



# Making your voice heard in health and social care

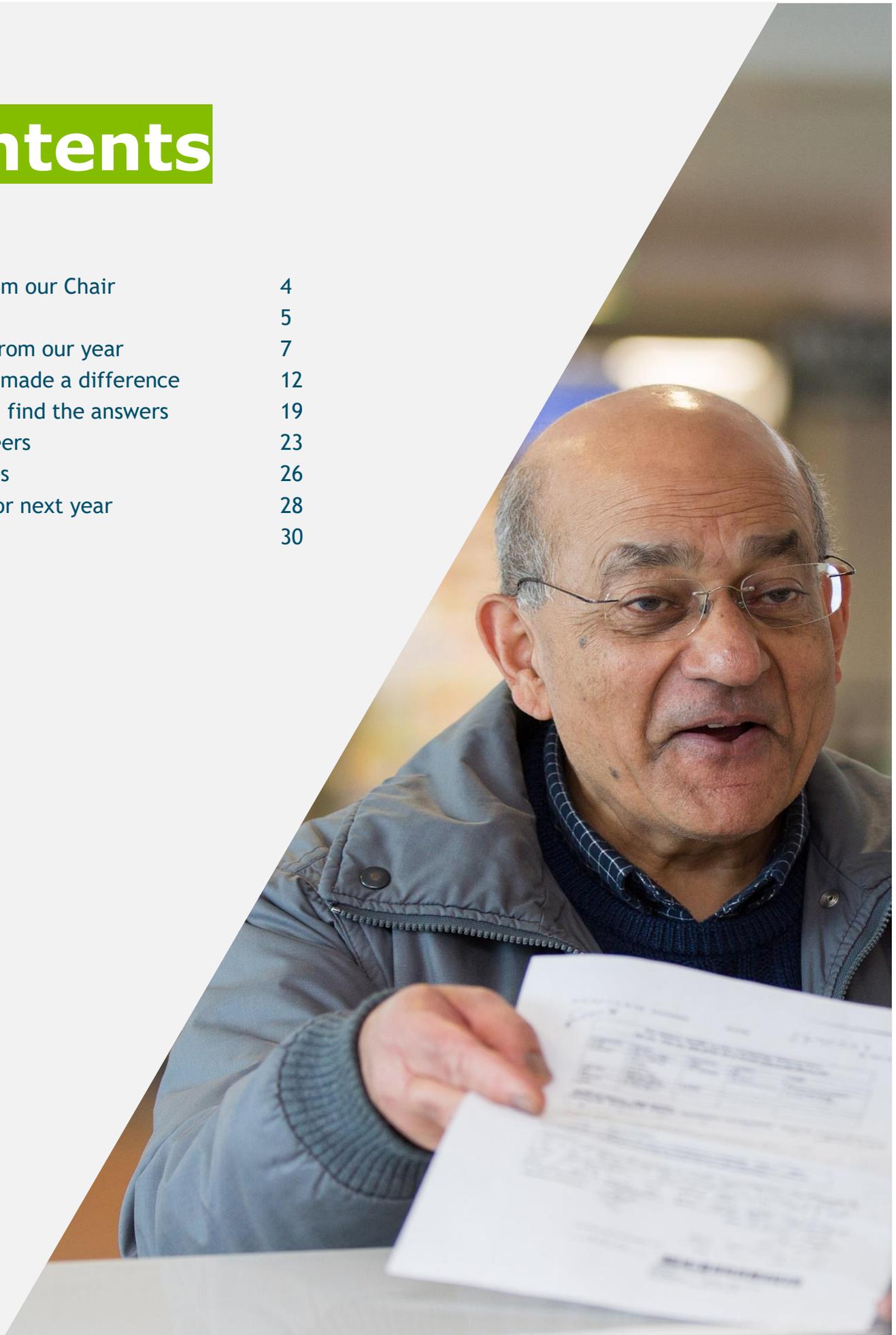
Annual Report 2018-19





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# Message from our Chair

This report summarises what we have been doing in our sixth year of operation to represent your views to those who provide health and social care services here in Wandsworth. As always this has been a year of significant change and some uncertainty, and we have been working hard, often behind the scenes, to ensure that your interests as users of these services influence key decisions.

I am pleased that we have been actively involved with the council and key NHS providers in developing the new Health and Care Plan for the borough, which is designed to ensure that long-standing health inequalities are reduced and that the best possible use is made of the human and physical resources available to meet local needs. Amongst a wide range of other activities, we have supported the council in reconfiguring sexual health services, deployed our volunteer 'enter and view' teams to obtain and analyse patient feedback on local hospital wards, and explored a range of local concerns such as mental health provision in our regular public assemblies. We have made special efforts this year to engage with the young people of Wandsworth, both through social media and through face-to-face contact with local students. Our carers' survey provided invaluable data on how health and social care providers might offer better support to hundreds of people, young and old, who look after family members—but are at risk of neglecting themselves. We have worked with prisoners at Wandsworth Prison and their families, who often strive to meet their health needs in such a challenging environment.

As I step down as Healthwatch Chair, I am keen once more to record my gratitude to my fellow Executive members, to the many volunteers whose experience and expertise informs our work, and to the small but professional and enthusiastic staff team who ensure that our energies are well-directed and that our voice—indeed your voice—is heard by councillors, officials and practitioners. But what underpins our effectiveness is the lived experience of people in Wandsworth as they use local health and social care services. So please do share that with us over the coming months, by responding to our surveys, attending one of our events, or offering time and energy as a volunteer. Together, we can make a lasting difference to the quality and effectiveness of health and social care in our borough.



