

Healthwatch Independent Strategic Advisory Board

Public Board Meeting Agenda

16 October 2025 1.00pm

HW Advisory Public Board meetings include an opportunity for members of the public to feedback issues about local Health and Social Care issues at the end of the meeting.

Approx Time		Item	Enclosure P – paper V – verbal	Outcome N – Noting D – Decision I – info	Presenter
1.00pm		A private meeting of the ISAB will take place from 1.00pm. Not open to the public.			
		Close private session and open Public ISAB Meeting			
1.15pm	1	Declaration of Interests	V	N	
	2	Apologies	V	N	
1.25pm	3	Minutes & Matters arising and action log	P	D	
1.35pm	4	Activities and developments (for info) - (Since last meeting)	P	I	
	5	Decision log	V	D	
1.50 pm	6	Progress against workplan – verbal update	V	I	
2.10pm	7	Themes and trends	P	N	
	8	Risk log, (including ad hoc/unexpected requests and ability to respond)	V	D	
2.25pm	9	ISAB members feedback / horizon scanning	V	N	
2.30pm	10	Healthwatch network scoping feedback	V	N	
2.40pm	11	Public questions /AOB – ICB/Place update	V	N	
2.50pm	12	Close of meeting – Next meeting date			

Chair – Healthwatch ISAB Chair

LHC – Local Healthwatch Chief Officer

Agenda Item 3

Healthwatch Halton ISAB

Public Board Meeting Minutes

19 June 2025 @1.00pm

In Attendance: Lydia Hughes (interim Chair)
Maureen Isherwood (MI),
Dave Wilson (Chief Officer, Healthwatch Halton)
Michelle Downes (MD)
Lorna Plumptre (LP)
John Fagan (JF)
Elizabeth Byrne ECS Director

	Item
	Public HAB Meeting
1	The Chair welcomed the Board.
2	Declaration of Interests No new DOI
3	Minutes and Action log from Public Board Meeting update Recorded as a true reflection and agreed by the Board action log is completed to date.
4	Activities and Developments The board reviewed the latest CIS reports <ul style="list-style-type: none"> • Feedback on Health and Social Care Services: Discussion on recent feedback from the public regarding primary care, dental, hospital, pharmacy, and social care services, highlighting both positive experiences and ongoing challenges such as access, communication, and delays. • GP Feedback: DW reported that while services received positive feedback from those able to access them, issues persist. <ul style="list-style-type: none"> ○ GP appointments – Still long waits to see a GP at some practices. People have feedback about confusing online systems, and difficulties booking appointments for those who struggle with online systems. • Hospital and Specialist Services: Feedback on hospital services included praise for staff in maternity, ICU, paediatrics, and eye clinics, but also highlighted problems such as long waits, lack of information, poor coordination between departments, and insufficient follow-up after surgery. Delays in consultant appointments and poor communication were recurring themes. • Dental and Community Dental Services: The board discussed ongoing difficulties in accessing dental care for children, referencing feedback about struggles to find appointments and the role of the Community Dental Service run by Bridgewater, which requires referrals. Improvements were noted in some areas, but challenges remain, especially in 'dental deserts' like Halton. A high percentage of the calls received by Healthwatch Halton are from people who are struggling to access free NHS dentistry across Halton. • Pharmacy and Optician Services: Positive feedback was received for pharmacy and optician services, with particular mention of efficient staff and proactive survey collection. However, some issues were raised regarding long waits and access for vulnerable groups. • Social Care and Domiciliary Care: The board discussed the mixed experiences with domiciliary care providers, including issues with staff turnover, lack of familiarity for vulnerable clients, and inconsistent care times. MD suggested visual aids or photos of carers could to reduce

