



# Healthwatch Leicestershire

## Annual Report 2014/15







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# Note from the Chair and Director

**Healthwatch Leicestershire (HWL) exists to help the public get the best out of their local health and social care services. People need to feel that their local Healthwatch belongs to and reflects them and their local community. It needs to be approachable, practical and dynamic and to act on behalf of local people.**

Leicestershire has a population of 651,200 people that spans across seven districts and boroughs as follows:

- Charnwood Borough
- Melton Borough
- Harborough District
- Oadby and Wigston Borough
- Blaby District
- Hinckley and Bosworth Borough
- North West Leicestershire District

Each District has its own Council and has a very different dynamic and landscape that varies in size and population.

Our priority work streams were aligned to our mission and strategic objectives. Each work stream has clearly stated success criteria, which lead to key outcomes. Our work streams this year were as follows:

- **Listening to the local population, consumers and stakeholders -** engaging with the public and targeting seldom-heard or hard to reach communities to understand what matters most.
- **Advice & information -** delivering an effective helpline, providing high quality advice and information that is supported by an extensive information bank developed with key stakeholders.



- **Gathering intelligence** to inform our role of influence, challenge and scrutiny - to be well informed of local and national health and social care initiatives, analysing and reporting intelligence gained from local people.
- **Influence on key stakeholders -** committees to inform commissioning and service delivery - to have representatives on key strategic boards and committees and develop collaborative partnerships that will influence health and social care services.
- **Challenge and scrutiny -** An Enter & View programme delivered by authorised and trained volunteers who will report findings and recommendations to commissioners and providers.

Effective and meaningful community engagement involves a commitment to genuine partnership working and collaborative discussion of the issues facing local communities.

Listening to local organisations and people with an open mind is crucial to supporting a culture of local involvement and ownership, in order to provide permanent benefit and change.



We identified three areas of engagement that support our vision and mission:

**1 General engagement with communities and partners**



**2 Engagement around HWL priorities and target groups**



**3 Engagement with the Voluntary and Community Sector (VCS)**

We have grown HWL membership by 66%, from 1455 to an overall total of 2415 members. We have learnt that engaging people to join HWL and talking to people to capture insights require different approaches, resources and communications.

### HWL Membership by Type



**70%**  
HWL Members



**30%**  
HWL Organisations

**In 2014 - 2015 we were in contact with 5621 individuals across 200 different activities / events**

### HWL Membership by Quarter

Q1	Q2	Q3	Q4
1593	2513	2372	2415

## Review of our promises in 2013-2014

In our Annual Report last year, we set out our strategic plan, which included:

- Publishing our first Enter & View report
- Capturing patient experience at the Accident & Emergency department
- Enhancing our signposting service with dedicated drop-in clinics across the county
- Working with Clinical Commissioning Groups on various campaigns
- Holding a series of roadshows and local events

We have successfully realised all of our strategic plans this year and are pleased to present the highlights in this Annual Report.

We would like to thank our volunteers for supporting our activities, Board members for all their time, passion and commitment and also the dedicated staff team. See page 35 for a full listing of the Healthwatch Leicestershire team.

**Rick Moore**  
Chair

**Vandna Gohil**  
Director



# Easy Read Summary

**Healthwatch Leicestershire exists to help the public get the best out of their local health and social care services. We do this by:**

- **Listening to the local population, consumers and stakeholders**
- **Giving advice and information**
- **Gathering intelligence**
- **Influencing key stakeholders to inform commissioning and service delivery**
- **Challenging and scrutinising existing service provision**

**In 2014 - 2015 we were in contact with **5621** individuals across 200 different activities/ events**

**This year we have grown HWL membership by 66%, from 1455 to an overall total of **2415** members**



In the past 12 months we have spent time listening to people's experiences of health and social care.



We currently have over 60 active volunteers helping us reach our goals through our Enter and View programme, as representatives and Community Champions. Their time, effort and enthusiasm contribute to making a difference and influencing change.



We published our first Enter & View report in April 2014. Throughout the year we completed 4 visits. The aim of the visits were to observe the services provided and talk to those in receipt of care, patients as well as members of staff.



In January 2015, we spent a week at the Leicester Royal Infirmary (LRI). We spoke to 262 patients in Accident and Emergency, Discharge Lounge, Eye Clinic and Emergency and the Ear, Nose & Throat Department finding out what changes patients and staff would make to improve the experience of using services. We shared our findings with the Hospital and we are working together to help implement the report's recommendations.



We have enhanced our signposting service by organising drop-in sessions for the public throughout the county. Our Information and Advice Service has received 454 enquiries this year.



During the year, we ran two 'My Voice Counts' tours, the first during the summer months followed by a winter tour. We spoke to over 900 people. The tours aimed to raise awareness of Healthwatch Leicestershire, gather the experiences of local people and build our membership.



In January 2015, in partnership with West Leicestershire Clinical Commissioning Group, we took a 'health bus' to people across West Leicestershire as part of the 'New Start, New You' campaign, delivering messages covering alcohol, smoking, healthy eating and also mental health and wellbeing.

**Our annual report shows how we are structured, where we focus our resources and how we are bringing the voice and influence of Leicestershire people to the development and delivery of services, on a local level, and as part of the bigger national Healthwatch network.**

# About Healthwatch

**We are here to make health and social care better. We believe that the best way to do this is by designing local services around people's needs and experiences.**

Our work is informed by connections to local people and our expertise is grounded in their experience. We are the only body looking solely at people's experience across all aspects of health and social care. We are uniquely placed as a network, with a local Healthwatch in every local authority area in England.

As a statutory watchdog our role is to ensure that local health and social care services put the experiences of people at the heart of their decision-making.

## Our vision

**Higher quality and more accessible health and social care services in Leicestershire through public involvement**

## Our Mission and Objectives

To be an independent, influential consumer champion of health and social care services in Leicestershire, ensuring that consumer rights and responsibilities in health and social care are understood and delivered. We achieve this by:

- **Understanding** what matters most to consumers, especially those most vulnerable, by always starting with their needs and rights.

- **Developing** evidence-based local insights to share with local partners, and Healthwatch England to inform a national picture.
- **Influencing** those who have the power to change design and delivery of services so they better meet the needs and rights of users.

## Our strategic priorities

We consulted with patients, stakeholders and members of the public to identify key issues, to inform our local priorities and the development of the 2014-15 work plan.

The methodology was combined with an awareness campaign and membership drive to promote local Healthwatch. The public was consulted through a combination of:

- Events in each of the seven Leicestershire districts
- An online survey
- Hard copies of the survey in strategic locations

The consultation material was developed to allow patients and the public to drive the agenda, whilst also linking to priorities identified by key statutory bodies collaborating with Healthwatch. To get this balance two key areas of information were required:

- Local health and social care issues identified through open-ended questions followed by;
- Identification of key existing statutory priorities on a structured multiple choice questionnaire

This design allowed respondents to identify their own specific issues relating to health and social care purely from experience, followed by a more structured section in which respondents would pick from a list of existing statutory priorities.





The selection of priorities for the multiple choice questionnaire was made following analysis of existing priorities of key local health and social care strategies, including;

- Leicestershire's Health & Wellbeing Strategy 2013-16
- West Leicestershire and East Leicestershire & Rutland CCG priorities
- Joint Strategic Needs Assessment - 2012 priorities
- Adults and Communities Business Plan 2012/13
- Leicestershire Partnership NHS Trust Integrated Business Plan 2012-17

The consultation produced six priorities, all of which noted the need to integrate health and social care services.

