

Championing what matters to you

Healthwatch Bristol
Annual Report 2021-22



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Message from our chair

This year in Bristol, as well as our work reaching into communities, hearing from those that are seldom heard and building our connections with voluntary groups, we have been able to highlight the experiences of patients and carers and bring them to the attention of decision makers.

Families, carers and staff were central to our ‘discharge to assess’ report, looking at the process of hospital discharge when patients are fit leave hospital but need more support before returning home. Our report has had commitments for change from North Bristol Trust, University Hospitals Bristol and Weston, Sirona, and Bristol City Council, with £17m promised investment from the BNSSG Integrated Care System.

Dentistry is another key area and the immense difficulties accessing NHS dentistry has been raised by Healthwatch England with the Secretary of State for Health.

There’s much to read in this report, including our 22/23 plans. Thanks go to the people and communities who’ve got involved, to bring about change for others.



Georgie Bigg

Chair of the Board of Trustees. Healthwatch Bristol, North Somerset South Gloucestershire



The COVID-19 pandemic has thrown long-standing health inequalities into stark relief. With NHS and social care facing even longer backlogs, the unequal outcomes exposed by the pandemic are at risk of becoming worse. Local Healthwatch play an important role in helping to overcome these adversities and are uniquely placed to make a positive difference in their communities.

Sir Robert Francis QC, Chair of Healthwatch England



About us

Your health and social care champion

Healthwatch Bristol is your local health and social care champion. From Henbury to Hengrove and everywhere in between, we make sure NHS leaders and other decision makers hear your voice and use your feedback to improve care. We can also help you to find reliable and trustworthy information and advice.



Our vision

Healthwatch Bristol is a place where people's experiences improve health and care.



Our mission

By offering all people of Bristol a strong voice, we will improve the quality of local health and social care.



Our values

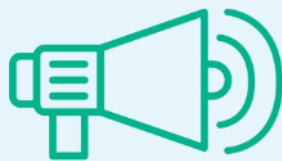
In everything we do, we are transparent, non-judgemental, and independent. We are dedicated to inclusion, co-production, and strive for continual improvement.

We adhere to the Nolan Principles, also known as the Seven Principles of Public Life. This means that we carry out our work with selflessness, integrity, objectivity, accountability, openness, honesty, and leadership.

Our year in review

Find out how we have engaged and supported people.

Reaching out



568 people

shared their experiences of health and social care services with us, helping to raise awareness of issues and improve care.

37,250 people

came to us for clear advice and information about topics such as mental health and COVID-19.

Making a difference to care



We published

4 reports

about the improvements people would like to see to health and social care services.

Our most popular report looked at the **Pathway 3 discharge to assess route**, which highlighted the issues that arise during the process of being discharged from hospital to a care or nursing home.

Health and care that works for you



We're lucky to have

7

outstanding volunteers, who gave up **95 days** to make care better for our community.

We're funded by our local authority. In 2021-22 we received:

£119,345

Which is **1.6% more** than the previous year.


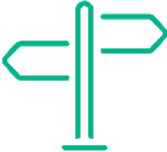






We also currently employ

3.5 staff

who help us carry out this work – **0.2 more** than the previous year.

How we've made a difference throughout the year

These are the biggest projects we worked on from April 2021 to March 2022.

Spring		
	Caring for someone who has dementia can be challenging. We spoke to carers across Bristol to find out what support they needed.	Based on the feedback from carers for people with dementia, we created an online resource to highlight diversity in the support on offer.
Summer		
	New parents told us they needed more information from health visitors. We alerted providers who developed the support they offered.	We engaged with seldom heard communities to ensure they were able to have their say on proposed changes to stroke services.
Autumn		
	Bladder and bowel services were affected by the pandemic. We looked at how the changes impacted service users and made recommendations.	Digital appointments can be inaccessible. We published advice on the options to be seen in-person and the public rights around access.
Winter		
	100+ people told us about their experiences at Southmead Hospital A&E department, helping North Bristol Trust understand attendance and develop practical solutions .	A person may be medically fit to leave hospital but need ongoing support. We looked at what needs improving for providers involved in discharges to care or a nursing home.

Listening to your experiences

Services can't make improvements without hearing your views. That's why over the last year we have made listening to feedback from all areas of the community a priority. This allows us to understand the full picture, and feedback to services to help them improve.



Involving patients in decisions about their care

There has been national interest in improving the quality of hospital discharges. Patients, families, carers, and staff shared their experiences of hospital discharge with us, highlighting the areas where change is most needed within the Discharge to Assess (D2A) model of care.