	Item
	<p>anxiety for service users, and Dave noted that previous recommendations by Healthwatch Halton for small, consistent care teams don't seem to have been implemented. The new contract for Domiciliary Care across Halton is in place with four main providers commissioned by the council.</p>
5	<ul style="list-style-type: none"> • Decision Log – The board reviewed the draft annual report, discussed content updates, feedback, and the inclusion of impact stories, financial summaries, and future priorities, aiming for final approval and publication by the end of the month. <ul style="list-style-type: none"> ○ Content and Structure Updates: Updates to the annual report, including new sections on collaboration with local Healthwatch, impact stories, outreach activities, and changes to the finance and priorities pages. DW highlighted the need to finalise the GP report and adjust content based on feedback. ○ Feedback and Impact Stories: EB and others praised the inclusion of impact stories and the personalisation of the report, noting that these sections effectively demonstrated the team's work and its outcomes for the community. ○ Financial Reporting and Transparency: The board discussed the level of financial detail to include, agreeing to present overall figures for commissioned work while omitting sensitive breakdowns, with the option to provide further details upon request. ○ Approval Timeline and Next Steps: DW set a target to circulate the final draft for approval by the 26 June aiming for publication ahead of the official deadline. The board agreed to review and provide feedback promptly to ensure timely submission.
6	<p>Workplan Update – The board discussed the Workplan update. The ISAB's role with the workplan will be to hold the team to account on the impact of the work plan.</p> <p>Ten Enter & View visits have been planned. DW welcomed the involvement of Board members in any upcoming E&V visits.</p> <p>DW said that the team were generally on target with the workplan.</p>
7	<p>Themes and trends</p> <ul style="list-style-type: none"> • Primary Care Access and Digital Inclusion: Feedback shows There are ongoing challenges with primary care access, particularly regarding online systems like PATCHS, digital exclusion, and the need for improved support for vulnerable patients, with actions identified for further engagement with GP practices and commissioners. • Online Access Barriers: Discussion around the difficulties faced by patients, especially those without digital skills or internet access, in using online appointment systems such as PATCHS. Other issues included limited GP appointment availability, lack of clear complaint procedures, and inconsistent staff support for those needing assistance. • Support for Vulnerable Patients: DW shared examples of housebound patients struggling to access care, with some practices providing helpful responses while others did not. The need for better flagging of patient needs and clearer communication was emphasised. • Upcoming System Changes: DW noted that from October, PATCHS would be available 24/7, raising concerns about managing demand and ensuring equitable access. The board discussed the trial of new systems like 'Blink' and the need to monitor their effectiveness. • Domiciliary Care Contract Changes and Service Quality: Discussed the recent changes in domiciliary care contracts, the division of providers, and ongoing concerns about care quality, staff turnover, and the impact on vulnerable clients, with suggestions for improvements in communication and consistency.

	Item
	<ul style="list-style-type: none"> ○ Contract Changes and Provider Allocation: DW explained that the domiciliary care contract had been split among four providers, with different companies serving Runcorn and Widnes. The transition raised concerns about provider readiness and the impact on service continuity. ○ Quality and Consistency of Care: Participants shared experiences of inconsistent care times, unfamiliar carers, and distress caused to vulnerable clients by unexpected staff changes. Michelle proposed the use of carer photos and small, consistent teams to improve client comfort and safety. ○ Recommendations and Contract Monitoring: Dave noted that previous recommendations for small care teams and better information sharing had not been fully implemented. The team agreed to raise these issues with commissioners and monitor whether new contracts address them.
8	Risk Log – Nothing new to be added
9	<p>ISAB Feedback – This area had mainly been covered earlier in this meeting. MI asked if Healthwatch Halton would look at the lack of rehabilitation services at hospitals locally.</p> <p>Action: DW agreed to email the hospital trusts to request information on rehabilitation services offered, including numbers, frequency, and expectations, and invite a relevant person to a future meeting.</p> <p>LP had supplied details of a number of meetings attended on behalf of Healthwatch.</p> <p>NHS CPQEA</p> <ul style="list-style-type: none"> • Lots of stats from surveys provided by the various teams who present cancer patient information at the meetings, Lung CSP Team has very high results and excellent positive feedback, 100% received back. Upper G.I 541 referrals. – implemented a new support network for palliative patients. Notes will be displayed outside cancer patient areas • Breaking Bad News policy has been approved and this will be shared to the departments. <p>HSHVCA meetings – bi monthly.</p> <ul style="list-style-type: none"> • Foodbank running on reserves as food donations have been low. • Well Runcorn update. • CAB has had to scale back as HBC has stopped core funding <p>MWL patient experience meetings online and at Whiston Hospital.</p> <ul style="list-style-type: none"> • DW asked LP if she could feedback regularly on the HSHVCA meetings. <p>Halton Compassionate Communication Network</p> <ul style="list-style-type: none"> • Good article from Kooth for children. See website www.kooth.com