We identified four main local priority themes of work based on various statutory and public sector priorities and our consultation with the public:

Themes	Local Priorities
<b>Access to services</b>	<ul style="list-style-type: none"> <li>• Help to improve access to local community mental health services</li> <li>• Support processes for the public to access GP services</li> </ul>
<b>Co-ordination of services</b>	<ul style="list-style-type: none"> <li>• Support and review current practices to improve the integration of Health and Social Care services</li> <li>• Support improvements in patient discharge from hospital.</li> </ul>
<b>Information about services</b>	<ul style="list-style-type: none"> <li>• Encourage early diagnosis of disease</li> <li>• Advocate for clear and appropriate communication to the public</li> </ul>
<b>Voice and Advocacy</b>	<ul style="list-style-type: none"> <li>• Support people with long term conditions to have a voice</li> </ul>

Common issues raised by the public at HW consultation events

Healthwatch Team (from left to right): Gemma Hammond, Narendra Waghela, Vandna Gohil, Rick Moore, Anne Collier, Stephanie Hollis, Jenny Darlow, Cherelle Farrell & Ivan Liburd.



# Engaging with people who use health and social care services

## Understanding people's experiences

**Due to capacity and resources, we cannot always place our focus on hard to reach/seldom-heard groups, however we endeavour to reach as many people as possible and recognise that there are many communities of interest across Leicestershire that may not have their voices heard by decision makers as much as they would like.**

**As part of our work to highlight the needs of local people, we conducted a tour of Leicestershire to visit hard to reach communities, produced a survey that captured the voice of different groups of service users such as young people and Lesbian, Gay, Bisexual and Transgender (LGBT), and held interviews as part of a special inquiry for patients discharged from health and social care settings that focused on the elderly, those with poor mental health and homeless people.**

**Our activities have brought to light the multitude and diversity of needs and experiences of those people accessing health and social care services in Leicestershire.**

## My Voice Counts Campaigns

During the year we ran two 'My Voice Counts' tours, the first during the summer months (July, August and September 2014) followed by the Winter Tour (September 2014 to February 2015).

We spoke to over **900 people** including a variety of under-represented groups and individuals:

- Children & Young People
- Black Minority Ethnic (BME)
- Working parents
- Elderly & vulnerable adults

The 'My Voice Counts Tour' aimed to raise awareness by promoting HWL, gather the experiences of local people and build our membership. During the tour, HWL obtained the views and experiences of local people by:

- Engaging various communities of interest at planned events across all seven districts/boroughs.
- Engaging with social and user groups in an environment comfortable and accessible to them, including for people over the age of 65, people with poor mental health, and those with disabilities and multiple conditions.
- Offering opportunities for individuals to attend specific events in East and West Leicestershire and to share their concerns about services.
- Visiting places of education in order to listen to young people's experiences.



The tours found the following common themes from discussions with these groups:

- **Access to services** - Patients found it increasingly difficult to gain a timely GP appointment, especially on the same day.
- **Coordination of services** - There was a general desire for more locally based services and better transition/links between hospital and community services. People also spoke about the lack of communication between hospitals and patients.
- **Patient respect and emotional support** - People wanted to be cared for holistically and personally, not just treated medically for their ailment or condition. Customer service was also an important aspect to patients all round experience of services.
- **Domiciliary care and discharge** - Patients receiving home care were prone to unpredictable time management of carers. Hospital discharge and care planning was highlighted as a growing concern.

**“There is not enough help for the hard of hearing. Everything is based around computers. I tried to make an appointment at my GP’s but they told me that the procedure is to ring on the morning. I told them that I couldn’t hear on the phone. So now I text my sister who lives in Scotland and she rings up for me, then texts me back with the time of my appointment. If there are other options, they have not been explained to me”.**  
- Service user from older persons event, Summer Tour



## Quality of Services

One of the initiatives we undertook in the year was to review 'what a quality service means' to the public by conducting a short survey on the type of services that are accessed, perceptions of what makes a quality service and suggestions for improvement. The public responded positively to the NHS as an institution in principle, and critically to their own experience of receiving treatment from healthcare services.

Respondents were asked to identify, describe and prioritise six attributes they look for in a good service. The results were as follows:

1. **Trained and qualified staff**
2. **Knowledgeable staff**
3. **Helpful staff**
4. **Friendly staff**
5. **Caring staff**
6. **Good information**

In contrast, discussions with Children and Young People (CYP) revealed that confidentiality was a highly valued attribute of service provision. Young people told us they wanted to be understood and not feel judged by health care practitioners, which is reflected in the higher number of those that valued caring staff.

**"I don't feel that healthcare professionals, particularly GP's take young people seriously enough because statistically they are less at risk".**

**- Young person**

The priorities of CYP service users were as follows:

1. **Caring staff**
2. **Confidentiality**
3. **Friendly staff**
4. **Trained / qualified staff**

We also had a sample of LGBT respondents, of which a third used Mental Health Services compared to 19% of the total respondents to the survey; and a third used Sexual Health Services in comparison to 15% of the total respondents.

The priorities of LGBT service users were as follows:

1. **Trained and qualified staff**
2. **Confidentiality**
3. **Friendly staff**

This group wanted health professionals to be better informed about LGBT communities, and the issues and barriers faced to accessing services.

**"Better educated staff, especially around LGBT".**

**- Service user**







## Special Enquiry Report

We contributed to the research commissioned by Healthwatch England to explore what happens to patients when they are discharged from health and social care settings. Our research provides an understanding of good practice to assist policy development, influencing, and commissioning the design and delivery of services.

We gathered evidence from 18 patients (1 homeless person, 8 people who have experienced poor mental health and 9 older people) to help inform our own local understanding. We worked with:

- LAMPdirect – a voluntary organisation working to promote good mental health for everyone in Leicester, Leicestershire and Rutland.
- Action Homeless – a charity based in Leicestershire dedicated to tackling the causes and consequences of homelessness.
- Melton Borough Council – who provide a range of residential services for older people in Leicestershire.

We found that patients had all experienced 'unsafe discharge' from hospitals, nursing or care homes, and mental health settings in Leicestershire, and that there was no consistent pattern in the implementation of discharge planning protocols.

Our findings and recommendations are shared with Healthwatch England, The Better Care Fund programme and relevant local commissioning cycles.

## Enter & View

**Our Enter & View programme sees us visit health and social care premises to find out how they are being run and make recommendations where there are areas for improvement.**

Enter & View 'Authorised Representatives', a small team of trained volunteers, go through a thorough recruitment and preparation course followed by shadowing and on-going support.

We have agreed not to carry out unannounced visits unless there is an unprecedented reason. We believe they are unsupportive and can cause antagonism with service providers, with the possibility that entry can be refused, which is of no benefit to anyone.

Our approach to deciding where to visit is to gather evidence and insights from what we have heard from our signposting service, drop in clinics, engagement events, intelligence from desk-based research, the CQC and feedback from stakeholders.



