



**Shining
A Spotlight
on Your
Experience
of Care**

Contents

| | |
|---|----|
| Message from our Chair | 2 |
| Message from our Chief Executive | 4 |
| Forward - Councillor Philip Corthorne | 6 |
| Highlights from our year | 7 |
| Who we are..... | 8 |
| Your views on health and care | 10 |
| Listening to local people's views..... | 11 |
| Helping you find the answers | 15 |
| Making a difference together | 19 |
| It starts with you | 29 |
| Our plans for next year | 43 |
| Our people..... | 46 |
| Our finances..... | 52 |
| Contact us | 54 |

Message from our Chair



Welcome to the fourth Annual Report from Healthwatch Hillingdon. I am delighted to be able to report that we have continued our excellent progress during 2016/17 in helping to achieve real improvements in local health and social care services, although there is much still to be done.

Our aim is to give Hillingdon residents a voice to influence local change and to continue to highlight those services which fail to meet expectations.

I am particularly pleased that we can highlight several areas where the organisations that run our local Health and care services have acted upon our representations and made improvements to services as a result.

One of our main responsibilities is to listen to residents of Hillingdon so that we

understand the things that are most important and the extent to which services are currently meeting your needs or expectations. We use this information to illustrate where patients and service users want to see changes, provide as much evidence as we can to support the need for improvement and we monitor progress being made by the appropriate agency. We are not always successful in obtaining the changes wanted by residents but we will continue to robustly represent your views and needs.

This report highlights many examples of areas where Healthwatch Hillingdon has been instrumental in achieving change, but one area that does warrant special mention is services for discharge for those aged over 65, from Hillingdon Hospital. We have been able to show that local services are often quite poor and those over 65, have not been receiving the support they need.

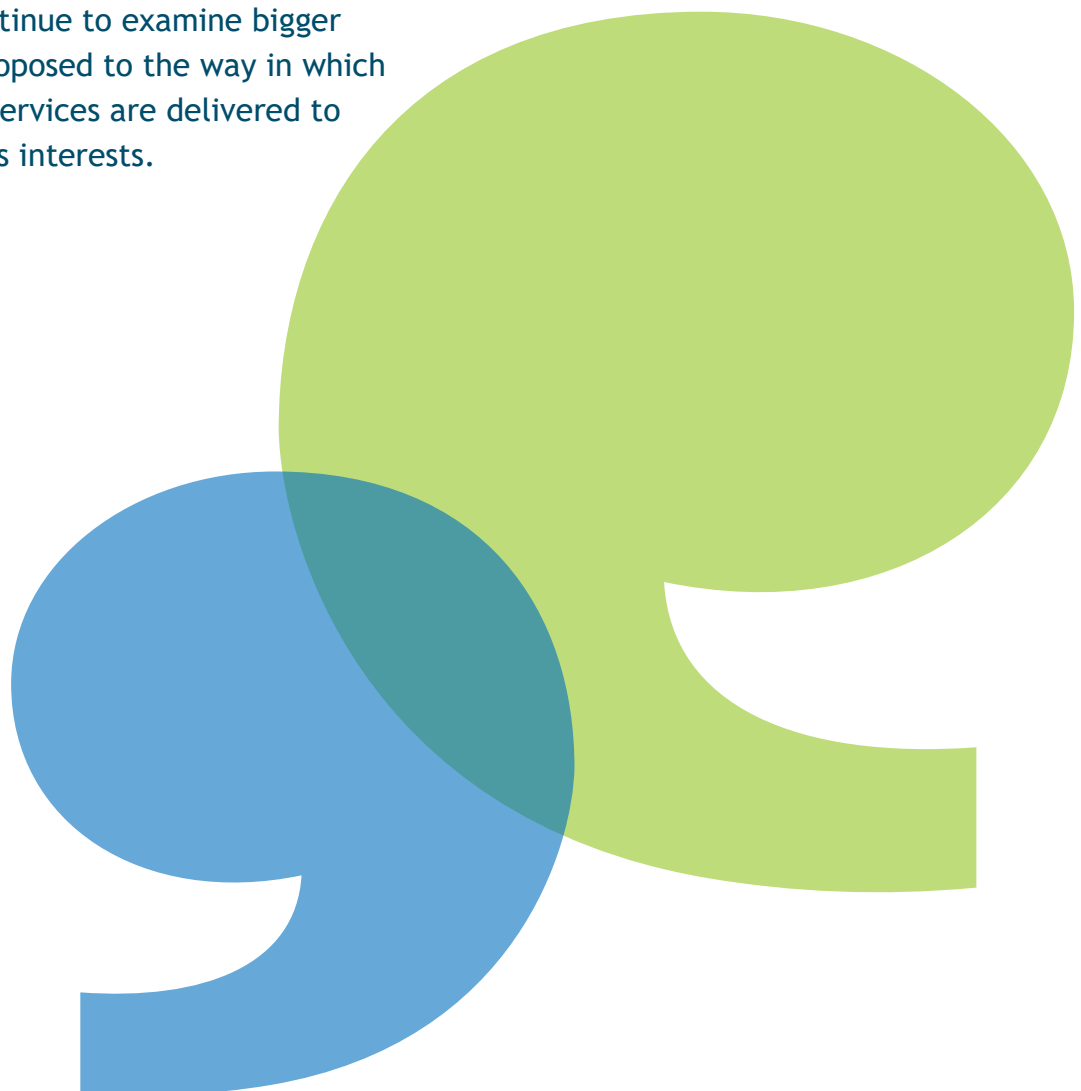
Pressures on Accident & Emergency are a national issue but we do believe that local services can be improved and we are still waiting to see tangible improvements in Health outcomes for people in our area and we will continue to watch for progress.

Our overriding priority for the future is to continue our successful work in helping to obtain local improvements in services. In addition to following up issues in any service, we are doing some work in specific areas.

We shall also continue to examine bigger changes being proposed to the way in which health and care services are delivered to protect resident's interests.

Finally, I would like to offer a huge thank you to Graham Hawkes, his team, the volunteers and the Board Members for their hard work, effort and support which have resulted in a successful year for Healthwatch and a first year for me as Chairman.

Stephen Otter
Chairman
Healthwatch Hillingdon



Message from our *Chief Executive*



It only seems like yesterday that we were starting Healthwatch Hillingdon and here we are publishing our 4th Annual Report. I do hope that you enjoy reading about our work, as you take a look at this snapshot of our year.

It has been a busy, interesting year, but most importantly, a year where we have continued to shine a spotlight upon people's experiences of local care.

Through our particular focus on hospital discharge, maternity services and fertility treatment, we have ensured decision makers know exactly what people feel about the service they have received and what is required to improve them.

It is really pleasing to see that the information collected in these comprehensive pieces of work is already changing services. Proving again how important it is for those who plan and run our care services to listen to the public they serve.

Healthwatch Hillingdon has represented the public at nearly 300 meetings this year. Being able to take real examples of the lived experience of patients to meetings, is key to ensuring the public voice is not only heard, but is influencing decisions made at the strategic table.

This year for the first time we surveyed the stakeholders we work with to see what they thought about how Healthwatch is working in Hillingdon. The results were very encouraging and I would like to think a positive endorsement of the way in which we independently operate, with the public at the heart of everything we do.

An aspect of our work, which has remained a focus since 2014, is children's mental health. It was specifically satisfying this year to see a publication¹ about the new community eating disorder service and how it had changed the lives of Leah and her family. It is very heartening to know that all our efforts are making a tangible difference.

¹ <http://bit.ly/2kQyDfg>

On another front, our shop remains a vital focal point for our signposting, advice and information service with over 70% of the 900 people we have seen contacting us through the shop. On so many occasions this year information received from one person has resulted in many people with the same issue being helped by a change in the way a service is delivered.

It takes a real team effort to achieve the work which is outlined in this report and I would like to personally thank everybody who has made a contribution to Healthwatch Hillingdon this year.

- The public, who have told us their stories, experiences and views;
- Our volunteers who have donated 2166 hours of their time and expertise, to make a difference in their community;
- The Healthwatch Hillingdon Board who have governed impeccably, providing guidance and support;
- The staff team, Raj, Pat and Charmaine, who are dedicated to helping people and the purposes of Healthwatch.

I express my sincere gratitude to Stephen Otter for accepting the position of Healthwatch Hillingdon Chair in October 2016. He has already shown great leadership in developing our vision, and continuing to maintain our well-respected position within Hillingdon and the wider Healthwatch Network.

I also thank Turkay Mahmoud who re-joined the Board in 2016, and as Vice-Chair is ably assisting Stephen to bring a renewed focus and drive to the executive team.

I would like to give special mention to Shirley Clipp and Christianah Olagunju who joined our staff team this year to deliver our work on discharge and maternity. These projects have been a major part of our success this year, and this would not have been possible without all their enthusiasm and efforts. Thank you!

Finally, I am going to unashamedly finish my message in exactly the same way as last year and ask for your help.

Our work has proved that armed with the evidence of your lived experience of care, we can improve services.

We need to hear from you, your family and your neighbours. Tell us your story! Together we can make a difference in our communities.

Graham Hawkes
Chief Executive Officer
Healthwatch Hillingdon



Forward - Councillor Philip Corthorne



HILLINGDON
LONDON

I am delighted to welcome you to Healthwatch Hillingdon's latest annual report which, once again, sets out clearly the valuable work Healthwatch undertakes on behalf of residents and the difference that the "voice of the customer" can make.

I congratulate the Healthwatch Hillingdon team: the voluntary Board of Trustees under Stephen Otter's leadership, to Graham Hawkes and the small staff team and to the number of volunteers who have made the research, enquiries and representation possible.

I am also grateful to the public who have taken the time to tell their story, to engage and discuss so that their voice can be heard. I encourage everyone to continue to do so.

