has enabled us to make positive changes to health and social care services.



We are committed to the quality of our information. Every three years we perform an audit so that we can be certain of this.

Luminus

The Healthwatch Surrey service is run by Luminus Insight CIC, known as Luminus.

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