

Healthwatch Hammersmith & **Fulham Impact Report**

2021-2025



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About Healthwatch

Our work deliverables are designed to improve outcomes that can be utilised to drive influence and ultimately widen our impact. We act as an independent trusted body for local people to share their experiences and continue to raise the profile of patient voice through our findings and feed into the conversations that result in change. We publish public facing reports with clear, meaningful recommendations, which are vital to achieving impact for Healthwatch. Publication of Healthwatch reports in Hammersmith & Fulham has been challenged by staffing changes within the Local Authority. Throughout the duration of this contract, we have remained committed to making meaningful contributions by aligning our work with the borough's priorities, ensuring our efforts are purposefully designed to benefit the local community.

Healthwatch is one partner in a large health and social care system. To achieve optimal impact, we are contingent on partners and decision makers to help support and drive forward recommendations outlined in our work. We recognise that change across health and social care can take place over several years and opportunities for impact can vary within an already pressured system, restructures and changing priorities.

This report evidences the impact of the Healthwatch Hammersmith and Fulham service's work since 2020 under the Your Voice in Health and Social Care (YVHSC), with a workforce of 4 employees (1 full-time, 3 part-time), and the support of volunteers, without whom we would not be able to create nearly as much impact

Outcomes & Impact

1. Enter & View

Background

Enter & View reports outline specific recommendations to providers and commissioners. Each Enter & View report is followed up after 6 months to ascertain the degree to which recommendations have been fully, partially or not implemented.

2024/25

Outpatient services in hospitals used by Hammersmith and Fulham residents

Healthwatch Hammersmith & Fulham conducted Enter & View visits to Charing Cross Hospital, Hammersmith Hospital, and Chelsea and Westminster Hospital to evaluate the outpatient department experience for patients and staff. The visits focused on key areas such as appointment letters, accessibility, signage, waiting times, patient-staff interactions, and overall facilities.

The visits were prompted by previous patient experiences gathered through our Patient Experience Programme, which highlighted challenges related to hospital navigation, appointment communications, and patient transport. The goal was to gain deeper insights through direct observations, patient interviews, and staff feedback to identify what works well and where improvements are needed.

As part of our visits, we collected feedback from **52 patients** and **20 staff members** across the three hospitals.

Our reports aim to highlight good practices as well as areas needing improvement. Each hospital received a set of recommendations based on our findings, with responses requested to outline planned actions. For Charing Cross Hospital and Hammersmith Hospital, we are currently awaiting formal responses, which we expect to receive within the next few weeks.

Common Themes Across All Three Hospitals

Healthwatch Hammersmith & Fulham's Enter & View visits to Chelsea and Westminster Hospital, Charing Cross Hospital, and Hammersmith Hospital identified five key themes affecting outpatient services:

- ♦ Signage and Navigation Issues Patients struggled to navigate hospitals due to unclear signage and inconsistent terminology between appointment letters and wayfinding.
- ♦ Appointment Communication Challenges Patients reported late, unclear, or missing appointment letters and last-minute cancellations.
- ♦ Waiting Time Transparency Long wait times with no updates left patients feeling uninformed.
- ♦ Accessibility and Disabled Patient Support Patients with disabilities faced limited parking, unclear step-free access, and a lack of Braille/audio information.

♦ Staff Wellbeing and Support — Staff across all hospitals reported high workloads, stress, and limited mental health resources.

Chelsea and Westminster Hospital

Recommendations	Response	Follow-up
Signage was unclear, making navigation difficult for patients. • We recommend improving signage across all outpatient departments, ensuring consistency with appointment letters.	The hospital has developed a new signage plan with improved wayfinding, scheduled for implementation by late 2024.	Ongoing: Healthwatch will review signage improvements in the next site visit.
 Appointment letters contained unclear directions and inconsistent terminology. We recommend standardising appointment letters to match hospital signage and including maps for better clarity. 	The hospital is working with an internal team to align appointment communications with hospital wayfinding.	Ongoing: Implementation is expected in 2025.
Patients experienced confusion when appointments were rescheduled without sufficient notice. • We recommend improving communication about appointment rescheduling and cancellations by providing timely SMS/email notifications.	The hospital has expanded pre-appointment reminder calls and is reviewing administrative processes to reduce scheduling errors.	Ongoing: Healthwatch will survey patients to assess improvements in communication.
Patients struggled to find the Trauma & Orthopaedics and Eye Clinic departments. • We recommend providing larger, more visible signage for these specific departments.	New signs have been designed and are awaiting final approval.	Ongoing: Installation was expected by the end of 2024.
Non-English-speaking patients faced difficulties accessing hospital services. • We recommend expanding language support services, including translated documents and interpreter availability across outpatient departments.	Information sheets on available translation services are now displayed in all outpatient departments.	Ongoing: Healthwatch to gather feedback from non-English-speaking patients to assess effectiveness.

Staff reported high stress levels and limited access to mental health resources.

 We recommend increasing staff wellbeing support, including mental health resources, debriefing sessions, and team check-ins. Outpatient teams now hold monthly meetings to address staff concerns and provide support.

Ongoing: Healthwatch to check with staff to evaluate whether these measures have improved their wellbeing.

Charing Cross Hospital

Recommendations	Response	Follow-up
 Patients reported difficulties navigating the hospital due to small and unclear signage. We recommend improving signage throughout the hospital, particularly for lift access to the outpatient department. 	Awaiting formal response from the hospital.	Pending: Healthwatch to follow up once response is received.
 Appointment letters did not provide clear directions to outpatient departments, leading to patient confusion. We recommend including visual maps and standardised terminology in all appointment communications. 	Awaiting formal response from the hospital.	Pending: Follow-up required to check if improvements have been implemented.
 Patients with mobility issues were unaware of free Blue Badge parking options. We recommend displaying clear information on free parking for Blue Badge holders at the main entrance. 	Awaiting formal response from the hospital.	Pending: Healthwatch to follow up on signage improvements.
 Long waiting times were reported, with no updates provided to patients. We recommend implementing a queuing system with digital and audio updates to inform patients of delays. 	Awaiting formal response from the hospital.	Pending: Follow-up will assess whether a new system has been introduced.
Patients were unaware of available hospital services such as WiFi and accessibility support. • We recommend increasing awareness of WiFi access, accessibility features, and other patient services through visible signage.	Awaiting formal response from the hospital.	Pending: To be checked upon follow-up.

Staff raised concerns about workload pressures and limited support structures.	Awaiting formal	Pending: Healthwatch to monitor developments in
 We recommend implementing a staff wellbeing programme to provide additional support and reduce stress. 		staff support services.

Hammersmith Hospital

Recommendations	Response	Follow-up
 Patients reported difficulty navigating to outpatient clinics due to unclear signage. We recommend improving directional signage, particularly in corridors leading to outpatient clinics. 	Awaiting formal response from the hospital.	Pending: Follow-up planned once response is received.
 Many patients received appointment letters late or found the details confusing. We recommend reviewing the administration process for sending appointment letters, ensuring they arrive on time and include clear instructions. 	Awaiting formal response from the hospital.	Pending: Healthwatch will monitor patient feedback on whether improvements have been made.
Patients and staff were unaware of how to submit complaints due to the lack of visible complaints procedures. • We recommend ensuring that complaints policies are displayed clearly in reception areas and that staff are trained to direct patients to the process.	Awaiting formal response from the hospital.	Pending: Follow-up required to confirm visibility of complaints policy.
 Disabled patients struggled to find accessible parking due to limited spaces and unclear signage. We recommend increasing the number of disabled parking spaces and improving wayfinding for existing spaces. 	Awaiting formal response from the hospital.	Pending: Healthwatch to follow up with hospital administration.
 Staff raised concerns about workplace stress and limited wellbeing support. We recommend implementing regular wellbeing check-ins and ensuring staff have access to mental health support services. 	Awaiting formal response from the hospital.	Pending: Follow-up needed to evaluate effectiveness of support measures.

2021-2024

Back on Track

Healthwatch Hammersmith & Fulham conducted a "virtual" Enter & View visit to Back on Track - The Hammersmith & Fulham Improving Access to Psychological Therapies (IAPT) service that offers support for common mental health problems such as depression, anxiety and panic attacks. The decision to visit the IAPT service was influenced by general feedback from residents and service users and the impact of the COVID-19 pandemic on resident's mental health and wellbeing which resulted in Healthwatch Hammersmith & Fulham prioritising reviewing mental health service provision within the borough.

As part of our visit, we collected feedback from 6 service users, 12 staff members, and two Management Team Members.

Follow up Recommendations Response Staff highlighted several The service was unable to offer Fully implemented: Work suggested improvements staff work mobiles but were mobile phones for all staff. The including access to a work waiting on an IT solution to service is also working towards mobile phone, more evening enable staff to make calls from rolling out an internet soft phone for staff who prefer not appointment availability for their laptops. patients and improving the to have an extra device. Staff were also required to visual appeal of clinic rooms. work one evening shift per Fully implemented: Increased number of evening We recommended that: week. appointments made available The clinic soft furnishing and All suggestions to be through staff working reviewed for viability chairs were removed as part of condensed hours. This is and feedback to be infection control procedures reflected in low waiting times. provided to the staff for COVID-19, and some team on what actions redecoration works were Fully implemented: New chairs are being taken forward planned for one of the clinic purchased for therapy rooms and when. rooms due to a damage caused to improve the look and feel of by a leak. the clinical spaces. Redecoration of clinic room damaged by the leak and further refurbishment projects planned or completed to improve staff and patient areas. In total, 4 out of the 6 service The service user leads, and **Fully implemented:** The service users identified that the clinical leads have monthly runs quarterly service user course(s) they were provided oversight of all service user forums, and all patients are with did not meet their needs feedback from individuals, invited to provide feedback or expectations. People groups and courses, and after each assessment and highlighted a need for higher themes are followed up and treatment episode. Back on levels of intervention from the addressed following the local Track continues to be in close liaison with other West London outset. clinical governance policies and procedures. The IAPT NHS Trust services that

We recommend that:

- A wider review of service user feedback should take place to identify the breadth and depth of this issue.
- An audit or review of cases that went on to receive a higher level of intervention should take place to identify whether the triage/referral process is working adequately in the first instance.

model is to offer the least intrusive and most effective intervention first, with the option of 'stepping up' to more intensive therapies if needed. This model is currently working well based on the 'step up' rate which is in line with national averages.

The local resource for psychoanalytic psychotherapy is limited and this is currently being reviewed by West London NHS Trust. The Trust are aware that there are gaps in provision for H&F patients and the hope is that the introduction of community teams offering integrated mental, physical and social care will support improve access to the right therapies at the right time.

provide more intensive or longer-term interventions including psychoanalytic therapy and utilise this as a treatment option for those clients that it is appropriate for.

Some patients said they had not been signposted to alternative methods of communication when they had been unable to access digital services.

We recommended that:

 The service should review its signposting and communication processes to enable equity in access for services users who are digitally excluded. All patients are able to access face to face appointments, telephone appointments or video appointments and the team will be reminded to offer these options routinely.

Fully implemented: All staff are now following a hybrid working model, attending the office a minimum of 2 days per week with up to 3 days home working. This ensures that the service is able to offer significant patient choice regarding appointment modality (face to face or virtual).

GP Practices (North Hammersmith & Fulham Primary Care Network)

Healthwatch Hammersmith & Fulham conducted Enter & View visits to 6 GP Practices in the North Hammersmith & Fulham Primary Care Network:

Canberra Old Oak Surgery

- Dr Uppal and Partners
- Hammersmith Centre for Health
- Fulham Centre for Health
- Shepherd's Bush Medical Centre
- The New Surgery

The decision to visit GP services was based on feedback from local residents around not being able to see their GP face to face and the difficulty with booking appointments and getting through to their GP practice over the telephone. In addition, in May 2021, NHS England wrote a letter to all GPs stating that GP practices must ensure patients' preferences in terms of consultation mode are sought and listened to, and face-to-face appointments are offered unless there is a good clinical reason not to.

