

# **Healthwatch Birmingham**

## **Annual Report 2015/2016**



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## Message from our Chair

**This year has been one of transformational change for Healthwatch Birmingham. The development and implementation of a new strategy provides a clear direction going forward so we can better support those who access health and social care services in the city.**

When the board commissioned a new strategy, our goal was to make sure Healthwatch Birmingham was performing effectively to meet its mission and aims. Achieving this change so quickly has been due to the commitment and hard work of staff, volunteers, and non-executive directors. They have shown an outstanding dedication and focus in a changing working environment. Championing the consumer voice remains at the forefront of our work, ensuring the public feel supported and listened to by providers and commissioners.

I was delighted that this transformational approach was recognised at Healthwatch England's commissioning conference, where Candy Perry (Interim Chief Executive Officer), our Commissioner (Charles Ashton-Gray of Birmingham City Council) and I presented Healthwatch Birmingham's journey and how that was realised.

The organisation is now in a much stronger position to support people to get the most from their local health and social care services. The re-launch of Healthwatch Birmingham's Feedback Centre, increased engagement with the public and the extensive work done to develop investigations has

provided stronger routes for consumers to share their experiences and help influence service improvement.

The Young People's Survey shows the quality of Healthwatch Birmingham's activities. Our work to engage with communities about health and social care issues that are important to them provides vital insight into how services need to be improved. The team have signposted people towards information about accessing services and have helped check and challenge how people's needs are being met.

This period of change for Healthwatch Birmingham has also seen changes to the board and staff team. We have appointed two new non-executive directors whose expertise has added to that of the existing board, and strengthened the implementation of the strategy going forward. We have welcomed new staff and are delighted that the number of volunteers is growing. This will ensure we reach more people within communities across Birmingham.

I'm honoured that the board have appointed me into the role of chair of Healthwatch Birmingham until June 2017 and I look forward to working with the team to continue the organisation's development and support for the citizens of Birmingham.

I would like to say thank you to Candy Perry, for her passion and drive in leading the organisation through this transformation as Interim Chief Executive Officer and delighted to announce that from May 2016 we welcome Andy Cave as the new Chief Executive Officer.

My thanks go to staff, volunteers, members of the board and all the supporting stakeholders who have contributed to the continued successes of Healthwatch Birmingham throughout 2015/2016.

**Brian Carr**  
Chair



## Message from our Chief Executive Officer

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**2015/2016 saw Healthwatch Birmingham working hard to place the public, patients, service users and carers at the heart of health and social care service improvement.**

The development of a new strategic approach was our opportunity to reassess Healthwatch Birmingham's statutory role in ensuring people's views are listened to, and taken account of, by the health and social care system. In June we held a focus group looking at the constraints to effective patient and public involvement (PPI). This was a key element of the new strategy, helping us understand our statutory responsibilities to promote PPI in health and social care commissioning and providing decisions. Findings from that group can be found via the report on our website. As a result we began to develop our quality standard.

Over the past 6 months we have worked collaboratively with NHS England to develop a quality standard for effective PPI to reduce avoidable health inequity. The tool will support the improvement of quality PPI, and we will be encouraging its use by commissioners, service providers and system partners. We look forward to rolling out the quality standard more widely over the next year.

A milestone achievement for this year was the Young People's Survey. We asked over 300 young people about the level of patient centred care they experienced when accessing primary care services in Birmingham. Concerns such as a lack of care, compassion and barriers

to accessing GP services were key findings. Recommendations to CCGs and their responses are included in the report, showing that people can really shape the improvement of services that are important to them. I would like to say thank you to our volunteers and staff whose hard work saw us engage with young people from every district in Birmingham for the first time.

Listening to the experiences of people using health and social care services is a top priority. In March we re-launched our online Feedback Centre which continues to be a valuable source of patient and public feedback. Our Index of Avoidable Health Inequity enables us to develop problem statements from those experiences. A consensus exercise involving members of the public and key stakeholders in the health and social care system helped transparently select those problem statements, that if investigated would have the most impact on the way that services are arranged, and will deliver results sufficient to effect change for patients and the public.

Our objectives and our development could not have been achieved without the commitment and motivation of the staff team. Their work has supported people in Birmingham to share their experiences, concerns and enquiries and they have worked hard to ensure people can find the solutions they need.

We welcomed new staff into new positions whose roles are aligned with our future goals. The growing number of volunteers is playing an increasingly important role in supporting our investigative process - their involvement and passion is valued by both staff and the board.

**Candy Perry**  
Interim Chief Executive Officer





Healthwatch Birmingham also welcomed Andy Cave as the new Healthwatch Birmingham Chief Executive Officer in May 2016, who will lead the organisation and drive our vision forward.

2015/2016 has seen Healthwatch Birmingham working hard to ensure its role is clearly defined and understood by the health and care system. The coming year will focus on growth - building on what we have developed to ensure we are performing effectively.

Our goals include the wide implementation and use of the quality standard by regulators, commissioners and service providers to drive improvement to the quality of care for patients and the public. The next stage of our involvement strategy will see us work more closely with lay members, training them in the use of the quality standard to pose key challenge questions on boards.

**We want to ensure people in Birmingham are at the heart of service change and improvement in health and social care.**

We will be promoting the Feedback Centre widely through community engagement and encouraging more service providers to adopt our Feedback Widget, so people have the best opportunity to share their experiences directly and help shape change.

**Andy Cave**  
Chief Executive Officer



**“The team have worked hard showing commitment and passion to drive the organisation forward to meet the needs of patients and the public in Birmingham.”**

Andy Payne,  
Head of Network Development  
Healthwatch England



# The year at a glance...

Our volunteers have helped us with our investigations process and community engagement



People from *every* district of Birmingham contributed and listened to



New strategic approach places people at the heart of health and social care service change and improvement in Birmingham



Promoted patient and public involvement through contributing to consultations



Widened our reach through our digital marketing and social media



# Who we are

Healthwatch Birmingham is the local independent consumer champion of health and social care for Birmingham.

We gather people's real experiences of using health and social care services to drive change. This helps us build a picture of where services are doing well and where improvement is needed.

We identify and investigate unfair or avoidable differences in health and wellbeing - which may be caused by the way health and social care services are set up and run.

We are part of a network, with a Healthwatch in every local authority area, alongside our national body Healthwatch England.

## Our Vision

Patients, public, carers and service users are at the heart of every change made in the name of service improvement in health and social care in the city of Birmingham.

## Our Statutory Functions

The statutory functions of Local Healthwatch are to drive improvements in health and social care by:

1. Gathering the views and understanding the experiences of patients and the public.
2. Making people's views known.
3. Promoting and supporting the involvement of people in the commissioning and provision of local health and social services and how they are scrutinised.
4. Recommending investigations or special reviews of services via Healthwatch England or directly to the Care Quality Commission (CQC).
5. Providing information about access to services and support for making informed choices.
6. Making the views and experiences of people known to Healthwatch England and the Local Healthwatch network, and providing a steer to help it carry out its role as national champion.



## Our Healthwatch Team

Top row (left-right): Chris Smith (Policy Officer), Barbara Hagger (Research Assistant), Jane Upton (Head of Evidence). Middle row (left-right): Candy Perry (Interim CEO), Phil Morgan (Audit Officer), Sarah Walmsley (Project Officer). Bottom row (left-right): Diane Hickey (PA to CEO and Secretary to the Board), Andy Cave (CEO), Claire Reynolds (Marketing and Events Officer).



# Our Year of Transformational Change

Healthwatch Birmingham is an ambitious organisation. During 2015/16 we set ourselves the threefold challenge of becoming a:

1. Leading organisation in our local health and social care system.
2. Leading local Healthwatch in the Healthwatch network.
3. National leader in effective patient, public, service user and carer involvement.

This is at the heart of our year of transformational change. It enables us to clearly define and understand our unique position, role and purpose within the local health and social care economy as part of the scrutiny and regulatory system.

## Why undertake transformational change?

Healthwatch Birmingham serves a population of 1.2 million. When we commissioned a systematic review of our services, we found that in trying to be all things to all of our stakeholders, conflicting dilemmas were arising.

## We are publicly led

We strive to be a high performing organisation, making things better for citizens in Birmingham. In order to achieve this we must listen to people, and learn about their experiences using health and social care, and hold organisations providing or commissioning services to account for making improvements. This means we must be led by the public.

## We must also take our lead from health and social care system partners

We must work within a very large, established, complex, health and social care system which is facing unprecedented challenges arising from increased service demand for care by a growing population, but facing decreasing budgets.

For Healthwatch Birmingham to make effective and long lasting differences, we must have influence and work in collaboration with like-minded organisations, particularly as a relatively young organisation.

## Re-defining our role

In reviewing our services, we found that many commissioning and providing organisations perceived our role as a way for them to dispatch their patient and public involvement responsibilities.

Partners saw Healthwatch Birmingham as a way to represent the views of patients and the public on their boards and committees, expecting us to contribute the voice of the public. We received lots of requests to attend meetings to represent the public, which stretched our resources.

**“Over the last 12 months the organisation has turned itself into a force to be reckoned with; it's developed new capacity and capability to effectively listen to people's experiences of using health and care, and use these to cause real change.”**

Charles Ashton-Gray, Service Lead -  
Commissioning Centre of Excellence,  
Birmingham City Council

As a result, we faced pressure to meet expectations from external partners. We worked harder and to meet the needs of system partners, which diverted resources away from listening to the views of patients and the public.

Addressing this dilemma is critical to our success, and led to our year of transformational change. The basis of our new strategy was the development of a robust logic model.