We now move forward with national programmes influencing and transforming health and social care. In doing so, Hillingdon Council will always put our residents first and act to support those locally. In Healthwatch Hillingdon we have an established and trusted partner and I look forward to our continued collaboration.

**Councillor Philip Corthorne MCIPD
Cabinet Member for Social Services,
Housing, Health and Wellbeing London
Borough of Hillingdon**

Highlights from our year

Listening to people who use health and social care

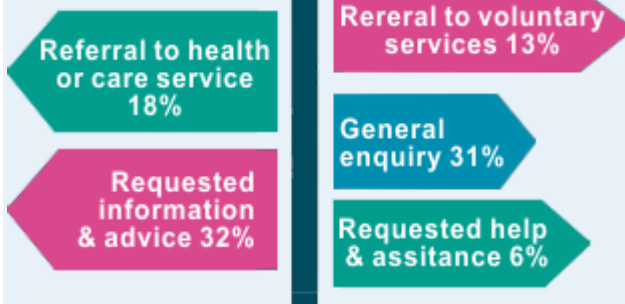
Our reports have focussed on Fertility, Discharge and Maternity



Engagement and Feedback

Giving people advice and information

Contacts & Enquiries



Top 5 Areas



Representation



Our People - Volunteering



Who we are

Healthwatch Hillingdon is completely separate from the NHS and the local authority. We represent the views of everyone who uses health and social care services in the London Borough of Hillingdon. We make sure that these views are gathered, analysed and acted upon, making services better now and in the future.

We exist to make health and social care services work for the people who use them, and we monitor local services to ensure they reflect the needs of the community, and where necessary, use statutory powers to hold those services to account.

Everything we say and do is informed by our connections to local people. Our sole focus is on understanding the needs, experiences and concerns of people of all ages who use services and to speak out on their behalf.

As part of a network of local Healthwatch from every local authority area in England, we are also uniquely placed to raise issues nationally through Healthwatch England.

Our vision

Our vision is to become the influential and effective voice of the public.

We want to ensure that local decision makers put the experiences of people at the heart of their work, giving adults, young people, children and communities a greater say in - and the power to challenge

- how health and social care services are run in Hillingdon. This vision is founded on the strong belief that services work best when they are designed around the needs and experiences of the people who use them.

Our priorities

The focus of our work for 2016-17 was set by our Board in 2015 after undergoing an in-depth analysis of the data and intelligence gathered from our residents during the previous year.

The key areas for 2016-17 were:

Discharge from Hillingdon Hospital

This project engaged with Hillingdon Hospital patients over 65 who had recently gone through the discharge process to gain a greater understanding of their experience, ascertaining what worked well and where improvements could be made.

Maternity in Hillingdon

With 600 additional births expected in Hillingdon, this project investigated the potential affect that the closure of Ealing's maternity unit could have on the quality of care that women and their families were receiving.

Fertility treatment

In our 2016 report "IVF: Is Variation Fair?" we highlighted the inequality in access that women and couples face to access NHS fertility services. This report has acted as a catalyst for significant national debate on

the issue, as well as recognition from NHS England and the Department for Health that the current situation is unacceptable. We are pleased that the Department of Health have agreed to take forward many of the suggestions made in our report.

Our Work Plan 2015-2017 can be viewed at: <http://bit.ly/20QJAcy>

Our Shop



The Healthwatch Hillingdon shop in Uxbridge continues to be a major focal point for our work and we must again sincerely thank the Pavilions Shopping Centre for making this possible.

With **8,351,678** people recorded as passing through the Pavilions in 2016, it is an ideal location for us to reach and help as many people as possible.

We continue to provide our signposting service and give information, advice and support to our residents from an easily accessible central location.

Being directly open to the public, Monday to Friday has enabled us to talk to hundreds of residents and has been a rich source of information about the services provided in Hillingdon.

The shop is not just a Healthwatch Hillingdon vehicle; it's a community hub enabling us to engage with some diverse groups and communities. We have the added value of being able to offer other organisations within Hillingdon a venue to deliver their services.

This year we have continued to support REAP (Refugees in Effective and Active Partnership), the Pukaar Hillingdon, EACH Domestic Violence Counselling Service and The Hillingdon Learning Disability Team providing the facility for weekly sessions. The space has also been used by VoiceAbility as a place to meet clients.

We are also able to support the National Childbirth Trust's Little Bundles initiative programme through allowing them continued storage in our basement.

Listening to People...The Healthwatch Hillingdon Team...



Charmaine Goodridge



Dr Tarlochan (Raj) Grewal



Pat Maher

A large teal circle on the left overlaps with a large light green circle on the right. The teal circle contains the text. The light green circle has a white shape cut out of it, resembling a stylized 'H' or a speech bubble.

*Your views on
health and care*

Listening to local people's views

How we've worked with our community



This year we recorded direct engagement with **2579** members of the public. That is up by **25%** on last year!

We spoke to residents at **59** community engagement and **413** were engaged through our discharge and maternity projects. Some of the events attended included the Older People's Assembly, the Disability Assembly and Brunel Universities Volunteers' Fair. As always, these large-scale events provided an excellent opportunity to promote the work of Healthwatch.



Healthwatch has attended 17 drop-in sessions, and has held surgeries at 15 of Hillingdon's 17 libraries. This has given us a presence in the community, and helped to raise our profile.

At the Oak Farm library, an elderly lady informed us of her late husband's frustration of having his haematology appointment cancelled 11 consecutive times at the Hillingdon Hospital.

She also expressed her own frustration at having had her hospital appointment cancelled on several occasions.

During this year, we also spoke at coffee mornings held by organisations such as the Salvation Army, Hillingdon Carers, Parkinson's UK and the Alzheimer's Society. As we anticipated, the number of attendees at these events was relatively small (on average 15-20 people) however this allowed for group discussions, and comprehensive feedback.

The key concerns highlighted by residents who attended the coffee morning events included access to GP appointments, not seeing the same GP at appointments (lack of continuity), repeat prescriptions and dental charges.

The coffee mornings have overall proved to be a very effective way of gathering targeted feedback and we will continue to incorporate them as part of our future engagement activities.

We were also at Hillingdon Age UK's 60 + Fair, Uxbridge Fresher's Fair, Hillingdon Health Conference, Parkinson's Information Day and Hillingdon Carers Health MOT day amongst others. These events were targeted towards different segments of the community and so presented an excellent opportunity to gather experiences from diverse audiences.



Our attendance at Uxbridge College Fresher's Fair was one of the highlights of our engagement activities this quarter as we were able to connect with a younger audience (16-24) who very rarely share their experiences of health and social care services. We were accompanied by 2 of our younger volunteers to assist on our stall as we felt the students would respond better to their peers.

This proved to be a positive approach as during the two-day event we spoke to over 50 young people and handed out our literature.

During 2016/17 we introduced a new feedback form called 'Have Your Say'. The form is used at public events to capture individual experiences - both positive and negative of accessing services.

During 2017 we also want to resume our presence at the Hillingdon Hospital by having a monthly stall in the entrance.

We will also reach out to Hillingdon's faith groups including mosques, churches and temples and youth organisations to capture the views and experiences of those who are seldom heard.

Promotion and Communication

To advertise and encourage people to talk to us we have promotional materials in GP practices, hospitals and libraries. Our details are in every edition of Hillingdon People and we regularly have articles published in the local paper, where we call for people's experiences on specific conditions and issues. (See later in the report).



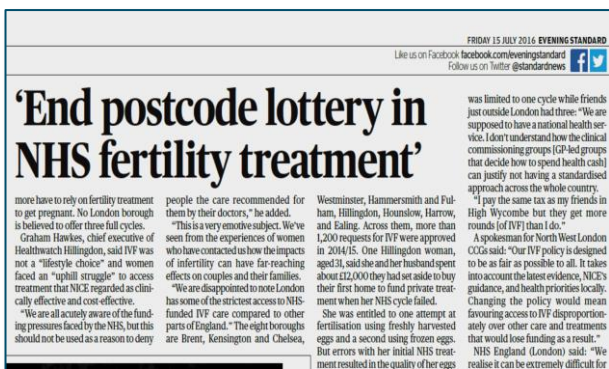
Social media has become an excellent way to raise our profile and reach members of the public. We continue to maintain a healthy online presence on Facebook and Twitter by regularly posting news stories, information and events on health and social care and encouraging our online communities to converse with us and share their views. We use popular Instagram to regularly post images of our outreach and engagement activities, and followers engage with us by commenting on or liking our posts.

Focus - reaching out to residents through local media

Fertility Treatment

As mentioned earlier in this report our 2016 report “IVF: Is Variation Fair?” highlighted the inequality in access that women and couples face to access NHS fertility services. This report has acted as a catalyst for significant national debate on the issue as well as recognition from NHS England and the Department for Health that the current situation is unacceptable. The Department of Health has given careful consideration to our report and we are pleased that they have agreed to take forward many of our suggestions.

This made headlines in the Evening Standard on July 15th 2016.



Domiciliary Care

We worked with Healthwatch England to uncover allegations made against a domiciliary care agency as shown on the Channel 4 program ‘Dispatches’².

Healthwatch worked very closely with the family, Social Service colleagues, and the Care Quality Commission as a thorough investigation was undertaken. We also gave

² <http://bit.ly/2sasddW>

³ <http://bit.ly/2s3ESPh>



a statement to Get West London for their published article

“Elderly, blind Uxbridge woman ‘left in her own faeces’ by Hillingdon Council-funded carers”³

What we’ve learnt from visiting services

Healthwatch Hillingdon has decided not to carry out enter and view as described in law. We are able to do this due to working closely with colleagues within the Local Authority Contracts Monitoring Team and Care Quality Commission, this relationship works really well as shown below. In 2016/17 volunteers invested over 260 hours in 10 Patient Led Assessment of Care Environment (PLACE)⁴ assessments.

