

**Feedback about involvement in  
Healthwatch and broader  
involvement in NHS and social  
care**

**From annual meeting group  
discussion**

**July 2023**

## Feedback on the value of Healthwatch

### What do you value most about being involved with Healthwatch Coventry?

Providing help with information about issues that exist among service users	Feeding back local information to the relevant system providers	Enter & View and monitoring enables improvement to local provision	Ability to audit patient pathways - transparency and accountability	Being reliable in their scrutinising capacity on the Health Scrutiny Board in the Council
Gives a good patient experience perspective	Flexible for all involved, depth of involvement	Outreach work in diverse communities	Working in collaboration to address health issues	Prevention using volunteering
Research provided to identify any gaps in services	Observations – Enter & View - implement best practice	Discharge tick list (how to get on with it)	Despite lack of funding still providing good service	As volunteer I appreciate the flexibility on being involved
Ensures accessibility and allows people to give their opinions, e.g. those who cannot access technology, because we also work face to face		Getting inside knowledge of how the social and healthcare system seems to work and contributing to relevant committees		Like the fact that Healthwatch have less restrictions, they have no allegiance and can speak more freely
We hopefully make a difference and improve services for people who normally do not have a voice - motivating as a volunteer, enjoy the teamwork		Reminder to focus on local issues rather than driven by national targets	Ability to explain people's thoughts and how to navigate themselves in the system	More insights from the perspectives as patients, a voice when people are especially vulnerable
Amplifying less heard voices - have a voice heard, empowering patients, NHS staff are patients too, we approach to make things better			Patient-centred collaboration, also patients' two-way responsibility to tell/reflect to the NHS	
Wide reach and diversity of voices	Independent voice	Feedback from local people	Collaboration and partnership working	Useful insights and patient experiences
Independent, impartial information when needed	Approachable, outreach, go into the community	Staff in care, health and other services are too close to the situation and usually very busy. We and they should view and use Healthwatch as an opportunity to see how their service is working, not a criticism		

## Discussion about examples of patients, carers and the public working with the NHS and social care

<b>A) What worked well from your experiences?</b>			
Patient transport improved	Dialysis services	Discharge from hospital	Prescriptions
Mental health services, easier to access – IAPT, crisis team	Asylum seekers clinic with interpreting services	Great experience of maternity care	Good communication and seamless procedures
Using lived experience and co-design of mental health services		Joined up cancer services	Use of volunteers at UHCW
Overcoming barriers in accessing interpreting services for new arrivals	Coventry City Council adult social care stakeholder group very valuable for those getting care and their carers		Patient focus group for peer support
Healthwatch reports widely used by a range of people and influence decision-makers	Accessing supportive multi-agency care at home wrapped around the person – guiding but not having to direct care, not having to navigate – help with sorting heating system		GP surgery has recommended its patient panel
<b>B) What's not working so well in involving people in NHS and social care?</b>			
Not fully attracting people from diverse communities as volunteers	Short-term, non-sustainable collaboration with third sector	Barriers to accessing interpreting services for newcomers	Traffic flows at UHCW sometimes despite marshals helping
Connect: roadmap please!	Ensuring representative to represent communities	Time delays to rearrange appointments, collecting blood test results – not deemed important if you are fine	Unclear how different avenues for patient expression (work)
Institutional racism still exists; structural violence [inequality], poverty	Having to ring eight different GP surgeries to get an appointment re. 24 hour heart monitor		Referrals when not part of discharge process
A&E delays	Hospital pharmacy	ICB does not have patient / public meetings any more so an individual / patient group feels disconnected	
Description of challenge accessing services for someone with chronic cough. Passed from GP to 111 to GP appointment			



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