## Our role is now clearly defined and understood

Following the review, Healthwatch Birmingham's role is now clear: placing patients and the public at the heart of health and social care service improvement through our ability to:

1. Leverage Care Quality Commission (CQC)-registered organisations to use patient, public, service user and carer experience to help ensure changes are made in the name of service improvement and will meet their needs as determined by them.
2. Use patient, public service user and carer experience as a lever for service improvement by bringing it to the attention of CQC-registered organisations in such a way that action can be and is taken, to make improvements which matter.

We will measure our success by:

1. The number and impact of changes made in the name of service improvement by CQC-registered organisations as a result of our work.
2. Our performance against the targets set out in our outcomes framework.
3. Our performance against the Healthwatch England Quality Standards.

### Our critical success factors:

Success towards our strategic objectives in 2015/16 was underpinned by four critical success factors. There is:

1. Effective Governance.
2. Effective Executive and Staff Team.
3. Effective Volunteer Team.
4. Effective stakeholder support.



Following a visit to Healthwatch Birmingham the Rt. Hon Lord Hunt stated:

**“I was enormously impressed by your work and in particular your focus on the whole system in Birmingham.”**



# Listening to people who use health and care services



# Gathering experiences and understanding people's needs



Healthwatch Birmingham's Feedback Centre is our most important tool in gathering patient's and the public's experiences of health and social care.

This year we have seen a growth in the number of patients and people sharing their experiences with us through our online Feedback Centre. It continues to provide a valuable source of real-time data and a means of listening to people who are using health and social care services in the city.

We re-launched the Feedback Centre in March 2016. Improvements include the addition of the Friends and Family Test question, where people are asked whether they would recommend the services they have used. The information plays an important role in regional NHS data about individual providers. Sharing Feedback Centre data with those who deliver services locally, and with commissioners, is a key part of our evidence regarding health and social service quality and performance.

Improvements also mean providers now have the opportunity to respond to feedback submitted by the public about their services. We see this as a further step forward in making sure patient's and the public's views are known by those who deliver services. Providers can acknowledge positive feedback or address any issues raised and demonstrate accountability. This means patients and the

public can feel they are making a difference in shaping service design and improvement. We are also linking to CQC reports on individual services which ensures users can have an informed view of services.

**This year...**



**Average rating of services on the Feedback Centre**

**Over 300 reviews**

**Over 130 services reviewed**

**"Great staff. Caring, always on the end of the phone if needed. Really helped my family"**

Anonymous

**"Trying to get an appointment is just too difficult. It is frustrating that when you need an appointment you can't get one"**

Anonymous

## Improving health and social care through patient and public feedback

- Patient and public experience coming through the Feedback Centre is increasingly being used to inform Healthwatch Birmingham activities, especially our investigations. Receiving feedback is enabling us to listen for any indicators of avoidable health inequity, which may be caused by the way health and social care services are set up and run, and is impacting on those who use those services. Read about our Young People's Report on page 21.
- Analysing feedback data helps build a picture of where services are doing well and where improvement is needed. Any recommendations we share, or concerns we raise, with commissioners, providers or system partners are grounded in real experiences gathered from patients or the public.

## Listening to a wide range of people in communities

Our Feedback Centre, Information and Signposting Line and community engagement activities are enabling us to listen to and understand the health and social care experiences of people from all groups to ensure everybody's voice is heard. Having a range of routes to feedback gives those who may be seldom heard or face barriers to sharing their views an easy and accessible way to tell us their experiences.

For example, people mentioning care for older adults through our Feedback Centre, told us about:



### Helping people access information and support for relatives and carers

Over 2015/2016 we heard from people seeking information to ensure appropriate support is in

- Reviews help us understand whether patients and the public are being appropriately involved in decisions about their care and treatment. We are analysing whether people's needs are being met through rating key indicators like cleanliness, staff attitude, waiting times, treatment explanation, quality of care and quality of food of the services they are using.

### What next?

We are promoting the Feedback Centre more widely through community engagement and digital marketing and encouraging more service providers to respond, and take action, as a result of patient experiences we receive.

place for elderly patients using health and social care services. This is an important part of listening, but also providing people with links to get help:

In an urgent adult safeguarding case for an elderly patient we heard from a relative who was concerned about the care arrangements and plan set out by a local social care team. This led to a case review by the local authority.

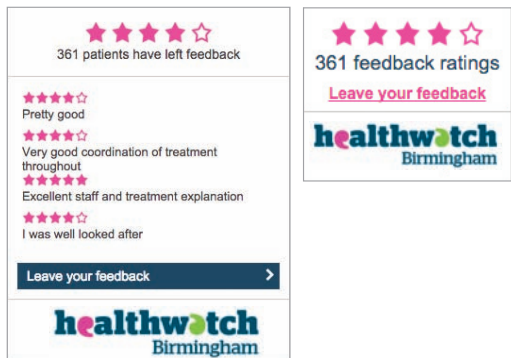
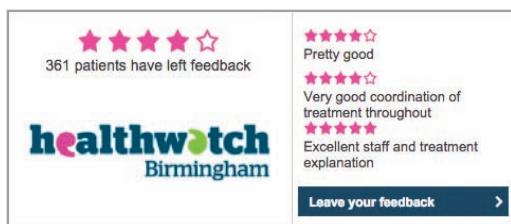
We also heard from a member of the public who wanted to challenge the care plan set in place for their elderly relative. We helped point them in the right direction for Patient Advice and Liaison Service (PALS) and a local carers hub.

### What next?

We are recording experiences against key groups like disability, age, sex, gender identity, sexual orientation, race and ethnicity, religion and belief to ensure we are listening to people from diverse communities. Using this we are able to identify where we have gaps in data and increase our engagement in these areas.



# Healthwatch Birmingham Feedback Widget



**Our free Feedback Centre Widget is providing patients and the public with more direct opportunities to share their experiences about health or social care services.**

Visible on provider's websites, it means people can share their views about services they are using, quickly and easily. It is also providing us with a greater understanding of current service quality and care, and gives providers added value and insight into patient and public experience.

This year we have worked hard to raise awareness of the Widget, and were delighted when the local Health and Wellbeing Board strongly encouraged service providers and organisations to adopt the patient feedback tool.



**NHS**  
**Birmingham South Central**  
**Clinical Commissioning Group**

We aim to provide an integrated approach to collecting experience data by encouraging providers to adopt the widget.

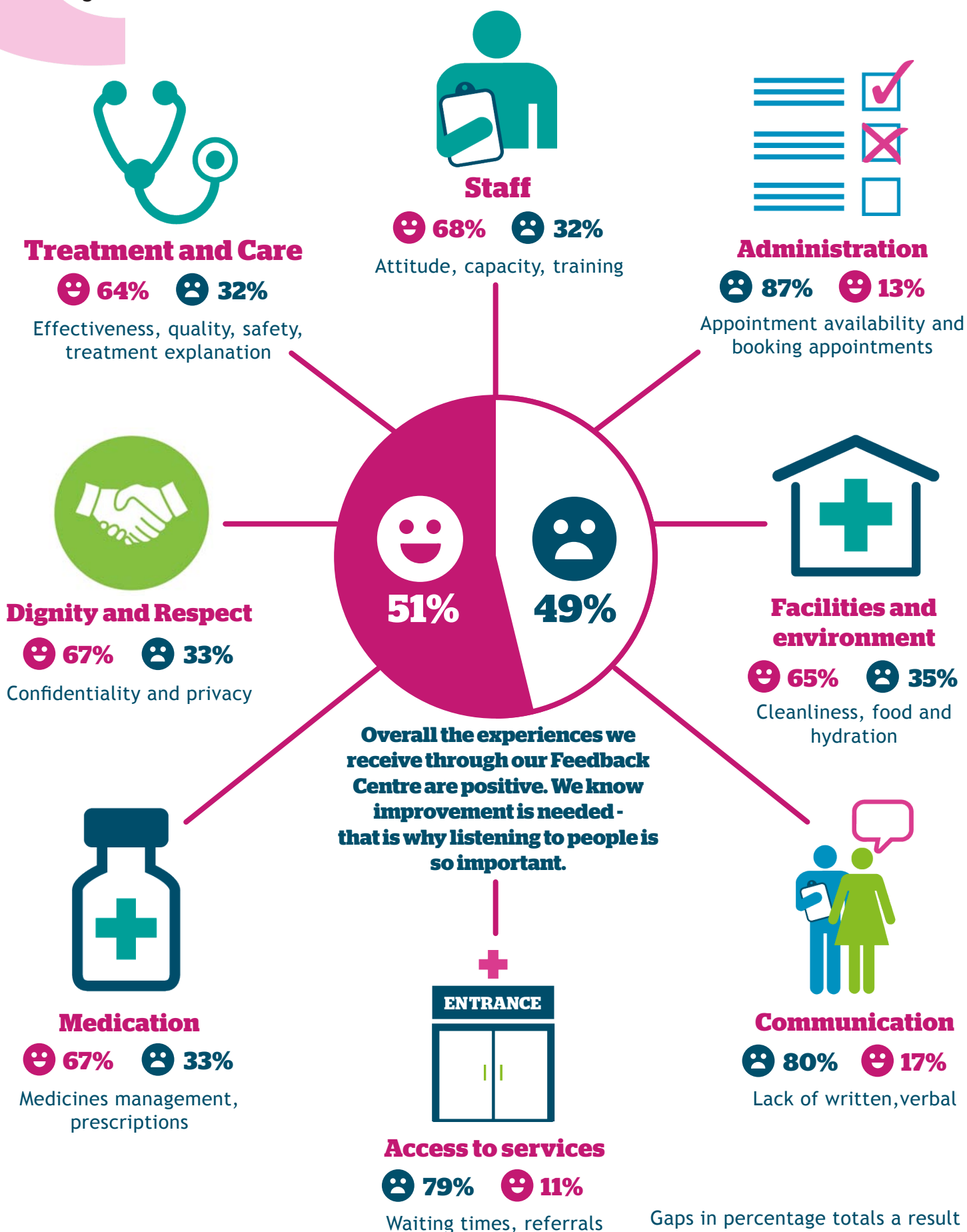
Two leading health and social care system organisations in Birmingham have placed the Feedback Widget on their websites - Birmingham Better Care and Birmingham South Central Clinical Commissioning Group (CCG). This acknowledges the importance of capturing patient and public experience.