As part of our visits, we collected feedback from 52 patients and 20 staff members.

The New Surgery

Recommendations	Response	Follow up
We noted that while the practice was clean, well-presented and functional some new décor in areas such as the reception area which had carpeted floors and plastic chairs at the time of the visit could improve the overall environment. This was also highlighted by the staff feedback.	Soon after our Enter & View visit, the practice carried out some refurbishment work at the premises. The old carpet flooring was replaced with a new infection control compliant liner in both patient waiting and admin area. The practice also installed new work tops and fittings in reception room.	Fully implemented: The refurbishment work has been completed.
The New Surgery: The patients we spoke with were generally unaware of the complaints policy, and online posts (on the NHS website) have not been responded to. We recommended that: • While the complaints policy is situated near the reception window, the document itself is un-striking and very easy to miss. Simply enlarging the title may	The practice manager advised in their response that they would review the complaints policy and respond to online reviews.	Fully implemented: The practice has been boosting awareness of their Patient Participation Group (PPG) by putting up posters in the reception, inviting patients to sign up or join virtually to share their feedback online. In addition, the design of the complaints leaflet has been improved, and it has been relocated to the surgery's notice board, complete with a QR code that leads patients straight to their Google reviews page.

help patients to notice it.

Posts on the NHS
 website, and other well known platforms such
 as Google reviews
 should ideally receive
 an acknowledgement.
 This gives a sense of
 assurance that the
 practice is actively
 monitoring its patients'
 views.

Fully implemented: Upon checking their Google Review page, we can also confirm that the practice is now responding to patients leaving reviews.

We did not see a reference to the Patient Participation Group (PPG) in the waiting area, and patients who were interviewed on the day were unaware of its meaning or existence.

We recommended that:

 Information regarding the PPG (what it is and how patients can join), should be made available in the reception so that it is visible to all patients who come to the practice. A PPG poster, and/or flyers would certainly help to raise awareness. The practice requested
Healthwatch H&F to provide, if
available, a poster with
information regarding PPG.
This was subsequently
provided.

Fully implemented: The practice has been boosting awareness of their Patient Participation Group (PPG) by putting up posters in reception, inviting patients to sign up or join virtually to share their thoughts online. They also advertise upcoming PPG meeting by putting out leaflets at the reception area.

We were informed of a lack of formal practice-wide staff meetings and associated documentation that could make it difficult for those from the outside, or new in post, to fully understand the working environment, its needs and challenges.

We recommended that:

 The practice staff resume their formal, monthly meetings with The practice manager informed us that staff meetings typically take place every other Tuesday, but that COVID-19 had disrupted this.

Fully implemented: The fortnightly admin and clinical meetings are now back on track with wider partners such as PCN staff and colleagues. Meeting minutes are kept and shared with all staff.

a set agenda circulated ahead of each meeting and minutes of the meetings to be taken and shared with staff members, including those not present in the meeting. This would enable feedback and concerns to be raised regularly in an effective and transparent way and written record to be kept of this.

The issue was fixed as soon as we made the practice manager aware of the problem.

Fully implemented

The small size of the practice and proximity of clinical rooms/staffing stations presents a problem when discussing confidential matters. It is relatively easy for patients to overhear dates of birth or NHS numbers while waiting.

In our report we noted that on

the practice's website the

information regarding their

catchment area contained a broken link which meant that patients were not able to

access the map.

We recommended that:

We understand that this would require changes to be made to the layout of the surgery and therefore would require significant resources. However, we would recommend that the practice reviews its confidentiality protocols, to minimise the risks of personal data breach and uses the clinical rooms which are further away from the waiting area where possible and in particular when having private conversations.

The practice manager advised us that they usually play sounded health promotion adverts in the reception call-in system to mitigate this. They also have a small room upstairs where confidential matters can be discussed without being overheard.

Fully implemented: The practice has come up with solutions to the issue around confidential conversations.

When leaving the practice, we noticed that the door latch — which had to be turned manually, may be too high for wheelchair users.	The practice has lowered the buzzer outside so patients with wheelchairs can buzz and ask staff for assistance when entering the practice. An automated door would be ideal, and the practice has explored all the funding	Partially implemented: the practice has not been able to install an automated door to an issue with funding.
	explored all the funding avenues.	

Care Homes

Healthwatch Hammersmith & Fulham conducted Enter & View visits to the Care Homes in the borough.

- St. Vincent's House
- Farm Lane
- · Chiswick Nursing Centre
- Nazareth House

The decision to visit care homes was taken when the restrictions around visitors to care homes was lifted after the COVID-19 lockdowns. The focus of the visits was to ask residents about their overall experience of living in a care home as well as how involved they and their family members are in planning their care. We also wanted to find out whether the care is tailored to individual needs such as cultural and religious beliefs, and if it is delivered in a way that is easy for all residents and their families to understand.

As part of our visits, we collected feedback from 23 residents, 1 family member, and 25 staff members.

St. Vincent's House

Recommendations	Response	Follow up
As the building is shared by Alzheimer's Society's Memory Clinic whose entrance is located on the main road, we would advise that the sign that directs to the entrance of the St. Vincent Care Home is replaced with a bigger sign and placed somewhere more noticeable.	New signage in place for prominence.	Fully implemented: The signage has been replaced and larger signage for the Care Home has been requested.
We observed some of the décor was outdated and paintwork worn out, so it	Care UK are aware and an audit has been done in 2021 on public spaces e.g., Lounges	Partially implemented: The reception area has been repainted and decorated. The

would be a good idea to and dining room areas for home is in the process of repaint the home to give it a future work. completing renovation and more 'refreshed' look. redecoration on the dining area and lounges on the 1st to 3rd floor unit. These enhancements will elevate the dining experiences of the residents and provide them with a comfortable and enjoyable space to socialise and relax. Although most residents The Home Manager advised us Fully implemented: The home actively seeks feedback from seemed happy with the meals that all residents are met by overall, a few commented that Chef, Head Housekeeper, their residents, colleagues, and relatives and use this feedback more variety and flavour was Maintenance on admission and needed. during resident of the day to to improve their service ensuring a good standard of ensure their comfort. We recommended that: person-centred care for the Relatives' meeting occurs every quarter and individual residents. When possible, speak to relative meeting to discuss residents about what specific requirements as types of meals they required. would like to see on the menu, and implement any changes according to the resident feedback. The home has a dementia We have dementia friendly Fully implemented signage in the care home to friendly internal signage, although not all the rooms had enable residents living with this. dementia to support independence and wellbeing. We recommended that: Ensure all internal signage within the care home are dementia friendly. Some residents told us that This is the practice at St Fully implemented Vincent via GP, pharmacist, St. they do not get informed Vincent's clinical staff. Basic about changes to their care plan or medication. changes discussed with relatives/LPAs (Lasting Power We recommended that: of Attorney) and residents if they have capacity. Ensure that any changes to care plans or medication are clearly explained to residents and/or their families and that it is done in a

way that is easy to understand.

Information about interpretation and translations services alongside any other communication support services should be displayed in visitors' areas, and residents should also be made aware of these where necessary.

St. Vincent has now a list of translators which will be incorporated in the Pictorial folders in residents' rooms.

Care UK has been consulted regarding information leaflets in Braille. Two small booklets on display at St Vincent are easy read.

St. Vincent has residents' rooms with pictorial folders, white boards and tablets so that information is accessible to all residents. Staff are all aware of these devices."

Fully implemented: The home has information about translation and interpretation services displayed in the home. In addition, the home has implemented diversity, and inclusion champions (EDI champions) and dignity champions. The purpose of the EDI and dignity champions is to promote a culture of equality, diversity and inclusion and maintaining residents' dignity to ensure individual needs are met comprehensively, equally and without discrimination.

The communication aids required by residents are identified in their personalised care plans which are reviewed monthly or sooner when required.

Staff are equipped in dementia training which helps them to communicate appropriately with residents who are living with dementia such as talking calmly, clearly and use short and simple sentences.

Some residents expressed that staff do not always listen to them.

We recommended that it would be a good idea to provide additional training to staff members around communication and how to explain information so that all residents with different communication skills are able to understand it.

The home manager advised us that training such as Dementia, Safeguarding, Care UK values, and one to one communication supervision are priorities for the home.

Fully implemented: Staff are equipped in dementia training which helps them to communicate appropriately with residents who are living with dementia such as talking calmly, clearly and use short and simple sentences.

The staff also ensure that they give specific instruction, informing residents of procedures/steps on what they are assisting them with, and use clear words when describing things especially to

our resident who are visually impaired.

Some residents mentioned that they would like to have more physical activities like playing bowls and physiotherapy to do exercises.

Resident Forum in place to guide residents' activities likes and dislikes.

Fully implemented: The residents are well involved in planning the monthly activities through the Residents Forum. The residents have choice and control over how they spend their time and there is a jampacked calendar of different types of meaningful activities that positively impacts residents' physical wellbeing such as ball and chair yoga chair exercises.

We recommended that:

 The homes look into organising some more physical activities and exercises to those residents who are capable of taking part in these.

Some residents mentioned More befriending services that they are struggling with their mental health and one mentioned that they would like more volunteers to come and talk to them.

More befriending services reviewed recently by Lifestyle to include children's involvement in "bridging the gap" endeavours and Art experts/teachers have come

We recommended that:

 The care home investigates arranging some befriending volunteers to come and visit residents, and explore other ways, such us counselling and talking therapies to help residents maintain or improve their mental health. More befriending services reviewed recently by Lifestyle to include children's involvement in "bridging the gap" endeavours and Art experts/teachers have come to the Home to assist in art and craft making. There's also Doll Therapy and St Vincent will register for the talking therapy at Hammersmith and Fulham if any of the residents would like to gain access to it.

Partially implemented: The home has strengthened their relationship with the local community by actively collaborating with local charities, day centres, churches, and schools. They have opened St Vincent's doors to the community by providing events such as Let's talk about Dementia, Cheese and Wine afternoon and a monthly Dementia Cinema. Through these efforts they have seen an increase in community volunteers interested in joining St Vincent's team to provide activities and engagements to residents which has had a great impact in reducing loneliness, boredom, and restlessness.

Some staff members mentioned that the home needs more staff.

We recommended that:

 The home investigates ways to increase recruitment and to retain staff with a We were advised that the bonus scheme is in place. All staff are remunerated for any recommendations and paid extra per hour for any overtime. The staff are also provided with free meals and encourage to eat/drink with residents if they wish.

Fully implemented: The home has a monthly staff recognition scheme in place. We were told that through positive recognition, the staff feel more appreciated and motivated, and this has improved the team productivity and morale.

possible incentive scheme or a referral bonus for staff who refer someone who is subsequently recruited to the care home.