Clive M. Norris

Clive Norris  
Healthwatch Wandsworth Chair 2016 - 2018

# About us

## Healthwatch is here to make care better

We are the independent champion for people using local health and social care services. We listen to what people like about services and what could be improved. We share their views with those with the power to make change happen. People can also speak to us to find information about the health and social care services that are available locally.

Our sole purpose is to help make care better for people.

*As Chair of Healthwatch England, it's my role to make sure your Healthwatch gets effective support and that national decisions are informed by what people are saying all over England.*

*If you were one of the 400,000 people who shared their experiences with us last year, I want to say a personal thank you. Without your views, Healthwatch wouldn't be able to make a difference to health and social care services, both in your area and at a national level. One example of this is how we shared 85,000 views with the NHS, to highlight what matters most, and help shape its plans for the next decade.*

*If you're part of an organisation that's worked with, supported or responded to Healthwatch Wandsworth, thank you too. You've helped to make an even bigger difference.*

*None of this could have been possible without our dedicated staff and volunteers, who work in the community every day to understand what is working and what could be better when it comes to people's health and care.*

*If you've shared your views with us then please keep doing what you're doing. If you haven't, then this is your chance to step forward and help us make care better for your community. We all have a stake in our NHS and social care services: we can all really make a difference in this way.*



A handwritten signature in blue ink, which appears to read 'Robert Francis'.

**Sir Robert Francis QC**  
Healthwatch England Chair

## Our vision is simple

Health and care that works for you. People want health and social care support that works - helping them to stay well, get the best out of services and manage any conditions they face.



## Our purpose



To find out what matters to you and to help make sure your views shape the support you need. Our aims are to:

- + Promote and support involvement of the public in health and social care
- + Find out what local people think
- + Drive up quality of local services
- + Promote access to services and choice

## Our approach



People's views come first - especially those that find it hardest to be heard. We champion what matters to you and work with others to find solutions. We are independent and committed to making the biggest difference to you.

## People are at the heart of everything we do

We play an important role bringing communities and services together. Everything we do is shaped by what people tell us. Our staff and volunteers listen to what matters most to people by:

- + Visiting services to see how they work
- + Running surveys and focus groups
- + Going out in the community and working with other organisations
- + Hosting our own free public events
- + Reporting and presenting your views

Our main job is to raise people's concerns with health and care decision-makers so that they can improve support across the country. The evidence we gather also helps us recommend how policy and practice can change for the better.





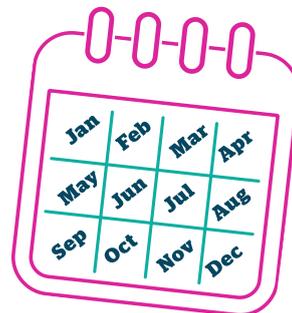
# Highlights from our year



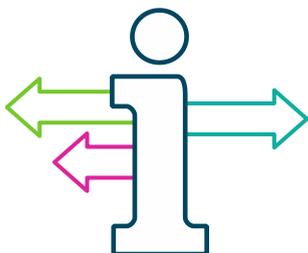
Find out about our resources and the way we have engaged and supported more people in 2018-19.



**883** people shared their health and social care story with us.



We have had **35** volunteers helping us to carry out our work. In total, they gave up around **1826** hours of their time.



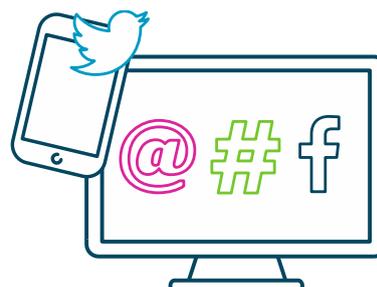
**103** people accessed Healthwatch advice and information by telephone, email or letter with questions about local support



We visited **6** services and **76** community events to understand people's experiences of local health and care.



We wrote **12 reports** which included the views of local people about what is working well and what would work better in health and social care services.



**25% more people** engaged with us through our website and social media than last year.

# Thank you

Thank you to everyone who has helped us put people at the heart of health and social care, including:

- + Members of the public who shared their views and experiences with us
- + All of our amazing staff and volunteers
- + The voluntary organisations that have contributed to our work

We couldn't possibly know what local people think without the support of local community organisations who help us speak to people at support groups and community events. This allows us to hear from local people at patient and public engagement events.

We also couldn't do our work without the welcome input and time that busy people working in health and social care are able to give us. From managers and staff in hospital wards, to those making decisions about care who tell us what might be changing and listen to us when we tell them what local people think about those changes.

We have also worked with Healthwatch England

through regular network meetings and taking part in webinars and events to share evidence and information. We have also shared reports and intelligence with the Care Quality Commission (CQC) during the year.

*“Healthwatch ran a series of events on YP [young people’s] services which tied in with our priorities around improving services for YP... They helped staff access information on ways to improve YP services. They also gave information on different women’s groups in the borough to contact to inform about services that might be relevant to them...The information gathered by HWW has been given to our communications team to inform future communication plans and priorities...By making services more inline with needs of the local community this will help to improve access. If we can improve the way we communicate with YP then more YP will attend and this will improve the health of the local population”.*

**Charlotte Jackson, Senior Health Adviser/Clinical Team Lead, Sexual Health South West London, CLCH NHS Trust.**

*Some of our hard working volunteers and staff: Jeremy Cowper, Funmilayo Oyenibi, Sarah Cook, Jacqueline Bedford, Cherill Scott, Alana Rhoden, Sara Turner and Colleen Bowen*



## You said, We did - Highlights from our work 2018-9

People told us about the topics they thought were important for us to focus on in 2018-19. But what did we do with this information? Read on.