Major safety issue

During May 2016, 8 of our assessors committed 115 hours to volunteering to complete assessments in Hillingdon Hospital, Woodlands and Riverside sites.

At Riverside the assessors highlighted what they saw as a major safety issue. This was immediately reported to senior

⁴ <https://www.england.nhs.uk/ourwork/qual-clin-lead/place/>

management and swift action was taken by the Trust to carry out repairs. Healthwatch was invited by Central North West London to inspect the repairs as part of the assurance process.



Hospital Wards

Our assessors carried out 2 (PLACE) assessments in October and November 2017 at Mount Vernon and Hillingdon Hospital respectively.

One of our most experienced assessors is now attending the hospital PLACE steering group for Healthwatch. This group monitors the delivery of the improvement plan.

Actions on the improvement plan include:

- Review tidiness and storage issues where identified and ensure a neat environment.
- Replace bins where needed. Address bin labelling issues.
- Repair/ replace damaged or stained seating.
- Review the buildings and grounds maintenance programmes and resource to take account of the PLACE findings re staining and damage, and ensure improvements are made.

- Review PLACE dementia signage requirements and implement solutions to improve privacy in reception areas & wards.
- Prioritise colour, texture and design of flooring programme to take account of the PLACE findings regarding dementia patients.


Care home

We were asked by a resident of a Hillingdon care home and their family to accompany them to a family meeting, arranged to discuss current issues within the home.

Due to our concerns with the standard of care being outlined by residents and their families we immediately contacted Social Services, who attended the home the following working day.

This resulted in the provider putting a plan in place to address the issues and return care to appropriate levels, which we both continue to monitor with Social Services.

This is a great example of how our close working relationship with Social Services is benefitting residents and we would especially thank the officer involved for their prompt action.



*Helping
you find
the
answers*

How we have helped the community access the care they need

Helping people get what they need from local health and care services is what we are all about

At Healthwatch Hillingdon we provide a comprehensive information, advice and signposting service to our residents, through a number of different ways:

- Our shop within The Pavilions Shopping Centre
- Stalls at events and fairs across the borough
- Our website and social media
- Taking telephone enquiries and receiving emails

The shop is used as a main information hub. We have a wide ranging array of leaflets and posters to inform residents.



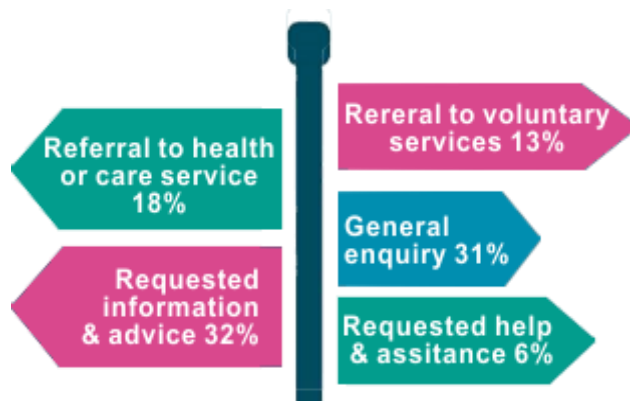
Our website also features similar information and has been visited over 1.1 million times this year.

We signpost people to NHS, Care and Voluntary Sector Organisations.

Where possible we look to empower people by providing them with the information and advice to make their own choices.

Where required, we intervene for residents and on a few occasions, have provided intensive one to one support.

2579 residents contacted our information, advice and signposting service in 2016/17



The reasons that people contact us are very varied. They range from simple enquiries, to some very complex issues.

Our experienced team have an excellent knowledge of health and social care and the services that are provided locally.

As these examples show, this means that when approached we can offer residents advice and support that best meets their needs:

- Mrs P asked us for help. She was over 65 and looked after her husband who suffered with dementia. She was struggling with a number of things including some DIY.



We were able to signpost her to Age UK, Hillingdon Carers and the Alzheimer's Society for a range of solutions.

-
- An individual visited our offices in September in a highly distressed state. They had been referred to ARCH (Addiction Recovery Community Hillingdon) by their GP, as although they had been previously prescribed methadone and co-codamol for 20 plus years by a GP, their current GP was not now authorised to prescribe methadone. The patient informed us that following a review by ARCH, the co-codamol was withdrawn which were for her back pain. The patient explained that they were in severe pain and had been unable to contact their key worker and had been told she would not be able to see the ARCH clinician for a further 3 weeks.



We contacted ARCH who provided further support to help the individual. We feel it is so important that whenever medication is withdrawn that this is done in a controlled and supported manner to reduce the impact on the individual and prevent them from going into crisis.



ARCH is service in Hillingdon, provided by Central North West London NHS Foundation Trust (CNWL). When working with the above individual we noted that the new ARCH website did not provide details of their PALS Department, or how a patient can make compliments, or a complaint. We contacted CNWL who rectified this, to ensure all residents using the website now have these details.

-
- We were contacted about an elderly Hillingdon resident, who suffers from mental health issues and numerous physical long term health conditions.

They live alone and for many years have received a jointly funded care package, which included the regular reapplication of compression bandages for their lymphoedema (chronic swelling of limbs).

However, without any notice, the family were informed that the care agency will no longer be providing this service and that the care package had been withdrawn by social services. This was very concerning for the family as the resident had previously had a life-threatening leg infection due to their lymphoedema.



We contacted Social Services who immediately investigated the case and reinstated the care package to ensure the resident received the care they needed.

We also received reassurance that the reason for the error had been identified and a process had been changed immediately to stop it happening again.

-
- Mrs D was due to have a hip replacement in October 2016. She had attended a pre-operation class. She did not want to complain and had found the class interesting and useful, but in the discussions about discharge after the operation, she did not feel she was listened to. She was very concerned about going home after the operation as she felt she was being discharged too soon and was not confident that she would be able to look after herself.



We contacted the hospital and a member of the MSK team contacted Mrs D to listen to her concerns and put a discharge package together that met her needs.

-
- One of the worrying contacts for us related to a vulnerable patient who has a history of alcohol and drug dependency. They wanted advice on how they could get their doctor to prescribe more sleeping tablets as they didn't want to keep buying them.

We discovered that in order to safeguard them, their GP prescribes the sleeping tablet, Zolpidem, on a restricted basis by 1 week prescriptions. However, this patient was freely and cheaply purchasing Zolpidem, which is a Class C Controlled Drug, without prescription on the internet.



We raised our concerns regarding patients gaining access to restricted, prescription-only medication via online platforms. We


raised our concerns with the Medicines and Healthcare Products Regulatory Agency, as well as Healthwatch England and the Care Quality Commission. We were delighted to see that the appropriate regulators and professional bodies have jointly begun to take enforcement action against those online suppliers which are UK-based, and begun a joint high-profile public awareness campaign to highlight to the public the inherent risks/dangers that offshore online suppliers may pose.

-
- M had hearing and speech impairment but was able to use British Sign Language (BSL). M had an outpatient appointment the same day at Hillingdon Hospital but there was no BSL support provided. M found the appointment extremely stressful, as she was not able to properly communicate with clinical staff.

M had another appointment at Hillingdon Hospital at end of March for an operation and M was very concerned and stressed that Hillingdon Hospital made no effort to arrange BSL support for the next appointment/operation even though she made it clear that she needed BSL.



Healthwatch Hillingdon contacted the Outpatient department at Hillingdon Hospital to ensure that BSL support would be made for the operation. Comment: NHS Accessible Information Standards had not been followed.



*Making a difference
together*

How your experiences are helping influence change

Safely Home to the Right Care

On Thursday 23rd February 2017 we published a new report - [Safely 'Home' to the Right Care](#) - outlining the personal experiences of older people who had recently been discharged from Hillingdon Hospital.



The report was the culmination of a 6 month engagement programme which saw us engage with 172 inpatients at Hillingdon Hospital, 52 patients post discharge and the professionals and staff from over 20 organisations.

The intelligence collected during our research provided us with a valuable insight into older people's experiences of being

discharged from Hillingdon Hospital, and the care and support provided to them in the community.

Evidence suggests uniform processes, better information for people and improving communication between patients, care staff and the component organisations, will be key to the discharge pathway being improved.

We have seen a positive response to the report from commissioners and providers.



There has been an acknowledgment that improvement is needed and a number of recommendations outlined in the report have already been implemented.

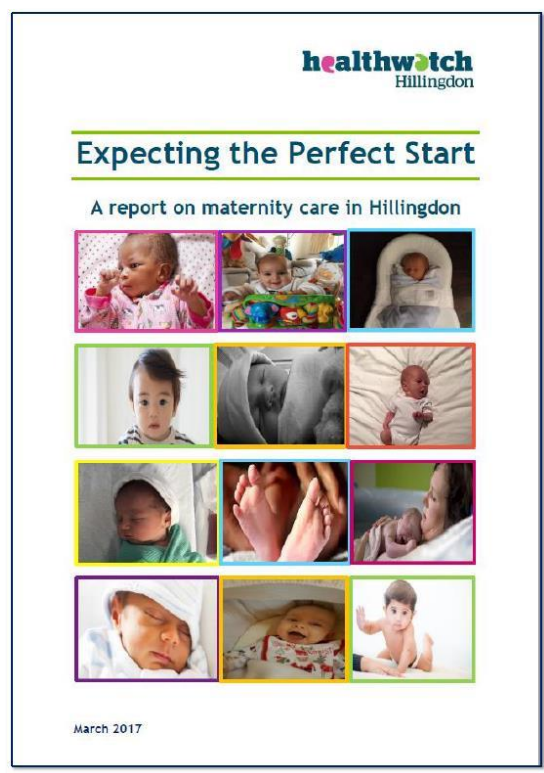
Our evidence has also informed the Better Care Fund and additional actions have been added to the delivery plan monitored by the Health and Wellbeing Board.