Farm Lane

Recommendations	Response	Follow up
Members of the admin team reported some dissatisfaction with the training they were provided to prepare them to carry out their roles. We recommended that: • The home reviews the training provided to new admin team members and possibly conduct an internal survey amongst the admin team to find out how the training could be improved and implement these changes. Encourage any current admin team members to take the improved training modules.	Care UK, who is the service provider for Farm Lane, prepares and organises all the staff training. Training is available for all job roles and come in different formats such as face to face, e-Learning or on the job training through observations and feedback. Staff complete training on a yearly basis as per Care UK policies.	Not implemented Training provision is centralised and not provided by the care home itself.
There was internal signage on the doors; however, not all of them were dementia friendly.	The home does have dementia friendly signage, and this has been discussed with the home's dementia lead and governance managers.	Partially implemented: This has been brough to the attention of the dementia lead.
Most residents seemed happy with the meals, but one resident said they did not like the food at all, another said they did not like dinners, and one suggested more variety. We recommended that:	Menus are discussed at both Resident and relative meetings.	Not implemented
we recommended that:		

The home speaks to residents about what types of meals they would like to see on the menu and implement any changes according to the resident feedback. We did not observe a Complaints procedures are Fully implemented displayed across the home as complaints policy displayed, although this could have been per our policies and in residents' rooms. missed by the authorised representatives during the visit. We recommended that: Ensure a complaints policy is displayed within the reception area where it is easily noticeable. Most residents told us that Care plans are discussed with Not implemented: No specific relatives and residents detail was provided in they were not aware of their care plan and that they were monthly on resident of the response to our not sure if their family recommendation around day. members were involved in the communication with residents. planning. We recommended that: The home ensures staff members take their time to clearly explain care plans to residents and ensure that residents and/or their families are involved in the planning. Some additional training around clearer communication of care plans could be beneficial. Some residents told us that We were advised by the home Not implemented their culture and/or religious manager that this has already beliefs had not been taken into been considered as the home consideration, and one supports residents with religious, culture preference,

for example, they support

mentioned that they would like residents to go to church. They to go to church.

We recommended that:

We were made aware that the home was planning to increase the involvement of different religious organisations in the resident care, and we would encourage this to be implemented as soon as possible. It would also be a good idea to review each resident's cultural and religious preferences to ensure these are taken into consideration.

also support residents with different cultural background which is discussed during admission.

Residents told us they had not been made aware of translation and interpretation services or any other communication support services, although this could be because they do not require DoLs, (Deprivation of Liberty additional support.

We recommended that:

Information about interpretation and translations services alongside any other communication support services should be displayed in visitors' areas, and residents should also be made aware of these where necessary.

Due to our cultural diversity of Not implemented both colleagues and residents, residents are supported with translation by our colleagues who are able to speak their language. For Safeguards) care reviews, and other reviews, translators are requested prior to assessment by the accessing personnel.

A few staff members reported some dissatisfaction with their role and the support that they receive with one staff member mentioning that they would benefit from one-to-one support and coping mechanisms.

The home manager advised us that all staff go through an induction period, after which they meet with the manager to discuss progress. If it is deemed that the induction phase needs to continue this will be signed off by the manager. Staff are then

Not implemented: Staff are already offered access to staff assistance programme.

We recommended that:

As part of looking after staff wellbeing – both physical and mental health – it would be a good idea to implement a staff wellbeing programme (if this does not exist already) which would include access to talking therapies or counselling services where staff could talk about the pressures of their work and learn coping mechanisms that they can use independently. Further implementation of selfcare reminders such as the self-care checklist that was observed on the wall in the reception area could also be

assigned to a buddy who further supports their development with their role.

All members of staff do have the company's staff assistance program contact information. This is also posted around the home. Staff are aware of this and offered the opportunity to discuss concerns and support for the team. This is very much confidential.

The Chiswick Nursing Centre

beneficial.

Recommendations

We observed that the residents' area on the ground floor appeared somewhat disorganised and chaotic and a smell of urine was noted. We also smelled cigarette smoke on the first floor and observed a dirty glass left in the hall.

We recommended that:

Ensure all staff
members take a
proactive approach in
looking after the
cleanliness of the care
home, and that a daily
cleaning schedule is
followed to avoid any
unpleasant smells.

Response

The management have reminded staff to return all equipment to where it should rightfully be stored. Regards the concern of a smell of urine — the home had at the time of the inspection already commissioned a design brief that will see significant changes and more dementia friendly environment set up on the ground floor nursing suite. The work was to commence in Dec 2022 but were delayed due to COVID-19.

Follow up

Fully implemented: The home manager has not noted any similar concerns on a major scale. The Facilities Manager and Head of Housekeeping manager are both exceptionally good at addressing these issues as and when they arise.

The refurbishment programme has been completed. New flooring which is more suitable to a clinical environment has been installed and is much easier to clean and less permeable than the previous carpeting floors that were in use.

Updating the paintwork would give the ground and the first floor a refreshed look, and adding some artwork and other decorations can make the home feel more homely.

The Suite has also benefitted from the introduction and installation of electronic air purifying units which are proven to eliminate mal odours and also act as good sources of infection control.

The home has also recently been inspected by the CQC who noted similar concerns on other floors. A full plan of ongoing refurbishment works has been submitted to the CQC and they were satisfied with that approach.

One patient reported that they The home holds regular 4 do not clearly understand their current care plan and wish that plans with residents and / or staff could explain it to them in a way that they can understand.

monthly reviews of all care their nominated NOK (Next of Kin).

Not implemented: The 4 monthly care plan reviews are ongoing and have not been altered as this system works well.

The system met with the approval of the CQC in a recent

inspection process.

Resident meetings and Family

We recommended that:

The home manager ensures that staff members take their time to explain care plans to residents and make sure that they understand it. It would perhaps be a good idea to provide additional training to staff members around communication and how to explain information so that all residents with different communication skills are able to understand it.

meetings remind all service users that they can discuss their care plans and care needs with a nurse, in planned way at any time.

a few staff members have poor | Manager that like all care English skills- and in some instances it is hard to communicate needs. Due to this poor communication, some residents stated that

Some residents also stated that We were advised by the Home homes across the sector this difficulty impacts the Chiswick Nursing Centre as well. They are working with their HR team to offer English as a second or other language to any staff who struggle with this. All staff

Partially implemented: The home continues to utilise the ESOL test as a means of ensuring that their employees have the best grasp of the English Language that is possible and is relevant to their role.

they feel disconnected from their carers.

We recommended that:

 Staff members who require additional support with their English skills are supported by other staff to communicate with residents and perhaps they could be supported to take some courses to develop their communication skills. recruited are required to pass an approved ESOL language and comprehension test before being appointed.

However, this being a affected by the whole care sector, the home manager welcomes any suggestions on how this problem might be better tackled.

One resident commented that they would like to take part in additional activities other than shopping.

We recommended that:

 The home organises a larger variety of activities that are suitable for residents with different capabilities and interests. It may be the case that your inspection was unable to see the full range of activities which are arranged on a monthly changing basis.

A full schedule of activities was shared with the Healthwatch Enter & View Lead.

Fully implemented: The activities programme has continued to be varied.

These include:

Garden based events and summer fayres, BBQ's etc

Outings outside of the Nursing centre

Interactive events involving birds and animals being brought into the nursing centre and into bedrooms where residents are nursed 100% in their bed. This included Lamas attending the home and individual bedroom areas.

Poetry classes with the publication of a resident led book of poetry

The installation of an interactive electronic entertainment device with engagement levels that are suitable for those living with dementia and other cognitive impairments.

Nazareth House

Recommendations	Pachanca	Follow up
Recommendations	Response	Follow up
We were told that the care home had secured funding for refurbishment, which is due to start in the new year. We would recommend the following changes to be made during the refurbishment work: • The sizing of residential rooms should ideally be the same in order to appease residents and ensure they are provided with a space that feels comfortable. • The decorations throughout the care home should be updated, primarily within communal spaces. Lighting should be bright and welcoming. • Proper signage outside the building is necessary. Included in the renovations should be a sign that clearly shows the main entrance to the home.	The home manager advised us that the recommendations have been added to the homes service improvement plan.	In process: The service is currently undergoing a renovation which is a 3 year project and is currently 6 months in but this will address all the environmental points noted in your report.
The residents that we spoke with were not aware of any interpretation or translation services, and we did not observe any information regarding these services displayed within the home. We recommended that: • Information about interpretation and translations services alongside any other communication support	With regards to interpretation and translation services this is now at reception on display and communication is ongoing with residents and families regarding care plans.	Fully implemented

services should be displayed in visitors' areas, and residents should also be made aware of these where necessary.		
We did not observe a complaints policy displayed, although this could have been missed by the authorised representatives during the visit.	The complaints policy is on display in reception	Fully implemented
We recommended that:		
 The home ensures complaints policy is displayed within the reception area where it is easily noticeable. 		
Although most residents told us they were happy with the meals provided, one resident said that they are not satisfied with the meals provided, and wished the quality was better.	Residents are encouraged to give feedback regarding meals, and this is recorded and discussed with catering manager.	Fully implemented: The home manager has advised that this recommendation has been completed.
We recommended that:		
The home should speak to residents about what types of meals they would like to see on the menu and implement any changes according to the resident feedback.		
A majority of the staff expressed a need for more staff members within the facility.	The home manager advised us that agency staff are used on rare occasions, and it is the same agency which provides	Partially implemented: We were not provided with specific details on how the home had address the staff
We recommended that:	continuity. Agency staff are also provided an induction.	issue.
 The home looks into ways to increase recruitment and to retain staff with a possible incentive scheme or a referral bonus for staff who 		

refer someone who is subsequently recruited to the care home.		
One staff member stated that they are not happy with the support they receive, and it makes for a stressful environment.	No response provided	Not implemented
We recommended that:		
Speak to staff members to find out how they could be better supported to carry out their roles and perhaps implement regular one to one meeting to ensure all staff members feel fully supported, if this is not already in place.		
Although many residents stated that they feel well stimulated throughout the day and are happy with the variety of activities available, some patients expressed that they were bored and wished there were additional activities and opportunities to leave the care home.	The home manager advised us that residents are supported with outside physic and other activities as needed.	Fully implemented
We recommended that:		
 The home investigates arranging regular visits outside the care home for residents with better capacity, which would hopefully alleviate any boredom. 		

Pharmacies

Healthwatch Hammersmith & Fulham conducted Enter & View visits to Jays Pharmacy, North End Pharmacy, Barons Pharmacy, and Kanari Pharmacy to assess patient and staff experiences with community pharmacy services, particularly in light of the expansion of pharmacy-based healthcare services under the NHS primary care recovery plan.

Common themes across all pharmacies

- ♦ Accessibility and Physical Barriers Many pharmacies had physical access issues, particularly for patients with mobility difficulties.
- ◆ Patient Awareness of Complaints and Feedback Processes Patients at all four pharmacies were unaware of how to make a complaint and were not actively encouraged to provide feedback.
- ♦ Staff Wellbeing and Workload Pharmacy staff felt positive about expanded services, but workload pressures and communication challenges with GPs were highlighted.
- Medication Stock Issues and Prescription Availability Patients frequently struggled to obtain prescribed medications, particularly for specific treatments like ADHD medications.
 This led to frustration and delays as patients had to visit multiple pharmacies or return to their GP for alternative prescriptions.
- ♦ Public Awareness of New Pharmacy Services Many patients were unaware that pharmacies now offer contraception, minor illness consultations, and NHS health checks.

Jays Pharmacy

Recommendations	Response	Follow-up
Patients with mobility issues found it difficult to access the pharmacy due to a lack of step-free access and limited space for wheelchair users.	The pharmacy currently has no plans to install an automatic door due to space constraints. A portable ramp is available upon request, and staff have been advised to offer assistance.	Partially implemented: The ramp is available but not always used proactively. Further staff training is needed to ensure better accessibility support.
 We recommend installing a ramp or automatic door and ensuring staff are trained to assist patients with mobility needs. 		
The pharmacy lacked seating for waiting customers, and the interior appeared slightly outdated. • We recommend adding seating for patients waiting during busy periods and considering updates to décor and flooring.	The pharmacy is reviewing options for a small waiting area and has scheduled a flooring review for the next refurbishment cycle.	In progress: Seating options are being reviewed, but no firm implementation timeline has been provided.

Many customers were unaware of NHS services offered by the pharmacy, such as vaccinations, contraception, and minor illness consultations.

> We recommend displaying clear signage listing available NHS services and training staff to actively inform customers.

