

# Quarterly Impact Report

October – December 2024



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## This quarter in numbers



**105\*** People supported through our  
Helpdesk



**18** People supported by our Independent  
Health Complaints Advocacy service



**26** community engagement events



**510** People helped, supported or engaged  
with whilst out in the community



**7** Reports published



**332** Hours provided by our volunteers

\*This includes people who contacted us via website, phone, e-mail, text and WhatsApp.

## Information and signposting

Healthwatch Surrey offer information and signposting – via our Helpdesk or during engagement in the community – to support people to navigate health and care services across Surrey. We help people to identify the services and support they need and provide advice about what to do when things go wrong. Through our relationships with system partners we can also escalate concerns, providing resolutions to individuals and ensuring an improved experience for others.



## Supporting residents through our Helpdesk

We helped **105** people navigate health and social care services through our [Helpdesk](#) this quarter.

### Case study: Rosie's\* Experience

Rosie called the Helpdesk concerned about the lack of support she was receiving from her social worker. Rosie has a physical disability and struggles with her mental health and has a social worker to support her to become more independent in her home. Rosie also disclosed that she was unable to advocate for herself as she didn't have the required documentation.

The Helpdesk advisor informed Rosie that, under the Care Act, she has a right to have a written copy of her care plan and suggested that she request this, so that she could raise her concerns and request any amendments to be made.

### Outcome for Rosie\*

The Helpdesk were able to provide Rosie with critical information on her rights that she hadn't been able to obtain elsewhere. Thanks to the advice provided Rosie felt empowered to request a copy of her Care Plan. She was then able to advocate for herself and have her voice heard by her social worker.

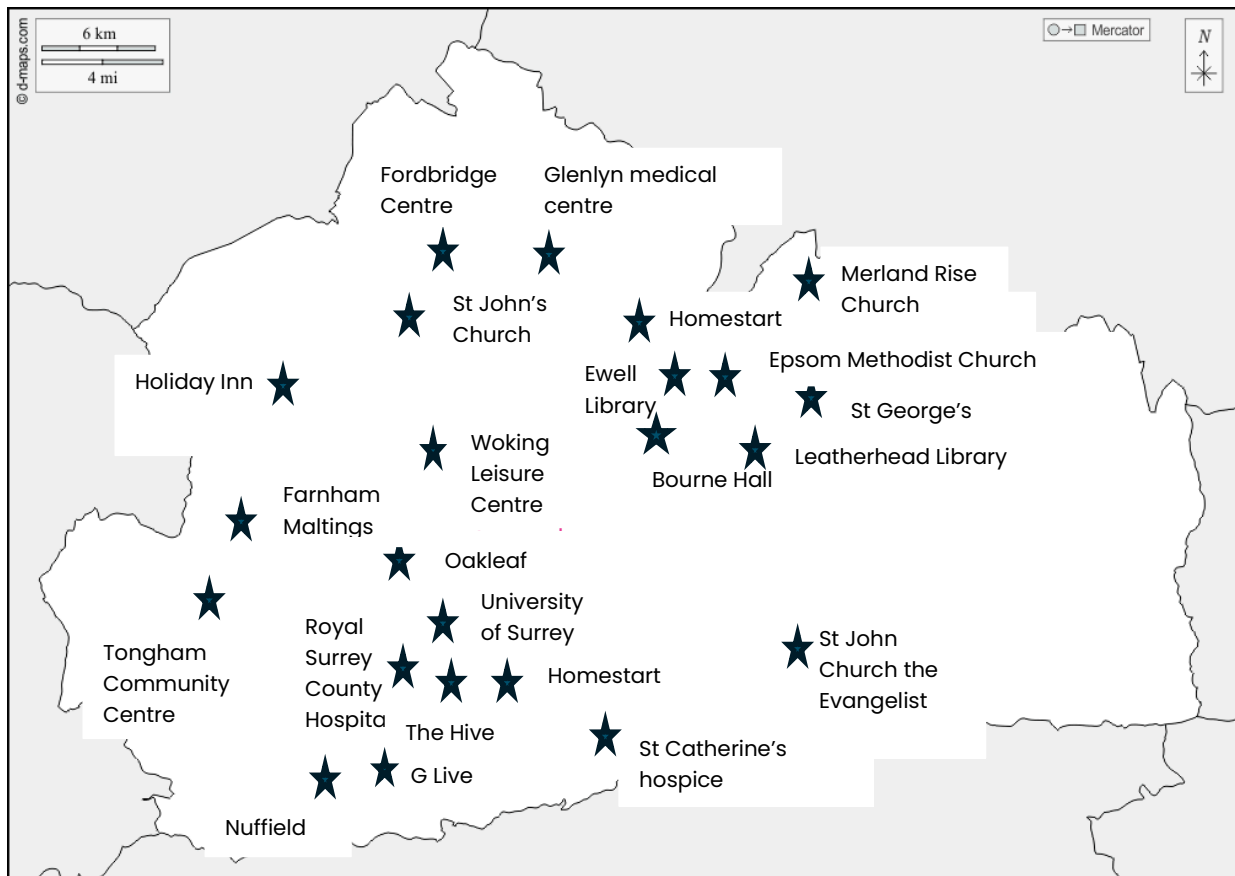
\* Names have been changed.