	Item
	<p>Action – CPQEA meetings – LP to send MI the recent reports from the CPQEA so MI can attend the meetings in the future.</p> <p>Action - DW will send out the link to the Healthwatch Halton reps form to report on meetings attended.</p> <p>DW updated on the recent Safeguarding Adult Board (SAB) meeting. DW will be taking part in the task and finish group looking at Abuse of Older People (Priority area for the SAB).</p> <ul style="list-style-type: none"> DW suggested JF attend the WHH Patient Experience Committee in the future. LT suggested looking at the Healthwatch meeting attendance. Can board members help? <p>SEND (Special Educational Needs and Disabilities) Services and Advocacy: As requested at the previous meeting, MD provided an update on ongoing challenges in SEND services, including delays in Education, Health and Care Plans (EHCPs), non-adherence to legal timeframes, and the need for continued advocacy and board involvement/</p> <ul style="list-style-type: none"> Delays and Legal Compliance: MD reported persistent delays in EHCP processing, with local authorities failing to meet statutory deadlines even after tribunal rulings, resulting in ongoing struggles for parents and carers. Advocacy and Parental Burnout: The board discussed the increasing number of parents resorting to tribunals and the associated stress and burnout, highlighting the need for better support and system improvements. <p>Action: Board Involvement and Action Planning: DW proposed that MD becomes the Healthwatch rep on the Children and Young People's Emotional Health and Well-being Board and agreed to arrange a meeting to discuss this role.</p>
10	<p>HW Scoping Feedback – LP had supplied details of a number of meetings attended on behalf of Healthwatch.</p> <p>NHS CPQEA</p> <ul style="list-style-type: none"> Lots of stats from surveys provided by the various teams who present cancer patient information at the meetings, Lung CSP Team has very high results and excellent positive feedback, 100% received back. Upper G.I 541 referrals. – implemented a new support network for palliative patients. Notes will be displayed outside cancer patient areas Breaking Bad News policy has been approved and this will be shared to the departments. <p>HSHVCA meetings – bi monthly.</p> <ul style="list-style-type: none"> Foodbank running on reserves as food donations have been low. Well Runcorn update. CAB has had to scale back as HBC has stopped core funding <p>MWL patient experience meetings online and at Whiston Hospital.</p> <ul style="list-style-type: none"> DW asked LP if she could feedback regularly on the HSHVCA meetings.

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	<p>Halton Compassionate Communication Network</p> <ul style="list-style-type: none"> • Good article from Kooth for children. See website www.kooth.com <p>Action – CPQEA meetings – LP to send MI the recent reports from the CPQEA so MI can attend the meetings in the future.</p> <p>Action - DW will send out the link to the Healthwatch Halton reps form to report on meetings attended.</p> <p>DW updated on the recent Safeguarding Adult Board (SAB) meeting. DW will be taking part in the task and finish group looking at Abuse of Older People (Priority area for the SAB).</p> <p>DW suggested JF attend the WHH Patient Experience Committee in the future.</p> <p>Action : DW to discuss in more details with JF</p> <p>LT suggested looking at the overall Healthwatch strategic meeting attendance. Could board members attend some of these?</p> <p>Action : DW to pull together list of strategic meetings and attendees</p> <p>SEND (Special Educational Needs and Disabilities) Services and Advocacy: As requested at the previous meeting, MD provided an update on ongoing challenges in SEND services, including delays in Education, Health and Care Plans (EHCPs), non-adherence to legal timeframes, and the need for continued advocacy and board involvement/</p> <ul style="list-style-type: none"> ○ Delays and Legal Compliance: MD reported persistent delays in EHCP processing, with local authorities failing to meet statutory deadlines even after tribunal rulings, resulting in ongoing struggles for parents and carers. ○ Advocacy and Parental Burnout: The board discussed the increasing number of parents resorting to tribunals and the associated stress and burnout, highlighting the need for better support and system improvements. <p>Action - Board Involvement and Action Planning: DW proposed that MD becomes the Healthwatch rep on the Children and Young People's Emotional Health and Well-being Board and agreed to arrange a meeting to discuss this role.</p>
11	A.O.B - Update given on the plans for changes in the ICB.
12	Date and time of next meeting – Thursday 02/10/2025