## Authorised Representatives

Our recruitment campaign for 'Authorised Representatives' attracted 30 expressions of interest and 11 people successfully completed the application process and the training session in readiness to become Authorised Representatives. The applicants who were unsuccessful in meeting the criteria have been signposted to other opportunities within Healthwatch.

We completed 4 Enter and View visits in the year, within the HWL statutory area, as follows:

<b>10 April 2014</b>	<b>Peaker Park Care Village, Market Harborough</b>
<b>28 July 2014</b>	<b>Lutterworth Country House Care Home</b>
<b>5 January 2015</b>	<b>The Glenfield Surgery</b>
<b>12 March 2015</b>	<b>Ambulance Monitoring at Leicester Royal Infirmary</b>

### Current Healthwatch Leicestershire Authorised Representatives are:

- Sue Staples – HWL Board member and Board Safeguarding Lead
- Gemma Hammond, Development Officer – Staff Lead
- Ann Cluskey
- Bob Harrison
- Chris Bosley
- Ian Staples
- Jeff Wooldridge
- Jillian Gore
- Lynn Pearson
- Mike Perks
- Sharon Bessey-Saldanha
- Tanuja Parmer

All of our Enter & View reports are available at [www.healthwatchleicestershire.co.uk/enter-view](http://www.healthwatchleicestershire.co.uk/enter-view)







## Peaker Park Care Village

We undertook our first Enter & View visit at Peaker Park Care Village in Market Harborough on 10 April 2014. HWL wanted to observe first hand how PrimeLife Limited (the Provider) delivers quality care following Care Quality Commission (CQC) inspection reports and on-going concerns with the service. The aim of the visit was to observe the care provided within this setting and talk to those in receipt of this care as well as members of staff.

Healthwatch Leicestershire made seven recommendations and PrimeLife Limited provided a fulsome response to the recommendations, which are listed in the report.



## Lutterworth Country House Care Home

On 28 July 2014, we conducted an 'Enter & View' visit at Lutterworth Country House Care Home in direct response to concerns we had received from relatives of residents.

After our visit we recommended that the care home reviewed the bathroom and toilet facilities, consider how to make it easier for residents to know who the staff are and ensure that their complaints procedure is clearly visible in the communal areas for residents, relatives and friends. We also found that access to medication, obtaining prescriptions and GP treatment was not consistent and recommended a review of the administration process and procedures.



In response, the care home told us that all the bathrooms and toilets have yellow doors to make them easily identifiable and the home provides uniforms for staff once they have completed induction training and they are having staff names embroidered on the uniforms. They are also reprinted the complaints procedure in a larger font and have replaced the current signs in the foyer and residents rooms. The home told us that they use Boots Pharmacy, who provide training and support regarding medication and interim prescriptions can be collected from the local pharmacy.

We met with the Care Home Management Team to discuss our report and recommendations and this proved to be very productive.

**This information will be used to inform our intelligence around Peaker Park. It has also been shared in the Quality Surveillance Meeting.**

**East Leicestershire and Rutland CCG**

**"I think your comments were fair and reasonable, and more to the point - valid. I look forward to seeing more of these Enter & View reports, as they add to the visits we make as councillors as well as the visits by county council staff".**

**- Michael Charlesworth, County Councillor**

## Impact Stories

### Case Study One

#### The Glenfield Surgery

'Access to Services' is one of our key priorities. During our 'My Voice Counts' Summer Roadshow, local people told us that they had poor experiences with the process and procedures leading up to a GP appointment and patients struggled to gain a GP appointment on the day that they rang.



We wanted to hear from patients at a GP Practice and decided to conduct an Enter & View visit at the Glenfield Surgery on 5 January 2015 to gather patient views and experiences of their GP Practice and to observe the nature and the quality of services provided. We chose this surgery, as the existing data on patient experience was poor.

Authorised representatives asked patients about their experiences of the surgery and we completed 56 patient surveys from 8.30am-11.30am. A large proportion of the visit was also observational, involving the authorised representatives observing the surroundings to gain an understanding of how patients engaged with reception staff and the facilities.

We found that the majority of patients booked their appointments via the telephone and over half found it difficult to contact the surgery to make an appointment, especially in the morning. Although there is an online booking system, some patients were unaware of it. We recommended that the surgery reviewed the telephone booking system and find a way to advertise different appointment booking systems more prominently.

**“One person had tried 99 times on his mobile phone to get through to the surgery. He showed us his call log to confirm it”.**

**- Comment made to an Enter & View  
Authorised Representative**

In response, the surgery installed an additional computer and telephone line for appointment booking, improved the telephone system and is also undertaking a review of effective telephony training for reception staff.

We presented its findings to the GP Practice and local commissioners.

**“Your visiting group identified a number of areas where the surgery can improve its facilities and it was good to note that they were already working on a number of the recommendations. We are pleased that Healthwatch continues to make a valuable contribution to enhancing the quality of local health services”.**

**- Graham Martin, Chair, East  
Leicestershire and Rutland CCG**

**“It is such a useful report and provides us with a great resource to add to our practice profiles and quality process. We will discuss this at our next Primary Care Commissioning Committee in public”.**

**Tim Sacks, Chief Operating Officer,  
East Leicestershire and Rutland CCG**



# Providing information and signposting for people who use health and social care services

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

**We aim to provide an effective helpline and high quality advice and information service that is supported by an extensive information bank developed with key stakeholders.**

In addition to our phone, email and web services, we provide district drop-in sessions to increase access options for county residents who may not use these other services and prefer community environments.

Between 1 April 2014 and 31 March 2015 the HWL Information and Advice Service was open from 2pm to 4pm, Monday to Friday, via telephone with voicemail services available 24/7. Emails and communications through the website were responded to within 24 hours.

Overall the Information and Advice Service (via Phone, Email and Drop-Ins) has exceeded the 400 enquiries target with a total of 454 enquiries.

## Top issues received through Signposting

The issues and themes that have repeatedly emerged are summarised below:

- Access to GP services
- Communication between health services (i.e. GP referrals, hospital appointments)
- Lack of GP service provision (i.e. ability to provide x-rays, blood tests and minor injury care)
- Emergency and non-emergency ambulance services (i.e. delays)
- Lack of NHS dentist appointments (i.e. no access, or waiting times for up to 6 months)
- Domiciliary care and home visits (i.e. Dental Services)

The insights we gain from the helpline and information service contributes to our evidence base so that our voice is authentic where changes are needed to health and social care services.



Total Enquiries

454

## Information and Advice Service Example

**Caller:**  
**Representative of patient**

**Problem:**

The caller wanted to find out how to make a complaint regarding the diagnosis their GP gave to a relative during a call-out before the patient's later admission to hospital. The family felt the GP could have identified health issues prior to being admitted to hospital and wanted to contact NHS England regarding this.

**HWL Information and Advice:**

We advised writing to / or meeting with their GP practice manager to solve issues locally as a starting point, and provided the contact details.

**Outcome:**

The family appreciated this information, as they did not know they could arrange meetings with the practice manager.

### Breakdown of Enquiries



## Information and Advice Service Example

**Caller:**  
**Dental patient**

**Problem:**

The patient had a plastic coating on a tooth fitted by his dentist but had been back five times since the procedure as he was still experiencing pain. A follow-up appointment was made, but the original dentist was not available on the day and another practicing dentist offered to complete the appointment. To the patient's shock and dismay he received a bill for £350 for the private dental appointment. The patient believed he was continuing his current NHS dental plan under the Band 3 payment of £219 and had already paid for the original procedure.