### Mental Health

We attended many workshops and meetings to raise questions and comment on the quality monitoring of local mental health services. We contributed to discussions on the new Mental Health Trust Strategy and plans to involve service users.

In all our discussions with local people we asked about mental health, alongside other important health and social care topics.

We discussed communication and decision making in relation to the Mental Capacity Act (MCA) at our September public event.

*“Feedback from service users, arranged into themes, was used in service development (training) relating to supporting patients with decision making / keeping patients at the centre*

*of care. Patient feedback has also been incorporated into local practice guidance and will continue to inform how the Mental Capacity Act is applied.”*

**James Godber, Mental Capacity Act (MCA) Practitioner at St George’s University Hospitals.**

We spoke to young people at South Thames College about sexual and mental health.

We took part in the South West London and St George’s Mental Health Trust Clinical Quality Review.

We discussed local mental health services and how to speak to a GP about mental health at one of our events. We were also given an update on children and young people’s mental health following local discussions the year before.

### Health inequalities

We completed our report on conversations with prisoners and their relatives about health and care in Wandsworth Prison and continued to discuss recommendations with the organisations providing the services.

*“An action plan has been formulated following those [issues] identified through the Healthwatch report. This is in the process of being agreed with prison colleagues, after*

*which delivery is expected to yield improvements in identified areas.”*

**Himayun Baksh, Deputy Head of Offender Healthcare, St. George’s University Hospitals.**

We started developing equalities information about our Healthwatch members and those that take part in our surveys to better demonstrate the variety of local people we speak to.

See later examples of our Health Inequalities event (page 18) and carer’s survey (page 17).

### Younger people

We published a report on Key Health Issues in Early Years and shared our findings from local people with the London Assembly Health Committee.

We spoke to young people at South Thames College about sexual and mental health.

Also see example about sexual health and young people (page 15).

## Older people

We have continued to discuss feedback from people using recommissioned Extra Care facilities with Wandsworth Council. Our recommendations have been noted and we intend to continue to make sure these services consider the views of local people.

We provided feedback and comments to a project looking at GP support in care homes.

We asked questions about social care in our annual survey in anticipation of the Social Care Green paper. We also spoke to a number of older people's groups to ensure that we included their experiences of health and wellbeing in our strategy for next year.

See later examples of our work on intermediate care on (page 13) and carer's survey (page 17).

## Raising awareness of our work

We launched the Healthwatch England "It Starts with You" campaign, locally.

We appeared in Brightside Magazine twice.

We asked young people, volunteering with National Citizen Service: The Challenge to tell us how Healthwatch could reach young people on social media. They showed us how to best use Instagram to engage with young people.

We redesigned our newsletter, produced a new leaflet and started working on a new website.



## Other

We talked to people about GP consultations and shared our report with NHS decision makers.

We discussed people's experiences about making a complaint or providing feedback on NHS and social care services and what would encourage them to feedback or complain. We discussed findings with decision makers, including the General Medical Council, to inform new guidance for doctors.

*"I was very interested to hear your feedback on behalf of the patients you've spoken with about what is important to them in conversations they have with doctors, particularly when considering consent. I will be feeding all of this back to the team working on the consent guidance consultation".*

**Jenny Froggatt, Regional Liaison Adviser, General Medical Council.**

We have been involved in discussions about the Health and Care Plan and engaging local people in the process. At our events and in our surveys we discussed these plans with local people.

We shared local people's views on priorities for quality improvement at St George's Hospital after discussions at one of our events.

We worked with the CCG to understand experiences of people using Clapham Junction walk-in centre and how possible changes may affect certain groups of the community. Our report influenced the plans for change, such as our following recommendation.

*"We will be monitoring uptake of hub appointments to measure demand and to understand the impact of the change on different population groups."*

**Fiona Gaylor, Head of Engagement and Equalities, Merton and Wandsworth Clinical Commissioning Groups.**



**How we've made**

**a difference**

## Changes made to your community

In the following section you'll find a few examples of how sharing your views with your local Healthwatch has led to positive changes to health and social care services in Wandsworth. We'll show that, when people speak up about what's important and services listen, care is improved for all.

## Finding out what people think of 'Intermediate Care'

### What is 'Intermediate Care?'

Intermediate care services provide a type of **short-term care and support** which:

- + Helps people **rehabilitate** and **increase independence** after being unwell, or
- + Helps people stay well so that a problem doesn't get worse and lead to the need for more serious help and care, including admissions to hospital

This can be provided in different settings including hospitals, care homes, or a person's home and may involve co-ordinated support from doctors, physiotherapists, occupational therapists and more.

### Why did we focus on this?

Often this kind of service is useful for **older people** in the borough who have continuing health needs. We wanted to look at this type of service after visiting senior health wards in the previous year. People told us that they want to see more co-ordinated local services for older people as these are important services to help people get better or stay well.