We will also look to monitor progress against our recommendations with all partners through the Older People's Services Delivery Group.

Healthwatch Hillingdon has produced a short film of patient's lived experiences to accompany this report. This can be viewed at: <http://bit.ly/2qJfyP0>

Expecting the Perfect Start

Our other major project was assessing the impact of the closure of Ealing's Maternity unit on the maternity services provided at Hillingdon Hospital.



The [Expecting the Perfect Start](#) report, which draws on the experiences and views of over 250 women, their families and maternity staff, outlines the comprehensive feedback we have received and gives an in-depth understanding of Hillingdon's maternity services.

More of which is outlined later in this report.

Lymphoedema Service

The lack of primary (non-cancer related) lymphoedema services in Hillingdon was brought to the attention of Healthwatch by several suffering residents. As a result,

⁵ <http://bit.ly/2fLbXt0>



Healthwatch investigated the initial findings which showed that there does not seem to be primary lymphoedema services commissioned in Hillingdon, and that differing providers are taking responsibility for caring for individuals in the community.

We raised this with Hillingdon CCG as our assumption appears to be verified by a recent report by the Healthy London Partnership⁵.



We are pleased to confirm that the NHS Hillingdon CCG have now launched a new Lymphoedema service that will provide access to all Hillingdon patients with a need for Lymphoedema care and support. This is very welcome news, and we applaud the NHS Hillingdon CCG for investing in this new service for the benefit of our local residents. The new service means that secondary Lymphoedema patients (cancer-related) will be under the care of the Mount Vernon Cancer Centre; whereas patients with secondary Lymphoedema will be able to access care from Harlington Hospice.

Adult Autism Diagnosis

Healthwatch were alerted to long delays for assessment, experienced by some patients

who had been referred by their GP to the Autism diagnosis service. We were originally highlighted to this in March, and raised this with Hillingdon CCG. It turned out that the problem lay with a contractual disagreement with the local service provider.

Under the NHS Constitution a CCG has a legal duty to ensure that residents have access to appropriate timely treatment and must refer them to an alternative provider, outside of the area, if one is not available locally. As this issue had not been rectified by May, we were concerned for these vulnerable residents and urged the CCG to find a solution.



We are pleased to note that as a temporary solution an alternative provider was commissioned and the Hillingdon CCG then procured a permanent autism assessment service for the borough's residents.

Syringe Disposal



A few patients with diabetes, who were managing their condition at home, contacted Healthwatch in relation to the disposal of the needles (sharps) they use for their insulin injections. There seemed to be

confusion amongst professionals and a lack of information for patients on where clinical sharps are disposed.

On investigation, we found that the national policy for the disposal of “domestic clinical waste” provided by the Department for Environment, Food & Rural Affairs advises that: “Local authorities have a duty to collect household waste including healthcare waste from domestic properties.”⁶

In Hillingdon there is a sharps service provided by both the NHS and the Council for substance misuse. But for diabetes patients the disposal service is provided by a select number of pharmacies and a few GP practices and these are not readily publicised for patients.

Further clarity and clear information to the public on who to contact to arrange the safe removal of clinical waste (including sharps) from domestic property is necessary.



Healthwatch has lobbied Hillingdon CCG and the Council to publish a list of the pharmacies and GP practices that provide the sharps disposal service on their websites.

Fertility Treatment

During 2016-17 we have continued, as part of our work on access to IVF services, to highlight to the NWL CCG Collaborative that NHS providers should not be charging patients for costly IVF “add-on”⁷ treatments as part of their NHS funded care, especially where there is limited evidence of effectiveness.

⁶ www.gov.uk/guidance/healthcare-waste

⁷ <http://bit.ly/2fFbDYQ>



We have been assured by NHS England that they will speak to providers to remind them of their legal obligations not to charge NHS patients for add-on treatments available as part of their IVF treatment.



In February 2017, following a cross-party debate on IVF in parliament, Healthwatch Hillingdon wrote to, Nicola Blackwood MP the Department of Health's Parliamentary Under Secretary of State for Public Health and Innovation. We thank the Under Secretary for her encouraging response:



“It is the Government's view that infertility is a serious medical condition and those suffering from infertility, which meet the criteria in the NICE fertility guideline for NHS funded treatment, should be able to seek treatment on the NHS”

We anticipate that once NHS England has completed this work in 2017/2018, that this will address the main summary of our 2016 Fertility report:

“Healthwatch Hillingdon believes that commissioning fertility services at scale across England, with a fixed national NHS tariff, incorporating nationally agreed outcome

measures... will be more cost effective for the NHS.”

This once again, demonstrates how Healthwatch Hillingdon has acted as a catalyst for national debate and change at both a local and national level.

GP Access

In August 2016 we were contacted by a resident whose mother had been discharged from hospital following a difficult life-changing illness. They told us they had found a lovely care home where they knew their mother would be safe, but were horrified to find that the home were having extreme difficulties in registering their mother with a GP practice.

On speaking to the home we found that they had 7 new residents that the local GP practices had refused to register. Due to current pressures the GP practices were reluctant to register these patients although it was their legal duty. Even after we involved NHS England, the practices continued to put up administrative barriers, which resulted in the home having to take 3 of these frail elderly residents physically to the GP surgery to enable registration.

Residents of the nursing home are all currently registered but with only 15% of the current home's capacity taken up this will be an ongoing issue. We continue to work with NHS England and Hillingdon CCG to ensure residents are registered and a long-term solution can be found, to benefit all parties.

How we work with other organisations

Healthwatch Hillingdon has very strong operational relationships locally with NHS, Council and Voluntary Sector organisations.

We are seen as independent, an equal partner and a valued “critical friend” within health and social care.

These important relationships enable us to have considerable strategic input into the shaping of local commissioning and the delivery of services.

This year Healthwatch Hillingdon attended **289** health and social care meetings and **53** voluntary sector and community meetings, covering a wide range of subjects.



Our involvement keeps us well informed on all matters and gives us the opportunity to challenge and seek assurances on behalf of our residents.

It also ensures that the lived experience of our patients and public are clearly heard and are influencing decisions and improving health and social care in Hillingdon.

Our strong relationships ensure that whatever element of our work we are engaged in, we are able to directly communicate with all organisations from operational to executive level.

- At the **Health and Wellbeing Board (HWB)** we have used our statutory membership to continue to raise issues and concerns on behalf of the public. We bring a focus to the delivery of the Children’s and Adolescent Mental Health Transformation Plan and through formal submission of our reports ensure the recommendations we make for service change are reflected at the highest level.



- Working with **Hillingdon Clinical Commissioning Group** is a key relationship. We have an independent seat on a number of their strategic committees, groups, and wider work streams including the:
 - CCG Governing Body

- Sustainability and Transformation Plan (STP) Steering Group
- Quality Safety and Risk Committee
- Co-Commissioning Committee
- Transformation Committee
- Procurement Panel
- A&E Delivery Board
- GP Access Group

These strong avenues of communication have allowed us to regularly raise quality issues and challenge commissioning decisions.



High on the agenda this year has been ensuring the voice of the public was not excluded from the conversations that took place around STPs, our work on hospital discharges for the elderly, maternity services in Hillingdon following the closure of Ealing Maternity Unit, access to GP services - especially in the south of the borough, mental health care, fertility treatment and the unprecedented activity at Hillingdon's A&E.

- At the Local Authority we meet with **Hillingdon Social Services** and **Public Health** to input into a number of areas, such as, delayed discharge from hospital, care

homes, domiciliary care, The Autism Strategy and Suicide Prevention Strategy.

We represent the public on both the adult and children's safeguarding boards, and were instrumental in supporting the recruitment of members of the public, to sit on those boards.



We also closely support the Council at the Older people's, Carers and Disabilities Assemblies.

- We work in similar ways with both **The Hillingdon Hospitals NHS FT** and **Central West London NHS FT**. We share information and work closely together to gain a wider understanding of service quality and how their patient's experience the services each organisation provides.



Healthwatch has a duty to respond each year to the Trusts Quality Statements and we work with each Trust throughout the year to make sure that quality is continually addressed and those areas which require the most focus are seen as a priority. We support both Trusts by providing volunteer PLACE

Assessors to carry out inspections of the care environment and this is resulting in improvements to their condition, cleanliness and to the provision of food.

This year we would specifically thank The Hillingdon Hospitals FT for its assistance in our project work. Their 'all area' patient access enabled a rich source of patient experience data to be collected, which is leading to positive service change.

We also worked with Central West London NHS FT as they reconfigured the way in which they delivered the podiatry and multi-skeletal services.



Our involvement ensured that not only were patients views taken into consideration through the change, but that they also received valued support and information during the transition period.

• We continue to work closely with Hillingdon 4 All (Age UK, DASH, Hillingdon Carers, Harlington Hospice and MIND), Alzheimer's Society, Parkinson's Group, Refugees in Effective and Active Partnership (REAP) and other local voluntary sector and community groups. Supporting residents together, through the sharing of information and signposting to each other's services.



• Health and care work-streams across the country are becoming increasingly more integrated. Organisations are joining forces to develop accountable care partnerships. Throughout 2016 the Hillingdon Health and Care Partners (HCCP) have been preparing to launch in shadow form from 1st April 2017 to pilot the service. Healthwatch Hillingdon has now been invited to sit on the HCCP Board, which again is ensuring patients are represented at the forefront of change.

• We represent Hillingdon at regional meetings for change programmes which are being planned and implemented across North West London, such as:

Shaping a Healthier Future - the reconfiguration of acute and community services - which has already seen maternity and acute paediatrics transfer from Ealing Hospital.