**HWL Information and Advice:**

We signposted the patient to the NHS Choices website to check the NHS dental charges and what is covered under Band 3, and provided information on his rights as a NHS patient when procedures go wrong and need correcting.

**Outcome:**

The patient returned to the practice with this information stating that he should have been shown an itemised treatment plan with clearly stated costs before commencing treatment to give him the opportunity to research other options for private care. The practice agreed that this information was not provided at the time of the appointment and offered to refund him for the mistake. The patient reported being very pleased with the information provided by HWL and was satisfied with the treatment provided by the dental practice.



## The Health and Social Care Signposting Directory

**We produced a Health and Social Care Signposting Directory for Leicestershire residents.**

In addition to the NHS Choices directory available on our website, twelve thousand copies of each Signposting Directory were printed and dispatched to GP surgeries, pharmacies, hospitals, domiciliary care providers, residential/nursing homes, various local authority departments, Meals on Wheels and other health care providers for them to distribute to their patients and customers.



## 'Magic' Question Cards

**Healthwatch Leicestershire partnered with West Leicestershire Clinical Commissioning Group (WLCCG) who published A5-sized cards with five key questions for patients to ask when informed of an illness or diagnosis.**

The aim of the MAGIC cards (which stands for 'Making All Good decisions In Collaboration') is to give patients the information to take more control over choices in their healthcare.



The cards encourage patients to ask clinicians more questions about their healthcare and enter into a discussion with their GP, consultant or other health professionals about the options available, and reach a decision together.

The cards are available in all 50 GP practices in North West Leicestershire, Charnwood, Hinckley and Bosworth, as well as being distributed by Healthwatch Leicestershire.

**“These simple MAGIC cards are a reminder to patients - and to GPs, consultants and other health professionals - that decisions about healthcare need to be made together. Patients and their families...will be able to cope better if they have more information and know the right questions to ask.”**

**- Professor Mayur Lakhani, Chair of West Leicestershire CCG**



## Information for Carers

**In 2014 the we identified that carers and family members were being left out of the discussion and decision making process regarding patient discharge from hospital and were not informed on how to access support for themselves.**

The HWL Carer's Reference Group visited Leicester Royal Infirmary to talk to the Specialist Discharge Team and raise awareness of the role that carers play in patients' lives, the issues they face and how working together can aid patients' recovery.

This presentation was well received and we arranged for members of the Specialist Discharge Team to be supplied with Leicestershire County Council's 'Do You Look After Someone?' leaflets, which provides practical information about how to get support. The team now regularly hand these leaflets out to carers and family members.

See also Working with the Specialist Discharge Team on page 26.







# Influencing decision makers with evidence from local people

## Producing reports and recommendations to effect change

**We have conducted several important pieces of research into local care services, providing them with recommendations and suggestions for improvements.**

### 12 Hours in A&E

The UHL Accident & Emergency (A&E) Department located at Leicester Royal Infirmary (LRI) has been under considerable pressure due to consistently failing to hit the Government-set target to see and discharge 95% of patients within 4 hours. UHL and the three local Clinical Commissioning Groups (CCGs) in Leicestershire and Leicester have been working together to improve the situation for some time, introducing initiatives such as a new triage A&E reception point and the 'Choose Better' campaign.

In June 2014, a team of Healthwatch Leicestershire staff and volunteers spent 12 hours in A&E, listening to 88 patients to understand:

- The reasons for attending A&E
- Patients' perception of care and treatment
- The priority issues for patients
- The reasons for the department's difficulties in meeting the government's target

The resulting report, 'Healthwatch Leicestershire spend 12 hours in A&E', made five recommendations which were discussed with John Adler, Chief Executive at UHL, at the quarterly members' meeting on 9 July 2014.



## Putting local people at the heart of improving services

We recognise that a big part of our role is to support the involvement of local people in the commissioning, provision and management of local health and social care services.

### Consulting with the public on Prevention Services

In July 2014, we spoke to our members to give them an opportunity to directly influence decisions about and commissioning of prevention services.

Their comments formed our response to the Leicestershire County Council Prevention Services Consultation, which urged the council to recognise the public voice in the proposed changes to prevention services.

The consultation made it clear that the areas of support falling within prevention services are very important to the welfare of Leicestershire residents.

When respondents were asked what elements of the prevention model they felt would most benefit them or their communities.

- Three quarters chose supporting independence for older people

**“Voluntary services, especially social groups and befriending, provide great support for people and can help greatly in preventing dependence on social care services and help improve both mental and physical health”.**

**- Consultation respondent**

- 70% chose maximising community resources
- Over half chose safe places and support for domestic violence
- One in three respondents thought that the allocation of money for community development was too low

**“Preventative services cut long term costs. Building supportive community structures, that are meaningful to local people give them a stake in their community....”**  
**- Consultation respondent**

Many organisations, including a large number of voluntary and community groups that had already experienced funding reductions in other cost saving measures by the local authority, also deliver preventative services. Our response highlighted a real danger: groups who support some of the most vulnerable service users would have to consider how or if they could afford to deliver services that they currently provide.

### The Health and WellBeing and Better Care Together Boards



**Better care together**

A partnership of Leicester, Leicestershire & Rutland Health and Social Care

Being key members of the Health and Wellbeing and Better Care Together (BCT) Boards enables us to ensure that the needs and views of patients and the public are always brought to the forefront of the commissioning, provision and management of local health and social care services.

Our Chair Rick Moore, and Vice Chair Gillian Adams, have established a strong presence, input and dialogue at the quarterly Health and Wellbeing Board (HWBB) meetings.



As a matter of routine there is regular Healthwatch update on the agenda. We have used this opportunity to present and share the patient experience from the observations at the LRI Accident and Emergency Department and the findings have been used to inform the County's Better Care Fund proposal for reducing admissions to A&E.

In August 2014, Healthwatch held a public meeting to inform our members and the wider public about the BCT proposals for a 5-year strategy. This gave them a direct opportunity to hear from, question and challenge health and social care leaders.

Based on the evidence gathered Healthwatch submitted its formal response to the BCT 5 Year Strategy, which covered the redesign of service delivery in key areas of health and social care including:

- Urgent care
- Long term conditions
- Frail older people
- Mental health
- Planned care
- Maternity and newborn babies
- Learning disabilities
- Children's services

**"It is really valuable for us to understand what patients and service users actually want and Healthwatch is helping us to do that".**

**- Ernie White, County Councillor,  
Chairman of the Leicestershire  
Health and Wellbeing Board**

## **The JHWS/ JSNA Steering Board**

We have a representative that attends the County Council's Joint Health and Wellbeing Strategy (JHWS) / Joint Strategic Needs Assessment (JSNA) Steering Board for Public Health, Leicestershire County Council. The JHWS/ JSNA Steering Board is responsible for developing the JSNA and the JHWS and for assuring the Health and Wellbeing Board that the strategy is being implemented and improvements are being delivered in the health and wellbeing of the population.

The JHWS/ JSNA Board leads on the Pharmaceutical Needs Assessment (PNA), which is a legal duty of the HWBB.