### What did we do?

We used our Enter and View powers (these are legal powers that allow Healthwatch to visit local services and find out what patients think about them) to speak to patients at Ronald Gibson House. This is a 16-bed unit for intermediate care in a care home on the Springfield Hospital site, that also provides nursing care (provided by the Brendoncare Foundation) and rehabilitative therapy by St George's Hospital. We also visited Mary Seacole Ward at Queen Mary's Hospital, which provides an Inpatient Elderly Rehabilitation Service. Our outreach team visited the Brysson Whyte

Rehab Unit and St John's Hill Therapy Centre, who provide intermediate care in a 'day centre' setting.

We interviewed patients and asked them about rehabilitation services. We asked how they are involved in deciding what is important to them so that rehabilitation goals meet their needs and help them to achieve their future plans.

After our visits, we asked service managers and commissioners if they would make any changes to the services. We also shared our reports with the CQC to provide intelligence to inform their inspections.

*"I have found Healthwatch to be a powerful tool for change in terms of the Enter and View processes..., and as a result changes to doctor cover arrangements have been put in place as well as better information provided to patients and carers about [rehab] services and ... better care planning processes".*

**Sandy Keen, Head of Integrated care and older people's services- Wandsworth NHS South West London Alliance.**



*Goretta Doolan is Matron at Mary Seacole Ward.*

## The results

Full reports and responses to our recommendations are available on our website. We have selected a few examples to highlight below:

### Ronald Gibson House

1. Look further at giving medication at appropriate times, in preparation for discharge and encouraging patients to take their own medication where possible.

Brendon Care and St George's Hospital told us they reviewed medication assessments and improved admission processes.

2. Make available clearer information for patients about the GP's availability and role.

They said they would review patient information leaflets which describe the GP and their role within the service.

3. Consider reinforcing awareness of the risk of falls and how to avoid them.

They agreed they could do more formal education on falls awareness. They run a daily exercise group and intend to use this group to deliver Stay Steady talks.

### Mary Seacole Ward

1. Provide information leaflets for patients and their families explaining what to expect from their stay including general information on: personalised, goal orientated rehabilitation therapy, the range of different staff, who to approach with any concerns and the discharge planning process.

Mary Seacole ward management told us that they are already developing a ward leaflet and told us how the information we had suggested would be communicated.

2. Review arrangements for rehabilitation goal setting, progress monitoring and involvement of patients and their families.

They said that the therapy team is working with

colleagues from Ronald Gibson House to develop a joint goal setting process, including paperwork to share with patients and families, introducing white boards by patient beds linked to goal setting, and a new tool for staff for more consistent conversations about discharge.

3. Consider the case for an increase in rehabilitation therapy staff resources to increase the intensity and/or quality of therapy for patients who might benefit, including the possibility of extending therapy cover to weekends.

Access to additional therapy time and support from Ronald Gibson House therapists was introduced alongside the Mary Seacole Ward therapy team.

### Brysson Whyte Rehab Unit and St John's Hill Therapy Centre

In our report we highlighted what was working well and what patients felt was important including:

- + Patients had mostly worked in partnership with staff to get the best results and most were confident they could define and discuss their personal care and treatment goals.
- + Participants appreciated support to recover and to keep well, feeling that the service offered preventative support.
- + Most valued the social side of visiting the centres (speaking to staff and other patients, including group programmes). Some highlighted a positive impact on mental wellbeing and the importance of mental

health during rehabilitation.

- + Generally people valued having a choice of care and treatment and some placed importance on how easy a service is to travel to when making a decision about their care.
- + Most valued the level of contact they were receiving and highlighted the importance of follow-up contact.

*"I have found all of the visits very useful as a new manager to services - it does give a different perspective that is not captured via other routes"*

**Bernadette Kennedy, Head of Community Directorate Therapies at St George's University Hospitals NHS Foundation Trust.**

## Hearing from carers in Wandsworth



### Why did we focus on this?

Carers have a central and important role in the health and care of the people they look after and they often tell us about the additional challenges they face and the impact of their caring responsibilities on their own health. We ran a survey between July 2018 and January 2019 to hear what it is like to live as a carer in Wandsworth.

We conducted a survey in 2016 to contribute the views of carers to the development of Wandsworth Council's Carer's Strategy. We wanted to measure the experiences of carers in Wandsworth two years on. Carers often tell us that they struggle to manage, so in this survey we encouraged them to share their views on the support available and what more could be done to improve support.

### What did we do?

We asked people to participate in our survey through links on our website and social media and we also circulated the survey to our local contacts. We took the survey to sessions at community-based organisations and events, including: a Wandsworth Carers' Event at Wandsworth Town Hall, a Carers' week stall at Southside Shopping Centre, Focus groups with carers at Wandsworth Carers' Centre (including carers supporting people with substance misuse, autism and learning disabilities), the Baked Bean Theatre Company, the Alzheimer's Society Dementia Hub, Young Carers and Carer Champions at the Aspire Centre.

In total 51 carers across a range of ages contributed.

### The results

You can read the full report and response from the council on our website. We have been discussing the findings, not only with the council who have certain responsibilities to support local carers, but also with NHS service commissioners and our local hospital, St George's Hospital, amongst others. Below are some of our recommendations of areas that need to be looked at to better support carers. Responses from Wandsworth Council are in green.

1. Early and easy access to mental health support, particularly mental health coping strategies, wellbeing resources and general support.

The council will work with the Wandsworth Carers Centre and Wandsworth CCG to clarify what carers can expect at each stage of the pathway. They will ensure relevant support is included in the revised carers' offer. They will continue to hold weekly surgeries at the Carers' Centre for outreach to communities and set up carer champion's meetings to support them in their role. They will develop an app for carers to access wellbeing advice in partnership with Wandsworth CCG.