New posters and leaflets promoting Fully implemented: NHS NHS services have been ordered and will be displayed in the waiting

services are now clearly promoted within the pharmacy, and staff have been briefed on informing customers.

North End Pharmacy

Recommendations	Response	Follow-up
Patients with mobility difficulties struggled due to a raised threshold at the entrance and a cramped interior. • We recommend exploring options to lower the entrance threshold and reconfiguring the layout to improve wheelchair accessibility.	The pharmacy cannot modify the entrance threshold due to building regulations but will explore options for reconfiguring interior space.	Pending review: No immediate changes have been made. Healthwatch will follow up on space reconfiguration plans.
 Patients were unaware of how to provide feedback or file complaints. We recommend ensuring that the complaints policy is displayed in a visible area and that a feedback system (QR code, suggestion box, or digital form) is introduced. 	The pharmacy has updated its complaints procedure display and is considering adding a QR code for feedback submission.	Fully implemented: The complaints policy is now visible, and a QR code for feedback is in the process of being introduced.
Some patients faced difficulties obtaining specific medications due to stock shortages. • We recommend improving communication with GPs regarding stock availability and implementing a system to notify patients in advance if a	The pharmacy has started liaising more frequently with GP practices to provide stock updates. However, no formal notification system is in place for patients.	Partially implemented: Communication with GPs has improved, but direct patient notifications are not yet in place.

Barons Pharmacy

Recommendations	Response	Follow-up
Patients with mobility issues found it difficult to enter the pharmacy as there was no ramp or automatic door. We recommend installing a ramp or automated door and ensuring staff are trained to assist mobility-impaired patients.	The pharmacy has submitted a proposal to the head office regarding the feasibility of installing a ramp. Staff have also been advised to assist patients upon request.	Under review: No immediate changes, but Healthwatch will follow up on the head office decision.
Patients were unaware of how to submit feedback or file complaints due to a lack of visible complaints procedures. We recommend ensuring that complaints policies are displayed clearly, and a feedback collection system (online or paper-based) is introduced.	The pharmacy has added a dedicated noticeboard displaying complaints procedures and feedback options.	Fully implemented: Patients can now see how to provide feedback, and the process has been explained to staff.

Kanari Pharmacy

Recommendations	Response	Follow-up
Pharmacy staff felt overwhelmed due to high demand for pharmacy-based consultations and inconsistent GP referrals. We recommend ensuring GPs use the official online referral system and consider additional staff support during peak hours.	The pharmacy has raised concerns with local GP practices and requested better adherence to the referral system. No additional staff have been allocated.	Partially implemented: GP communication is improving, but staffing levels remain the same despite increased workload.
The pharmacy had a portable ramp, but staff were unaware of its location, making access difficult for wheelchair users. We recommend training staff on proper use and storage of the ramp and displaying clear signage indicating ramp availability at the entrance.	Staff have now been informed of the ramp's location and trained on how to assist customers using it.	Fully implemented: The ramp is now readily available, and customers are informed about its use when needed.

2. Patient Experience

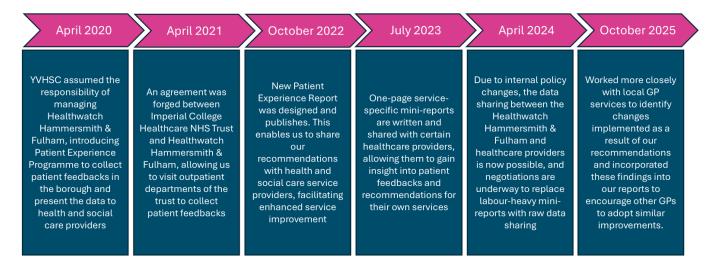
Background

The Patient Experience Programme (PEP) aims to reach out to as many local patients as we can, to understand their experiences and perspectives of using health and social care services, better facilitating the overarching role of Healthwatch Hammersmith & Fulham as a local independent champion for health and social care users.

The programme's yearly target is to collect **4800 reviews** regarding health and social care services in the borough. To achieve this, we use a mixed-method engagement approach: visiting healthcare venues in person and using our social media accounts and website to reach out to patients from different demographics. Using this data as evidence, we engage and collaborate with health and social care providers and commissioners in the borough through our quarterly Patient Experience Reports to facilitate them in improving their services.

We also foster a two-way conversation between us and the service providers, welcoming their thoughts and perspectives in improving our Patient Experience Programme. Through the years there have been several improvements to the PEP, thanks to the feedback from our partners (figure. 2.1).

Figure 2.1: The Timeline of Major Improvements in Patient Experience Programme

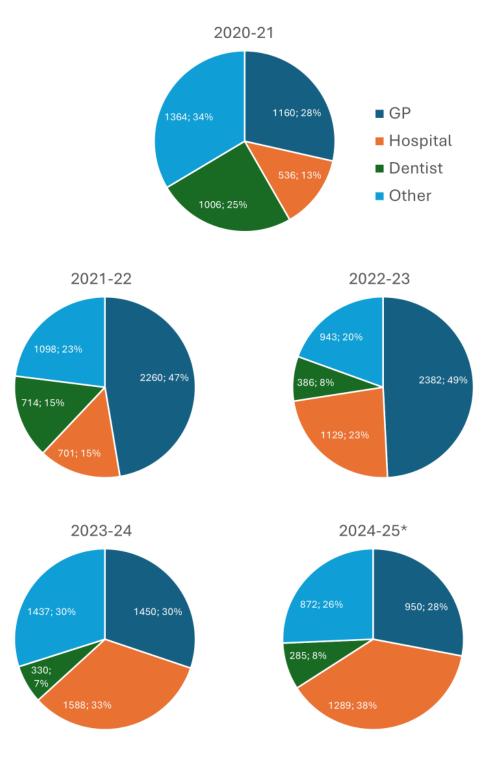


As a result, Healthwatch Hammersmith & Fulham has been able to provide local health and social care service providers with constant real-time patient feedback on strengths, weaknesses, and opportunities for improvement for their services.

Impact in Numbers

As of 31st December 2024, we have collected 21881 reviews relating to health and social care services in Hammersmith & Fulham (figure 2.2). This is significant because we have offered these residents an informal safe space to talk about their experiences. This allows us to feed patient perspectives directly into the decision-making processes of local health and social care providers, thereby facilitating service enhancements and optimal use of resources for the benefit of patients.

Figure 2.2: The Numbers of Patient Experience Reviews Collected by Service Type Every Year



A critical service gap...

Furthermore, our outreach efforts have addressed a critical service gap by offering vital information and signposting services to individuals who may be entitled to specific benefits or healthcare services but are unaware of their eligibility or lack knowledge regarding where to seek assistance for their concerns. This proactive approach was validated by the Healthwatch Feedback survey (2024), which revealed that a large majority (75.7%) of respondents had not shared feedback elsewhere within the preceding 12 months of the survey period.

Impact through Research

A few research projects by Healthwatch Hammersmith & Fulham also stemmed from the Patient Experience Programme (table 2.1). This is possible because of the sheer amount of data we have been able to collect, and utilisation of the semi-structured approach of interview. This allows us to gain insight on the patient experiences regarding specific area or recent changes in the healthcare system.

Table 2.1: The Research Projects that are Stemmed from Patient Experience Programme and their Impacts

Output	Outcome	Impact
Retrospective analysis of patient experience data allowed us to compare the patient experience between October 2019 and August 2021	Patient Experience: Two- year Comparative Analysis of Ealing, Hounslow, and Hammersmith & Fulham GP Surgeries report	Enabled GP service providers in West London to access comprehensive patient experience trends during the COVID-19 pandemic.
The semi-structured approach to interviews allowed us to gather insight on patients' perspective of PATCHS	PATCHS feedback report (2023) (see: section 5)	Standardised use of PATCHS across most PCNs in LBHF, facilitating easier online access to different GPs for patients. Borough-wide optimisation of the online system which targets specific populations, freeing up telephone lines and face-to-face appointment space for those in need. Inspired medical centres, such as Canberra Old Oak Surgery to enhance patient training regarding their online system.
The Patient Experience Report shared with the Chelsea & Westminster Hospital resulted in an invitation to conduct Enter & View visits to collect patient feedback around appointment management and waiting times	Successful joint Enter & View visit conducted with Healthwatch Kensington & Chelsea to 4 different outpatient departments at the hospital. Based on preliminary data, we've furnished the Patient Experience Team at Chelsea & Westminster Hospital	Meetings are being arranged with Healthwatch RBKC and the Patient Experience Team of Chelsea & Westminster Patient Experience Team to brainstorm ideas for improvements to appointment letters, communication with patients and appointment times to reduce the number of DNA appointments.

with evidence-based insights into patient concerns regarding appointment letters and signposting within the hospital

This aspect of the Patient Experience Programme is significant because it allows us to collaborate more effectively with the local PCNs, NHS Trusts, and VCSE organisations to facilitate evidence-based decision-making in their improvements.

Impact through Collaborations

Recent improvements to the Patient Experience Programme focus on enhancing strategic collaboration with our primary and secondary care provider partners to increase the impact. Highlights include:

- 1. A closer partnership with Queen Charlotte and Chelsea Hospital (QCCH), CLCH NHS Trust, Imperial College Healthcare NHS Trust Patient Experience Team, and Chelsea & Westminster Hospital NHS Trust patient experience teams.
- 2. Quarterly service-specific mini-reports with four of our healthcare provider partners; CLCH NHS Trust, Shepherds Bush Medical Centre, Cassidy Medical Centre, and Canberra Old Oak Surgery.
- 3. Attending and facilitating the Patient Participation Group meetings at the Canberra Old Oak Surgery and involvement in their vaccination outreach where we engaged and educated over 20 patients therefore enhancing their vaccine knowledge.
- 4. From April 2024, following a policy change within YVHSC, it is now possible for us to share our raw data with our partners. To date, an agreement regarding data sharing has been made with the Patient Experience Team at the CLCH NHS Trust, and discussions are ongoing with Shepherd's Bush Medical Centre, Cassidy Medical Centre, and Canberra Old Oak Surgery.
- 5. During the Q3 of 2024-25 financial year, our Patient Experience Programme resulted in employment of more GP trainers, trainee GPs, and more same-day appointments, improving patient experience and reducing wasted appointment slots in The New Surgery.
- 6. Following the Patient Experience Report for Q3 of 2024, West Kensington Surgery has adjusted staffing levels and rotas to better match patient demand. This optimisation ensured the right mix of appointments and staff during peak times, resulting in most calls being answered within two minutes. Recognising the importance of clear communication, the surgery has also improved how they inform patients about the clinicians they will see, the clinicians' roles, and the nature of their appointments.

Our diplomatic relationships with healthcare providers have facilitated and contributed to enhancing the gravity of the impact of other projects carried out by Healthwatch Hammersmith & Fulham, and our neighbouring Healthwatch organisations.

- 7. The partnership with QCCH helped to facilitate our maternity project by enabling us to set up a stall near the hospital's main reception.
- 8. Our partners have mentioned that our Patient Experience Programme has enabled a proactive and constant "temperature check" of the patient experience, contributing to their evidence-based decision-making for the benefit of their patients.