The purpose of the PNA project team was to identify opportunities to work together across Leicester, Leicestershire and Rutland to jointly develop PNA across the three HWBs and to identify areas where there are key benefits to working together.

We produced a formal response to the redesign of local Pharmaceutical services across Leicestershire. The redesign aims to enhance the provision of essential, advanced and community-based services.

In response to the assessment we:

- supported initiatives that benefit the consumer of health and care services across Leicestershire and wider.
- actively promoted clear messages aimed at consumers that encourage better use of Pharmacies.
- worked with key partners to influence the provision of pharmaceutical services.
- continued to share our findings and raise the voice of consumers so that lessons can be learnt when commissioning and delivering services.

On 9 December 2014 we welcomed representatives of the JHWS/ JSNA Strategy Board to a workshop with HWL Board members, which aimed to determine how best to undertake the JSNA refresh to ensure it is more strategically focussed and directs commissioning across all relevant areas of the Health and Wellbeing Partnership.

## Working with others to improve local services

**This year we have collaborated on various levels with different health and social care providers, commissioners and regulators to effect change.**

### Working with the Care Quality Commission

The Care Quality Commission (CQC) conducted a trust-wide inspection of Leicestershire Partnership Trust (LPT) between 9 and 13 March 2015. In order to ensure the voices of people who use LPT provision were heard and taken into account prior to the inspection.

Our submission captured information collated via the Healthwatch database and helpline, and feedback received from previous outreach and engagement reports.

In addition, intelligence was gathered from people who use the service by putting out targeted callouts to local residents and networks via:

- Marketing campaigns to community hubs, libraries, schools, Children's Centres, Voluntary Action LeicesterShire (VAL), Health & Social Care and CYP Forums; GPs and Community Hospitals, Voluntary Community Sector (VCS) stakeholders
- Targeted Tweets
- A short online survey
- 2 Drop in Clinics where community based services are provided:
  - Loughborough Hospital
  - St Luke Hospital Market Harborough

We submitted our report to the Care Quality Commission on Friday, 27 February 2015.

We were not invited to meet with CQC prior to their visit to present our submission and currently await details of the Quality

Summit to learn about the outcomes and recommendations.

We welcome the opportunity to establish an on-going relationship with CQC. This has not been possible due to CQC re-structuring and staffing changes, and we have experienced difficulties at times locating the right person to speak to and also who to contact with specific issues and information requests.

HWL has shared all its reports and recommendations with Healthwatch England and has not had occasion in 2014/15 to escalate any issues to them.

Our information requests have been fully complied with by providers and commissioners. We have not made any requests for themed or responsive questions to CQC. We have, however, provided insights and intelligence to their inspection of LPT and we have also submitted our Enter & View reports to inform their on-going work.

### Working with Leicestershire Partnership NHS Trust (LPT)

It would be fair to say that HWL has struggled to gather questions from the public relating to LPT services. The small quantity of queries received focussed on mental health services, possibly due to a lack of understanding by patients and the wider public about the full range of services provided by them.

To tackle this issue, we met with LPT's Patient Experience and Customer Services to discuss ways of improving communications to the public about their services, with the aim of increasing the number of questions and making meetings with LPT more effective for the public. We decided to give each quarterly meeting a specific focus on a particular LPT division:

- Adult Learning Disability and Mental Health Services



- Families Young People and Children Division (FYPC)
- Community Health Services

The new engagement plan included a quick and easy online submission form for the public's questions, publicised through the website, social media, E-news and newsletters. We visited colleges to talk to young people and secured space in school newsletters to request questions for LPT. We also reached out to Sure Start centres and targeted audiences using FYPC services.

Applying this focussed approach has been fruitful. In the first quarter alone we received 20 questions, compared to a total of 33 for 2013-2014, showing a significant increase in involvement from our members and local residents. We will continue to monitor this approach and review if necessary.

## East Leicestershire & Rutland CCG Urgent Care Minor Injuries & Minor Illness Project Team

It takes times to make change happen and HWL is pleased to report that an exciting new service started on 1 April 2015 giving a much improved Urgent Care service with more choice, nearer to home, greater accessibility, longer opening hours, and thus helping to prevent unnecessary visits and relieve pressure on the A&E Department at the LRI. The new service will directly link with the NHS 'Choose Better' Campaign and Leicestershire's 'Better Care Together' model for the future. It offers patients more choice more places to go and more hours of frontline care.

HWL representation has helped shape the process using evidence and feedback to ensure that the residents in East Leicestershire and Rutland get a first class service. Healthwatch has been actively involved in all the marketing materials helping to ensure that the messages being delivered to the population is clear and understandable and remains actively involved.



**The service opened on time and in the first week treated over 1,300 patients in the first week of opening, keeping many away from the A&E Department at LRI.**



## Working with the Specialist Discharge Team

As mentioned earlier, our Carers Reference Group (CRG) has been working closely with the Specialist Discharge Team (SDT) at University Hospitals of Leicester NHS Trust (UHL) to increase the level of carer and family member involvement in the patient discharge process.

The SDT, made up of 10 nurses working across three main sites at Leicester Royal Infirmary, General Hospital and Glenfield Hospital, deal with complex cases where patients often need further treatment or support after leaving hospital. The team was ideal for HWL to work with, as it was small enough to identify changes and have a big impact on carers' health and wellbeing.

In March 2014 representatives from the CRG spent eight hours over two days in 12 wards shadowing the SDT at LRI. The representatives observed how the team worked in practice, how they interacted with carers and family members and other staff. Carers and staff members of the SDT also completed questionnaires.

The exercise highlighted the need for a joined up approach between all the discharge teams, who are all based at different places across the hospitals.

We also noted that there needs to be an understanding of the different support services available to carers in the city and county. Carers identified that information about support services, the assessment process and the potential impact of caring, could be improved.

We learnt that some of the SDT staff felt less confident when dealing with carers and family members and in signposting them to further support.

The work done with the Specialist Discharge team has achieved the following:

- Raising awareness of carer issues
- Showing what support services were available locally to carers
- Explaining that carers and family members are very often the expert on that patient and may be able to communicate relevant information to the medical staff that they would not otherwise know
- Highlighting the need for carers / family members to be included as early as possible in the discharge process so that they feel supported, informed and able to cope once the patient has returned home / left hospital
- Disseminating "Do you look after someone?" leaflets which provide information about support for carers, to be handed out at the point of discharge.

Going forward the HWL CRG have, in partnership with Leicestershire County Council, University Hospitals of Leicester NHS Trust and Voluntary Sector Organisations offered the Specialist Discharge Team training and support around working with carers and family members.







## Working with the LAT and LPN

Due to a high number of dental and GP queries to our helpline, we were invited to what is now an established quarterly meeting with NHS England Local Area Team (LAT), to share and discuss patient concerns, raise any potential breaches of contract, and ensure NHS Mandatory Dental Services are delivered in the right way.

Following positive feedback from these LAT meetings, we also joined the Local Professional Network (LPN) quarterly meetings. LPN helps to drive service improvement, reduce health inequalities for local communities and shape services both locally and nationally, supported by LATs, Strategic Clinic Networks, Academic Health Service Networks and Clinical Senates, as well as commissioners, providers and patients. The network also feeds into the new NHS Dental Contracts for 2015/16.