We will now be working with system partners directly to discuss the benefits of using the Feedback Widget to demonstrate their commitment to listen, and act upon, patient feedback to improve services.



# What have people told us about their experiences?

Healthwatch Birmingham's Feedback Centre is providing a route for people to share their positive or negative experiences of health or social care. This is what people have been sharing throughout 2015/2016.



# Community Engagement

Community engagement activities mean we can be a presence in local communities. Our volunteers have been vital to us engaging with and listening to people's experiences.

Our objectives of community engagement are to:

- ❶ Raise awareness of Healthwatch Birmingham and promote its services.
- ❷ Recruit and train volunteers to support the work of Healthwatch Birmingham.
- ❸ Collect people's experiences about health and social care services through standardised questions and the feedback centre.
- ❹ Roll out investigations as directed by the research team including questionnaires and surveys.
- ❺ Sign up members of the public who are interested in sharing their experiences on a regular basis.

This year we reviewed our engagement and involvement strategy and redesigned our community engagement volunteer role. To meet these changes we retrained our current volunteers to improve their skills. Our volunteers help us to be in the right place at the right time and help us to engage with people in public spaces, public venues and events.

We also introduced our information and signposting volunteer role. This means Healthwatch Birmingham can support more people through our Information and Signposting Line. Volunteers will point people towards supporting services and play a crucial role in listening for avoidable health inequities occurring in Birmingham.

Community engagement ensures that all the experiences we hear play an important role in our understanding of health and social care service quality (including our Feedback Centre). Patients and the public can feel informed to make their own choices about the services they use.

## What next?

To build up our team of skilled community engagement volunteers through active recruitment.

To engage more members of the public and listen to more of their experiences.

To increase our reach through community engagement by increasing the number of partnerships we have with community and voluntary groups.

**Attended  
Birmingham Pride  
2015 to listen  
people's  
experiences**



**Surveyed over  
300 young people  
about patient  
centred care**

**Listened to the  
experiences of a  
Carers Group and  
supported them to  
access  
information**





# What we've learnt from visiting services

## During 2015/2016 Healthwatch Birmingham carried out 7 Enter and View visits across the city.

Healthwatch Birmingham has the power to Enter and View health and social care providers to observe service delivery directly and ascertain patient experience. We find out how the services are being run, gathering feedback from service users, their families and carers.

We report our findings and recommendations for improvement to the service providers directly. We ask them to respond to our suggestions and outline what action they will take, or are already taking, to improve service care, quality and experience for patients and members of the public.

### Enter and View visits can be triggered in a number of ways:

- Healthwatch Birmingham may receive concerns from patients or members of the public about the quality of care or service, or receive positive feedback about services and want to share examples of best practice.
- We may also decide to visit a provider offering a unique service in the city or to find out more information about a service, particularly ones facing high demand pressures.
- Visits are conducted by authorised representatives who are trained members of staff and volunteers.



During the year, Healthwatch Birmingham carried out visits to a variety of health or social care services including pharmacies, opticians, a dental hospital, a walk-in centre and a care home.

### Action taken by service providers as a result of our recommendations:

- Improved waiting time for residents when they call for assistance:** following our recommendations a care home has increased staffing levels to address the issue and continues to monitor the call response waiting times. This means resident's immediate needs are dealt with more quickly and they are not waiting longer than necessary for help.
- Mental Health awareness training for staff:** after an Enter and View at a walk in centre, we recommended that staff have 'mental health awareness' and 'managing challenging behaviour' training. The centre reported that a clinician with a mental health background is on duty who can manage situations and there is access to mental health teams for staff. Both service users and staff are in a safe and comfortable environment, staff can defuse difficult situations and patient's needs can be met.
- Improvements for easier mobility access:** during our Enter and View visits to high street pharmacies and opticians, we recommended they make it easier for people with mobility needs to access their premises. A pharmacy addressed this problem and now has an automatic door making it easier for people to use their services and access support.
- Training for staff in relation to personalised care:** following recommendations to a care home, a monitoring plan and chart is in place to ensure staff regularly monitor individual patient's care needs. For residents this means improvements at meal times and their personalised care needs are prioritised.



📍 **Improved waiting times to avoid patients experiencing delays:** after an Enter and View visit a Dental Hospital assessments and treatment sessions have been equalised over the morning and afternoon period to improve waiting times for patients with appointments. Staff at the service also keep patients in the waiting room better informed about any delays.

📍 **Clearer advertising on the premises about complaints policies:** following visits to pharmacists we recommended clearer advertising about their complaints policies so service users could easily find information about how to feedback about their experiences. We were told policies are clearly displayed within the premises and service users can raise any concerns appropriately.

**“We were very pleased to welcome the Healthwatch Birmingham Enter and View team members to the Dental Hospital & School of Dentistry.**

**Their visit supports us to focus on what needs to be done and review our priorities. It is another opportunity for us to respond to patient/public feedback in our mission to deliver an excellent service.”**

Anne Smith, Governance Manager,  
Birmingham Dental Hospital & School  
of Dentistry.

📍 **Health and safety reviews:** after conducting an Enter and View at a care home we recommended that they needed to improve the environment for residents. This is happening and residents are now living in a safe and secure environment.

📍 **Training for staff to provide better information about products and services:** following Enter and View visits to opticians, we recommended that staff be trained further in relation to product and service knowledge so they can better explain treatment when service users book appointments. As a result, the opticians have stated that further training has been developed and launched, incorporating our feedback.

Our recommendations are made with patients and the public’s needs at the heart, and are often influenced by feedback directly received from service users.

**We would like to thank our authorised representatives for supporting our Enter and View activity in 2015/2016:**

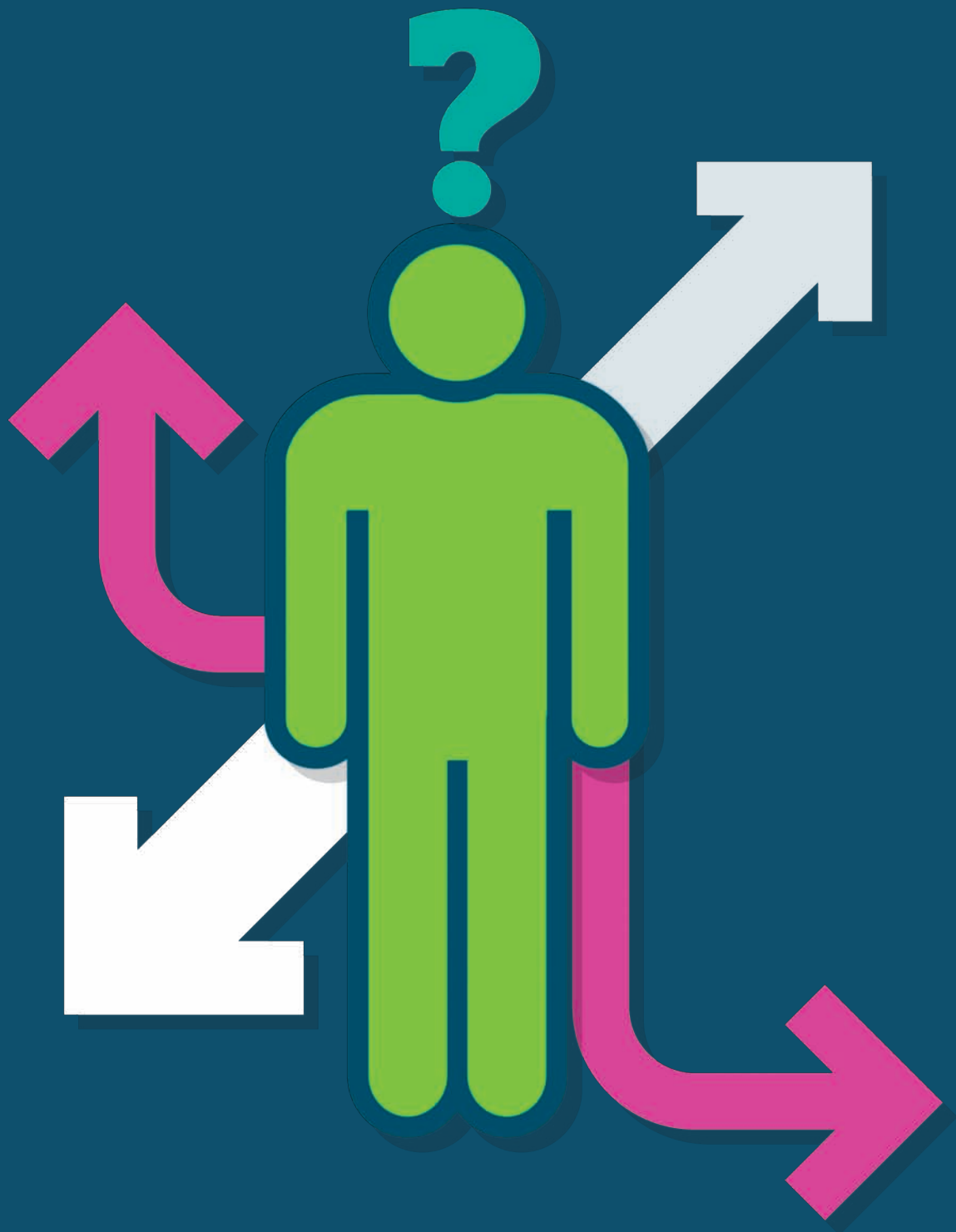
Alex Davis  
Amanda Dickinson  
Andy Cave  
Claire Lockey  
Jane Reynolds  
Jason Mistry  
June Phipps  
Keith Hulin

Mark Lynes  
Mike Tye  
Nina Davis  
Patricia Coyle  
Patricia World  
Steve O’Neill  
Tina Brown-Love  
Trevor Fossey

## **What next?**

Enter and View is just one of the tools Healthwatch Birmingham use to understand patients’ experiences and is carried out when we feel it is the most appropriate way to collect information about potential health inequities impacting patients and the public.