A person may be medically fit to leave hospital but need further support before they're ready to return home. [We collated 141 people's stories](#) about the discharge process from a hospital to ongoing care, typically in a care or nursing home. There were testimonies of fantastic care, but also delays, poor information, and distress.



More than 75% of people
said that they felt delays in admission or discharge had a negative psychological effect.

The transition from one care location to another was the biggest area of concern. Patients, families, and carers had mixed experiences of being included during updates and discussions around current or future care. Positive comments concerning staff were the norm, but more than 40% of staff themselves said that they sometimes felt that pressure to reduce the length of a patient's stay impacted upon the quality of care they were able to provide.

What difference did this make

In line with our recommendations, **North Bristol Trust (NBT)** said they have begun working with their patient and carer groups to on how to provide clear information about which pathway a person is on, and ensure patients and families have a central point of contact. We have been invited to review the Pathway 3 experience in 2023. **University Hospitals Bristol and Weston** said they will work with NBT on consistent and improved communication with patients around different pathways. Their new workstream 'Every Minute Matters' is central to their plans to improve the flow of patients through their hospitals. **Shane Devlin, CEO of the BNSSG Integrated Care System** pledged the system will invest £17m into the D2A model across the area, to bring council partners and community health together to better coordinate people's discharge. He says our recommendations will inform this process. **Bristol City Council** said our recommendations will help influence their new 'Home First' programme, which reviews hospital discharge based on the principle that people recover best at home.



She is 96 and often confused. The ambulance staff were told to take her (at night) to the home. She was unconscious in the wheelchair when she left the hospital and they queried it but were told to do their jobs [...] the 'Home' refused to take her.

Respondent



Reducing pressure on busy A&E departments

When Southmead Hospital was struggling with the demand being placed on its A&E department, we helped them identify the reasons people were presenting at A&E and what could be done to reduce demand.

COVID-19 is continuing to disrupt health and social care services, and A&E departments are under severe pressure. North Bristol Trust asked us to understand the reasons behind [walk-in patient attendances at A&E](#) and what the experience was like, so that they could better react when there was high demand on the department. In total, we heard from over 100 people.

While many people praised the staff at Southmead, it was acknowledged that they seemed incredibly busy. Two thirds of respondents had contacted a health provider such as a GP or NHS 111 before attending, and it was clear that NHS 111 was not accurately triaging every patient. Many felt they hadn't been referred on to the most appropriate service. People with long-term health conditions said that they needed better joined-up care to manage the ups and downs of their conditions. They often saw different professionals who don't communicate with each other.



I was unable to contact my specialist doctor and feel that I am left with no choice other than come to A&E, even though I know there is not much they can do.

Survey respondent



What difference did this make

North Bristol Trust have identified several areas for change from our report. They have committed to working on communications explaining the process at A&E and waiting times for patients, and improving information for patients about different conditions, ensuring people are signposted to appropriate care and resources.

The Clinical Commissioning Group said that our report: 'has proved useful from the perspective of validating and building upon previous work undertaken by them on urgent care.' The CCGs Insights and Public Engagement team told us;

'The report identifies several factors which were important to service users prior to making the decision to attend Emergency Department, while delivering valuable insight into their experience once there. The report has provided helpful background for colleagues to identify opportunities for designing, testing and monitoring targeted pilot interventions.'

Three ways we have made a difference for the community

Throughout our work we gather information about health inequalities by speaking to people whose experiences aren't often heard.



Helping new parents access local support

Becoming a new parent comes with challenges, and it's important to get support from your health visitor. We heard that parents needed more information and advice about local services, particularly around breastfeeding, and didn't know where to get support from other parents in the community.

We shared this information with Sirona, who provide health visiting services in Bristol. In response, they compiled a list of resources for health visitors to give to families, and updated the list of support groups for parents on the council website. They also reminded staff to undertake feeding assessments and refer parents on to a feeding specialist if necessary.



Ensuring GP surgery websites are patient friendly

Patients need to be able to find information quickly and easily on their GP surgery's website. We looked at surgery websites, noting gaps in information and examples of good practice, and created a website review tool to create consistency and ease of use.

We agreed to share the tool with the University of Bristol, and with funding from NHS England and Improvement South West, they are looking to help more surgeries improve their websites and ensure people can find the vital healthcare information they need.



Identifying gaps in mental health provision

We've been working with VitaMinds to look at how their talking therapies might meet the needs of patients.

VitaMinds is a free NHS offering short-term psychological therapies known as IAPT (Improving Access to Psychological Therapies). We meet them regularly to share anonymous patient feedback. This helps them understand gaps in provision. To ensure the patient voice remains both heard and acted on, we play an active role in their communications group and offer ideas around person-centred discourse, keeping the service approachable and user-friendly.