## Supporting residents in the community

We engaged with **510** people, visiting **23** venues across Surrey.

In this quarter our community visits took place in Guildford & Waverley, Surrey Downs and North West Surrey.

The map below shows the venues we visited this quarter.



Next quarter we'll be focusing our engagement in East Surrey, Farnham and Surrey Heath.

### Community case study: creating lasting impact

During an engagement event at Woking leisure centre (talking to residents attending an over 50s exercise class) we spoke to a number of unpaid carers. We were able put the class teacher in contact with our Giving Carers a Voice colleagues, as well as following up with useful carers resources. We also signposted some people to register as unpaid carers, ensuring they could access the vital support they're entitled to.

## Advocacy & complaints

This quarter we supported **18** people to make a complaint through our [Independent Health Complaints Advocacy service](#) (IHCA). Run in partnership with [Surrey Independent Living Charity](#), IHCA provides free, confidential and independent support.

“I honestly believe the service, and the help I received, has helped me be a bit calmer about everything, knowing I am not alone.”

“Fantastic, knowledgeable and a great help. I finally got some answers from the NHS!”

“Thank you. I'm very grateful for your highly professional support and guidance over the last 12 months.”

“I have found the entire process extremely exhausting, if it had not been for the unwavering help of my advocate I would not have got this far”.

### Case study: Sarah's\* Experience

Sarah contacted the IHCA following delays in her cancer diagnosis and treatment. Some of these delays – caused due to system failings related to a change in the consultant in charge of her care – fell outside cancer treatment pathway guidelines. Failings could be identified across two separate hospitals, which made the complaints process challenging for Sarah to navigate at what was a very difficult time.

The IHCA were able to explain the complaints process and how it operates when more than one provider is involved. They worked with Sarah to think about what questions she wanted answering and what outcomes she was seeking, and to articulate those in the best way possible. The IHCA drafted the complaint and monitored for a reply, and kept Sarah informed if and when appropriate based on her current health and stage in her treatment journey.

### **Outcome for Sarah**

The Trust accepted their failings regarding delays to treatment, and the fact that there was inadequate mental health support put in place for Sarah throughout. They also assessed her individual treatment pathway and were able to reassure Sarah that the decisions made did not have a negative impact on her clinical outcomes.

Sarah appreciated the clarity provided by her advocate and the pressure which their support took off her when she was undergoing treatment.

### **Wider outcomes**


As a result of the investigation, the Trust has undergone a review of clinical staffing and are undertaken internal staff training. They are also designing a leaflet to give to patients, signposting to further sources of support. A procedure guide is being drafted for all clinicians to introduce a more rigorous support framework for patients, which will be shared Trust wide.

\* Names have been changed.



## Delivering on our thematic priorities

Along with our core priorities of agenda free listening, the provision of information and advice and amplifying the VCSE voice, we also have 4 thematic priorities – access to primary care, social care, mental health and the involvement of people.



**We are putting a spotlight on neurodivergent people's experiences in hospital outpatient services.**

- **Do you consider yourself to be neurodivergent?**
- **Or are you a parent or carer of a neurodivergent person?**
- **Have you visited an outpatient service in a Surrey hospital in the last 12 months?**

**Please complete our survey:**

<https://www.smartsurvey.co.uk/s/OutpatientsSurreyNDSurvey>

Please contact us if you need a paper copy of the survey. We will be happy to send one out to you.

## The Involvement of People

As part of our Involvement of People priority we are seeking to ensure that user feedback is an expected and required element in all service decision making, and that *all* service users are heard in ways that work for them.

## Neurodivergent people's experiences of outpatients in Surrey hospitals

### Background

In March 2024 we spoke to almost [100 people in 6 Surrey Hospitals](#) to understand the barriers and enablers to patients giving feedback, as well as how effectively each hospital was listening to and acting on this feedback. For the next phase of this project we were keen to explore the experiences of a specific cohort of Surrey residents, those who are not neuro typical.