Our presence at these LPN meetings puts local people at the heart of improving dental services. We have ensured that patient concerns are taken into consideration when formulating new ways of working and have helped to raise the profile of issues such as access to dental services, the need for clearer and simpler information around NHS Dental charges, and patients' rights.

Our helpline number is now provided on Leicester Oral Health Promotion leaflets as a source of information about dental access and charges, and LAT signpost Leicestershire patients to the HWL Information & Advice Service. This service provides information on local access, waiting times and the difference between NHS, Private and Exempt status as well as the charges involved in each and how to complain about NHS Dental Services.

## NHS LAT Example

### Problem:

Following referral by her dentist to Endodontic services at the Glenfield Hospital, the patient was distressed to have her referral declined on three separate occasions. In the letters received from Glenfield Hospital she was told that Glenfield no longer provide this service, therefore she was not on a waiting list or referred to alternative options. The patient raised her concerns with the NHS Local Area Team who commission the services at Glenfield Hospital but neither her or her dentist got clear information. The patient also made a formal complaint to NHS LAT, which appeared to have no impact.

### HWL Action:

We raised the patient experience as a case study at a Quarterly NHS Local Area Team (LAT) meeting, where the Local Dental Committee (LDC) reported that Endodontic services have a year-long waiting list, although a new consultant was dealing with high demand for the service and more urgent cases were being fast tracked.

As University of Hospitals of Leicester (UHL) provides this service, HWL submitted a number of questions received from patients, including this case study, about the state of Endodontic services and their plans to resolve issues in the future.

UHL reported back to us that the service closed to new endodontic referrals at the beginning of last year due to a lack of capacity to treat the patients within a timely manner, and overall waiting time was slowly reducing.

### Outcome:

A third restorative consultant to accommodate the backlog of endodontic activity was approved by the Trust's revenue and investment committee. UHL drafted a standard information letter for General Dental Practitioners. Additionally, written advice was provided to practitioners keeping them informed of changes to services.

# Impact Stories

**Through the following case studies we aim to show how we have made a difference to local health care services and how this has benefitted local people.**

## Case Study Two

### New Start, New You

In January 2015, HWL working in partnership with West Leicestershire Clinical Commissioning Group (WLCCG) took their 'health bus' to people across West Leicestershire as part of the 'New Start, New You' campaign, delivering messages covering alcohol, smoking, healthy eating and also mental health and wellbeing.

The aims of the campaign were to:

- increase awareness of local health services and provide support and information
- provide Health Checks to eligible audiences so that they are more likely to say 'yes' to a Health Check when offered
- boost the number of delivered health checks to help toward the county's target
- communicate the messages of prevention and self-management to a wide audience



## NEW START, NEW YOU

**NHS**

With our help, you can:  
stop smoking  
lose weight  
eat better  
drink less alcohol  
and stay positive.

For more information visit  
[www.westleicestershireccg.nhs.uk/newstart](http://www.westleicestershireccg.nhs.uk/newstart) or your local GP surgery

The Health bus will be at the following locations:

Wednesday	14 January	10am - 4.00pm	ASDA, Thurmaston, LE4 8GN
Thursday	15 January	10am - 4.00pm	Loughborough Market, LE11 3ED
Friday	16 January	10am - 4.00pm	Hinckley Market, LE10 1NT
Saturday	17 January	10am - 4.00pm	Morrisons, Coalville, LE67 3JN
Monday	19 January	10am - 4.00pm	TESCO, Ashby-de-la-Zouch, LE65 1TE
Tuesday	20 January	10am - 4.00pm	Woodlands Garden Centre, Hinckley, LE9 8JE

Make sure you do not miss the opportunity for your free mini health check including blood pressure, body mass index and more. Whether you are a carer who needs information or advice for you or your loved one, someone who wants support in improving your health and wellbeing or just want to talk to someone about how to stay positive, come and see our expert teams.

This campaign is run in partnership with



**“The health bus was a fantastic opportunity for Healthwatch Leicestershire to get out in the communities and listen to residents about their experiences of using local health and social care services. We will now represent their views in future meetings with health and social care leaders.”**

**-Rick Moore,  
Chair Healthwatch Leicestershire**

- forge stronger partnership links with other health organisations

Our role was to listen and gather patient experience, signpost people to relevant services as needed and communicate what we do to a diverse audience and we spoke directly to over 160 people at the events.

Many visitors to the bus had a free mini health check including blood pressure, body mass index and more. Experts offered advice on many aspects of staying fit and well, as well as how to 'Choose Better' and get the right treatment, in the right place at the right time.




## Case Study Three


### A Week in Leicester Royal Infirmary (LRI): The Patient Perspective

In January 2015, we spent a week at the Leicester Royal Infirmary (LRI) in four departments talking to 262 patients. We spent time in Accident and Emergency (A&E), Discharge Lounge, Ophthalmology and the Ears, Nose & Throat (ENT) Department finding out what changes patients and staff would make to improve the experience of using services at LRI.

The report found that access to alternative and perhaps more appropriate care continues to have an effect on A&E services:

 **44%** patients surveyed at A&E had visited the department in the last 12 months

 **33%** patients came straight to A&E without seeking alternative care

 **94%** patients attempted to get a GP appointment before presenting at A&E

The report was featured on the East Midlands Today news programme, which highlighted our findings and recommendations as well as an interview with our Vice Chair, Gillian Adams.

We presented our recent findings and recommendations and participated in a panel discussion with Leicestershire County Councillors and stakeholders from University Hospitals of Leicester (UHL) NHS Trust, Leicester Partnership NHS Trust, Leicestershire County Council, West Leicestershire Clinical Commissioning Group, East Leicestershire Clinical Commissioning Group.

We shared findings with the UHL Chair, Karamjit Singh, CEO of UHL John Adler, the UHL Patient Experience Manager, the relevant departments at LRI, and presented at key boards including:

- Leicestershire County Council Health and Wellbeing Board
- East Leicestershire & Rutland Clinical Commissioning Groups Board
- West Leicestershire Clinical Commissioning Groups Board
- Leicester, Leicestershire & Rutland Urgent Care Board

UHL have distributed the report to 5,500 members as well as placing the report on their internal intranet allowing 11,000 staff members access to view the findings.

We have progressed the A&E (Urgent Care) findings through the Urgent Care Board for action and held discussions with the Urgent Care Programme Delivery Lead for Leicester, Leicestershire and Rutland to provide better information to patients, involving EMAS in the design of improved handover and seamless pathways from arrival to triage of patients for treatment.

We have also met with project managers in charge of the logistics at LRI, to be directly involved in project boards coordinating the upcoming million pound building development of the Emergency Department.

The Chair of UHL wants HWL to present the findings to the Trust's Quality Committee and also to formally meet CQC to share our findings when they inspect UHL later in the year 2015-16.