Advice and information

In times of worry or stress, we can provide confidential support and free information to help you understand your options and get the help you need. Whether it's helping you find your nearest COVID-19 vaccine clinic, sharing information about local services or just pointing you in the right direction – you can count on us.

This year we helped by:

- Advising people how to use the NHS 'Find a dentist' website
- Linking people to online health services such as eConsult and the NHS app
- Directing people to Patient Advice and Liaison Services
- Providing information and myth-busting about registering with a GP



Signposting people struggling to find an NHS dentist

More than 200 people contacted us to share their difficulties accessing NHS dental treatment or finding an NHS dentist that was accepting new patients

In July, the Department for Health and Social Care, the NHS, and Healthwatch England published a letter asking dental practices to update their information on the NHS website to show they were taking new NHS patients. We posted a copy of this letter to every dental practice in Bristol, encouraging them to review their online profiles to help patients find up to date information about available dental care.



We also published an article on our website called, 'what to do if you can't find an NHS dentist', to help people understand the issues facing NHS dentistry and signposting them towards NHS 111 for urgent needs or the NHS England's Customer Contact Centre. Our webpage has been viewed more than 35,000 times.

Helping you get the right care, first time

To help control the spread of COVID-19 and avoid crowded waiting rooms in hospitals, the NHS launched a campaign which urged people to 'call NHS 111 first' rather than going straight to A&E.

We've been supporting the NHS in Bristol by sharing the campaign materials and information about how NHS 111 services operate in our area via our social media channels, website, newsletter, and face-to-face engagement.



This included highlighting that local 111 services had been made more person-centred after a pilot project reduced 111 referrals to urgent care services by 70%. We let people know that there were increased number of clinicians available to take 111 calls and they had introduced a clinical assessment service (CAS) – an expert team that provides clinical support to 111 call handlers and patients who ring for help.

The enhanced service now also offers dedicated mental health support on a Saturday and Sunday between 8am and 8pm.

Volunteers

We're supported by a team of amazing volunteers who are the heart of Healthwatch. Thanks to their efforts in the community, we're able to understand what is working and what needs improving in NHS and social care. This year our volunteers:

- Helped people share their views about local services at engagement events.
- Carried out an audit of GP practice websites to ensure patient information is clear and accessible.
- Assisted with analysing patient feedback and deciding which areas of health and social care we focus on with our upcoming projects and research.
- Represented us on patient experience groups.
- Connected with, supported, and mentored each other.
- Helped us take steps towards accreditation as an Investor In Volunteers.





Sue

"I've been a Trustee of Healthwatch since December 2020. I originally trained as a librarian, working in academic and public libraries, but spent most of my career working in adult social care, including working within hospitals and at the interface between the NHS and social care. I've also been a carer for my mum who lived with dementia, and my uncle with mental health problems. Both relatives died during the pandemic. As a family carer and as a professional, I have witnessed the best and the worst of health and care services, and can see the huge advantages that more joined-up services would have for patients".



Vikky

"With a background in public health and social work, I feel passionately about improving the quality of health and social care. I believe these improvements are only possible with the voices of local people and their experiences. I started volunteering with Healthwatch because I wanted to be a part of an organisation that gives voice to local people's views and advocates for the improvement of health and social care. I thoroughly enjoy being a member of the Prioritisation Panel and I've seen first-hand Healthwatch's hard work to advocate for better services in health and social care, and seen them achieve tangible patient outcomes."



Do you feel inspired?

Get in touch to find out more about our volunteering opportunities.



www.healthwatchbristol.co.uk



03300 553251



jacqui@healthwatchbnssg.co.uk

Finance and future priorities

To help us carry out our work we receive funding from our local authority under the Health and Social Care Act 2012.

Income		expenditure	
Funding received from local authority	£119,345	Staff costs	£81,086
Additional funding	£7,548	Operational costs	£10,233
Other	£259	Support and administration	£18,369
Total income	£127,153	Total expenditure	£109,688

Top three priorities for 2022–23

1. Hear about the access to services for minority ethnic women’s health issues. This could include assessment of sexual health provision or support at menopause.
2. Look at the support available for parents and their children under 11 who are struggling with their mental health.
3. Tackle digital exclusion by running information and training sessions on using online health services. Empower older adults to manage conditions & treatments.

Next steps

The pandemic has shone a stark light on the impact of existing inequalities when using health and care services, highlighting the importance of championing the voices of those who all too often go unheard.