2. Information on available support and what carers are entitled to is everyone's responsibility.

The council will provide a range of tools and training for staff to ensure they that carers needs are met.

3. Carers want more information about the health condition of the person they care for and other topics.

The council will work with the CCG to explore this and review the carers offer.

4. The carers assessment process and content may need to be reviewed.

The council will review the current process and tools to identify any issues and barriers, and pilot carers' assessments at the carers' centre. They will launch new tools for staff and a carers' self-assessment tool.

## Discussing health inequalities

### Why did we focus on this?

Health inequalities are unfair and avoidable differences in the health of people across social and population groups such as gender, where you live, age, disability, sexual orientation or ethnicity, amongst others. Addressing health inequalities can help prevent poor health because they are ‘avoidable not inevitable’ and action from the NHS and local authorities can help tackle health inequalities (see the Marmot Review into health inequalities in England published on 11 February 2010).

People often tell us how certain groups in the community find it difficult to get the health and social care support they need. We wanted to speak to local people about health inequalities, what they are, how they are caused and how they can be reduced. We wanted to discuss and build our knowledge about health inequalities, how they are experienced locally and to use this information to influence local policy makers and encourage them to take action.

### What did we do?

There are a lot of different groups who could be considered but we focused on the following because they had been highlighted as priorities in feedback from local people:

- + Mental Health
- + LGBT
- + Carers
- + BME
- + Learning disabilities

In May 2018, one of our quarterly public events focused on health inequalities and 42 members of the public attended. Wandsworth Council introduced the topic and we then discussed the topic in groups. First, we asked people about their experiences of health inequalities and then we looked at specific communities and the challenges they might face getting the care they need. Finally, we looked at how these challenges could be overcome at an individual, community and organisational level. We then wrote a report based on the feedback collected

and discussed findings with the council and local NHS decision makers.



*A picture from our event in May 2018.*

### The results

The full report is available on our website. Here are a few highlights from what people said:

- + Complicated processes for accessing care and excessive form filling can be a large burden on particular groups (e.g. carers) or a barrier to accessing care for others (e.g. people who do not speak English or those with sight loss).
- + Some people do not access health services out of fear of negative consequences such as stigma or discrimination (e.g. LGBT+ people), or stigma around certain health conditions such as HIV. Participants said that there is stigma around certain health issues that are also cultural issues for some BME groups.
- + Health communications need to specifically target hard-to-reach groups, taking into consideration the values and norms of different cultural groups.

We have been told that the CCG and council have used the findings in their work. We will be hearing more from them about this at our public event in September 2019.

*“Healthwatch work undertaken on reducing barriers to accessing healthcare has been insightful and, as a CCG, we have built on this work to help commissioners understand the needs of different population groups”*

**Fiona Gaylor, Head of Engagement and Equalities, Merton and Wandsworth Clinical Commissioning Groups.**

## Making sure young people have a voice in sexual health services

*“[Healthwatch Wandsworth’s] work with young people around sexual health informed development of [the] Young People’s Action Plan agreed between commissioners and CLCH.”*

**Richard Wiles, Head of Commissioning - Public Health and Adult Social Care, Richmond and Wandsworth Councils.**

### Why did we focus on this?

In October 2017, Merton, Richmond and Wandsworth councils jointly re-commissioned their sexual health services. Central London Community Healthcare NHS Trust (CLCH) took over the provision of these services from a new location, and Spectra provide outreach services for specific groups of people who would benefit.

People told us that sexual health was an important topic for us to focus on and they were particularly concerned to make sure that young people were involved in the design of the new services. As the services were developing we felt that it would be useful for Healthwatch Wandsworth to hear from young people.

### What did we do?

Throughout the year we spoke to those making decisions about the new services and continued to ask how local, and particularly young people’s, views and needs were being considered. Although there were a number of staff changes through the various organisations, we continued to contact and try to work with the council, CLCH and also Spectra to ensure they heard from the people we spoke to. Here is a summary of some of the things we did and the impact of those actions are shown in green.

1. We held a workshop for young people at Tooting Hub youth centre and involved commissioners and providers so that they could hear directly from young people and also to demonstrate how young people could be involved.

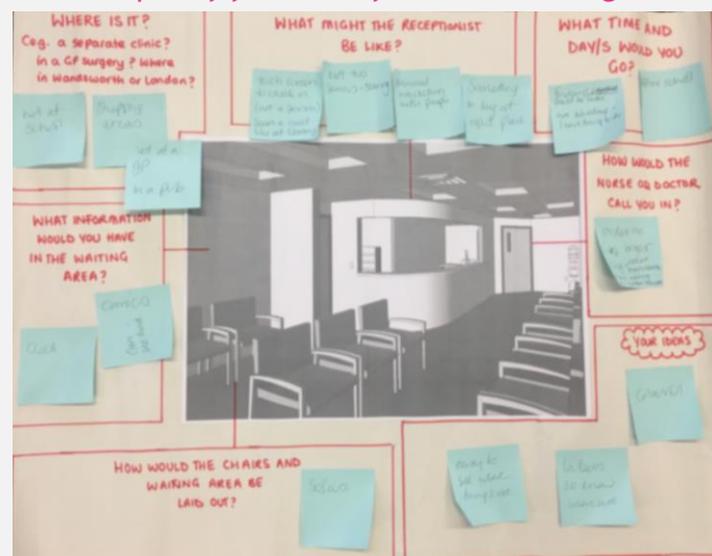
Commissioners from the council, at the time, told us that it was a good opportunity to hear directly from young people and it reinforced the importance of engaging with service users directly.