# Giving people advice and information



# Helping people get what they need from local health and social care services

Healthwatch Birmingham's Information and Signposting Line is guiding people to find the information they need to access health and social care support. The number of calls we receive has grown and we are supporting more people to find the answers they need.

Often patients, service users and members of the public get in touch because they don't know who they need to speak to for support when things go wrong, are unsure how to access health and social care services that meet their needs or have exhausted all other routes of information. This year, the majority of calls through the Information and Signposting Line have been about primary care, e.g GP medical centres, or about the care that patients or service users have received in hospitals or through mental health services.

We have provided information on a wide range of topics and have guided people to find support including:

- How to make a complaint.
- How to access advocacy support.
- Understanding their choices about accessing health and social care.
- How to access support information for relatives around specific issues like social care, mental health and housing.
- Understanding their rights when accessing services.

We have signposted people to a variety of organisations and information including:

- Complaints advocacy providers, including VoiceAbility and PohWER, when people need support to make a complaint.
- Patient Advice and Liaison Services (PALS), particularly when enquiries involve hospitals.
- Birmingham City Council's Adults and

Communities Access Point (ACAP) when people need to find information about support like adult social care.

- Local clinical commissioning groups (CCGs) when enquiries or concerns are about specific GP services in a particular area. For example we signpost to Sandwell and West Birmingham CCG's Customer Care Team who help people to resolve issues with their GP practice.

**My relative is being discharged from hospital, but we don't agree with the care plan in place and are worried. What are my rights to challenge the decision?**

Caller to the Information and Signposting Line. We signposted to a Patient Advice and Liaison Service and a local carers hub.

## Helping understand patient experience

Our Information and Signposting Line has also enabled us to listen to more people's health and social care experiences. This can highlight issues in service quality and care, indicate that a service may not be meeting patients' or service user's needs, or point to avoidable issues with the ways the services are set up or run. We have used these experiences to guide our work on avoidable health inequity.

From this service we know people are experiencing vast differences in the quality of care they receive. People are telling us they are not being appropriately involved in their own care and their treatment is not being fully explained by the health or care services they use.

In pointing people in the right direction (signposting), Healthwatch Birmingham is not only helping people to find solutions to their enquiry, but also helping them to gain knowledge about navigating the health and social care system. We have worked hard to ensure people receive the right information for them, to resolve their problem.

***“Thank you, So happy - don’t know what I would have done without you Healthwatch Birmingham.”***

***Anonymous, call to the Information & Signposting Line.***

We also use the Information and Signposting Line to map potential trends in service quality and care, or gaps in public knowledge. This feeds into the decision making process for our investigations (see page 37) and has supported us to develop our online Information Route.

## **Making sure people get the support they need**

Healthwatch Birmingham aims to provide high quality services, and we expect the same from other services that citizens in Birmingham access. That is why we audit the organisations we signpost people to, making sure people are getting the support they need.

We want to ensure organisations are following up with individuals and have communicated clearly with them. We do this by getting in touch with the person who originally called the Information and Signposting Line to see how matters have progressed and whether their problems have been resolved. From this we can understand the use, successes or required improvements of our service for people getting in touch.

An example of the benefits of auditing signposted organisations can be found on page 28.

## **What next?**

Healthwatch Birmingham will be promoting the Information and Signposting Line more widely

through digital marketing and communications, and raising awareness through other organisations in the system.

We will continue to follow up calls and audit the organisations we signpost to, ensuring people receive a service that meets their needs and they get their problems dealt with.

Volunteers have been trained to operate the Information and Signposting Line and will be taking calls more regularly going forward.

**The launch of our new online Information Route on our website is another way we support people to find the information links they need.**

### **Health and Social Care Information Route**

**Healthwatch Birmingham provides details for people to find information about how to access health and social care services and support links.**

These Health and Social Care Information pages provide links for you to find information on:

- Sharing your experiences of Health and Social Care
- Getting Advocacy Support
- Safeguarding
- How to make a formal complaint
- Understanding your Legal Rights
- Improving your Wellbeing
- Getting in touch with your local MP or Councillor
- Finding community groups

If you need help understanding the right organisation to support you please contact Healthwatch Birmingham by email [info@healthwatchbirmingham.co.uk](mailto:info@healthwatchbirmingham.co.uk) or by calling 0800 652 5278.

Free, accessible and easy to use, it offers people the opportunity to independently find information about navigating the health and social care system.

We provide links for people to get advocacy support, access to safeguarding, how to make a complaint, understand their legal rights, improve their wellbeing and more.

We also aim to make sure services meet people’s needs. We have a short feedback form which we ask users to complete to check we are providing the right links to meet peoples’ needs.



# How we have made a difference



# Our reports and recommendations

## Young people's experiences of patient centred primary care in Birmingham.

Between October and December 2015, we investigated the level of patient centred care experienced by young people using primary care services in Birmingham.

We had received some negative feedback from service users and decided it warranted further investigation.

Comments we receive through our Feedback Centre often focus on patient centred care:

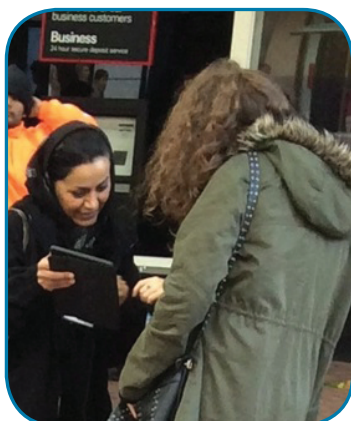
*"A lot of doctors, around 5 or 6, all but 2 didn't seem to listen to what I was saying. One just fobbed me off and made out as though I was making it up"*

*"Awful, uncaring, rude"*

*"GPs are always good for me and listen to me"*

*"Always there for you"*

Staff and volunteers asked more than 300 young people (aged 16-25 years) about their experiences in general practice consultations and about their use of health services. Volunteers support and commitment enabled us to engage with large numbers of young people, and marks the first time we have been able to listen to people from every district in Birmingham. We found surveying young people in public spaces outside music concert venues an innovative and successful method of engaging with our key demographic.



## What did young people tell us?

The level of patient centred care experienced by young people in Birmingham is not consistent or good enough.

- One in five young people rated the level of patient centred care they experienced as either 'poor' or 'fair.'
- When asked: 'How good was the receptionist at showing care and compassion?' more than four in ten responded 'poor' or 'fair.'

Many young people experience avoidable barriers to attending their general practice.

- Nearly one in three respondents felt embarrassed about a health problem.
- A quarter said they found it difficult to obtain an appointment.
- One in five were put off by having to disclose a health concern to the receptionist.

Some young people are 'voting with their feet' and going elsewhere.

- Nearly a quarter went to a walk in centre.
- Around one in 6 attended A&E.
- One in five sought advice in the pharmacy.

## Our recommendations to improve patient experience

One of our key statutory responsibilities is to listen to patient's and the public's views and bring them to the attention of those who commission and deliver services.

The report presents our findings to Birmingham's local CCGs, providing recommendations about how they could use these views to improve services for young people:

- Listening to their experiences acting on them by encouraging general practices to provide high quality care to this age group.
- Encouraging young people to become involved in Patient Participation Groups (PPGs).
- Collating the views of young people and using them to improve patient centred care.
- Encouraging all providers they commission to upload our Feedback Centre Widget on their website and make a note of any feedback left by young people.
- Auditing the level of shared decision-making between young patients and clinicians in general practice.

### **CCG responses to our recommendations included:**

- Commitment to encourage the involvement of young people in PPGs through a PPG toolkit, including resources for recruiting new members.
- Making stronger links with schools and colleges to enable young people's needs to be listened to and encourage young people to join PPGs.
- Plans to host a focused event to explore the practical next steps for young people in relation to our findings.
- Commitment to work with Healthwatch Birmingham to host joint Ideas Café drop-in sessions to feedback how the recommendations are being taken forward.
- Plans to host a Question and Answer Panel for young people at a local college, to explore the themes raised.
- The introduction of a Young People friendly scheme in primary care services to ensure services meet their needs.
- Developing training and customer care for practice staff within existing training

programmes, to ensure that they are delivering healthcare that meets young peoples' changing needs.

Full investigation findings, recommendations and CCG's responses can be found in the report accessible via our website.



Our report provides a glimpse into children and young people's actual experience of using primary care services and offers an insight into the ways that services need to be improved. It reveals indicators of avoidable health inequity, which could have lasting implications for the way young people use health services for the rest of their lives.

Involving young people in their own care and listening to their views is key to improving health and social care services and ensuring it meets their needs.

**We will be working with all three CCGs to understand their timelines and progress against our recommendations and when Healthwatch Birmingham should expect to see differences for children and young people accessing primary care in Birmingham.**

## What's constraining effective patient and public involvement (PPI) in health and social care service improvement in Birmingham?