**5,500 UHL members  
and 11,000 UHL  
members of staff have  
had access to the report**

# Our plans for 2015/16

## Opportunities and challenges for the future

**It will become even more important to utilise our resources more efficiently with limited capacity in light of budgetary constraints. Taking this into consideration, our work plan will seek to involve more volunteers to help gather evidence and insights, through a district-based approach.**

We are very conscious that health care, social care and public health are all priorities and this is reflected in the work streams and activities for the year ahead:

- Primary and Acute Care (GP's, Dentists, Opticians, EMAS, Urgent Care, and Hospitals, NHS 111)
- Social Care (Social Services, Occupational Health, Residential and Care Homes, Respite care, Personal care)
- Public Health (health promotion, ill health prevention and health education)

We want to continue to work in partnership with others to plan events for the year 2015 – 2016, involving:

- Community Conversations - raising awareness and gathering evidence in each district during summer – Autumn 2015.
- Joint working with stakeholders including the campaign with West Leicestershire CCG, and working with the County Council and BCF public awareness campaigns for accessing alternatives to hospitals

We will ensure the patient experience is captured from the user perspective and measures on 'joined up' care are developed by:

- Gathering intelligence, evidence and insights
- Involvement in the SIMTEGR8 project

## Simulation to Evaluate great Care - SIMTEGR8 Collaboration project

As part of the County Council's Better Care Fund programme there is a need to test the impact and effectiveness of new integrated care interventions on the health and care system. There is also a need to ensure that patient/service user metrics provide an adequate test of the integrated service care experience.

HWL partnering with The Research Centre of Service Management, Loughborough University and Leicestershire County Council have been awarded an Enterprise Project Grant (EPG) by the University's Enterprise Office for a major new study evaluating how emergency admissions to hospitals can be reduced. The objective of this study is to reflect the patient flow across an integrated journey and user experience using modelling and simulation techniques.

The one-year project will form an important piece of work that will contribute to the on-going evaluation of the impact of the Better Care Fund programme. A robust evaluation of the impact of new integrated care interventions on admissions to hospital will provide important evidence to inform the future health and care commissioning plans. The project will evaluate four interventions aimed at reducing emergency hospital admissions:

- Falls
- Integrated Crisis Response
- Rapid Assessment Service for frail older people
- 7-day services in primary care





Our involvement will ensure the capturing and defining the patient experience from the user perspective to develop measures on 'joined up' care.



## Our strategic priorities for 2015 - 2016

Building on the consultation previously outlined, HWL undertook a further review of our research, evidence, insights and engagement with the public and members. Unsurprisingly, the need to integrate health and social care remains a key area of focus alongside, improving access health services and patient discharge, better information to patients about the services, care and treatment they are getting and improved carer information and provision.

**The following local priorities have been identified for 2015-16:**

<b>Access to services</b>		<b>1.</b> Help to improve access to local community health services
		<b>2.</b> Support processes for the public to access GP services
<b>Co-ordination of services</b>		<b>3.</b> Support and review current practices to improve the integration of Health and Social Care services
		<b>4.</b> Support the improvement process of patients being discharged from hospital
<b>Information about services</b>		<b>5.</b> Advocate for clear and appropriate communication to the public by stakeholders
<b>Voice and Advocacy</b>		<b>6.</b> Influence improvements in carer provision

# Our governance and decision-making

## Our board

**Our governance structure includes an overarching board that consists of 11 members who represent the diverse communities of the county:**

**Rick Moore (Chair)**

Gillian Adams (Vice Chair)

Sue Staples (Health Lead)

Fiona Barber (Social Care Lead)

Mina Rogers

Pat Fraser MBE

Chris Faircliffe

Narendra Waghela

Alistair Wood

Anne Collier (nominated VAL Trustee)

Vandna Gohil (Healthwatch Director)

A role for the HWL Board is to help determine strategic direction and ensure engagement with all segments of the local population, in order to provide a representative voice for as many residents and health and social care service users as possible.

It is the body that drives and oversees the work and ensures accountability to the public and stakeholders. It meets quarterly in public with the agenda, minutes and papers posted online five working days in advance.

There is a standing item at each meeting for members of the public to ask questions.

Voluntary Action LeicesterShire (VAL) is responsible for the Healthwatch contract: VAL Trustees employ staff to support the work of HWL and have the responsibility for financial management, insurance, contract performance and compliance. To support the relationship between VAL and the HWL Board there is a VAL Trustee nominated lead, to ensure clear lines of responsibility and accountability.

## How we involve lay people and volunteers

**We recognise the value of active volunteers and the time, effort and enthusiasm they contribute to making a difference and influencing change.**

We have over 60 active volunteers involved in various activities including:

- HWL Board
- Representation on key strategic boards, forums, groups and meetings
- Carers Reference Group
- Social Care Task Group
- Quarterly meetings with multiple stakeholders
- Engagement activities
- Enter & View and Safeguarding Working Group

**As part of National Volunteer Week 2014 we sent 'You are a Star' personalised cards to over 60 volunteers.**





## The three HWL volunteer roles:

### **Enter & View Authorised Representative:**

works within a small team, visiting health and social care premises to observe the nature and quality of services.

### **Healthwatch Representative:**

attends specific strategic meetings to provide a coherent voice for the views of people in Leicestershire.

**Community Champion:** helps local residents get the best out of health and social care services in their area by helping them to share their experiences and ideas and influence decision-making.

## The volunteer recruitment process

We have invested time in establishing formal processes for applications, inductions, and supervision. It is hoped that by having clear and defined structures, new volunteers will feel supported and empowered to develop their skills and fulfil their potential in their chosen role.

In 2014 we held a 'Welcome Event' for people showing an interest in volunteering. The event gave them the opportunity to find out more about the roles on offer, ask questions about them and about what they could expect to gain from volunteering for HWL.

Following on from this event, attendees completed the application process and an induction session was held in January 2015. This was an opportunity to get volunteers together to introduce them more formally to HWL and to ensure they understood the governance side of volunteering.

They are now volunteering and have taken part in gathering patient experience insights.

## Awareness about Ambulances

During October 2015 half a dozen Healthwatch Leicestershire Volunteers paid a visit to both the East Midlands Ambulance Service (EMAS) Headquarters and the Arriva Transport Solutions Ltd (ATSL) Headquarters.

This was part of a programme to educate relevant volunteers, Board members and staff about both emergency and non-emergency ambulance services, in order that HWL can make more informed decisions and responses.

The visit to EMAS Headquarters involved a presentation on the background of EMAS and the current service it provides not only in Leicestershire but across the five counties it covers. This was followed by the opportunity to listen in to 999 calls in the Emergency Operations Centre, see how they were dealt with and how the controllers allocated ambulances to the emergencies.

EMAS also provided a brand new ambulance and the Mobile Emergency Operations Centre which is the mobile vehicle used in emergency situations, for members to inspect. Finally, the Performance Team spoke about how they record and publish figures and how these can be communicated to us.

Similarly the visit to ATSL gave an insight into the background to the service as well as understanding of the obstacles faced and solutions that are being put in place. Again HWL members got to inspect an ambulance and ask questions of the crew as well as sit with call handlers and controllers to see how the process of booking non-emergency transport works.

At both visits HWL volunteers have been welcomed and provided with a wide range of information. This has helped to develop relationships and resulted in us being better informed, which has led to improved and more effective quarterly meetings.