2. We worked with young people as part of National Citizenship Service: The Challenge in August 2018 to understand how to reach young people with information about services. Ten young people between 15 and 17 years of age met us on three occasions. We talked to them about recent changes to local sexual health services, challenges to improving the services and what young people had already told us. At the initial workshop the council commissioner and a member of staff from the sexual health service addressed the young people directly. At our last session we asked the young people how to best reach young people with information and they decided to test using Instagram.

We then reported back to commissioners, providers and a sexual health service users’ group. We met with the communications lead at CLCH to discuss the promotion of the new Sexual Health Hub and used feedback from our earlier work about how to communicate with young people.

As a result of our work, CLCH has set up an Instagram account and is considering how they could work with local students. We highlighted how involving young people when communicating messages to other youths can be particularly effective.

### An example of feedback from the Tooting Hub



Feedback from the young people was that they had learned a lot about sexual health and about services that might be available as well as the importance of raising awareness about the topic. They found the sessions interesting and enjoyed using Instagram.

3. We spoke to two classes of South Thames College students about sexual and mental health.

We used the feedback from our earlier work to provide a response to the new Wandsworth Sexual Health Strategy consultation. We wrote up our findings from all of our above sessions and continued to present these throughout the year to people running, or making decisions about, local services

4. We regularly attended the sexual health services strategic commissioning meeting to encourage local service providers and service commissioners to engage and consult with local people so that they can contribute to the development and design of services. We have regularly been involved in Service User groups and discussions on representation as well as communications about services. For example, we contributed by sending suggestions for contacts in hard to reach groups who would benefit from being involved in service user discussions.

### Advertisement for our sexual health workshop

**Sexual Health Workshop**

Thursday 17th May 2018  
4.30pm - 6pm

Are you aged 14–18?

- Tell us what you think about sexual health services, as a young person.
- Learn how to take care of your sexual health.

Venue:  
The Tooting Hub, Beechcroft Road, Tooting,  
London, SW17 7BU

FREE PIZZA AND GOODIES!

Knowledge is Bae  More info <https://bit.ly/2H5kjHA>

**healthwatch** Wandsworth **Spectra** Peer services, improved lives



## Have your say

Share your ideas and experiences and help services hear what works, what doesn't, and what you want from care in the future.

w: [www.healthwatchwandsworth.co.uk](http://www.healthwatchwandsworth.co.uk)  
t: 020 8516 7767  
e: [enquiries@healthwatchwandsworth.co.uk](mailto:enquiries@healthwatchwandsworth.co.uk)