In developing our strategic approach, we undertook several pieces of work to clearly define and understand our role and function within the health and social care system in Birmingham.

A key piece of work included developing our role in promoting PPI in commissioning and providing decisions.

In November 2015 we published our report "What's constraining effective public and patient involvement in health and social care service improvement in Birmingham?" This followed a focus group held earlier in the year, which brought together organisations across the system to understand what was constraining those with statutory responsibilities to seek, listen to and take account of patient and public views of health and social care services.

The intervention, and subsequent report, informed Healthwatch Birmingham's strategic approach going forward in regards to meaningfully discharging our responsibility to promote and support PPI.

The focus group, attended by stakeholders from Birmingham City Council, local NHS provider Trusts and CCGs, voluntary and community sector organisations and volunteers, was designed to generate new knowledge and understanding and posed the question:

***"If the solution is Healthwatch Birmingham promoting and supporting the involvement of people in the commissioning and provision of health and social care services - what's the problem?"***

We asked attendees what constraints or barriers statutory organisations face in effectively involving and engaging patients and the public.

Responses included:

- Pressures of externally driven deadlines.
- Lack of common consensus about how to measure effectiveness of activities.
- Budgets and resources.
- Lack of understanding about how to engage with patients and the public.
- Lack of consensus about what good engagement looks like.

As a result, our work confirms the existence of a number of unintended consequences of not effectively engaging with the public. These avoidable health inequities are caused by a number of factors constraining effective engagement.

**The group realised that the main constraint is the absence of quality measures in relation to effective engagement. This led to us developing our quality standard.**

Healthwatch Birmingham is now working with our system partners and the public to develop appropriate quality measures. We will use these, as part of the local assurance and scrutiny system, to develop a role in assuring the quality of patient and public involvement and assurance.

This work also has highlighted how we could use our position to improve effective PPI to benefit commissioning, providers and ultimately improve services for people in Birmingham.



## Consultations - Promoting patients and the public at the heart of decision making

Promoting and supporting the involvement of local people in health and social care commissioning and decision making is an integral part of Healthwatch Birmingham activity.

Volunteers and staff, together, responding to consultations is one of the ways we promote and scrutinise patient and public involvement. This could be about a service review, a future strategy or a whole system governance change like local devolution plans.

**This year Healthwatch Birmingham responded to seven consultations:**

1. Birmingham City Council Early Years Health and Wellbeing Consultation.
2. The National Maternity Review.
3. Integrated Palliative and End of Life Care Commissioning Strategy for Birmingham - Birmingham South Central and CrossCity Clinical Commissioning Groups (CCGs).
4. The Care Quality Commission (CQC) Strategy 2016-2021.
5. Birmingham City Council Local Performance Account for Directorate for People Adults' Social Care Services.
6. The West Midlands Combined Authority Consultation.
7. Non-Emergency Patient Transport Consultation.

Consistent topics and issues raised by Healthwatch Birmingham in our consultation responses included transparency, comprehensive information and data and impacts of resource or service changes.

### Transparency

- In reviewing and responding to the consultations, we raised concerns about the lack of full details publicly available within some of the consultation documents. We highlighted that full information would help members of the public feel informed, engaged and able to form better responses.



- Healthwatch Birmingham called for organisations consulting on their future strategy or governance plans to outline their strategy for engagement as proposals did not clearly state whether patients and the public had been involved, and at what stage.
- Knowing why changes are happening, who is making decisions and when is crucial to ensure patients and the public do not feel left out on discussions about changes that will impact them.

In our response to the CQC 2016-2021 strategy we commended their clarity about the consultation's timescales, enabling people to understand at what point they could get involved and expect proposal updates.

**Consultations provide the opportunity for us to check whether organisations are actively involving patients and the public, engaging with relevant communities, and that impacts of any decisions are made clear.**

### Comprehensive information and data

We share information and feedback evidence we receive, as part of our consultation responses. This shapes the issues that we raise as we make certain service user's needs and experiences are taken into account.

📢 We promoted the inclusion of patient and public experience, so decision makers can understand fully how health and social care services are used and how changes will affect people. Our responses encouraged the use of third party experience data to improve the range and depth of intelligence that organisations have available when reviewing future services or strategies.

📢 Healthwatch Birmingham's responses also centred on what mechanisms or processes were in place by these organisations to collect feedback from people to find out the impact of service changes, or how they were going to use experiences gathered to drive service quality and performance.

### Impacts of service or resource changes

📢 We encouraged organisations to better outline what reductions in resources or budgets will mean for patients and the public. We called for the consultations and proposals to provide better information about future support, what services users can expect and how much support organisations will be able to offer going forward.

📢 We promoted the involvement of patients and the public in these discussions through a variety of engagement methods, by holding consultation meetings in public for example that are widely promoted and accessible.

In service criteria or eligibility changes, we asked how patients and the public had been involved in developing those criteria and whether support provision had been established for those who didn't meet the required eligibility level. Moves towards alternative support, like 'self-help' plans outlined in the Early Years Health and Wellbeing consultation, caused us to question whether this would raise safeguarding issues.

### Have patients and the public been involved in decision making and has their feedback been considered?

Responding to consultations posed challenging questions for organisations about how they are involving people in their work. We asked how organisations are going to tackle the possible health inequity that may result from services changing and what action they were taking to ensure redesign and improvement of health and social care services reflect the needs and wants of local people.

Our responses promoted the needs of particular groups, like those living with learning disabilities or from a migrant community, using real feedback we had received to ensure organisations better listen, involve and engage people from all communities.

Healthwatch Birmingham track how our recommendations and responses influenced the consultation process and how services were developed as a result. We report this via our website.

**An example of how we have promoted patient and public involvement in the commission of a new service can be found in our Non-Emergency Patient Transport case study on page 30.**

## Quality Accounts - promoting the role of patient experience in the quality improvement process

Each year Healthwatch Birmingham is invited to comment on the draft Quality Accounts of several local health and care providers.

Quality Accounts are an important way for NHS services to report on the quality of care they provide and demonstrate any improvements that have been made over the last year. They also allow providers to communicate their quality improvement goals for the coming year.

Responding to Quality Accounts allows Healthwatch Birmingham to promote the role of patient experience and PPI as part of the quality improvement process. It also gives us the opportunity to ask for more information and make suggestions for improvement.

Healthwatch Birmingham commented on 8 Quality Accounts in 2015/2016, including:

1. Birmingham Community Healthcare NHS Trust.
2. Heart of England NHS Foundation Trust.
3. Sandwell and West Birmingham Hospitals NHS Trust.
4. Birmingham Children's Hospital NHS Foundation Trust.
5. Royal Orthopaedic Hospital NHS Foundation Trust.
6. University Hospitals Birmingham NHS Foundation Trust.
7. Birmingham and Solihull Mental Health NHS Foundation Trust.
8. John Taylor Hospice.

Responding to Quality Accounts provides us with an opportunity to:

- **Comment on the health or care provider's performance.** This is considered both in terms of general performance and in relation to the specific quality goals each provider has outlined in the previous year's Quality Account.
- **Scrutinise next year's quality goals, the plans in place to achieve them and how they will be evidenced.** It is important

providers demonstrate accountability to the public in an open and transparent way and we pose questions and challenge their plans for improving service quality.

- **Comment on the various ways Trusts are collecting feedback from patients and public.**
- **Comment on the extent to which the plans set out in the Quality Account show the provider is responding to the patient feedback it is collecting.**
- **Look in-depth and comment on the provider's use of PPI.**
- **Communicate any relevant feedback Healthwatch Birmingham has received about their service.** This will include a consideration of the extent to which the major themes arising from our feedback corresponds with the feedback collected by the providers.

Commenting and providing recommendations through Quality Accounts ensures we highlight the importance of providers engaging with, listening to and involving patients, the public and service user's when developing services.

### What next?

We will:

Promote the importance to providers of demonstrating where they have sought to reduce inequities in care and experience.

Challenge more, requesting immediate changes to Quality Accounts when we feel there is a need for more clarity or information.

Track the changes providers have made as a result of our feedback to help us better evaluate the impact of our engagement.

Improve the coordination between our Quality Account responses and community engagement activities. This will allow us to increase the amount of patient, public, service user and carer feedback we include in our responses.

# Working with other organisations

This year, Healthwatch Birmingham designed key challenge questions to help NHS England West Midlands with their assurance of CCG Patient and Public Involvement.

Over the last year Healthwatch Birmingham has made a growing contribution to discussion during West Midlands Quality Surveillance Group meetings.

As a direct result we were invited to contribute to NHS England's CCG Assurance Framework - in particular to design and then pilot a series of key PPI challenge questions in two of NHS England West Midlands CCG's quarterly assurance meetings in December 2015. As a consequence they adopted many of the key challenge questions into their briefing pack for 7 of their CCG's end of year assurance meetings and invited us to actively participate.

In wanting to ensure PPI is properly embedded, the regional team and Healthwatch Birmingham were working to a common agenda. The collaboration has created important opportunities for us to discuss our work on effective PPI in monitoring and scrutiny.

NHS England's Assurance Framework Operating Manual talks about PPI being an end-to-end 'golden thread'. For this to be assured we suggested looking for:

- ❶ How does the CCG Board assure itself of the quality, contribution and effectiveness of the PPI undertaken by its own commissioning managers?
- ❷ How does the CCG Board assure itself of the quality, contribution and effectiveness of the PPI when approving operational plans of primary and secondary care organisations?
- ❸ How does the CCG use ongoing, continuously received, patient and public feedback to specifically upgrade, improve or refresh existing operational plans or services?

- ❹ What multiple evidence can the CCG provide which demonstrates the centrality of patients and the public's needs and views in service design and redesign? What changes have they made to services which were the direct result of public input?