Over the coming years, our goal is to help reduce these inequalities by making sure your voice is heard, and decision makers reduce the barriers you face, regardless of whether that’s because of where you live, income, race or any other characteristic.

Having received training around co-production, we are creating a co-production strategy and toolkit setting out how we will involve people with lived experience in our projects and research.

As Integrated Care Systems launch this July, we look forward to working with our partners across Bristol, North Somerset and South Glos. Our work continues and gathers pace. We look forward to enabling more people in their communities to get involved in monitoring, scrutinising, and co-designing person-centred services in Bristol.

Statutory statements

About us

Healthwatch Bristol, North Somerset & South Gloucestershire, The Sion, Crown Glass Place, BS48 1RB

Healthwatch Bristol uses the Healthwatch Trademark when undertaking our statutory activities as covered by the licence agreement.



The way we work

Involvement of volunteers and lay people in our governance and decision-making.

Our Healthwatch board consists of 10 members who work on a voluntary basis to provide direction, oversight and scrutiny to our activities. Our board ensures that decisions about priority areas of work reflect the concerns and interests of our diverse local community, and align with local strategic priorities. Through 2021/22 the board met 12 times. Actions included refreshing our equality, diversity, equity and inclusion policy, voting in a EDEI Board champion and expanding our commissioned work.

We ensure public involvement when deciding our work priorities. Six of our volunteers are involved in our Prioritisation Panel, and analyse our patient, family and carer feedback. They have helped us decide areas to focus on over the coming year.

Methods and systems used across the year's work to obtain people's views and experience.

We use a wide range of approaches to ensure that as many people as possible have the opportunity to provide us with insight about their experience of health and care services. During 2021/22 we have been available by phone, by email, via our website, provided a feedback centre, attended virtual meetings of community groups and forums, provided our own virtual activities, and engaged with the public through social media.

We are committed to taking additional steps to ensure we are inclusive, and obtain the views of people who have protected characteristics or who are disenfranchised due to homelessness, being a Gypsy, Roma or Traveller, being a refugee, or being part of a stigmatised group. These voices are least heard by health and care decision makers. This year we have been engaging with under-served groups via our project work and have translated surveys, and supported people with English as a second language to get involved. We have explained why collecting demographics is so important. This annual report is made available on our website, is printed, and sent as an electronic version to our provider and commissioner contacts.

Responses to recommendations and requests

We regularly receive responses from our two acute hospital trusts, Community Health and IAPT. We have not received responses from Avon and Wiltshire Mental Health Partnership. We contributed to a special review into child and adolescent mental health, conducted by the CQC. We contributed to a National Discharge Taskforce reviewing adult social care. We provided evidence to an acute hospital trusts review of their approach to Equality Diversity and Inclusion. This year, due to the COVID-19 pandemic, we were unable to make use of our Enter and View powers, but have a plan for this to resume in late 2022.

Health and Wellbeing Board

Healthwatch Bristol is represented on the Bristol Health and Wellbeing Board and the Health Overview and Scrutiny Committee by Vicky Marriott, Area Manager. During 2021/22 our representative has carried out this role by providing an overview of common themes affecting local healthcare services based on public feedback and offering updates on our latest research reports into hospital discharge and local A&E.

2021-2022 Outcomes

Project / Activity Area	Changes made to services
Helped embed and support a Patient Participation Group Chairs network from GP practices across Bristol. Up to 20 regularly attend.	Arranging and facilitating PPG Chairs network meetings has helped to grow PPGs, increasing representation and establishing a strong primary care patient voice in Bristol.
Carried out an audit of a sample of GP practice websites to check that information for patients could be found quickly and easily. Created a website review tool for practices to use to improve their websites.	Our report and website review tool were picked up by the University of Bristol, who have used it to assess a further 10 GP practice websites across the BNSSG area.
Partnered with Bristol Health Partners and BABCON Health Integration Team (HIT).	Research was selected for a national portfolio of nursing research that informs best practice. A funding bid hopes to have a significant impact on nursing care by developing training and education to underpin high quality continence care.
Worked with the CCG to ensure seldom-heard communities and individuals were able to have their say during a public consultation on proposed major reconfiguration of stroke services.	Increased participation in the consultation by assisting the CCG with online meetings, spreading the word through our communication channels, and attending public areas such as mass vaccination centres.
Continued to build relationships with local authority partners/Public Health/Health and Wellbeing Board. Attending Bristol Health Overview & Scrutiny Committee and Locality Partnership Boards and subgroups.	We have regular items on the Health and Wellbeing Board agenda, ensuring we can keep the board up-to-date with emerging and ongoing feedback themes from patients.



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