Sustainability and Transformation Plans - health and social care working together to



build services around the needs of the local populations

Like Minded - the reconfiguration programme for mental health services in North West London.



- Our relationship with Healthwatch England continues to grow.

Our regular attendance at the London Healthwatch Network meetings provides a valuable opportunity to share intelligence and good practice with others in the London Healthwatch network.

We have continued to work strategically with Healthwatch England to help influence change at a national level.

Our work on IVF is a prime example of this and we were recognised by the Healthwatch England Committee at their March 2017 meeting for our contribution to the development of a national tariff and national guidance for IVF.

- Healthwatch Hillingdon regularly shares anonymised feedback and intelligence on providers with the Care Quality Commission (CQC).

We hold meetings with the CQC where we discuss common concerns and areas of improvement with the regulator. In particular this year we collaborated with inspectors on 3 specific areas of joint interest.

Stakeholder Survey 2016-17

To reflect upon our work in 2016-2017 Healthwatch Hillingdon carried out a stakeholder survey, based on areas within the local Healthwatch Quality Statements, set out by Healthwatch England.

- Strategic Context and Relationships
- Community Voice and Influence
- Making a Difference Locally
- Informing People

These quality statements are intended to help local Healthwatch, their commissioners and other stakeholders develop a clearer understanding of the impact that their local Healthwatch has made, its strengths and areas where further development might be required.

We had 42 returned surveys including responses from, CNWL, Hillingdon CCG, Hillingdon Council, Hillingdon Hospital, the wider voluntary sector organisations and other patient representatives.

The results:

- 😊 98% of respondents stating that they agree or strongly agree that Healthwatch Hillingdon (HwH) demonstrates added value through its work engaging local people.

“Healthwatch provides a great deal of information and personal stories of how people are affected”



88% of all respondents agree or strongly agree that Healthwatch Hillingdon brings a distinct contribution to decision making structures in the local system.

“Hillingdon Healthwatch provides extremely valuable scrutiny of local services. The officers are fair in their assessment of services and seek to work collaboratively with commissioners to improve the local offer for residents.”



95% of all respondents agree or strongly agree that they understand the rationale behind the priorities of Healthwatch Hillingdon.

“The recent Discharge Report - we as providers were actively briefed on the aims of the project, involved in contributing to the data gathering and debriefed with constructive feedback. We were also given an opportunity to respond to the findings and how we intend to address these going forward.”



94% of all respondents agree or strongly agree that Healthwatch Hillingdon insight and reports are constructive, independent and clear about the rationale for the evidence used.

“Healthwatch Hillingdon are a valuable partner in meeting our ambition to commission high quality care in Hillingdon. We look forward to continuing to work with them.”



95% of all respondents agree or strongly agree that Healthwatch Hillingdon brings added value to their work thanks to its unique perspective

“The information that Healthwatch have contributed to CCG discussions has brought a valuable patient perspective to many of our work programmes. The reports into discharge processes and maternity care at Hillingdon Hospital in particular have provided areas of focus and prioritisation both for the CCG and the system more broadly. Contributions are always constructive and focussed on finding consensus and a way forward but provide appropriate challenge where necessary.”

What can we do better?

The results from: Community Voice and Influence, Making a Difference Locally and Informing People...

... show that there is still more work to be done. The number of respondents who agreed local people were actively involved in the delivery of HwH fell to around **76%**. The figures for how we involve seldom heard groups and whether respondents felt comfortable to promote HwH, were very similar.

Only **60%** felt that the service clearly ensures marginalised groups are heard. A relatively high number of people recorded that they did not have the knowledge or experience to answer, or answered indifferently.

“Unclear how much engagement they do with seldom heard groups but aware they have certainly reached out to older client groups and those with MH issues”

“I am unaware of Healthwatch Hillingdon's Insight reports and can't comment on the extent to which either the hospital, or commissioner, has been involved in their production”

The results in these sections do not come as a surprise as HwH have already recognised that more is required to promote the organisation and the services we provide to a wider audience. This is already in the HwH Workplan and an area we are looking to address in 2017-2018.

We have been very encouraged

The survey provided Healthwatch Hillingdon with the real opportunity to measure how we are delivering local Healthwatch against our core statutory duties and this vision.

Overall the results are very encouraging and endorse the way in which we deliver local Healthwatch. They show that we are seen by our stakeholders in health and social care as an equal partner. We have strong strategic relationships and are adding value to their work. We are ensuring the voice of the public is not only represented and heard, but is influencing change.

It could be argued that by achieving this we are delivering our vision already. The survey results however show that although we are giving adults, young people, children and communities a greater say, there is still more to do to reach a wider audience before we can truly say we are delivering our vision.

Our achievements and standing gives us a solid foundation to build upon, as we move into 2017-2018.



*It starts
with you*

Talking to you about discharge from hospital

Safely “home” to the right Care



Hillingdon Hospital say:
We are keen to work in partnership with Healthwatch, Care Partners and other key stakeholders to progress the very helpful recommendations you have made in this report.

Older patients arriving at Hillingdon Hospital are from a generation who express pride in what they regard as ‘their’ NHS. They are largely from a generation where they just

‘get on with it’ and ‘don’t want to cause trouble or be a nuisance’. They endure, and don’t like to complain. They feel vulnerable as many have lost confidence with age. We interviewed 172 patients on various wards and followed up with 52 of them after their discharge from hospital. 81% of patients said that they were either satisfied or very satisfied with the way they were treated overall.

They said staff were caring and trying their best, but wards were very busy, which led to lengthy waits in being attended to, long waits for medication and poor communication. It was no surprise therefore when asked what could be improved, 31% of these said they felt the hospital was understaffed and needed more doctors and nurses.

30% of patients and/or their carers referred to poor communication and lack of understanding about their condition.

Professionals and staff also recognised the need for better communication and explanation for patients and families/carers, but see the need for better processes and management to be able to free up ‘firefighting’ time in order to invest in the necessary commitment to clearer communication.

Patients and families/carers wanted an understanding of their situation from a member of staff. They were often told they



needed to speak to a doctor for this, but that could mean waiting a considerable time. Professionals and staff also felt there is a need for a communication process consistently applied. Some wards seem to allow an appointments system with doctors, others do not. It seems to be very hard to get any time with a doctor.

Patients sometimes forget, don't hear or get confused about what they have been told. This can lead to the family /carers being uninformed, which leads to family seeking information from staff which is often time consuming and frustrating.

Patients and their families/carers would therefore like information from doctors explaining the current situation and what would happen next, written down.

Staff told us that this would also help them, as much of their time is taken up with enquiries from families, and not all staff roles are aware of the full situation on a patient to be able to effectively give an update.

Patient evidence suggested that there were inconsistent processes and procedures throughout the wards resulting in inconsistent care to elderly patients.

Healthwatch Recommendations

Communication and Information

1. We have recommended that a booklet is produced and issued to all admitted patients which will be filled in during the inpatient stay. This booklet will be completed on discharge complying with many of the details listed in the NICE requirements.

We would recommend that this booklet is reviewed and updated to produce a 'Patient Journey' booklet that keeps patient/carers fully informed. This will then act as a method of communication between patient/carers and professionals in hospital and in the community.

2. We have recommended that patient/carers are provided with written information about social care and continuing health care assessments in line with the Care Act.

3. We have recommended that an independent advocacy service should be provided for individuals who have substantial difficulty in being involved in the assessment and discharge planning process.

The difference we have made already!



We are pleased that work started immediately on our first recommendation.

Partners gathered to redesign the working together booklet to include the areas patients and their families told us were required. In March 2017 a final draft was agreed and it is expected that following production the booklet will be rolled out and issued to all admitted patients in early June 2017.

This is very encouraging as we feel that this will make a real difference to patients and their relatives/carers. It addresses many of their concerns, particularly lack of communication.



One of the biggest frustrations for patient advocates is seeking information from doctors who are always busy and difficult to make contact with. In this booklet there are contact pages enabling questions to be written down and answered in writing by a professional.

We are very grateful to the Hillingdon Hospital for their prompt action on this, and hope to work together to ensure that it is a success for patients and staff alike.



Processes and Procedures

4. We have recommended that the hospital looks to standardise the discharge process across all wards. A compulsory uniform process could provide many benefits to improve the patient and staff experience.

5. We have recommended a review of the discharge lounge be carried out, to assess how effective it is in meeting the needs of patient/carers who are waiting there.

6. We have recommended that in addition to written instructions for those patients being prescribed multiple medications, that the hospital also looks to provide Dosette boxes. This will mitigate against possible unintentional overdose and improve patient safety.

7. We would recommend that when discharging an older person that it becomes standard practice to proactively refer to Hillingdon Carers for further support, especially when the patient is the sole carer for the patient.

Closer integration and joined up working

8. We have recommended that serious consideration is given to a proposed single point of access for discharge, as a possible solution to providing wrap around and integrated care for the patient/carer.

The difference we have made already!



It has been acknowledged by the Trust that discharge processes need to be uniform across their wards. The Trust is working closely with all partners and has requested support from the NHS

Emergency Care Improvement Programme (ECIP). The Trust has received formal recommendations from ECIP and a steering board is overseeing the delivery of these recommendations.



The Trust acted swiftly to address the issues we had found in the discharge lounge. They now provide hot food, and water for waiting patients and are reducing the amount of time that patients wait for their transport.