# Financial information

INCOME		£
Funding received from local authority to deliver local Healthwatch statutory activities		227,391
Additional income		18,001
Total income		245,392

EXPENDITURE		£
Office costs		59,708
Staffing costs		198,808
Direct delivery costs		38,748
Total expenditure		297,264
Balance brought forward		- 51,872



# Thank you

**We would like to thank our board, staff and volunteers who work towards our goal of improving the overall patient experience of health and care services in Leicestershire. Finally, the support of our stakeholders is valued to strengthen our consumer voice.**

## **The Healthwatch board and volunteers:**

Stephen Bilbie  
Alastair Wood Tony Buck  
Jyoti Patel Janet Clews Moraig Yates  
Rosemary Hyde Paul McQuone Sue Staples  
Linda Wright Patricia Cornforth Ann Cluskey  
Zara Jones Anthony Buck Mike Perks Stephanie Hollis  
Christopher Faircliffe Tanuja Parmer Tricia Cornforth  
Thaddaeus Douglas Audrey Lacey Shirley Graham  
Gillian Adams Anand Gohil-Patel Chris Bosley Rick Moore  
Bob Harrison Beverly Gillman Meena Bhandari Janet Hall  
Ivan Liburd Elizabeth Harrison Cherelle Farrell Vicky Utting  
Ian Staples Fiona Barber Susan Moore Janet Mckenzie  
Jeff Wooldridge Shara McDonald Kaye Aris Jillian Gore  
Jasleen Biring John Wallington Anne Collier Pat Fraser  
Jo Mansfield Gemma Hammond John Marshall  
Jenny Darlow Véronique Yonge Julia Burkin  
Mina Rodgers Jenny Lacey Liz Cullinan  
Kim Marshall Ian Clarke  
Pat Wilkins Sheila Jackson  
John Baker Wendy Pears  
Lesley Rowland Nye Canham  
Lynn Pearson Hardip Chohan Sue Hignett  
Vandna Gohil Sharon Bessey-Salandha  
Vicky Dawson Margaret Carter  
Narendra Waghela

### **Key:**

■ Board  
■ Staff  
■ Volunteers

# Contact us

## Get in touch

### Address:

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Voluntary Action LeicesterShire  
9 Newarke Street, Leicester LE1 5SN

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

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

### Address of contractors:

Strategy, Partnerships and Communities  
Chief Executive Department  
Room 300B, County Hall  
Glenfield  
Leicester  
LE3 8RA

We will be making this annual report publicly available by 30th June 2015 by publishing it on our website and circulating it to Healthwatch England, CQC, NHS England, Clinical Commissioning Group/s, Overview and Scrutiny Committee/s, and our local authority.

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

If you require this report in an alternative format please contact us at the address above.

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# Glossary

Abbreviation	What it stands for
<b>A&amp;E</b>	Accident and Emergency
<b>ATSL</b>	Arriva Transport Solutions Limited
<b>BCT</b>	Better Care Together
<b>BME</b>	Black Minority Ethnic
<b>CCG</b>	Clinical Commissioning Group
<b>CQC</b>	Care Quality Commission
<b>CRG</b>	Carers Reference Group
<b>CYP</b>	Children and Young People
<b>EMAS</b>	East Midlands Ambulance Service
<b>FYPC</b>	Families Young People and Children Division
<b>GP</b>	General Practice
<b>GPs</b>	General Practitioners
<b>HWBB</b>	Health and Wellbeing Board
<b>HWL</b>	Healthwatch Leicestershire
<b>JHWS</b>	Joint Health and Wellbeing Strategy
<b>JSNA</b>	Joint Strategic Needs Assessment
<b>LAT</b>	NHS England Local Area Team
<b>LDC</b>	Local Dental Committee
<b>LGBT</b>	Lesbian, Gay, Bisexual and Transgender
<b>LPN</b>	Local Professional Network
<b>LPT</b>	Leicestershire Partnership Trust
<b>LRI</b>	Leicester Royal Infirmary
<b>NHS</b>	National Health Service
<b>PNA</b>	Pharmaceutical Needs Assessment
<b>SDT</b>	Specialist Discharge Team
<b>UHL</b>	University Hospitals of Leicester (General, Glenfield and Royal Infirmary hospitals)
<b>VAL</b>	Voluntary Action LeicesterShire
<b>VCS</b>	Voluntary and Community Sector



# STOP PRESS

**A report by Healthwatch Leicestershire about a week spent at Leicester Royal Infirmary (LRD) has been highly commended at the prestigious Healthwatch Network Awards of Achievement on 30 June 2015.**

The highly commended award was presented to Healthwatch Leicestershire's Gillian Adams (Vice Chair) and Vandna Gohil (Director) by Anna Bradley on 30 June 2015 at the Healthwatch Annual Conference Dinner at the Hilton Manchester Deansgate Hotel.



The Awards showcase and reward the individuals and teams across the network who have demonstrated exceptional impact within local communities.

The Healthwatch Leicestershire report 'A Week at Leicester Royal Infirmary: The patient perspective' from January 2015, was highly commended for the 'Making a Difference to Healthcare' category, amongst stiff competition from eight other shortlisted local Healthwatch reports.

This award category looks at how the organisation has gathered views of the community and built these into an evidence-based case to influence local healthcare providers, resulting in change for people.

**Anna Bradley, Chair of Healthwatch England said:**

"We had a very high standard of award entries this year, so Healthwatch Leicestershire should be extremely proud of their highly commended success in the Making a Difference to Healthcare category".

"The work they have done gathering the views of local people to influence improvements to A&E services is a shining example of how involving and informing local people in discussions and decisions about local healthcare can really make a sustainable impact and bring about long-term change to services."



The research took place in January 2015 at the Leicester Royal Infirmary (LRI) in four departments. Healthwatch Leicestershire talked to 262 patients and spent time in Accident and Emergency (A&E), Discharge Lounge, Ophthalmology and the Ears, Nose & Throat (ENT) Department finding out what changes patients and staff would make to improve the experience of using services at LRI.

**Mark Wightman, Director of Marketing & Communications at University Hospitals of Leicester NHS Trust commented:**

“Healthwatch in their week with us held a mirror up to the hospital and we saw in it the good, the bad and the indifferent.

This kind of feedback, especially when it’s carried out so meticulously and professionally, is worth its weight in gold and we’re delighted that the hard work of HW Leicestershire has been recognised nationally.”

**Rick Moore, Chair of Healthwatch Leicestershire was thrilled with the result and said:**

“All of us at Healthwatch Leicestershire are absolutely delighted that our work has been recognised by Healthwatch England, particularly so bearing in mind the high quality of the entries.”

**Neil Tester, award judge and Director of Policy and Communications at Healthwatch England, said:** “We shortlisted Healthwatch Leicestershire for the Making a Difference to Healthcare award because their work with local A&E patients is a great example of how Healthwatch can help bring about long-term change at a local level.”

**Kaye Burnett, Chair Leicestershire, Leicester and Rutland Better Care Together -** “Hi Rick and the team, I just wanted to say congratulations on being highly commended for your recent report at the National Network. As I said at the Partnership Board, this was a great piece of work and, indeed, the report was an excellent example of how to communicate effectively with a wide audience. Well done!”

**Mayur Lakhani, Chair WL CCG -** “Health watchdog shortlisted for national award well deserved - this is an outstanding.”

**Toby Saunders, Accountable Officer for WL CCG** who chairs the Urgent and Emergency Care System Resilience Group for LLR, referenced ‘A Week at LRI’ ‘which gave an insight into patient experience and perceptions of service access and quality’ in their Vanguard submission to NHS England. The bid was successful and in July 2015 LLR NHS Trust become one of eight new national Vanguards on Urgent and Emergency Care.