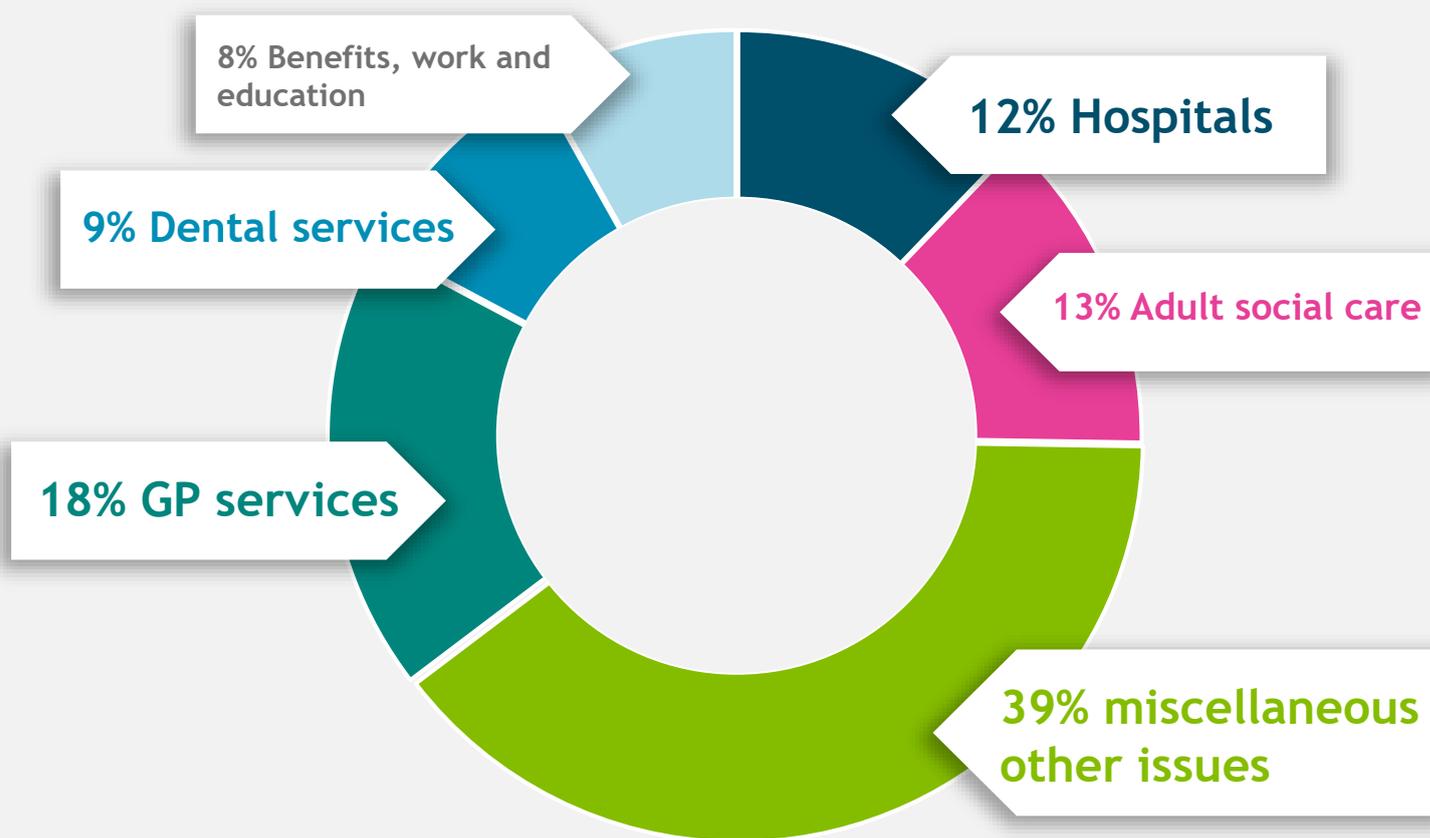
**Helping you find**

**the answers**

## What services do people want to know about?

People don't always know how to get the information they need to make decisions about their own health and care. Healthwatch plays an important role in providing advice and pointing people in the right direction for the support they need.

Here are the most common things that people ask us:



## How we provide people with information and signposting

Finding the right care or support can be worrying and stressful. There are a number of organisations that can provide help, but often people don't know where to look. Last year we helped **over 100** people access the advice and information they need.

You can come to us for advice and information in a number of ways including:

- + Write to us
- + The Contact Us form on our website
- + Local community events
- + Over the phone
- + By email
- + Social media
- + The Have your say form on our website



### Key areas:

Queries relating to GP services continue to be the main reason why people contact our Information and Signposting service. Another key area has been dental services, where people have asked for help on dental band charges, being charged more than expected, and complaints about private dental treatment.

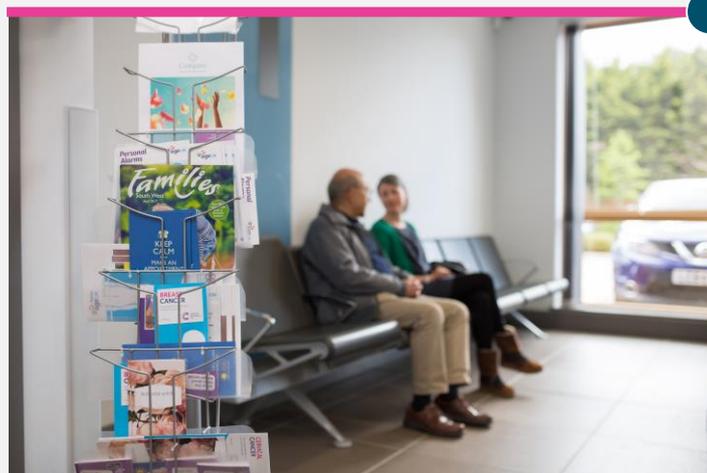
*'I emailed one of the dental surgeries near me and was told that they don't accept NHS patients, but they could offer the service privately for a maximum of £500 altogether. Is that ok?'*

### Complex Cases

Occasionally, we receive queries from patients and the public which require more time to answer. These are often complex cases that require the expertise of key leads in Wandsworth CCG, or Wandsworth Council, for example.

Instances of such cases have included queries around discharge from hospital. Often patients, carers, or relatives of patients are not quite sure how the discharge process works and are concerned about the care they may need. Such cases highlight the complexities around discharge, as one patient's needs can often be so different to another's. These are issues that we will continue to monitor and champion on behalf of patients and we hope to see

recognition of the need to improve the discharge experience for patients in St George's Hospital Quality Account based on our input.





## Making sure people get the right answers: testing for Lynch Syndrome

According to [Bowel Cancer UK](#), almost 42,000 people are diagnosed with bowel cancer every year in the UK. Lynch Syndrome is a rare condition that can run in families and as [Macmillan Cancer Support](#) have highlighted, this can increase an individual's risk of developing bowel cancer. Genetic testing is therefore important to help identify family members who may have the condition and be at risk of bowel cancer ([Bowel Cancer UK](#)).

In 2018 we received a query about whether St George's Hospital tests for Lynch Syndrome at the point of diagnosis of bowel cancer, in accordance with NICE Diagnostics guidance [DG27].

We were able to directly contact leads at Wandsworth CCG to establish what the current testing procedures are at St George's Hospital.

This turned out to be a lengthy process, but we were able to achieve a positive response, with confirmation that St George's performs Immunohistochemistry (IHC) testing on tumour tissue for Lynch syndrome at the time of diagnosis of bowel cancer.

The patient felt that this was a satisfactory outcome, and this case helped to improve our knowledge and understanding of local patient care.

For more information on bowel cancer, visit: <https://www.bowelcanceruk.org.uk/>



## Are you looking for help?

If you have a query about a health or social care services, or need help to access further support, get in touch. Don't struggle alone. Healthwatch is here for you.

w: [www.healthwatchwandsworth.co.uk](http://www.healthwatchwandsworth.co.uk)

t: 020 8516 7767

e: [information@healthwatchwandsworth.co.uk](mailto:information@healthwatchwandsworth.co.uk)



# Our volunteers



## How do our volunteers help us?

At Healthwatch Wandsworth we couldn't make all of these improvements without the support of our **35** volunteers who have worked with us to help make care better for their communities.