Having many of these questions adopted into the format of the end of year assurance meetings and our invitation to participate has enabled Healthwatch Birmingham to:

- ❶ Feed into the follow up debate led by the assurance team on how that CCG was assessed at year end.
- ❷ Develop a greater understanding on the CCG assurance process, and how performance and leadership is assessed.
- ❸ Share information about the development of our quality standard to improve PPI and linking it to avoidable health inequity.

Our involvement clearly shows the regard NHS England West Midlands has for ensuring PPI is an important aspect in monitoring, performance management and delivering high quality services.

In embedding PPI in assessments, citizen's involvement is taken seriously and CCGs will improve their PPI going forward. This will strengthen decision making, which leads to improved patient care.

**“Healthwatch Birmingham's thinking and involvement proved really valuable. Their work on meaningful and effective Patient and Public Involvement added real credibility to our testing and assurance.”**

Natalie Penrose, Head of Performance and Delivery, NHS England.



## Auditing the Information and Signposting Line leads to better collaboration and information sharing

When we refer members of the public to advocacy support providers we need to be confident they receive the appropriate level of service suited to their needs. We therefore audit services we refer to, and if needed discuss the findings with those organisations. As a result of our Information and Signposting Line audit process, we now more effectively collaborate with a local complaints advocacy provider, VoiceAbility.

- Both organisations now clearly understand each other's roles and functions.
- Regular meetings take place to discuss any issues that have arisen.
- VoiceAbility are clear about our audit process, and know what we do with the findings.

They encourage staff and partners (people that use their service) to share possible health inequities they know of in local health and social care services with Healthwatch Birmingham.

We are delighted to work more closely with VoiceAbility. This closer relationship is beneficial to both VoiceAbility and to Healthwatch Birmingham.

It will facilitate more and more cases of possible health inequity heard by VoiceAbility staff and experienced by their partners to be communicated to us.

## Safeguarding

After raising a safeguarding alert to Birmingham's Adults and Communities Access Point (ACAP), we met with the ACAP service manager to better understand how to report safeguarding cases securely and quickly.

During this meeting we expressed concerns about their administration backlog in handling incoming email alerts. This meant that some safeguarding alerts were not being dealt with as quickly as they should.

We wrote a formal letter of concern to the ACAP team. This resulted in the escalation of this issue to senior management. New members of staff were recruited and trained to handle the backlog of cases. Incoming email alerts to ACAP are now dealt with more promptly.

Healthwatch Birmingham and the ACAP team continue to communicate well and are mutually supportive.



# Our work in focus



# Our Work in focus: Case Study One

Healthwatch Birmingham challenged initial proposals in the commissioning of a new non-emergency patient transport service, resulting in improved quality for all patients and prevention of avoidable health inequity.

In April 2017, the single largest contract for non-emergency patient transport (NEPT) jointly commissioned for Birmingham, Sandwell and Solihull will go live. This will affect thousands of patients who use NEPT to get to and from their healthcare services every day.

The new outlined proposal will see big changes to NEPT services - from multiple contracts delivering services of varying quality for patients to a single universal service that drives efficiency and improves quality for service users. NEPT across the region provides an estimated 350,000 journeys a year and the value of the contract is estimated at £40 million<sup>1</sup>.

Healthwatch Birmingham met with the Commissioning Project Team, led by Birmingham CrossCity Clinical Commissioning Group (CCG), who arranged a briefing session pre-public consultation. We wanted to understand how proposed specifications and new eligibility criteria would impact patients using the new service. We were particularly interested in their development of new waiting time standards.

Healthwatch Birmingham challenged the CCG's initial proposals, which outlined a waiting time of up to one hour for patients. The challenge was also raised by Nick Flint, Chair of the Queen Elizabeth Hospital Kidney Patient Association.

Candy Perry, Interim Chief Executive Officer, highlighted the implications of the proposal: *"We felt this would have impact on one particular group of patients, renal patients, who would have to wait up to an hour for dialysis transport."*

*National Institute of Health and Care Excellence (NICE) guidelines say 30 minutes waiting time for renal patients<sup>2</sup>. If these new standards were implemented they would have breached guidelines, hardwiring avoidable health inequity into a significant new service."*

Healthwatch Birmingham was told renal patients account for about 44% of NEPT users by the project team. This would mean considerable impacts in the quality of service and patient experience for a large number of users. We demonstrated that the result would be NEPT services not meeting patients' needs and not delivered in line with best practice.

Les Williams, Director of Performance and Delivery at Birmingham CrossCity CCG stated that the group went back and re-considered the waiting time in the specification: *"Healthwatch Birmingham's challenges definitely made us re-evaluate our approach, and led us to set the standard to be achieved as a maximum wait of 30 minutes for all patients using the service. This is now included in the service specification which is now going through procurement."*

Les explained aiming for the best possible waiting time was clearly good practice. Most importantly it also provides a better quality of patient experience:

***"When implemented this will result in a real improvement in quality for patients, thanks to Healthwatch Birmingham's challenge."***

Our involvement raised the issue with commissioners, whose service proposal would have resulted in avoidable health inequity for patients using NEPT. As a result renal patients

will now be able to access NICE guidelines-based care. It also means eligible patients will have their transport service improved by 50% from the original specification and patients will be treated equally, regardless of their condition.

Healthwatch Birmingham also used the meeting with the project team to ensure relevant patients and public had been appropriately involved in the design of the new contract.

**“We take our role extremely seriously in helping ensure patient and public experience and involvement is effectively used to improve services. We asked questions about how the specifications had been developed, whether they had engaged with patients and the public and how their input had shaped any decision making.”** Candy Perry.

With such a large service change in the commissioning of this new contract, promoting and supporting patient and public involvement was vital for ensuring the new service considered user's needs. After commissioners engaged with the public, key proposals will mean that there will be one eligibility criteria for the NEPT services, communication with patients will be improved and that a patient charter will outline expectations around standards of care for service users.

Healthwatch Birmingham's involvement in service decision making and commissioning discussions has enabled us to effectively champion the rights of patients and the public to be at the heart of service design from the outset.

#### **Further information about the NEPT contract:**

All four local CCGs (Birmingham CrossCity, Birmingham South Central, Sandwell and West Birmingham and Solihull) were involved in the consultation for this universal NEPT service. The CCG's consultation findings report can be accessed via CrossCity CCG's website.

The consultation looked at NEPT for the following hospitals: Birmingham Women's Hospital NHS Foundation Trust, Birmingham Community Healthcare NHS Trust, Heart of England NHS Foundation Trust, Royal Orthopedic NHS Foundation Trust, University Hospital Birmingham NHS Foundation Trust and Worcestershire Acute NHS Trust.

*1. Non-Emergency Patient Transport Stakeholder Briefing (February 2016) Available at: <http://bhamcrosscityccg.nhs.uk/about-us/publication/non-emergency-patient-transport-nept/2769-non-emergency-patient-transport-stakeholder-briefing-2/file>. [Accessed March 2016].*

*2. National Institute for Health and Care Excellence (January 2015) Available from: <https://www.nice.org.uk/guidance/qs72/chapter/quality-statement-6-patient-transport> [Accessed March 2016].*



# Our Work in focus: Case Study Two

How working collaboratively with health and social care system partners is creating positive change for patients.

Following an urgent referral, Healthwatch Birmingham immediately acted upon concerns about a patient's care and safety at a local Neuro-Rehabilitation Centre.

Healthwatch Derby contacted us as they had received a complaint from the patient's family who had expressed concerns that their relative's health had deteriorated since being admitted to the Centre. They felt that he wasn't receiving adequate support.

Healthwatch Birmingham spoke with the family member directly to find out more and, in listening to their experiences, was alarmed to hear about a severe lack of quality care and safety.

They reported that:

- ❑ Their relative had multiple complex health issues and wasn't receiving the specialised one-to-one support they needed. This indicated a lack of personalised care.
- ❑ The Centre was short staffed and lacked appropriately trained staff. This resulted in delays in care and poor communication to patients and their relatives.
- ❑ There were instances where the patient was left unattended for long periods of time so his care needs were not dealt with.
- ❑ The safety at the facility was inadequate, as visitors were not appropriately screened on entering the Centre. This meant patients were not in a safe and secure environment.
- ❑ They had tried to make complaints to the Centre directly but meetings with management kept being cancelled. The relatives of the patient felt they were not being listened to.

From this, Healthwatch Birmingham identified serious care and safeguarding issues and immediately contacted Birmingham City Council's Adults & Communities Access Point (ACAP) safeguarding team to raise an alert. We looked through the existing patient experience data in our Feedback Centre and noticed other negative issues raised about the service.

We contacted the Care Quality Commission (CQC), to see if a review of the service, or any investigations, were currently taking place. The CQC notified us that an inspection of the Centre was not due to take place for another two months. We felt was too far away in relation to the severity of the report we had received.

**As a result of raising our concerns an unannounced inspection of the service provider was undertaken by the CQC within two weeks.**

As part of the investigation the ACAP safeguarding team were also involved. The family member was signposted to a complaints advocacy provider who could support them through the formal complaints process.

As a result of Healthwatch Birmingham mobilising system partners to investigate further, a new manager was bought in the next day for the Centre and staff undertook appropriate training. The CQC have completed full inspection and the safeguarding team continued to be involved.

The patient's care has improved and their relatives feel like their voice is being heard.

***“Healthwatch has made a massive difference because we had nowhere to go and we did not know what to do; it has made a big turn-around in the care that’s being provided. People are actually listening now.”***  
Family relative.

Healthwatch Birmingham is ensuring patient, public or service user experience is used in the instigation of appropriate scrutiny and investigations into health and social care providers, placing the public at the heart of improvement made to services.