Neurodivergent people are one of the priority populations for Surrey, recognised in the in the [health and wellbeing strategy](#) as a community who may experience poorer health outcomes or health inequalities. We sought to highlight the experiences of neurodivergent people before, during and after their outpatient appointment for medical conditions and to highlight what would help to improve their experience.

### Methodology

Working closely with one of our volunteers with lived experience – a parent of a neurodivergent child – we developed an online survey looking at 3 key areas:

- Communication received before an appointment
- Experiences before meeting with a clinician
- Experiences during an appointment.

70 Surrey residents completed the survey and their invaluable insights helped us to develop a series of [recommendations](#). These recommendations have been shared with all hospital trusts across Surrey and all are committed to making improvements.



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“We acknowledge to date that the experience for our patients and carers needs work and focus and the lived experience in this report truly helps develop this work. We have used this report to develop our commitments in response to the experiences highlighted.”

**Victoria Mumford – Professional Director of Nursing and Cancer, RSCH**

### **What’s changed?**

#### **Surrey and Sussex NHS Trust**

Recommendations are feeding in to a current project of work to ensure compliance with the [Accessible Information Standard](#).

#### **Ashford and St. Peter’s Hospitals NHS Trust**

- The Trust’s Patient Panel are now considering the appropriate placement of designated areas for those with additional needs.
- Appointment letters are being reviewed by the Learning from Patient Experience panel to ensure that they meet the needs of neurodiverse patients.
- All divisions are exploring what adjustments can be made for neurodiverse patients.

#### **Royal Surrey NHS Foundation Trust**

- The hospital website is now being updated to ensure full Accessible functionality.
- The Accessible Information Group is now working to ensure multiple communication options are available for patients.
- A programme of work is underway looking at outpatient letters, in terms of information provision and clarity.

#### **Wider impact**

The recommendations were seen as relevant and useful by a number of service providers, beyond those highlighted in the report. In East Surrey, First Community Health and Care (who provide community healthcare services to people living in east Surrey) picked up the recommendations for their own services and CSH Surrey will be using them to inform their learning disability and autism strategy.

The report also formed an important part of the Surrey Heartlands Integrated Care Board (ICB) Joint Intelligence Group agenda in October. The group provides a strategic, integrated forum to inform decision making and risk management to improve quality of care for service users.

We will be following up with service users later in the year to assess whether improvements have been felt.

## Primary care

**A key outcome that we're seeking as part of our primary care priority is to improve the information and advice available to all sectors of the population about access to primary care.**

### Helping to ensure that carers are recognised

We meet with the Primary Care Digital team at Surrey Heartlands ICB regularly, to ensure the patient perspective is considered in the design and development of GP practice websites. We were alerted to the fact that the carers registration form on GP websites was no longer available. We also noted that the section on unpaid carers didn't include a definition of a carer, or call for a carer to register to access the benefits this enables. We requested action from Surrey Heartlands to rectify this.

#### What's changed?

Thanks to our input the carers registration form - a vital mechanism for helping to ensure that unpaid carers are appropriately recognised and receive the support they need - is now available once again.

We're pleased that Surrey Heartlands are also looking to make this form more accessible so that *all* unpaid carers are able to register and access this important support.

## Making a difference at a system level

We ensure that decision makers in Surrey Heartlands and Frimley Health hear about the insights and experiences residents have shared with us, both positive and negative. We sit on a number of boards and committees and hold regular 'what we're hearing meetings' with Place (the 6 health areas across Surrey). We also proactively challenge system partners over issues identified to us by local residents and share when things have gone well to help to identify best practice.



## Ensuring residents' views inform decisions around changes to emergency care provision

The Frimley Primary Care board wanted to better understand people's decision making and choices when seeking urgent or emergency care. We therefore worked with our local volunteers to visit Aldershot Urgent Care Centre (UCC) and Frimley Park Hospital's Emergency Department to talk to people about what led them to those particular services for treatment.

### What impact did we have?

The findings in our report – detailing local concerns and priorities – fed in to the ICB's strategic thinking around the decision to close the pilot Urgent Care Centre at Aldershot and open an Urgent Treatment Centre at Frimley Park Hospital.

## Shining a light on the Accessible Information Standard

The [Accessible Information Standard](#) (AIS) sets out a specific, consistent approach to identifying, flagging, meeting, recording, and sharing the information and communication support needs of service users with a disability, impairment or sensory loss. Despite the fact that – from 1 August 2016 – all organisations that provide NHS care and/or publicly-funded adult social care have been legally required to follow the standard, people told us that it wasn't being implemented.