What our volunteers do:

- + Raise awareness of the work we do in the community
- + Visit services to make sure they're meeting people's needs
- + Support our day to day running
- + Collect people's views and experiences which we use in our reports

## Thank you

A special thanks to our wonderful volunteers:

Avril, Brenda, Caroline H, Caroline N, Catherine, Charlotte, Charmaine, Cherill, Clive, Colleen, Deka, Donald, Donovan, Elizabeth, Harriet, Jahan, Jamie, Jeremy, Kabeh, Linda, Lisa, Marina, Martin, Mike, Ni'mah, Paul, Pearlena, Penelope, Peter, Rebecca, Sara, Surriya, Sylvia, Teresa, and Zenobia.



### Volunteer really do drive our work.

Volunteers on our Executive board are responsible for our overall governance and strategic direction. Four people on our board are elected and the other four are volunteer Trustees for Wandsworth Care Alliance, our accountable corporate charity body. We have a decision making policy, as outlined in last year's annual report, to guide our work and volunteers

help us gather information and views of local people to set our priorities.

Our volunteer representatives on boards like the Health and Wellbeing board draw on our reports and other intelligence about what matters to local people to be able to represent the perspective of the local community directly to the people who commission, provide and manage local health and care services.

## Meet our volunteers

We caught up with a couple of our fantastic volunteers to show you how their work truly makes a difference to the lives of people in our area.



### Donovan

Donovan has volunteered with Healthwatch Wandsworth since 2018 as an Outreach and Research volunteer. He was drawn to the role as it was highly relevant to his Social Policy studies. Donovan thinks that volunteering has had a positive impact on his future career.

*“I have ... improved my communication, research and problem-solving skills. I find engaging with people about their views and experiences around health and social care to be important and insightful for decision makers. I would recommend volunteering with Healthwatch Wandsworth to anyone wanting to give their time to help others or themselves”.*

### Cherill

Cherill has been involved in Healthwatch Wandsworth since it began. She has contributed in a variety of volunteer roles, from Enter and View to the Healthwatch Executive. Cherill has a background working and researching in the NHS.

*“I believe that HWW’s role in engaging with the community over the NHS is particularly important, as the service needs to become less remote and more sensitive to local health needs.”*



## Volunteer with us

Feeling inspired? We are always on the lookout for more volunteers. If you are interested in volunteering with us get in touch.

w: [www.healthwatchwandsworth.co.uk](http://www.healthwatchwandsworth.co.uk)

t: 020 8516 7767

e: [enquiries@healthwatchwandsworth.co.uk](mailto:enquiries@healthwatchwandsworth.co.uk)



## Our finances



## How we use our money

To help us carry out our work, we are funded by our local authority. The table below describes our basic financial information.

Please note that these figures, at the point of writing this report, remain provisional, and may be subject to amendment after financial audit.

Income	£
Income from local authority	185,810
Travel and accommodation bursary for Healthwatch conference	623.34
<b>Total income</b>	<b>186,433.34</b>

Expenditure	£
Operational costs	51,163
Staffing costs	131,720
<b>Subtotal</b>	<b>182,883</b>
<b>Additional associated expenditure</b>	<b>3,735</b>
<b>Total expenditure</b>	<b>186,618</b>

Other	£
Income through Healthwatch England for work on NHS long term plan and testing an 'impact assessment toolkit'. Income was agreed this year but will apply to next year's accounts.	4,334
Donation of IT equipment from National Grid acquired as assets. Therefore, this value is notional expenditure saved.	2,481.60



**Our plans for  
next year**

# Message from our Manager

This has been a busy year spent speaking to local people and we've achieved a lot thanks to the hard work of our staff and volunteers.

## Looking back and ahead

A lot of the work we accomplished this year was linked to the priority topics people told us about, and more. You'll have seen some specific examples of our work in this report.

We hope to continue to monitor progress on the subjects local people have told us about in the last year, as some changes can take time. We will be using our time to continue to request information about what has been improved, or could be improved.

This year we have identified three important topics for us to champion based on 157 responses to our annual survey, including responses from groups at the Age Activity Centre, Hestia and more:

1. Mental Health
2. Co-ordination between services (particularly for older or vulnerable adults)
3. Access to information about services and help to stay well and manage one's own health.

We will aim to prioritise these themes in our work; promoting, researching or driving quality improvement.

As I write this report towards the end of the first quarter of the seventh year I can tell you we have already initiated work around mental health recovery cafés and community mental health teams.

A few other themes were also mentioned around **GP appointments, hospital discharge and the impact of housing on health**, which we will champion and keep a watching brief on as topics of interest.

## Barriers and opportunities

When it comes to achieving our aims, this year may bring additional challenges as the local health system evolves in line with the NHS Long Term Plan. This often has an impact on us because it makes opportunities to influence the system more difficult to identify and we have to continually build relationships with new people and organisations.

However, we are seeing growing collaboration between organisations, particularly commitment in the Wandsworth Health and Care Plan to jointly tackle issues. We will be encouraging opportunities for the involvement of local people in the progress of these plans.

**Sarah Cook**  
Healthwatch Wandsworth Manager

*Sarah Cook, centre right, providing the patient perspective from our research at a recent clinical conference.*



# Contact us

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If you need this report in an alternative format please contact us.





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