*“The information sharing was instrumental and was used as part of the intelligence gathering for the responsive inspection that took place. Healthwatch Birmingham offered another source in which to obtain information through the view point of the carers and service users involved from their feedback on the Healthwatch website.”* Sonia Isaac, Inspector, CQC.



This case also shows the strength of the Healthwatch network in enabling patients and the public to find information about what to do when things go wrong and they need support.

*“It was a pleasure to link up this feedback, and also to hear more about what happened following the referral. It shows the strength of the Healthwatch network as patient concerns no matter where they are picked up, are always correctly signposted and due diligence is given to amplify the voices of patients and carers. Local Healthwatch working together can make a difference and help improve outcomes.”* Samragi Madden, Quality Assurance & Compliance Officer, Healthwatch Derby.

Following the resolution of the complaint, Healthwatch Birmingham is now working more closely with the CQC to build stronger links to benefit continuous health and social care service improvement in the region.

- Both organisations displayed a willingness to understand each other’s roles better within the health and social care system.
- We are clearer on information sharing and what needs to be done to mobilise the CQC.
- The feedback and experiences Healthwatch Birmingham gathers is taken into account by the CQC when they undertake investigations and inspections.
- We meet more frequently with the CQC to discuss developments and knowledge sharing.
- We share information and communications about CQC activity, encouraging patients and the public share their experiences about health and social care services they are using.
- CQC have invited Healthwatch Birmingham to collaborate with them on future inspections in order to maximise the potential of information and resource sharing.

As a result Healthwatch Birmingham is escalating people’s concerns to organisations so we can take collective action to resolve issues. We are committed to working together with system partners to create positive change for patients using health and social care.

**Patients and the public, who feel their voice is not being heard, are supported by Healthwatch to ensure their experiences are taken into account to help shape service change and improvement.**

# Future priorities



# Future priorities

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The last twelve months for Healthwatch Birmingham has seen a whole system review of our role putting us in a powerful position for 2016/17.

We have a new staff team in place who are specialists in their fields to drive our new strategy forward seeing more and more impact throughout the year ahead.

Our new strategy means that we are able to systematically listen to patients and the public to identify avoidable health inequity and use this gained knowledge to make clear decisions about our investigations involving a range of stakeholders.

Critical to this success is to build and grow our team of volunteers to carry out community engagement activity enabling everyone to share their experiences of health and social care when and where they want to, across all ten districts of Birmingham.

The priority for 2016/17 is to build on the results of our transformation. Our role and ways of working are clear and our goal is to grow and build on the new foundations formed in 2015/16.

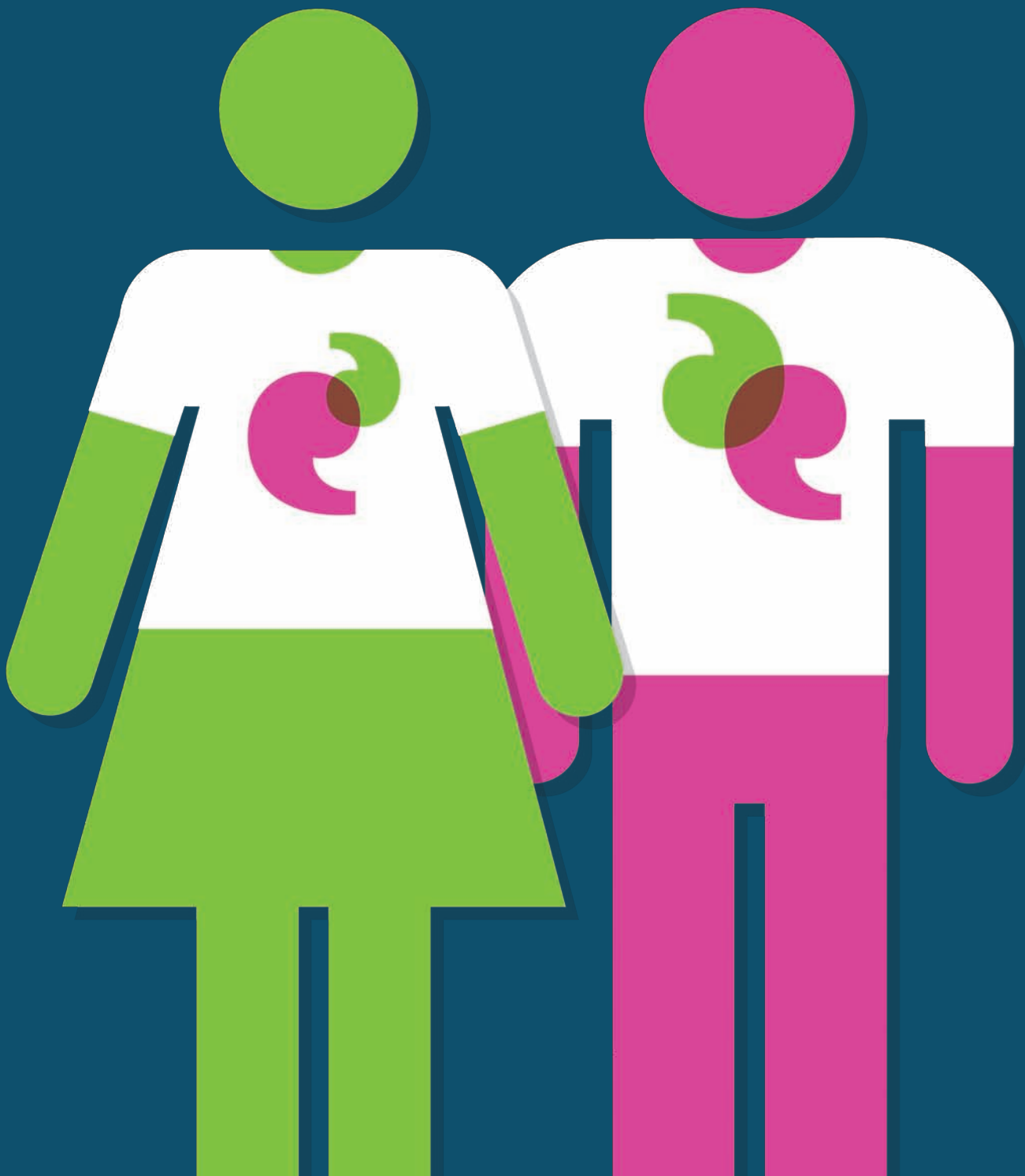
This will see:

- Growth in the number of feedback experiences we hear from patients and the public.
- Growth in our reach through community engagement and digital media activity.
- Growth in the number of individuals accessing our Information and Support Line.
- Increased impact through investigations into identified avoidable health inequity using a range of methodologies.
- Improved quality of PPI across the health and social care system using our PPI quality standard.
- More and more involvement of patients and the public in consultations and opportunities publicised by Healthwatch Birmingham.





# Our people



# Decision making

## Developing Healthwatch Birmingham's Topic Identification and Prioritisation System

In our legislative duty we must provide authoritative, evidence-based feedback to organisations responsible for commissioning or delivering local health and care services.

One of the ways we do this is by analysing patient experience datasets. If these data raise concerns we either discuss the issue directly with a provider or commissioner, or we may launch an investigation into a provider or system. We have published our 'procedure for making relevant decisions' on our website.

This specifies that investigations into health and social care services are guided by the Healthwatch Birmingham's Topic Identification and Prioritisation System. This system has been piloted over the early part of 2016.

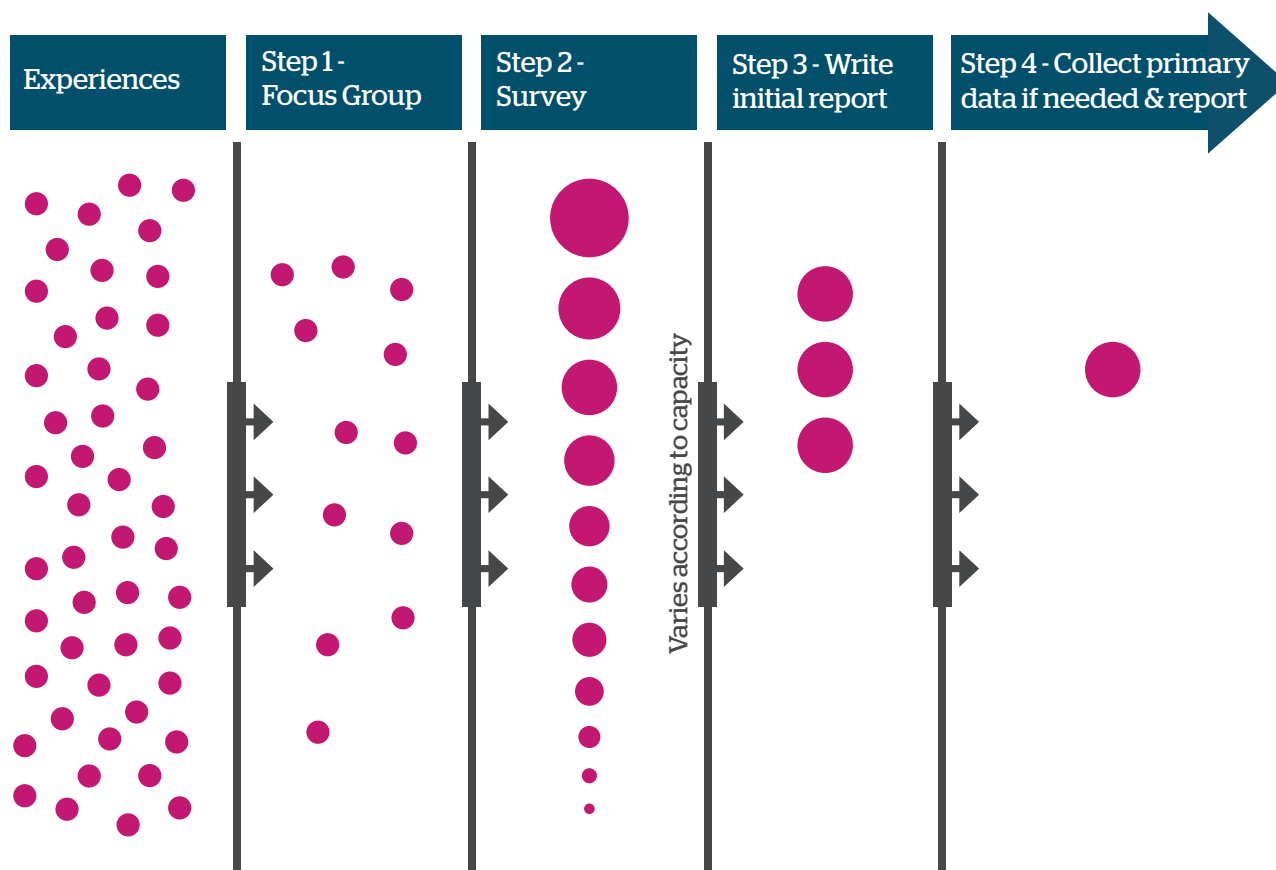
## Piloting our Topic Identification and Prioritisation System