In March 2023 we sought clarification from Surrey Heartlands on the duties and responsibilities of the ICB in monitoring the implementation of the Standard. A meeting with Surrey Heartlands representatives followed, and – in November 2023 – we were invited to be part of the new AIS Working Group. This group was co-ordinated by Surrey Heartland's Head of Patient Experience, with representatives from service providers and other VCSE community groups. We have also set up a sub-group of the VCSE (Voluntary, Community and Social Enterprises) Alliance Voice Group, looking specifically at the Accessible Information Standard and how we can raise what we hear from local people to support the ICB to ensure appropriate implementation.

## How did we make a difference?

As a direct result of the work of this group an Accessible Information Standard listening event was held in November. 27 attendees, including representatives from NHS England, each Surrey hospital, Surrey Heartlands ICB and a number of voluntary organisations, came together to debate the issues and to learn more about the real impact on people of the AIS not being implemented.

Prior to the event we'd worked with 1 of our volunteers – who has a daughter who is neurodivergent – to create a [powerful video](#) to share with those in attendance. This video, along with 1 shared by Surrey Coalition of Disabled People about provision for people with sensory impairments, really brought the issues to life, highlighting the personal impact of not adhering to the standard. We hope this video will help with awareness and improve compliance – hospitals plan to share the videos as part of staff training and NHS England plan to use the video on their South East region patient experience and involvement futures workspace.

"Thank you for the work you did bringing the 2 videos together. The response to the videos from those attending the event showed how powerful they were."

**Liz Patroe, Head of Patient Experience, Surrey Heartlands Integrated Care System.**



## Local insights impacting national policy

### Cervical screening

In our last [Impact Report](#) we reported on our input in to a national [report](#) looking at women's experiences of cervical screening.

#### What impact did we have at a national level?

In November we were pleased to learn that NHS England's new "ping and book" service will support 1 of the report recommendations - that access to cervical screening be improved with a variety of invitation reminder and booking methods, including the NHS App. This service reminds women by phone that they are due or overdue an appointment, with new functionality being developed in 2025 to enable millions to book screening through the NHS App.

### COVID vaccination uptake

The number of people taking up the offer of a free COVID booster jab fell sharply in autumn 2024, fuelling fears of a "quad-demic" of rising flu, Covid, norovirus and common cold cases. Against this national backdrop we shared our insights around COVID vaccination hesitancy amongst Surrey residents with the Frimley System Quality Group.

#### What impact did we have?

As well as influencing local strategy, our insights were used as part of a national escalation to support the need for more to be done to address vaccine hesitancy, thus encouraging uptake amongst clinically vulnerable cohorts at risk of inequalities.



## Supporting Joint Strategic Needs Assessments

The Joint Strategic Needs Assessment (JSNA) is an assessment of the current and future health and social care needs of the population of Surrey; it supports local leaders and commissioners to make informed decisions and to shape services in a way that best serves their communities. We're pleased to be able support a number of JSNA chapters to ensure that the views and experiences of Surrey residents are taken into consideration.

This quarter our '[Who holds the power](#)' report (looking at the importance of co-production) helped to inform the **Multiple Disadvantage JSNA** and underpinned a key recommendation within it that 'people experiencing multiple disadvantage are placed at the centre of strategic decision-making processes.'

Our Volunteer Reading Panel also played an important role in the launch of the new **Sexual Health JSNA** by reviewing survey questions to ensure they were accessible for all Surrey residents.

More broadly, we were pleased to see that the JSNA oversight group now recognise the importance of an increased emphasis on capturing residents' views, across all JSNA chapters. This is something we have been challenging and championing for many years so it is great to see qualitative insights now being seen as business as usual across the JSNA.

## Involving local people in health and social care

Our dedicated team of volunteers help us to ensure that local people have their say, and that we hold decision makers to account.



## Celebrating our volunteers

In this quarter our wonderful volunteers gave up **332** hours of their time!

### Case study: Shaun

I started volunteering with Healthwatch in October 2023 – I knew about them having worked alongside them in Godalming with my previous employer.

I volunteer regularly at The Hive in Guildford, and at the Age UK Surrey Planning for your Future events, which take place at different venues across Surrey on a weekly basis. At these events I raise awareness of Healthwatch and talk to people about their experiences of health and social care. I also encourage people to have their voices heard by completing our surveys.