"Healthwatch provides an invaluable service in collecting patient views and we share these with our patients — both the good and the bad. Their reports help us to shape our services to ensure we are doing our best to meet patient expectations. Healthwatch colleagues regularly come to the surgery to speak to our patients, who really seem to like having an opportunity to talk to them in an informal and safe environment. Sometimes patients might feel more relaxed about sharing their feelings with the Healthwatch team than with us. All in all, it's a great way for the practice to get a temperature check on what patients are thinking — and a good opportunity for us to then adapt so that we keep on trying to improve." — Magnus Nelson (Practice Manager, Ashville Surgery)

"The work of Healthwatch Hammersmith & Fulham is really helpful for us, as an NHS Trust, to understand the patient's needs. Having those regular Patient Experience Reports gives us insight into the experiences of our patients and, using this information, along with other resources that we collect, we can make a meaningful impact to improve our services. Healthwatch Hammersmith & Fulham is a particularly receptive and proactive Healthwatch, giving an extra opinion based on patient voices." - Matt Robinson (Head of Patient Experience, Chelsea & Westminster Hospital NHS Trust)

"... We understand that timely access to GP appointments play a crucial role in achieving best patient outcomes. To support this, we have trained not just one but two GPs to become GP trainers This has allowed us to introduce additional trainee GPs on-on site, significantly increasing appointment availability for our patients.

Listening to patient feedback has also been key to our approach. We recognise the importance of continuity of care and have added more same-day appointments with patients' regular GPs. This not only improves patient satisfaction and health outcomes but also reduces Did Not Attends (DNAs), ensuring better utilization of GP time and resources..."

— Zeul Karim (Practice Manager, The New Surgery)

Zeul Karim (Practice Manager, The New Surgery)

"...Through data analysis of online submissions, telephone and appointment availability we have made significant changes in 2024/2025 to our staffing and rota to improve patient access and provide the right mix of appointments and staffing during times of peak

demand. The majority of calls into the practice are now answered within 2 minutes. The PPG commented in the March 2025 meeting that they 'are usually 1st in the queue' when calling the practice.

We understand the importance of feedback from all our patients and staff in making continued improvements to our service and accessing care. We recognise patients need to understand which clinician they are seeing, their role and the type of appointment it will be and have improved patient communication regarding this."

Ann Hall (Practice Manager, West Kensington Surgery)

Future impact

Looking ahead, our aim is to deepen and enrich these meaningful interactions with our partners, prioritising the facilitation of evidence-based decision-making and service improvements, and ensuring ongoing assessment of the impact of shared data. This commitment is underscored by the recognition that our data is used alongside several other resources in the decision-making processes of healthcare providers, limiting our ability to determine the stand-alone impact of our resources.

3. Engagement

Background

A large part of our work involves engaging with the community, this includes capturing their thoughts, opinions, and experiences for our project work, presenting our work at stakeholder meetings, and being present in the community.

Engaging with communities either in-person or online and listening to their issues is a priority for us. This helps us to identify the gaps in healthcare and prioritise listening to people who are seldom heard. Furthermore, our engagement work helps us to develop links with other community organisations and keeps us updated on the local health, public, and social care matters, which further aids us with our information and signposting duties.

Engagement in numbers

Healthwatch H&F workers and volunteers attended more than **527 meetings and engagements** since fiscal year 2021 across the borough, resulting in more than **13,500** interactions with **residents and providers**. In 24/25, we utilised our engagement efforts to represent Healthwatch in 136 events across the borough (58 in Q2, 35 in Q3), including community festivals, suicide prevention workshops, and outreach for underserved groups. These meetings and engagements were with local stakeholders and groups who include, but are not limited to, Citizen's Advice, Hammersmith Library, H&F Safeguarding Adults Board, Shepard's Bush Families Project, Young H&F Foundation.

Engagement Highlights

2024-2025

Mental health and Suicide Prevention engagement

Mental health units Inpatient engagement

What we did?

Since 2022, we are commissioned by the West London mental health trust to engage with people seeking treatment in Lakeside and Hammersmith and Fulham Mental Health Units. We have carried out this project for the third year in a row and have used this project as a medium to further explore the experiences of inpatients with borough-wide services offering support to those experiencing suicidal thoughts. Since we began these targeted engagements in June 2024 we have interacted with over 125 inpatients.

Outcomes

- We advocated for structured ward orientation, written treatment plans, regular treatment updates, and community-building activities to improve patient experience.
- Recommended improved shower safety, adequate heating, engaging activities, diverse meal options, and comprehensive discharge planning.

• Suggested peer-led support groups, family education workshops, and crisis intervention services. Advocated for fast-track referrals and increased drop-in mental health services.

Impact

• Our work strengthened mental health support by shaping NWL suicide prevention strategies and influencing patient care transformation.

Community engagements

What we did?

Since September 2024, we have organised several events to engage with the local community and encourage conversations around mental health. These initiatives included launch and promotion of our suicide prevention and self-harm project, featuring activities like a mental health and suicide prevention drop-in day, Time to Talk day and a Blue January wellness pop-up.

To strengthen our impact, we collaborated with various mental health charities like MIND, the listening place, Papyrus to deliver vital suicide prevention training. Additionally, we brought in a health coach to offer mindfulness and coaching sessions, offering valuable support to those in need.

Outcomes

- Equipped Healthwatch teams with suicide awareness training through The Listening Place that helped them engage with over 100 individuals to initiate suicide-related feedback and support.
- Raised awareness about mental health and promoted open conversations around suicide prevention. Provided attendees with guidance on accessing appropriate support services for those experiencing suicidal ideation.

Impact

 Our work strengthened mental health support by feeding into NWL suicide prevention strategies and fostered vital conversations around suicide prevention. Furthermore, by guiding individuals to appropriate support services, we ensured that those in need could access the help they required.

Primary & Secondary Care Advocacy

What we did?

We utilised Healthwatch's various engagement initiatives, including our flagship patient experience work and enter and view programme, to explore patient experiences across both primary and secondary care sectors. The key themes and recommendations from the reports were used to advocate for patient needs, which were presented at meetings such as Patient Reference Groups, Patient Participation Groups and Primary Care management meetings. Additionally, the findings are routinely shared with service providers and other relevant stakeholders to amplify patient voices and drive improvements in services based on their needs.

Outcomes

• Recommendations made to address appointment booking challenges, wait times, phone accessibility, and communication offered by GP practices.

- Advocated for clearer test timelines, reduced outpatient waits times, and improved navigation.
- Recommended increased NHS dental appointment availability, cost transparency, and highlighted the need to improve medicine access.

Impact

 Our recommendations will improve accessibility to hospitals, GP surgeries, and dentists, improving the overall patient experience. Additionally, our advocacy for better medicine access plays a key role in ensuring patients have improved access to a wider range of essential medications.

Addressing Maternity Health Inequalities:

What we did?

In 2023/24, we collaborated with Healthwatch Brent to explore the experiences of patients accessing maternity services in Northwest London. As part of this work, we contributed to a borough-wide survey by conducting in-person engagements in Hammersmith & Fulham, with a particular focus on ethnic minority groups — especially Black women, who are known to experience poorer health outcomes locally.

The findings from this research were shared with the H&F Inequalities Operations Subgroup for Black communities, the Health Disparities Forum, and the Imperial Maternity Voices Partnership.

Currently, we are part of the expert advisory group for Imperial's Black Maternal Health Co-production project, where we actively shape the work by consistently sharing relevant insights through various engagement channels.

Outcomes

- Regular feedback from minority groups through coproduction work is consistently shared with healthcare providers, ensuring their experiences are considered in shaping maternity services and policies.
- Our engagement work strengthened the case for setting up maternity peer-support groups at community hubs. These groups are essential for offering emotional support, providing information, and empowering women to navigate maternity care, particularly in underserved communities.
- As part of advisory board, we continue to provide intelligence, helping to shape the development of self-advocacy models and inform best practices for engaging ethnic minority groups in maternity services.

Impact

- By creating a constant feedback loop, we will continue to improve the maternity care for ethnic minority groups.
- Establishment of peer support groups have increased community involvement in maternity services, which will enhance the borough-wide co-production efforts.

2021-2024

Young People's Mental Health Engagement

What we did?

We made it our priority to become a voice for young people and the struggles they faced during the COVID-19 Pandemic and launched our research project on young people's mental health during the pandemic. We attended the Connecting Care for Children (CC4C) Workshop on Children's and Young People's Mental Health Services and highlighted the issues faced by young people particularly mental health issues alongside obesity and access to healthcare services. Furthermore, we collaborated with various stakeholder groups such as the H&F Youth Council and the Young Hammersmith and Fulham Foundation (YHFF) to discuss our Young People's Mental Health (YP MH) project. We reached an agreement with them to distribute our survey through their respective channels. Additionally, we ensured the early inclusion of youth voices in the project by actively involving youth councillors in activities ranging from survey development to distribution.

Outcomes

- In line with our commitment to young people, youth councillors were encouraged to produce a video presenting the findings of the YP MH Study, which was then shared with relevant stakeholders like the H&F Partnership board and the H&F youth council.
- An agreement was reached with the H&F partnership board to establish a co-production group to take the YP MH Project recommendations forward. Healthwatch provided support and attended these meetings.
- Additionally, through collaborative efforts with Youth voice, the findings of the YP MH
 were presented to HF Mind, Mencap, CALMHS, CCG MH Commissiong lead H&F, resulting
 in an agreement to collectively examine the work done for young people, particularly those
 with additional needs and improve the local offer.

Impact

 Co-production partnership board meeting on Children and Young People's mental health services was organised to engage with several mental health service providers in the borough and an action plan to implement our recommendations from the YP MH report was developed.

Digital Inclusion engagement

What we did?

We used our already-established patient experience network to look deeper into the barriers faced by different groups in accessing GP services. One of the main things highlighted in our GP access study was digital exclusion and the ways it resulted in the isolation of some residents from their GP practices. To address this, we decided to collaborate with Age UK and promote their digital inclusion project.

Outcomes

• We met with the Digital Inclusion Project Coordinator and Project Officer for Age UK H&F and agreed to promote and share their digital inclusion project. For this, we asked GP practices to send a service 1 text message to all patients advertising the service.

Impact

• A total of **163 residents** signed up for the Age UK digital inclusion project through HW H&F initiatives which resulted in improved access to GP services for digitally excluded patients.

Carers Strategy co-production

What we did?

We engaged with various stakeholders and local residents through the POPS forum, West London NHS Carers group, NHS West London Carers Council, and Carers Coffee Mornings for our Carers project. To achieve this, we conducted numerous in-person interviews and in-depth discussions with carers and healthcare professionals in the area, aiming to comprehend the challenges faced by carers and identify opportunities for service enhancement.

Furthermore, we launched a social media campaign to raise awareness about the local support services available for carers. Through this campaign, we emphasised current engagement strategies that carers can participate in to share their experiences and contribute to improving support for carers in the community.

Outcomes

• For our carers project, we did several in-person visits and interacted with over **120 carers** and service providers and the social media campaign generated a total **831 interactions**.

Impact

• We shared the insights gathered from the carers project in carer strategy meetings and played a vital role in developing suggestions for the H&F carers strategy. Collaborating with the council and carers network, we ensured that the voices of carers were prominently heard, facilitating impactful changes to local service provision.

Pharmaceutical Needs Assessment Steering Group

What actions did we take?

Healthwatch was invited to join the Pharmaceutical Needs Assessment (PNA) Steering Group and was assigned the responsibility of gathering responses for the pharmaceutical needs assessment survey. We utilised our Patient Experience Programme to carry out the pharmaceutical needs assessment as part of our Patient Experience visits.

Outcomes

• We gathered a total of **65 responses** for the Pharmaceutical Needs Assessment.

Impact

• The results from these engagements were subsequently used to feed into the development of the PNA report.

HIV awareness week community engagement

What we did?

Towards the end of 2021 Healthwatch staff attended a training on young people's sexual health provided by Resilience and SASH London. The insights gained from this meeting were used to signpost young people to Resilience@ Turning Point. The insights gained from this training were used to plan our messaging for in-person engagement and social media campaign for World Aids Day 2022 and PrEP (Pre-exposure Prophylaxis) Awareness Week 2022. For our in-person engagement, we partnered with neighbouring Healthwatch Ealing and greeted residents with our free custom-made Healthwatch condoms.