Experiences of Health and Social care services in Birmingham were heard from members of the public. We also recorded and collated possible avoidable health inequities heard by staff at external Board meetings.

**Step 1.** A list of 250 public and patient experiences, as well as possible avoidable health inequities heard at external board meetings were collated. These were discussed in a focus group consisting of Board members, our volunteers and staff. Focus group participants rewrote the experiences as 'problem statements' and selected eleven to continue through the prioritisation system.

**Step 2.** These eleven problem statements were sent to a wider group of key stakeholders via a questionnaire and shared via social media. Respondents were asked to select three problem statements they thought warranted further investigation by Healthwatch Birmingham. They were also asked how they thought the results of the investigation could be used to drive change in the health and care system in Birmingham.

## Our robust process of investigation decision making



Fifty-eight respondents completed the questionnaire. These were from across the health and social care system in Birmingham, as well as members of the general public.

Twenty-seven respondents (61%) selected the problem statement “Only 60% of patient with severe mental illness have care plans, although they should have one.” Of these, twenty respondents (74%) specified how the results of the investigation could be used to drive change in the health and care system in Birmingham.

The second most commonly selected problem statement was “Some people don’t get general practice appointment when an urgent health problem arises.” Twenty-five respondents selected this problem statement (57%), with 16 of these (59%) stating how the investigation could be used to drive change.



## Our role on Boards

The Healthwatch Birmingham Executive team’s role on external key Boards is to be the consumer watchdog of health and social care services. In doing so we support improvement of the delivery and design of services.

On these Boards we:

Seek assurance from Board members for the quality and effectiveness of their public involvement and engagement in service design and redesign.

Proactively share information relating to potential or actual issues we have identified in the course of dispatching our statutory functions.

1. West Midlands Quality Surveillance Group.
2. Health and Wellbeing Board.
3. NHSE PPI Working Group.
4. HWE Advisory Task and Finish Group.
5. Birmingham Health Oversight and Scrutiny Committee.
6. Joint Health Oversight and Scrutiny Committee - Solihull.
7. Joint Health Oversight and Scrutiny Committee - Sandwell.
8. West Midlands Local Healthwatch Network.
9. Birmingham Adult Safeguarding Board.
10. Sandwell and West Birmingham Primary Care Commissioning Board.
11. Cross City Primary Care Commissioning Board.
12. South Central Primary Care Commissioning Board.
13. Third Sector Assembly.
14. Birmingham Children’s Safeguarding Board.
15. Right Care Right Here.
16. Better Care Fund.
17. West Midlands Urgent Care Network.

**Involving members of the public, volunteers and our Board in decisions about our future activities ensures we operate in an open and transparent way.**

**Including stakeholders in decisions about what to investigate supports us to understand local priorities within the health and social care system, which when addressed will prompt action to effect positive changes for service users in Birmingham.**

## What next?

We will revise the Topic Identification and Prioritisation System by:

Analysing the feedback of people who have participated in the piloting to revise this process.

Reflecting on the investigations and reports that are produced as a result of this system, and the ability to use these as a lever for positive change in the health and social care system in Birmingham.

This updated system will be used to select the next round of topics for investigation. The focus group will be run immediately prior to the Autumn Board Meeting.

## Our volunteers

Healthwatch Birmingham would like to say a big thank you to our volunteers who have supported us this year in everything from our investigative decision making, our consultation responses, our community engagement and our Young People's Report.

Alex Davis  
Amanda Dickinson  
Barbara Garrett  
Christine Spooner  
Fatemah Mossavar  
Gillian Richards  
Houston Pearce

June Phipps  
Keith Hulin  
Khairun Butt  
Khakan Quereshi  
Mandeep Dosanjh  
Mark Lynes

Mike Tye  
Mustak Mirza  
Nina Davis  
Olga Cojocar  
Pat Coyle  
Patricia World

Sandra Ali  
Shanice Brown  
Steve O'Neill  
Sulaiman Marrakchi  
Tina Brown Love  
Trevor Fossey



## Our Board

We would like to thank all of our board members, past and present. We would like to acknowledge the contribution Norman Howell made to Healthwatch Birmingham as a member of our board, who sadly passed away in 2015.

Board meetings are held quarterly in public. In addition the senior management team attended in an advisory capacity. Healthwatch Birmingham's 2015/2016 board members:

Brian Carr - Chair  
Carol Burt

Clenton Farquharson  
Jasbir Rai

Jonathan Drifill  
Mike Hughes

Marcia Lewinson  
Dr Peter Rookes

left-right: Mike Hughes and Tilly, Brian Carr, Carol Burt, Jasbir Rai, Dr Peter Rookes, Jonathan Drifill





# Our finances



# Our Finances

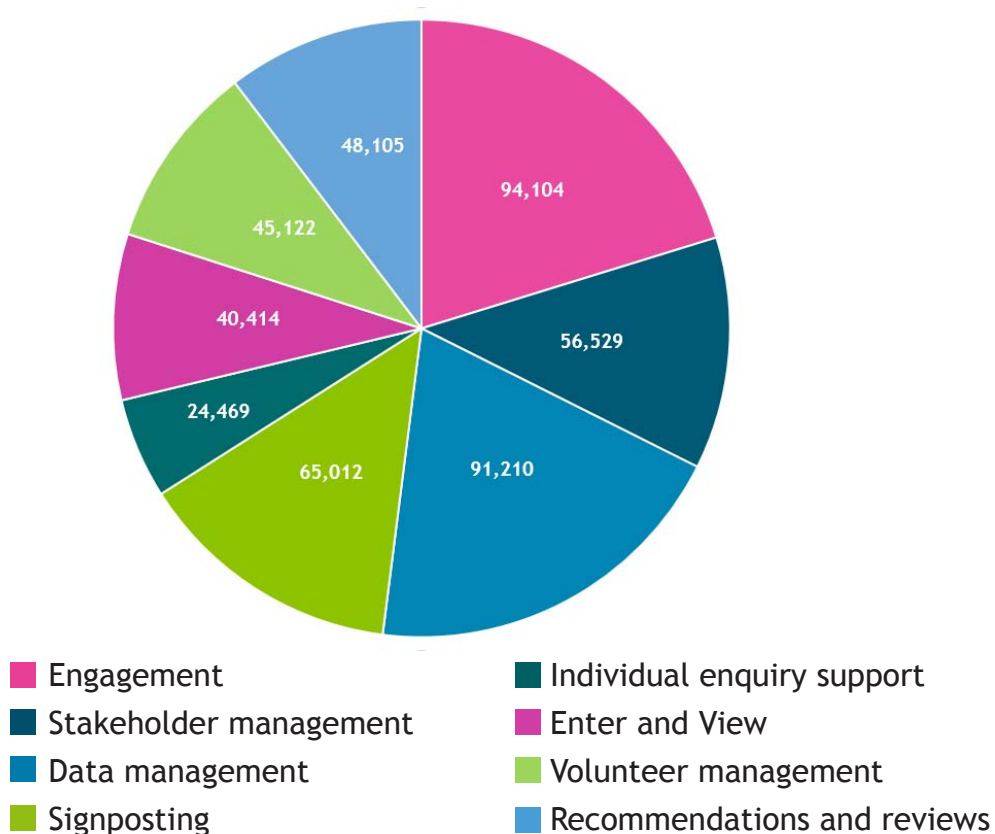
## Income

Funding received from local authority to deliver local Healthwatch statutory activities	£445,374
Plus reserves from previous year	£26,984
Additional income	£904
<b>Total income</b>	<b>£473,262</b>

## Expenditure

Operational costs	£101,258
Staffing costs	£321,021
Office costs	£42,686
<b>Total expenditure</b>	<b>£464,965</b>
Balance bought forward	£8,297

## Healthwatch Birmingham expenditure by function



# Contact Us

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Email: [info@healthwatchbirmingham.co.uk](mailto:info@healthwatchbirmingham.co.uk)



Twitter: **@HWBrum**



Facebook: **/HealthwatchBirmingham**

We will be making this annual report publicly available by the 30th June 2016 by publishing it on our website and circulating it to Healthwatch England, the Care Quality Commission, NHS England, local Clinical Commissioning Groups, Birmingham City Council Health and Social Care Overview and Scrutiny Committee and Birmingham City Council.

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## **Healthwatch Birmingham**

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