I got to know the team from Age UK Surrey whilst attending these events. I was looking for employment and asked them if they were aware of any opportunities. They said they were recruiting for an information and advice officer – and long story short, I was offered the job!

I am really pleased as I will be able to continue volunteering for Healthwatch as well as working for Age UK. I find volunteering with Healthwatch very rewarding as I am helping people to have a voice. I feel like I am helping the community.



## PLACE assessments

Patient-Led Assessments of the Care Environment (PLACE) involve local people (known as patient assessors) going into hospitals as part of teams to assess how the environment supports the provision of clinical care. They look at things such as privacy and dignity, food, cleanliness and general building maintenance and, more recently, the extent to which the environment is able to support the care of those with dementia or with a disability. The assessments take place every year, and results are published to help drive improvements in the care environment.

This quarter, **8** of our volunteers conducted **5** PLACE assessments at: the Horton Rehabilitation Centre; The Meadows, Epsom; Farnham Road Hospital; Woking Hospital and Ashted Hospital.

## Thank-you, and Merry Christmas!

As a thank-you to our incredible team we invited them to a wreath making workshop in December – it was a wonderful opportunity to show our gratitude (and to get creative and start getting in to the Christmas spirit!) We also took this opportunity to talk to volunteers about some of our upcoming projects and ways they can get involved!



## Supporting providers: Enter & View

Healthwatch have a legal power to visit health and social care services and see them in action. This power to 'Enter and View' services offers a way for Healthwatch to meet some of their statutory functions and allows them to identify what is working well with services and where they could be improved.



## Utilising our Enter & View powers to elicit positive change

During a previous visit to A&E at Ashford and St Peter's NHS Foundation Trust (ASPH) we **highlighted** the need for patients to be better able to share feedback directly with the hospital. More recently, Surrey Heartlands and NHS England shared concerns with us about Friends and Family Test results relating to this department.

We decided to carry out an Enter & View and spoke to 80 people about their experience of emergency care across 4 visits. We shared our findings and a series of recommendations with the Trust.

"I'd like to take a moment to sincerely thank Katharine and her team for their hard work and dedication during this time. They have been exceptionally approachable and genuinely committed to supporting the vision we are working to improve within Urgent and Emergency Care (UEC), particularly around patient experience. The Healthwatch report has been invaluable and complements the recent National Patient Survey. Both are being thoroughly reviewed and triangulated during our monthly patient experience focus group discussions. Their contributions are truly appreciated and play a vital role in enhancing the overall patient experience."

**Jennie Francis, Head of Nursing & Allied Health Professionals , Urgent & Emergency Division, Ashford and St Peter's Hospitals NHS Foundation Trust**

### What's changed?

- A navigation process has been implemented to ensure that patients receive an initial assessment quickly, directing them to the right care pathway from the outset. Clear information on what patients can expect at the initial assessment stage is also provided, helping to manage expectations.
- An escalation procedure has been introduced that allows both the nursing and reception teams to escalate cases when additional resources are needed.
- Internal signage to guide patients effectively has been reviewed and

updated - new screens now display real-time wait times and offer explanations of the processes patients will go through while waiting, contributing to a more transparent and supportive experience.

- All relevant posters and leaflets are also being reviewed to ensure that patients and their relatives receive clear and comprehensive information throughout their care and upon discharge.
- We have been invited to attend a Patient Experience focus group meeting to go through our findings in more detail and look forward to sharing the results of that meeting.

## **Collaboration with Healthwatch colleagues to increase the value of Enter & View**

We have also supported our colleagues at Healthwatch Wolverhampton as they planned an Enter & View visit to a mental health inpatient facility. We shared our experience and some of the practical tools which have made our Enter & View visits so successful.

*"This is really helpful, thank you so much and for giving us your time today, we really appreciate it and I feel it has given much more clarity, we can definitely go in feeling more prepared for this different environment."*

**HW Wolverhampton representative**

## **Looking ahead**

Next quarter we will be supporting our partners at Surrey and Borders Partnership NHS Foundation Trust (SABP) with 2 Enter & View visits to mental health inpatient facilities.

**We would like to thank everyone who gave their time and shared their experiences with us this quarter.**

## Healthwatch Surrey – Contact us

Website: [www.healthwatchsurrey.co.uk](http://www.healthwatchsurrey.co.uk)

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**Committed  
to quality**

We are committed to the quality of our information.  
Every 3 years we perform an audit so that we can be certain of this.

The Healthwatch Surrey service is run by Luminus Insight CIC  
(known as Luminus)