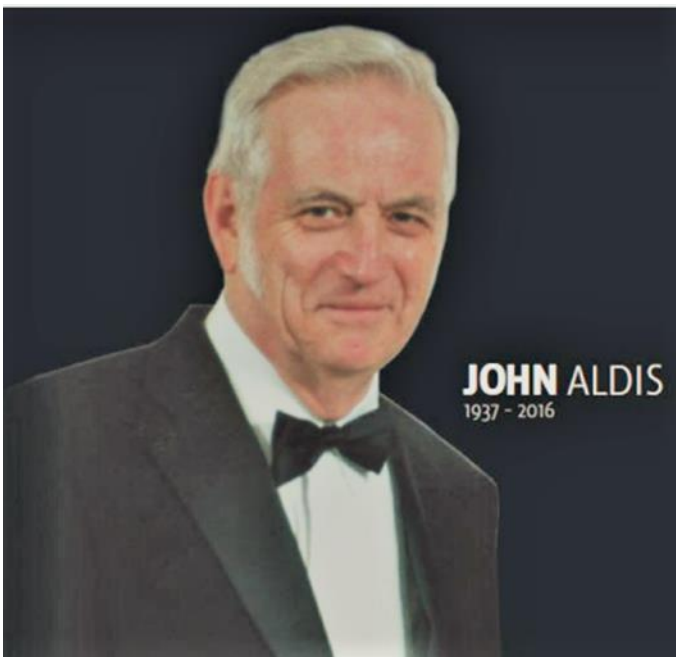


The patient's story

Stories are of the lived experience of patients and their family members. They are their own accounts and written in their own words. Some names have been changed to protect anonymity.

Alan's Story

My Big Brother John.



Around six years ago, my brother suffered a stroke from which he never fully recovered. This led to mobility issues. He was often having falls inside his home which inevitably led to hospital admissions ...and they were becoming more frequent.

There were also very early signs of dementia setting in. Just after his 79th birthday in January, I suggested to him that he took out a Lasting Power of Attorney for his Health (LPH) naming his only next of kin (me) as his executor. I also asked him did he wish to stay in his own home for the remainder of his days. He replied "Yes".

By April, he was back in Hillingdon Hospital with a urine infection. He was incontinent (mainly because of his mobility) and prone to this kind of infection. By this time Social Services had decided he needed full time care which was duly implemented. 4 visits a day by two carers every day. (one hour a day, Monday to Friday). His mobility was getting worse, so, I had some of the downstairs area cleared and a hospital bed and hoist were installed by the district nurse's department of Social Services. His doctor paid him a visit and diagnosed that he

had rheumatoid arthritis in his hands and arranged for him a visit to the hospital for some time in July.

The rheumatoid arthritis condition made it difficult for him to hold things plus he was pretty much a “dead weight” with his limbs. He never got to that appointment because the doctor’s practice (Medical Centre in Ruislip) forgot to mention that he couldn’t walk by himself to the hospital transport that had come to pick him up! I contacted the practice to discuss my brother’s health and to get the transport changed so he could meet his appointment at a later date.

We are now into late July and I noticed that my brother had an irritable cough, but thought no more of it. Approximately three weeks later I went to visit him again and he still had the cough - but he said he was OK. A few days after that I get a call to say that John was admitted to hospital (Friday 12th August I think) because he had slipped off his chair, and the attending carers noticed that his urine was a really dark colour.

So, he was in Hillingdon Hospital for the urine infection.

The Discharge Fiasco:

The urine infection got cleared up in about four days. On the Wednesday, a doctor who noticed his cough, checked him out and diagnosed that he had the early signs of pneumonia. His throat had swollen up as a result and his diet had to be changed to soft foods. The medical staff at the hospital suggested that he recover in his own home and would be discharged the next day (Thursday) taking with him medication from the hospital pharmacy. Hillingdon Hospital notified Social Services who in turn notified John’s carers that they would be “back on”

as he was coming home on the Thursday. Well, he never got there. Why? Because pharmacy didn’t have the medication that was prescribed.

Meanwhile the carers were at the house, but no John. The next day (Friday), pharmacy supplied the medication required. The carers showed up again. However, Hospital Transport couldn’t spare anyone until nearly 11pm at night. I was told he should get home around midnight. I said to the ward nurse she must be joking because who was going to get him into the house as there wouldn’t be anyone there to greet him. She said OK, it’ll have to be Monday now. (I would suggest: that unknown to me, he was getting no antibiotics for the pneumonia condition, because the ward staff saw him just as a patient waiting to go home. It is conjecture, but I ‘m putting two and two together and making four.) Of course, there is another scenario - he was getting the medication, but despite him getting worse, they still discharged him because all they were interested in was the availability of his bed - if that was the case then I don’t know how the management can sleep at night).

Monday changed everything. Finally, he got driven home by hospital transport, with his medication. John was gasping for breath because he could hardly breathe. It was also the hottest day in August. The driver noticed the difficulties my brother was having and pointed it out to the two waiting carers at his home. They took one look at him and called for an ambulance. The ambulance got there within 30 minutes. The Paramedics took a look at him and were heard to say ‘which idiots let this one out?’

They tried to take him back to Hillingdon but were informed there were no beds available.

So they took him to Northwick Park Hospital. He was on near enough, pure oxygen for four days. But a patient cannot stay on pure Oxygen forever. So he was transferred out of there to another ward where he was put on half-oxygen. (Sunday, 28th August).

That was the last time I saw John alive. To be honest he seemed quite cheerful but struggling to speak. I thought 'he's over the worst; he'll get better and through it OK'. I kept in touch with Northwick Park just about every day from that point onwards. Towards the end of that week the staff at Northwick Park were saying that his heart was becoming a problem because of the pneumonia and that if he got into difficulties they would not try to revive him. By the Sunday (4th September) the hospital said he was in pain from breathing difficulties and that they were going to administer Morphine. When hospital staff tell you they are going to administer Morphine, you know it's the beginning of the end but you live in hope.

Thursday 8th September John died at 7am on the morning of Thursday 8th September of Bronchial Pneumonia.

Northwick Park had obviously tried to contact me early in the morning, but I hadn't picked up. So they phoned John's stepson in Wigan. He sent me a text to say that I should call "Vill" at the hospital. I did so about 8.30am to enquire what the problem was with John. He told me "John has expired". I didn't quite catch the last word and asked him to repeat it. He repeated it: "John has expired". That made me so angry, I replied "He's not a Packet of Cornflakes or a robot -he's a human being! Try died, deceased or passed away, not frigging expired!"

No-one at Hillingdon seems to talk to each other. It's not that they don't care, I'm sure they do, it just seems that no-one is working off the same page. If they had been, my brother would probably still be alive today!

Harry's Story



Harry's Mum Mary, was in Hillingdon Hospital in September 2016, where.....

.....she received fantastic care and attention from the staff there.

She had been in Hillingdon before this incident and had to stay in for an extra 10 days while the care package was sorted out. This was a long time for her to be in there just waiting. In September she went in with fluid on her lungs. While this was addressed, Harry kept asking to speak to a doctor to find out what had been done, and how it could be avoided again.

It seems the actual Doctors have no intention of speaking to family members and certainly make it

impossible to speak to them, I never got to speak to a doctor, I kept asking but one never updated me with any information.

Harry's Mum was given the Friday as a discharge date. Harry arranged with the hospital that she would be brought home in the hospital transport ambulance at 4pm as she had arranged for 2 carers to receive her at her house.

This was necessary as his Mum could not walk, was very deaf, diabetic, and needed support. For some reason the hospital transport ignored this instruction and took her home at 2pm.

They took the key out of her key safe and let themselves in, dumping Harry's Mum on the bed. They left her alone without a drink or any support. Harry was really not happy about this as his Mum was 80 years old and was disorientated enough coming out of hospital, but to be dumped on a bed and just left is not how she felt an elderly person with multiple health conditions should be treated.

Geoff's Story



Over a period of three years Geoff had been in Hillingdon Hospital twice for operations to remove cancers in his bladder, both operations went extremely well and he couldn't fault the professionalism of the surgeons and the immediate after care staff.

After the first operation he was taken to a ward to recover where he was told to keep drinking several litres of water to flush out blood and clots until his urine ran clear, a doctor who was supervising him at the time advised him to call if his urine turned bloody and painful which it did during the night.

He asked the duty nurse to call for the doctor and after waiting for at least one hour nobody came so he asked the nurse again as he was becoming anxious, after another hour a pharmacist turned up and gave him a bag of medications which was meant for another patient. The pharmacist did apologise for the mix up.

Things gradually became more "normal" over the months but Geoff felt it had been

a very long and tortuous journey which could have been made so much simpler if the correct support had been there from the very beginning.

Three years later due to the same cancer returning, he was again taken to a ward to recover after another operation. He was surprised to be discharged early to return home being told to again, drink lots of water

I suspected the hospital was desperately short of beds.

After being at home for several hours and drinking lots of water he began to experience pain and an urge to urinate but

discovered that even using all his strength he could only squeeze out a few drops of blood.

He rang 111 who called him an ambulance to take him to A&E. He was readmitted where the clots were removed and after an overnight stay he was discharged home wearing a catheter and urine bag for one week supervised by community nurses.

He has since completely recovered. He had this to say:

In my opinion we cannot fault the work of our Doctors and Nurses but it is obvious to us all that they are

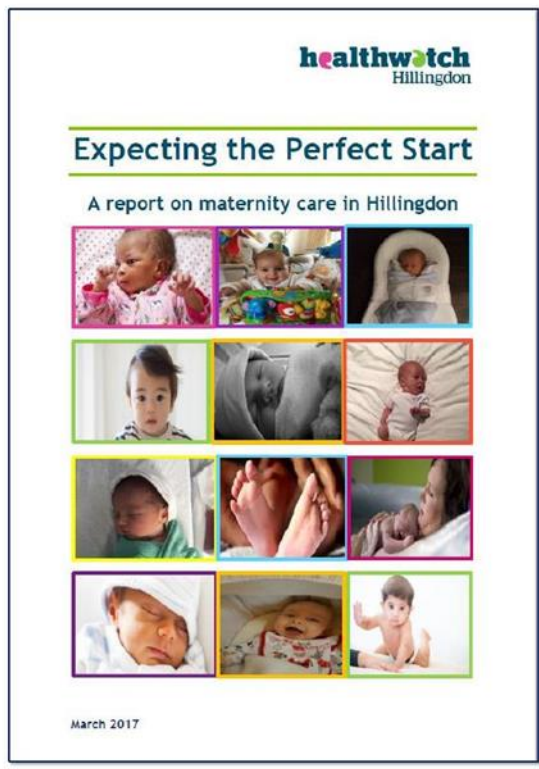
overwhelmed with work and shortage of beds and staff, even some staff who cannot speak English.