Outcomes

• The in-person and online engagement event aimed to advocate for and encourage local residents to undergo regular sexual testing and emphasise the importance of practising safe sex. Additionally, an online campaign aimed to inform locals about updates in sexual healthcare services at the ICS level and invited them to provide feedback on accessing the existing services available in the borough.

Impact

• The in-person engagement led to our interaction with over **101 local residents and service providers.** Furthermore, the feedback gathered from users through both in-person and online engagement was shared with relevant stakeholders.

Mental health Engagements

Social media campaign

What we did?

A social media campaign on mental health services was developed in the first quarter of 2022. This was used to make local residents aware of borough priorities and commitments to improve local mental health services. Furthermore, they were asked to provide feedback on what works well and what could be further improved in mental health space.

Outcomes

This campaign resulted in Healthwatch engaging with 1010 local residents and service
providers and we were able to gain some useful insights which informed our mental health
project.

Time to Talk Mental health day

What we did?

As part of our ongoing mental health engagement work, we went out onto the streets of Hammersmith on Time to Talk Day 2023 to get people talking — and writing - about their mental health. Residents were offered free tea, coffee, and biscuits and were encouraged to speak out about their feelings and write them down on a white board.

Outcomes

• Due this event, around **120 residents** engaged with Healthwatch H&F and shared their experiences with mental health services.

Impact

• The insights obtained from these engagements contributed significantly to our mental health project and reinforced our dedication to enhancing mental health services in the borough. Moreover, these insights were shared with various relevant stakeholders, including but not limited to the H&F Borough-based Partnership and the H&F Health and Care Partnership Operational Delivery Group.

Wellbeing Recovery College- Steering Committee

What we did?

We set up a number of stalls across the borough at different health and community/neighbourhood events like the Launch of Wellbeing Recovery College at Brentford Football Club, Health Day at Bishop Creighton House, NHS 75th Anniversary, and Chelsea & Westminster Hospital among others. Alongside promoting Healthwatch H&F, we collected the experiences of people with health services especially, mental health. Furthermore, we attended several community forums including the Health Inequalities Community Listening events to inform ourselves on the experiences of ethnic minority communities within the health and care system.

Outcomes

- These engagement initiatives helped us to represent the voices of different communities across the borough and added value to our patient experience initiatives.
- Furthermore, it helped us to strengthen our networks with different stakeholders in the borough like MIND, Green Doctors, and Wellbeing Recovery College.
- Our participation in the launch of the Wellbeing Recovery College resulted in Healthwatch joining the steering group for course delivery.

What was the Impact?

 The insights collected through various community engagements and the mental health inpatient project were used to inform several courses on the Wellbeing Recovery College prospectus.

West London NHS Trust CARMHS Engagement Strategic Group

What we did?

We strategically collaborated with the Patient Experience Facilitator from Inner North-West Division CLCH to exchange best practices and explore ways to work together effectively on enhancing patient experience. Subsequently, we actively participated in various in-person and online meetings, such as the H&F Safeguarding Adults Board (SAB), Trustwide Service User and Carers Experience Sub Committee, H&F Carers Coffee morning, H&F Patient Reference group, and Patient & Public Engagement & Experience group, among others. These engagements provided

valuable insights into patient experiences, aligning with our discussions with the Patient Experience Facilitator.

Outcomes

- We used the collected feedback to inform CARMHs volunteers in reception areas and
 patient feedback meetings to offer advice and support for gathering feedback from H&F
 residents. We especially highlighted the use of volunteers in collecting face-to-face
 feedback for WLT Friends and Family Feedback.
- Patient experiences in mental health were highlighted at the WLT Community mental health patient feedback meeting and strategies to work together to support local mental health workstreams were developed.
- Furthermore, we discussed the issues patients faced while accessing the local primary care services at the Primary Care Executive Group meeting and this resulted in Healthwatch becoming part Primary Care Access Steering Group for H&F.

Impact

 Our recommendations for WLT Friends and Family Feedback when implemented by the trust increased the uptake of FFT and resulted in a response rate slightly above the national average.

Cost of living & Health research engagement

What we did?

We initiated our cost-of-living engagement efforts by collaboratively developing the survey with key stakeholders, including the LBHF council, NHS, West London colleagues, VCS groups, and residents, to gather feedback. This step ensured that the survey was pertinent, accessible, and beneficial for both residents and stakeholders. Our primary objective was to gather insightful real-time feedback to provide support for winter planning to relevant stakeholders. Once the survey was finalised, we conducted multiple in-person engagements to gather input from the general public. These efforts spanned various locations, including but not limited to the Shepherds Bush Families project, W12 Community Together festival, Creighton Centre Digital IT and Knitting Club, Citizens Advice, Health Inequalities Listening Event, and H&F Carers Coffee Morning.

Outcomes

- The co-production initiative aimed at developing the COL engagement questionnaire garnered approximately 10 valuable strands of feedback, all of which were integrated into the final version of the survey.
- Given our role in information provision and signposting, we ensured its incorporation during our engagements for COL data collection. We connected participants with various local partners and directed them to resources for housing assistance, financial advice, food costs, and emergency food support.
- The preliminary findings were shared with partners at the Primary Care Executive group and LBHF Cost of Living Alliance steering group, highlighting insights such as challenges in accessing NHS dentistry, opticians, and GPs, as well as residents' increased need for mental health support.

Impact

- The initial findings from this engagement work informed the development of the 'Help with Cost-of-Living Crisis' guide booklet by H&F Council. Initially lacking content related to mental health, our initiatives led to the inclusion of a mental health assistance and disability benefits section in the final version.
- We recommended to the council suitable venues for distributing the COL booklets, including local GP practices, dental practices, community centres, and places of worship, particularly in the northern and central areas of the borough. Additionally, we proposed creating posters to emphasise that the booklet was available in over 100 languages, ensuring accessibility for residents whose first language was not English.

Vaccination engagements

What we did?

Healthwatch H&F has arranged numerous vaccination engagements since 2021. We actively participated in several NWL Immunisation & Vaccination Board meetings, offering insights into our vaccination engagements with residents. Specifically, we emphasized priorities regarding engagement with communities lacking trust or experiencing vaccine hesitancy.

In the second quarter of 2022-23, we conducted social media campaigns on monkeypox and polio. Our goal was to raise awareness about vaccinations for these conditions, empowering residents to make informed decisions about their health needs. Moreover, residents were encouraged to share their vaccination experiences, which were subsequently relayed to relevant stakeholders at NWL vaccination board meetings. Moving into the fourth quarter, we organised a vaccine community event aimed at educating parents about the polio vaccine for children. This initiative was followed by another social media campaign informing residents about vaccines available for school children. We provided guidance on accessing these vaccines and directed residents to relevant information sources, enabling them to make well-informed decisions.

In 2023-24, we continued our discussions regarding low vaccination rates among individuals from Black, Asian, and Minority Ethnic (BAME) communities. Additionally, we initiated a research project on vaccine hesitancy to comprehend the perspectives of local residents towards vaccination, along with identifying potential barriers and facilitators influencing uptake. Our focus was specifically directed towards children and young people aged 11-25 years.

Outcomes

- Our engagement efforts have successfully reached over **315 residents and service providers**. Specifically, our polio vaccine community engagement initiative led to interactions with 21 parents, while our recent work addressing vaccine hesitancy garnered a total of 202 responses.
- The findings from our vaccine hesitancy research have been shared with the NWL Immunisation and Vaccination Board, and we have been collaborating with them to implement the recommendations derived from our findings.
- A key insight from our research is that many individuals expressed a greater willingness to get vaccinated if they received more information and transparency from healthcare professionals. These findings, along with our previous engagements, served as the basis for organising a pilot engagement roadshow aimed at promoting MMR vaccines among young

people. This collaborative endeavour involved Parkview GP Surgery, the NWL Roving Vaccine Team, and the local fire brigade.

Impact

- During our MMR Vaccine engagement event for young people, we interacted with over 20 individuals. We invited a nurse from Parkview Surgery to conduct a brief information session on vaccines, with a specific emphasis on MMR vaccines, followed by a Q&A session. Before and after the session, we conducted a short survey to gauge its impact. All participants indicated that they felt more informed about vaccines afterwards, with many expressing their intention to vaccinate their children or feeling more inclined to do so.
- Furthermore, our staff and volunteers successfully persuaded one parent and their reluctant child to schedule an appointment with the nurse for further information about vaccines.

4. Volunteering

Volunteers in numbers

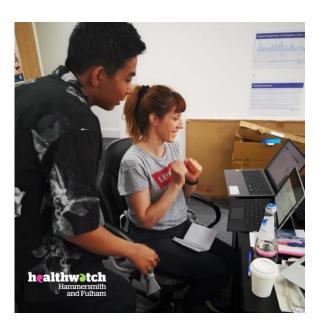
Since the 2021 fiscal year, we have had **167 volunteers** who gave us **5201 hours** of their time to help us complete our engagement work. This equals a total of **743 workdays**.

Our Impact on Volunteers



Healthwatch recognises the valuable contributions of its volunteers and provides support to help them access education and employment opportunities. We have sought to develop a diverse and committed volunteer portfolio. The organisation provides a recognition scheme that ensures the efforts of all volunteers are recognized. This ensures that our volunteers have a clear tangible impact and can take pride in the work they do and the difference they make. The organisation actively supports volunteers to access education and employment by linking volunteer skills and interests to the appropriate volunteer role.

In 2023/2024 we supported 17 volunteers into employment and 5 volunteers into education. We have played a particular role in providing opportunities for people in recovery, both those with mental health conditions and issues with drugs and alcohol. We have support systems and employment schemes in place to support both volunteers and staff with issues that arise. By offering diverse volunteer roles and acknowledging volunteers' efforts, Healthwatch fosters a sense of belonging and purpose within the community, empowering volunteers to make a tangible difference and improving their life chances through personal and professional skill development and networking opportunities.



What working for Healthwatch has meant to our volunteers

"This experience gave me an insight into the struggles of patients using NHS services. Visiting mental health wards as part of a funded project was an eye-opener and invoked empathy towards patients. **Would greatly recommend volunteering**." - Adarsh

"I have been volunteering for Healthwatch Hammersmith and Fulham as a Data Analyst since July 2021. I feel I have made an impact as the analysis and resulting recommendations will hopefully help increase awareness of the issues amongst Commissioners/Practice managers and local governing bodies, thereby influencing their decision-making. Ultimately, I hope this will be beneficial in improving patient access to GP healthcare. I have also been involved in producing a detailed training guide regarding data analysis and report writing to help other Volunteers and Interns. This will be made available on our YVHSC volunteer and intern hub and shared with our local Hammersmith and Fulham student placements. In this way, I hope to upskill our volunteers by sharing the knowledge and skills I have acquired with other Healthwatch members. On a personal level, I have very much enjoyed the opportunity to learn new things and take on fresh challenges, as this has really improved my confidence and personal development. This has also improved my communication and relationshipbuilding skills. Finally, I feel volunteering in the Hammersmith and Fulham area has also given me a sense of community. This has been very rewarding, especially as I feel that the work that the team at YVHSC are doing is making a real difference in helping improve health and social outcomes in our local community." - Matt

"I became a volunteer with Healthwatch after graduating. I wished to **expand my work experience** while also having a positive impact on the community, and **volunteering with Healthwatch was the perfect opportunity**. I did not only learn a lot and had fun with the caring and knowledgeable team but also became more aware of the issues faced by healthcare services." **- Elena**

"As a volunteer at Healthwatch Hammersmith & Fulham, I have really enjoyed being able to develop my understanding about the different issues people can face in the community and contribute to research and projects that aim to make a positive difference. This opportunity has allowed me to broaden my skills and provided me with valuable experience that will be useful for me in my future work." - Holly

5. Deep Dive Research Projects

Our deep-dive research projects have resulted in engaging with more than 2,500 local people.