Our insight suggests that it is overwhelmingly clear that better information and communication between patients, care staff and organisations, is key if services are to be developed and improved.

It could be argued that achieving this maybe the most important factor to transforming care services in Hillingdon.

Talking to you about maternity services

Expecting the Perfect Start



Healthwatch Hillingdon spoke to a total of 251 women, 198 from Hillingdon and 53 from Ealing. This included women who were currently using the hospital's maternity service and women who had given birth since the changes.

We also engaged professional staff such as midwives, children centre workers and doctors. The experiences were collected via a range of methods such as one to one semi structured interviews, survey questionnaires and focus groups.

Experiences were collected from women at various locations for example play groups,

children centres, antenatal and postnatal clinics, other voluntary organisation programmes, and from feedback collected directly at the Hospital.

Our engagement revealed key themes from the feedback raised by the women and families, which included:

- An overwhelming majority of women stating that they were very happy with the care and service provision at The Hillingdon Hospital at every stage of their maternity care. With many stating that the quality of care given at the hospital is of a very good standard.
- Families were very pleased with the care and empathy provided by maternity staff. In most cases, women described midwives and doctors as informative and helpful.
- Women are very happy with the quality of information they are provided, however quite a few women said they would have preferred to have had a verbal explanation in addition to printed literature.
- Over 50% of women indicated that they were not given the choice of which hospital's maternity service they could use. In the majority of cases this was because their GP routinely referred them to Hillingdon Hospital.

- Over half of the Ealing women who we spoke to described the difficulties with travelling to Hillingdon Hospital and explained a lack of choices/facilities for antenatal and postnatal services in the area.
- From the focus groups targeting women of the BME community it highlighted the need for greater cultural sensitivity.



- The feedback also highlighted the need for language service provision for women with language difficulties.
- Some women explained the need for increased uniformity in breastfeeding.

- information and support from all healthcare professionals.
- 60% of the 40 women who requested smoking cessation did not receive this support.
- Women received mixed experiences of the Triage services, whilst 64% of women were positive about their experiences, 17% highlighted dissatisfaction due to rudeness of staff and the need for a reduction in labouring in triage without adequate assistance.
- Our engagement showed that the perinatal mental health service is under pressure with waiting lists rising. This was partly attributed to Ealing women being referred to the Hillingdon service instead of the Ealing service.
- Both mothers and maternity staff advised us that they felt more midwives were required.

Healthwatch Recommendations

Based on our engagement outcomes, 8 recommendations were put forward to help build upon the hospital's good performance and further improve women's experiences.

1. A review is carried out how information is given, so in addition to receiving printed literature, women are provided with more verbal information.
2. A review is undertaken of interpreting services to support women who do not speak, or have little understanding of English, to meet The Royal College of Obstetricians and Gynaecologists (RCOG) standards:
[https://www.rcog.org.uk/en/guidelines-](https://www.rcog.org.uk/en/guidelines-research-services/guidelines/standards-for-maternity-care/)
3. To review the continuity of care between women and their health professionals to meet the expectations of The National Maternity review.
4. There is a review of the referral process between the hospital and The London Borough of Hillingdon who provide smoking cessation service.

5. The hospital considers introducing a pager system in the antenatal department to allow women the choice of waiting elsewhere during their appointments.
6. There is a review of the referral for Ealing residents to the Ealing perinatal mental health service; and that the Hillingdon Clinical Commissioning Group (CCG), review the perinatal mental health service in Hillingdon to see how future provision can be met.
7. Greater informed choice be given to women as to where they can deliver their babies.
8. Hillingdon Clinical CCG work with The Shaping a Healthier Future team and Hillingdon Hospital to review the provision of antenatal and postnatal clinics in Ealing.



What difference did we make?

This report was published in March 2017 and at the time of publishing we were still awaiting responses from commissioners and providers. However, there is a clear commitment to embed some of the recommended changes, which have all been incorporated into the Strategic Children's Transformation Group work plan. We will be regularly monitoring their progress through our seat on this group and the Maternity Services Liaison Committee.



Mothers told us...

“Because I was in a lot of pain I couldn't really understand everything I was told so it was reassuring that they spoke to my boyfriend and gave him the same amount of detail that they gave me so he knew what was going on with me and the baby”

“They were extremely nice to him and supportive of us both”

“One midwife was really emotionally supportive especially because my baby had jaundice and I was really scared, she really did go above and beyond to put me at ease”

“I felt that my culture (eastern European) was not respected and I was spoken down to”

“Triage were amazing, I came in multiple times throughout my pregnancy and they were great every time”

“I had gestational diabetes during my pregnancy and the team were really helpful with advising me on what to eat and what type of exercises I should be doing so that was helpful”


“I felt that the postnatal care was quite poor especially because everyone would give different information”

“My wife decided that she wanted a home birth and was very happy with the antenatal care we were given by the home birth team”

“Triage were great very informative”

“Given that I had a history of mental health issue (depression, anxiety) I didn't like how I wasn't able to see the prenatal mental health specialist when I said I wasn't coping well with taking care of my baby, they said that they would put me on a waiting list but I never got seen, luckily I was able to find groups to go to on my own but I really don't think this was helpful at all because if it wasn't for the groups I went to I would've had an even worse time than I was already having and the talking therapies line that I was referred to was pretty useless if I'm honest.”

“when I went home I was feeling quite a lot of pain in my stitches and when I called into the hospital to ask what to do I felt that I was a bit dismissed and just told to take pain medication, like I hadn't already done that”

The background features two large, overlapping, organic shapes. The left shape is a vibrant red, and the right shape is a bright green. They overlap in the center, creating a darker shade of green. The overall composition is clean and modern.

*Our plans
for next
year*

What next?

The main priority for Healthwatch Hillingdon is to meet the requirements of our contract to deliver local Healthwatch, which is fully aligned with our statutory roles.

As we, involve, represent and protect the rights of, our residents and the users of Hillingdon's health and social care services, we will continue to ensure that their views and experiences are at the forefront of everything we do.

The Healthwatch Hillingdon Work-plan for 2017-19 has been written to reflect the need of the communities we serve. Our operational priorities are built on local insight and people's experience of care. Our main focus in the year ahead will be around General Practice and Care Homes.

Through our strategic involvement, we will continue to oversee and challenge both commissioners and providers, on the delivery of the recommendations we have outlined in our reports on children and young people's mental wellbeing, hospital discharge and maternity services.

We will also continue to have an oversight of the quality and safety of care services in Hillingdon and be strategically involved in change programmes in the borough and across NWL.

The NHS and Social Care are in a state of transition as the Five Year Forward View (FYFV) strategy looks to integrate care and bring about financial balance through Sustainability and Transformation Plans (STP).



As part of the NWL STP Footprint this work is well advanced in Hillingdon. We expect there to be a number of work-streams under the STP, which will propose changes to the current way in which care services are delivered.

One of Healthwatch Hillingdon's key roles this year will be to ensure that the public are not only fully informed and consulted, but that they are an integral part in the design of new services.

In Hillingdon we are already seeing the advance development of an accountable care partnership as outlined in the FYFV. Hillingdon Community Care Partners; an alliance between The Hillingdon Hospitals NHS FT, Central North West London NHS FT, the Hillingdon Primary Care Confederation and the voluntary sector organisation, Hillingdon4All, will be starting in shadow form this year, to deliver services to older people.

Being a new lay member of the Board of Hillingdon Community Care Partners, gives Healthwatch Hillingdon the opportunity to ensure that the public are involved in shaping new services as the accountable care partnership looks to go 'live' in April 2018.

As the results of the 2016-2017 review survey with stakeholders has confirmed there is a need for us to promote Healthwatch Hillingdon to new audiences and to reach out to a greater number of people, especially from those labelled 'hard to reach'. This is captured in the work-plan, but significantly we have aligned this with the need to inform and empower those we engage with. Giving people the knowledge, confidence and capacity to exercise their rights and take control of their own health is going to be very important. Especially with the impending plans outlined in the FYFV.

For the first time we have included a priority in our plan which looks to add to our work, through seeking to deliver commissioned projects. This is an exciting opportunity to build on our now proven track record of delivering strong, independent, evidence based engagement projects, expanding our reach and making a greater difference in our Borough.

Healthwatch Hillingdon is determined that 2017-2018 will be another year in which we are **Independent, Influential and Informing.**

The page features a large, abstract graphic composed of two overlapping circles. The larger circle on the left is a muted teal color, and the smaller circle on the right is a vibrant pink. The circles overlap in the center, creating a darker shade of purple-pink. The text 'Our People' is written in a white, italicized serif font within the teal circle.

Our People

Decision making

Our Board as at 31st March 2017

- *Stephen Otter, Chairman*
- *Turkay Mahmoud , Vice Chair*
- *Allen Bergson*
- *Richard Eason*
- *Baj Mathur MBE*
- *Kay Ollivierre*
- *Rashmi Varma*

Healthwatch Hillingdon is a Company Limited by Guarantee and is governed by a Board that consists entirely of lay people and volunteers. Selection and recruitment to our Board is through an open and transparent recruitment process.