Topics are selected based on several factors including strong alignment with strategic priorities, liaising with our Local Advisory Committee and attending local, regional and national meetings as well as highlighting prominent themes, patterns and trends emanating from our routine engagement work. This is in order to ensure that Healthwatch studies can add value and achieve optimal influence and impact - as a champion of the patient/user voice we are mindful that, although we can raise the profile of patient/user experience issues, it is in the hands of providers and commissioners to implement changes in policy and processes that result in differences on the ground for patients at health and social care services.

Research project impact highlights

Outputs	Outcomes	Impact

Suicide prevention work

Initial recommendations

We identified the need to establish community-based mental peer-led support groups, raise awareness through campaigns, organise family training workshops, expand mental health crisis helplines, fast track mental health referrals, and increase drop-in mental health services.

Predicted outcomes

- Establishing communitybased mental health support groups will increase access to mental health support.
- Using real-life recovery stories will challenge misconceptions around mental health struggles, improve public perception by reducing stigma; thus, encouraging people to reach out for support.
- Increasing crisis
 helplines including 24/7
 call, text-based and chat
 support services will
 result in more
 immediate crisis
 intervention options.

Predicted Impact

- 1. Community-based support for people with lived experiences will help reduce stigma and will encourage individuals to seek support before reaching the crisis point.
- 2. Expanding helplines, especially those with text based or chat support, will offer new support avenues to individuals who struggle with verbal communication. Plus, increasing availability of helplines will help normalise conversations about suicidal struggles, thereby reducing stigma and improving overall access to those in stress.

- Thus, improving access to support.
- rast-tracking mental health referrals will ensure that at-risk individuals receive a quicker access to mental health care by enabling those with crisis warning signs to receive immediate assessments rather than waiting for appointments.
- Setting-up mental health support hubs and dropins in community centres, faith-based organisations, and public spaces will ensure easier access to early intervention and counselling without a formal referral, which can be time consuming.

- 3. Fast-tracking referrals of those in crisis will reduce the risk of escalation and help prevent suicidal outcomes.
- 4. Informal, community mental health pop-ups will reduce the strain on emergency services and improve mental health support in hard-to-engage communities.

Mental health inpatient project (2024/25)

We advocated H&F Mental Health Unit staff to:

- Offer structured ward orientation to new patients
- Provide each patient with a clear, written treatment plans outlining patient diagnosis, medication, therapies, and extended process
- Hold regular, weekly regular treatment updates to discuss progress
- Encourage structured community-building activities for the patients

- Resulted patients to better understand their care environment and expectations by offering ward tour, introductions to ward routines, available support and key contacts.
- Offered greater clarity and engagement in personal care by updating patients and families about the diagnosis, medications, therapies, and expected progress.
- Encouraged regular discussions about progress updates,

- 1. Formal orientation can help reduce anxiety, improve adaptation, and smoothen transitions for new admissions.
- 2. Improved communication with patients and families Improved adherence to treatment, reduced confusion, and strengthened their trust in treatment.
- 3. Fostered a socially and physically safe environment by improving social interactions, increasing hygiene facilities, encouraging well-being

- Advocate for living conditions by improving bathroom access, stable shower chair, proper heating and extra blanket provision
- Expand diverse and nutritious meal options
- Develop comprehensive discharge planning
- Introduce trained peer support visits to encourage current patients
- Encourage collaborative employment training, housing and financial support.

- medication adjustments, and concerns
- Reduced patient conflicts and increased social support by offering support like group therapy, cooperative games, and performing tasks together.
- Increased safety
 measures to reduce risk
 of falls and injuries by
 installing non-slip
 bathroom mats, stable
 shower chairs, and
 emergency assistance
 measures in bathrooms.
- Improved heating measures enhanced patient comfort, especially in colder months.
- Increased participation in therapeutic activities by offering structured group exercise sessions, walking groups, art and music therapy.
- Improved dietary inclusivity and patient satisfaction by introducing wide variety of meal options like vegan, vegetarian, and allergen-free choices.
- Increased emotional support and opportunities for employment and self-sufficiency by linking inpatients to organisations job readiness programmes and housing, financial, and employment aid services.

- and improved sleep quality.
- 4. Increased food variety, cultural diversity and support improved nutrition support, and overall well-being of the patients.
- 5. Increased employment and housing support improved stability after leaving hospital care by reducing risk of homelessness. Thereby, supporting long-term recovery and successful integration into society.

Mental Health Inpatient Project (2022-24)

- Improving access to sanitary products: We called on the H&F Mental Health Unit staff to improve access to sanitary products for female inpatients having found out that some inpatients do not always have access to these vital products.
- We made 81 other recommendations in the first year of the project 2022/23 to improve the experiences of mental health inpatients, including providing inpatients with welcome packs of their mental health rights, advocacy and orientation of the ward; written explanations of prescriptions; providing more varied food selection; providing inpatients with short phone charger cables.
- Ward managers are now supplying a greater range of sanitary products for female inpatients available from the ward office.
- The West London NHS
 Trust has agreed to
 implement all 81
 improvement actions
 and has already
 implemented measures
 such as supplying the
 short phone charger
 cables, improved food
 choices, welcome packs
 and written treatment
 plans.
- 1. A human right is now being properly adhered to in the H&F Mental Health female ward, and we have recorded higher satisfaction rates among patients claiming to have access to the sanitary products and toiletries they require.



2. Implementing our recommendations has led to reduced anxiety among patients and gives them the opportunity to voice their experiences and pave the way towards a more streamlined process towards improving their mental health.

PATCHS feedback (2023)

 Recommendations made for patient education around developing online skills and promotion of service to working people

- Borough-wide amendments/awareness
- Increase the effectiveness of the service
- Free up phone lines for those who cannot use the online form
- Better health outcomes, potential wellbeing/quality of life for local people
- 2. Potential borough-wide improvements
- 3. Continued development of the service
- 4. Continued training for residents on how to use the service in regular

Young People's Mental Health During the COVID-19 Pandemic (2021/22)

- Outlined 15 evidence-based recommendations intended for borough health partners to collaboratively action, including calling on schools and community organisations to raise awareness on young people's mental health issues amongst parents and provide parents with tools to identify and deal with mental health issues.

- Our findings were used to develop mental health support tools and sport and exercise programmes that were shared with local schools and youth groups in the borough and led to Healthwatch H&F being invited to the NIHR SPHR programme design meetings feeding into mental health support needed for children in schools at a national level.
- We formed a coproduction group that
 will take the
 recommendations
 forward and look at the
 local offer in
 Hammersmith and
 Fulham, particularly any
 gaps in the young
 person's mental health
 service.
- We provided information to and signposted 74 H&F residents to the Carers Network and the Local Authority who had not previously identified as a Carer or had a Carers assessment, and we were able to provide information to and signpost 81 carers to additional services and support groups within the mental health and VCSE services including support with suicide prevention, FoodCycle
- 1. We ensured that more people identifying as carers could receive the benefits and support that they are entitled to, to further support themselves and the loved ones they are caring for carers allowance can contribute towards transport costs, equipment at home and much more.
- 2. Findings from our report is also meant to help to inform the future Hammersmith & Fulham Carers Strategy that outlines how support

Carers work (2021/22)

- We identified that many unpaid carers were unaware of available support services, and made recommendations that the support offer for carers should be more varied and include emotional and mental health support.

groups, Carers Council and digital skills.

- All carers from the
 Healthwatch H&F Carers
 study were contacted
 and asked if they were
 happy for their contact
 details to be shared with
 the Local Authority.
 These contact details
 have been shared with
 the LBHF Council, which
 will make future contact
 with carers easier.
- Local VCSE groups (such as Nubian Life) have introduced activities offered to support carers get the respite they need
- 1. Ultimately, patients/local people will benefit most by ensuring they get the best and most up-to-date signposting support available to them and are referred to

appropriate support

services can better meet

the needs of local carers

2. Patients/local people will feel more empowered to take their health into their own hands and prevent ongoing or increased dependence on the already stretched health services and resources

- Social prescribing in H&F, outcomes and impact (2023)
- Healthwatch made recommendations to review the appropriateness of referrals to social prescribing link workers; to encourage a more joined-up, multi-stake-holder approach to health between NHS primary care colleagues, Local Authority, and the Voluntary/Community Sector (VCS) to help patients/the public get the help they need in a more streamlined, holistic and preventative way; and to improve communication between GP practices and patients.
- South Fulham PCN agreed to review their social prescribing referral criteria to specify which types of cases are appropriate to refer to a social prescribing link worker.
- Link workers in South Fulham PCN and H&F Partnership PCN now regularly network within the local community and with each other to keep their directory/database of contacts and information up to date.
- SOBUS has successfully put forward a proposal to create a link worker forum to support link workers

LAS Engagement work (2022/23)

 We shared the experiences of Hammersmith and Fulham Our engagement will inform the development of the LAS' five-year strategy. 1. Our intervention will in the longer-term help to improve the experiences of local people using the ambulance service, so residents using the London Ambulance Service to LAS leads and made recommendations on waiting times and communication between health and social care partners.

Cost of living and health (2023)

- We made around 20 recommendations including ensuring that public health partners liaise more with community oral health promotion teams to promote good oral hygiene with a preventative approach, utilising the new family hubs for outreach; for the West London NHS Trust to better promote their H&F Talking Therapies service to residents and for LBHF and partners to better advertise and promote cost of living support and information in areas of lower awareness of support, including the north and centre of the borough. Also, partners to promote free or low-cost sports and physical activities to manage physical and mental health.
- LBHF has already distributed the COL support guide booklet to health services across the north and centre of the borough, based on some of our suggestions
- The H&F Health and Wellbeing Board has highlighted access to dentistry as a key area of concern and looking for ways to collaboratively improve this with partners
- West London NHS Trust informed us that the H&F Talking Therapies service is already making more strides towards reducing waiting times communicating the availability of their service, and reaching local people from different demographics

- individuals in need can be treated more efficiently.
- 2. Local people understand the other benefits and contributions that the LAS makes within London
- 1. Better access to information and support during the cost-of-living crisis for individuals that need it most in the borough this will lead to fewer adverse effects on mental health in the community
- 2. An ongoing collaborative approach to improving access to dentistry, including helping more residents get registered with local dental practices accepting NHS patients, will increase dental health in the community and prevent other infections that can arise out of poor oral hygiene, thus further reducing demand on the wider health service
- 3. Better promotion of available mental health services and support will improve the mental health of the borough, even incrementally.
- 1. We have sent our report draft to stakeholders and are waiting for their comments/responses about what recommendations they can implement.
- 2. In the meantime, we have started feeding back our findings with groups like

Experiences of maternity services among ethnic minorities (2023/24)

- Made recommendations on areas such as better active listening, improved communication and information provision, more post-natal supervision, support systems for families with small children and more financial support where possible.

Attitudes towards vaccines in North West London (2023/24)

- Together with Healthwatch Ealing and Hounslow, we made recommendations including developing a more enhanced educational programme and working with community groups to improve vaccine knowledge, reduce vaccine hesitancy and increase uptake of vaccines such as MMR.

Piloted a community outreach event in April 2024 with Canberra Old Oak Surgery and QPR in the Community Trust to deliver educational presentations based on the findings from our project and with vaccine information provided by medical staff

Imperial Maternity Voices and we are using our experience to inform upcoming community projects like 'Co-producing respectful maternity care with Black and Black identifying women and their families'.

We conducted pre- and postevent surveys, and all attendees felt more knowledgeable about vaccines and felt more likely to get their child vaccinated after our intervention. This has already led to reduced vaccine hesitancy and will hopefully result in a greater uptake in immunisation in the local community and a healthier community with herd immunity overall.