Board members act as Directors of Healthwatch Hillingdon under the Companies Act 2006 and as Trustees of Healthwatch Hillingdon under the Charities Act 2011.

Meetings of our Board are held quarterly in public and agendas, minutes and reports of our meetings are published on our website and available upon request.

We have published our 'Relevant Decision Making Policy' on our website, setting out how the Healthwatch Hillingdon Board makes relevant decisions.

This policy is reviewed annually to ensure that the decisions taken by Healthwatch Hillingdon follow national best practice and reflect any guidance from Healthwatch England.

Additionally, Healthwatch Hillingdon have a suite of documents that govern the conduct of our business, which can be viewed on our website.

Our Staff Team

- *Graham Hawkes, Chief Executive Officer*
- *Dr Tarlochan (Raj) Grewal, Operations Coordinator*
- *Pat Maher, Administration & Support*
- *Charmaine Goodridge, Outreach & Volunteers*
- *Christianah Olagunju, Maternity Project Coordinator*

Our Volunteers

Volunteers play an important role in enabling Healthwatch Hillingdon to achieve its core functions. We consider ourselves very fortunate therefore to have a team of dedicated volunteers who bring with them a wealth of skills and experience and a passion to improve health and social care services for local people.

During 2016/17 volunteers undertook a range of activities on behalf of Healthwatch:

Engagement - Manning stalls, attending events

Social Media -Raising the profile of Healthwatch through social media outlets such as Facebook & Twitter, YouTube

Project support - Interviewing patients in Hillingdon Hospital as part of the Safely Home, and Expecting a Perfect Start projects.

Administration - data inputting and office based activities

In all a total of **25** volunteers supported our work, contributing a staggering **2166** hours of their valuable time.



Many of those volunteers received training this year in addition to their core Healthwatch training, by Healthwatch Hillingdon partnering with the training provider 'The Skills Network'. Healthwatch volunteers and staff undertook level 2 courses in: Business Administration, Customer Service, Information, Advice & Guidance and Dementia awareness. On completion of their course, volunteers received a level 2 NCFE certificate, courtesy of the National Skills Council.

It is important that we develop our volunteers increasing their skillsets and enhancing their CVs. Without their contribution, it would be impossible to do all that we do. We value our volunteers and do our best to develop them and provide interesting and challenging experiences for them.

As our pool of volunteers continues to grow we will be in a better position to expand the work we do and reach out to those communities who would otherwise not be heard.

Case Study 1 - Lily Doyle



What was your situation?

After leaving sixth form, I decided that I wanted to get into PR and social media, so I started volunteering and interning with a variety of organisations and charities. After leaving them to pursue my own self-employed career, I came across Healthwatch and I couldn't say no to the opportunity they were offering me.

Where did you hear about Healthwatch Hillingdon and what made you decide to become a volunteer for them?

I found the volunteering opportunity with Healthwatch on Do-It.org. I've had my experience with volunteering and interning, but as soon as I met with them in person, I knew that I wanted to take this opportunity on as it was perfect for the experience I was trying to gain.

What volunteering activities did you participate in whilst volunteering? Are you still volunteering now?

I currently produce graphics and daily content for Healthwatch Hillingdon's social media platforms as well as assisting

with materials for surveys, leaflets and reports. I still volunteer with them now.

What did/do you enjoy most about volunteering with Healthwatch Hillingdon?

I love seeing Healthwatch progress and reach their goals on social media with the help of myself. I've gained a lot of skills and experience through volunteering which has helped me take on other freelance work in the social media sector. More importantly, it's been incredible fun to create new content and graphics for them and I'm very proud that they continue to use what I create.

Why would you recommend volunteering with Healthwatch Hillingdon to others?

They've made me feel super welcome and I've learnt so much from the year I've volunteered with them. They've helped me gain confidence, skills and experience, making me feel more comfortable to share with expertise with others.

"Volunteering with Healthwatch Hillingdon has been one of the best decisions I've made. It has helped me gain skills, experience and confidence, so I now feel more ready to start my career in social media"



Case Study 2 -Mehvish Atiq

What was your situation?

I am 17 years-old and I currently in full-time education as a Sixth Form student studying for my A-levels. Throughout year one of my course, I felt that whilst I was studying, I needed skills that would help me develop in my career and gain some valuable work experience in Health and Social Care.

Where did you hear about Healthwatch Hillingdon and what made you decide to become a volunteer for them?

From ongoing research into different work experience placements, I came across Healthwatch Hillingdon on the Do-it.co.uk website. From this day onwards, I was led to a range of different opportunities from gaining new skills to meeting many different people.

What volunteering activities did you participate in whilst volunteering?

I was an engagement volunteer, raising awareness of Healthwatch services and engaging other local volunteers to the service. I was also taking part in projects. My role in this was to survey local residents' experiences of NHS services and gain valuable skills into finding out the problems faced by residents using these services

What did/do you enjoy most about volunteering with Healthwatch Hillingdon?

The idea about Healthwatch was to promote the service and also gain patient experiences on NHS services available to them. I enjoyed my time at local events

to raise awareness of Healthwatch and also by going into Hillingdon Hospital and children's day-care centres, by talking to the general public about their experience of NHS services

Why would you recommend volunteering with Healthwatch Hillingdon to others?

To me, working with Healthwatch was a new experience, meeting new people and engaging with the public to promote the service. Volunteering with Healthwatch means you have flexible working hours and this enabled me to volunteer during my free time over the course of the year. Healthwatch allowed me to gain new experiences of local services and supported me in anything that I wasn't very confident about. I was given essential training to cover the basics and this allowed me to have an idea as to the kind of events and activities that I wanted to take part in later on.

“Healthwatch Hillingdon was one of the few volunteering placements that allowed me to participate in activities that I was comfortable doing and didn't have age restrictions. I had flexible working hours, attending events and partaking in activities when I had free time and the staff was very supportive and achievements were often recognised. I would strongly recommend anyone to volunteer with Healthwatch Hillingdon if you have an interest in Health and Social Care or would just like to gain valuable experience and new skills that employer's value.”

**Interested in volunteering?
Contact Charmaine today!**

Case Study 3 -Stephen Otter



Being a Trustee

I became a trustee at Healthwatch Hillingdon in March 2013, when Healthwatch was first formed. This meant setting up all the governance, policies and practices for the organisation. Healthwatch Hillingdon is a health watchdog run by and for local people. It is independent of the NHS and the local Council. We are here to help you get the best out of your health and care services, and give you a voice so you can influence and challenge how health and care services are provided throughout Hillingdon.

We can also provide you with information about local health and care services, and support you if you need help to resolve a complaint about your NHS treatment or Social Care.

I am already a trustee at Carers Trust Thames (formerly Crossroads) and have previous experience as the Chair of Governors at East Berkshire College. As trustee's, governance is part of our role and we always strive to be effective.

The main thing for me is to make sure I understand all the rules and regulations of

being a trustee. There is very good guidance about charity governance available online through NCVO, the Charity Commission and organisations like Trustees Unlimited.

Anyone thinking about becoming a trustee should read the guidance first and ensure they understand the responsibility the role entails.

On a day to day level, the role is like my job; you make sure you are responsive to emails and calls, read and consider thoroughly all the materials you are sent and attend the board meetings having prepared for them. Together with keeping up to date with how the health and social care landscape is changing.

It's very satisfying to use my professional skills to help people and to be making an impact on the charity. My HR background has also been helpful and I've enjoyed contributing advice when asked including directing the charity on issues such as recruitment.

The time commitment can be difficult. In addition to trustee meetings there are other activities that we are expected to attend.

Being a trustee is a serious commitment and comes with responsibilities. People need to know it can be demanding. You need to show you really want to do it and will take it seriously. There is no point becoming a trustee unless you can commit the time and energy. This makes it rewarding. I believe trusteeship is a good way to gain board experience, particularly for young professionals who would find it very difficult to do so otherwise. And most importantly, it is very satisfying to feel you are using your skills to help others in a very tangible way.

If you are interested in becoming a trustee, please contact Graham on 01895 272997

A decorative graphic consisting of two overlapping, rounded, organic shapes. The larger shape on the left is a vibrant green, and the smaller shape on the right is a bright red. They overlap in the center, creating a darker shade of red where they meet. The text 'Our finances' is written in white, italicized font within the green shape.

Our finances

Financial Statement 2016/17

| Income | £ |
|---|---------|
| Funding received from local authority to deliver local Healthwatch statutory activities | 175,000 |
| Bought forward 2015/2016 | 20,050 |
| Additional income | 500 |
| Total income | 195,550 |
| Expenditure | |
| Operational costs | 26,612 |
| Staffing costs | 149,683 |
| Office costs | 12,724 |
| Total expenditure | 189,019 |
| Balance brought forward | 6,531 |

NOTE: The Financial Statement is provisional and subject to the Healthwatch Hillingdon accounts for the year 2016-17, being examined by an independent examiner under section 146 of the Charities Act 2011.

Getting in touch



01895 272997



20 Chequers Square, The Pavilions Shopping Centre, Uxbridge, UB8 1LN



office@healthwatchhillington.org.uk



www.healthwatchhillington.org.uk



Healthwatch Hillingdon



@HW_Hillingdon



Company Limited by Guarantee | Company Number: 8445068

Registered in England and Wales



Registered Charity Number: 1152553

We will be making this annual report publicly available on 30th June 2017 by publishing it on our website and submitting it to Healthwatch England, Care Quality Commission, NHS England, Hillingdon Clinical Commissioning Group, London Borough of Hillingdon, Hillingdon Health and Wellbeing Board and the External Services Scrutiny Committee.

Healthwatch Hillingdon has used the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

To request a hard copy of this report, or in an alternative format, please contact us.