6. Information and signposting

Alongside our routine, flagship engagement work, another core strength of Healthwatch H&F is the Information and Signposting service we provide to individuals who make direct contact with us either through phone, email or during in-person engagement activities and community events, and indirectly through information available to the public on our website and various communication platforms.

Since 2020 to date, more than 1612 members of the community have come to us for clear and concise advice and jargon-free information.

Common queries we have often been asked about include how to complain about a health service, where to go to get vaccinated or to find a GP or dentist in their area. Since 2022, we have also received many queries about where to go for financial and mental health support during the cost-of-living crisis. Many of the recommendations to come out of our deep dive research projects and patient experience reports also often involve health and care services needed to provide more accessible information and/or to improve their messaging about a certain service, demonstrating the need for there to be more easily accessible information related to health and health services for residents.

Helping local people navigate a complex health and social care system

This has proven to be highly beneficial and impactful to local people. We have witnessed residents really valuing the time we take to explain what services are available to them, providing them with clear advice, and jargon-free information and signposting them to where they can go to get the help they need to ensure they don't get lost while trying to navigate the complex health and social care system. Not only that, but our interventions mean that people get the help, support and often medication they need in the time they need it most.

Help with finding advocacy services and making complaints about a health service

One resident needed support with making a complaint about their GP at a time when the advocacy services in H&F had changed provider. Our intervention enabled them to get the support they needed to make their complaint, which made them feel listened to and reassured that they could get the support they needed in a timely manner.

This intervention also led us to make information about how to find the local advocacy service and/or information about how to make a complaint about a health service more widely available via our website, as we were mindful that other people may be struggling to find this kind of information too.

Healthwatch chased up my issues contacting the Advocacy Service on my behalf via phone calls, followed up by emails, and kept me updated. They related well to me and was able to

respond sensitively and supportively to my trauma and distress. Their sound interpersonal skills meant that they listened to me with the understanding of my complaint and providing me with positive and useful responses in relation to other organisations from that I could seek support. It is always refreshing when organisations maintain the highest possible level of service to the public they cater for. I warmly and positively commend them for their expert intervention — Local resident

Improving access to local dentistry

Looking for a local dental practice accepting new NHS patients right now?



Our recent work involving circulating the list of General Dental Practices with NHS spaces available on a monthly basis is delivered as part and parcel of our Information & Signposting service. This work developed from an ongoing issue we were hearing about from local people, and our cost of living and health research project, who were telling us they are unable to find dentists taking NHS registrations. We opened channels of communication with The Central London Community Health (CLCH) Trust and developed the relationship through regional and local meetings/communication. As a result, we set up a mechanism for Healthwatch to receive a monthly update from CLCH on which General Dental Practices are currently accepting new NHS dentists. This information is made

available to those who make contact with Healthwatch, and more widely to the public via posting on our social media channels, our website, in our newsletter and through face-to-face engagement.

Our Information & Signposting service does not enable Healthwatch to take up individual casework and therefore we are unable to track how many people went on to register these dentists. We are aware, however, that the provision of updated lists is not something that is available in other boroughs in North West London, and that obtaining the information for Hammersmith & Fulham residents, has a positive impact, resulting from significant relationship-building efforts.

Thank you for helping me find a dentist. – Local resident

Including mental health support and help with health costs in the Local Authority's Cost of Living support guide booklet



Since joining as a member of the Council's Cost of Living Alliance Steering Group in July 2023, our interventions have resulted in the Council including information about mental health support and help with health costs in their Cost of Living support booklet, such as highlighting the NHS Low Income Scheme and HRT Pre-payment Prescription Scheme, and advising the Group on which health services are best to distribute the booklet across the borough to ensure that residents most in need of this support have access to this vital support. We also kept the Group

updated about our Cost of Living and Health research work, ensuring that the partners were aware of how the cost of living crisis was impacting on local people's health and what their respective organisations could do to alleviate the stresses, such as ensuring that people that might be eligible for caring allowances come forward to check their eligibility.

COVID-19

During the COVID-19 pandemic, our team was busier than ever to ensure that local people got the information, help and support they needed despite the social distancing restrictions, and we didn't shy away from the demand. A large part of our work in 2021-22 involved helping local people through this unprecedented time, including our volunteers placing weekly orders and signposting isolating residents who needed food to the local foodbank/charities; supporting the COVID-19 vaccination programme by taking calls from local residents and signposting them to their closest vaccination centre, and teaming up with the North West London team to translate Covid-19 symptoms and lateral flow testing information into several other languages.

Throughout 2020/21, we also co-produced webinars that were hosted by experts in health and social care and provided information and advice to over 120 people that was easily accessible on a series of key topics, such as mental health, isolation, up-to-date safety advice and accessing services. This ensured that as many members of our local community could remain safe and healthy during the pandemic.

Case study 1

At the beginning of the first lockdown, during our direct telephone engagement, our Patient Experience Manager, Patricia, called a 90 year old woman who was unable to access her GP. "When I spoke to her, she told me she was not well, that her stomach hurt and that she had not eaten in days due to the pain. She required support from her GP but she did not know the name or contact number for her surgery to organise an appointment." Patricia, Healthwatch Hammersmith & Fulham Patient Experience Manager. Patricia began to contact GP surgeries that were closest to the woman's home. Patricia was able to identify the right surgery and asked the receptionist to call the woman and help her to book an appointment. Patricia followed up this

work, receiving confirmation from the GP surgery the next day that they had organised an appointment for the woman and, subsequently, called the woman a few days after, who had successfully received a prescription for her pain.

Case study 2

One of our volunteers was able to support a young lady who had just been discharged from hospital who was struggling with her mental well-being. She informed our volunteer that she did not have anything to eat, had not received her prescribed medication and did not want to leave her house due to fear of COVID-19. Our volunteer was able to liaise with a local community organisation that has supported residents throughout the lockdowns providing residents with basic provisions, such as food and medication. Our volunteer worked with this organisation to set up a food delivery from the local foodbank to this woman and ensure that her medication was scheduled to be delivered to her home by her pharmacist.

"Being able to signpost accessible services and provide helpful information to support patients is very rewarding because you feel you have made even the smallest difference to that person's well-being." - Rebecca, Volunteer

Measuring future impact of our Information and Signposting service

While we are unable to undertake individual casework, we have plans to ensure that we collect more data on the impact of our information and signposting service, including:

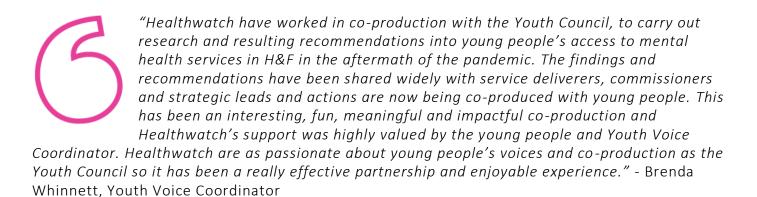
- Mental health signposting support: We have started to request data from services like H&F Talking Therapies to monitor how many residents have self-referred to their service based on our signposting measures.
- Cost of living signposting: We have collected a sample size of residents' contact details to follow up in late 2024 on how they have felt supported by the cost-of-living crisis, including how beneficial they have found the cost-of-living handbook, advice from charities, the Citizens Advice Bureau and the COL team at the Council.
- Call-back system: We aim to provide a two-week call-back service to offer calling residents back after two weeks from the first point of contact on issues such as navigating the complaints process based on information we have provided where our team has capacity to do so

We will provide detailed documentation of any other tangible outcomes resulting from our information and signposting in contract monitoring documents in the future.

7. Partner Testimonials

"Healthwatch have worked very closely with the public health team in the council, and were a key stakeholder in the suicide prevention needs assessment and strategy, taking the lead on compiling a directory of mental health services, which was an important gap identified by the work.

Healthwatch have also been an instrumental partner in the health and wellbeing strategy working group, and will be sharing the work they are doing with the mental health trust so that this key group of patients' voices are reflected in any planning." - Dr Nicola Lang, Director of Public Health, H&F Council



"Healthwatch Hammersmith and Fulham have been part of the Pharmaceutical Needs Assessment steering group for Hammersmith and Fulham. At the steering group, the team have not only provided invaluable guidance on how to best engage with the public on their use of pharmacies but have contributed significantly to that engagement." - Ashlee Mulimba, Healthy Dialogues



"Healthwatch Hammersmith & Fulham has been a valuable service to the NHS inner cluster engagement team for sharing insights from the local residents and echoing the residents voice, and generating awareness about what is actually really going on at the root of our communities. The granular data and insights which is provided to the NHS team has really been valuable and significant in reducing inequalities and making that change that the local community wants to see." - Communications and Engagement Department, NWL ICS

"We have regular communications from Healthwatch – from reports with patient views on services in the borough, to notifications from Healthwatch colleagues to say they will be visiting the practice to observe on a specific day. It's always good to get patient feedback, and we feel that Healthwatch gives our patients an opportunity to provide unbiased and candid feedback, confidentially about our practice. It's easier for patients to give their feedback directly, and the Healthwatch observers are very skilled in encouraging patients to share their experiences with them." - Magnus Nelson, Practice Manager, Ashville Surgery

"As Chair of the PPG at Canberra Old Oak surgery and Chair of the H & F Patient Reference Group (PRG) I believe it's so important to work with Healthwatch HF. It's an opportunity for Healthwatch HF to offer guidance and advice, especially bearing in mind the challenges facing the NHS nationally and of course, locally. I'm always grateful that a member of Healthwatch HF attend the surgery PPG meetings to assure patients that their opinion, their views are so important to ensure that the surgery is meeting the demands of patients. Over the year patients who were unaware of an organisation called Healthwatch, now know that there is a body who will listen to their concerns. The relationship between the PPG Chair and Healthwatch is beneficial and there have been a couple of occasions when we have worked together, for instance at the W12 Together event in September and much recently on an immunisation initiative. The Patient Reference Group, which meets every 2 months, is made up of residents and representatives from various organisations that work in the H & F Borough. Healthwatch HF are needed as the PRG look at issues such as the changes to H & F Health and Care Partnership Board, Same Day Access and recently the emotional issues around Autism. I'm extremely proud of the working relationship that the surgery PPG and the H & F Patient Reference Group has with Healthwatch HF. The relationship is based on trust, on cooperation and a desire to work together for the benefit of every resident, young and old who live in the borough of Hammersmith and Fulham." - Peter Hamm, Chair of H&F Patient Reference Group and Canberra Old Oak Surgery Patient Participation Group

"I have worked very closely with Healthwatch teams and they have been a very supportive network for the maternity champions project as there is an overlap in our priorities. We have found it very easy to collaborate on various events, what's going on particularly well is Healthwatch's attendance to our brunches and networking with our local residents to provide further information. It's been really great to share Healthwatch H&F's information with the maternity champions. Healthwatch has been a very visible presence on social media for which they have really interesting posts and tweets that I like to retweet to further spread awareness. I feel that we have a very positive collaborative relationship and I look forward to continuing whilst we are conducting our research project up until September 2023. I would like to thank the Team at Healthwatch H&F for their support with the Maternity Champions H&F project." - Christina Ifil, former Borough Manager, Maternity Champions H&F

"At LAS, we are committed to listening to patients and the public as a fundamental part of our mission to improve standards of care for everyone. London has a hugely diverse population with a wide variety of needs and Healthwatch is uniquely embedded within London communities, so we have been delighted to work with them on this by commissioning engagement reports. The rich insights from their reports will inform the development of our five-year strategy and help us to put the

people we serve at the heart of all we do." - Roger Davidson, Director of Strategy and Transformation, London Ambulance Service NHS Trust		

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