Healthwatch Halton ISAB Meeting – Action Log

Meeting Item No.	Date of meeting	Task Description	Owner	By when	Status
9.1	June 2025	Discuss MWL Cancer group meeting representation –MI to take over from LP	DW	19 July	completed
9.2	June 2025	SNAP meeting form link to be sent to all ISAB members	DW	30 June	completed
9.3	June 2025	Email to MWL and WHH re provision of rehabilitation services at the hospitals.	DW	September	ongoing
9.4	June 2025	Annual report to be sent to ISAB by 26 June	DW	26 June	completed
9.5	June 2025	Contact Primary Care Commissioners to discuss Patchs and new GP model – re lack of consistency	DW	19 July	ongoing
9.6	June 2025	Arrange meeting with MD re representation at the CYP meetings	DW	12 July	completed
9.7	June 2025	Pull together a list of all strategic meetings attended	DW	September	ongoing

Statutory & Key Meetings Map

Statutory – Must attend / have a seat

- **Halton Health & Wellbeing Board (HWB)** – statutory seat.
- **Halton Health & Social Care Policy & Performance Board (Scrutiny)** – consulted on major service changes.
- **Halton Safeguarding Adults Board (HSAB)** – relevant partner.
- **Halton Safeguarding Children Partnership (HSCP)** – expected involvement on safeguarding themes.

Strong Expectation – ICS / NHS Governance

- **Cheshire & Merseyside ICB Governing Body** – Healthwatch (through the 9 C&M Healthwatch network) has representation, usually non-voting.
- **Halton Place Quality & Performance Committee** – local committee under the ICB, where Healthwatch feeds in patient experience.
- **Halton Place Primary Care Commissioning Committee** – local committee under the ICB, important for GP, pharmacy, dental and optometry feedback.
- **Halton Place Partnership Board** – standing role for Healthwatch Halton as part of One Halton.

Influential but not statutory

- **Warrington & Halton Hospitals NHS FT** – Patient Experience Committee.
- **Bridgewater Community Healthcare NHS FT** – Quality & Patient Experience meetings.
- **Mersey & West Lancashire Teaching Hospitals NHS FT** – Patient Experience & Engagement Committee.
- **Halton Voluntary & Community Sector (VCS) forums.**
- **Safeguarding sub-groups** – Quality Assurance, Learning & Development.
- **Children & Young People’s Emotional Health and Wellbeing Partnership (Halton)** – standing forum where Healthwatch Halton represents children and young people’s voices on emotional health and wellbeing. The purpose of the Partnership is to ensure delivery of the children and young people’s elements of the **All Age Mental Health Action Plan**, through a collaborative approach between all partners.

Regular Provider Catch-Ups (Quarterly)

- **Mersey Care NHS FT** – quarterly liaison meetings to discuss feedback and improvements.
- **Warrington & Halton Hospitals NHS FT** – quarterly catch-up alongside Patient Experience Committee.
- **Bridgewater Community Healthcare NHS FT** – quarterly quality and patient experience meetings. Healthwatch Halton also has a place on Bridgewater’s Governors Committee. We represent Halton.
- **Mersey & West Lancashire Teaching Hospitals NHS FT (Whiston & St Helens)** – quarterly engagement updates.

Note on participation in meetings

Where we are invited to take part in boards, committees, or partnerships, a formal request should be received. This must include:

- The Terms of Reference for the group, and
- The reason why Healthwatch has been invited.

This ensures clarity on our statutory and non-statutory roles, and helps us manage resources effectively.

Quick rule of thumb for meetings

- **Must have a seat** → HWB, Scrutiny, Safeguarding Boards.
- **Should be there** → ICB governance committees and Place Boards.
- **Good to be there (if resource allows)** → Trust-level committees, VCS forums, safeguarding sub-groups, provider catch-ups.

Agenda Item 4

ISAB update - Meetings attended






Between July and up to 23 September 2025, we attended **32 meetings** across Halton and the wider Cheshire & Merseyside footprint.

These meetings enabled us to promote the voice of local people, share insight from public feedback, and support improvements in health and care services.

We log these meetings on our CIS system and tag them with objectives and themes. We're still refining how we record these. Most meetings will be tagged with more than one objective.

There were a lower number of meetings than normal in this period, due to meeting cancellations and annual leave.

Summary Table

Objective	No.of Meetings	Purpose
 Communication	6	Supporting better communication with patients and families.
 Community Engagement	8	Promoting Healthwatch and connecting with the public.
 Partnership Working	12	Collaborating with NHS, council, and voluntary sector partners.
 Stakeholder Engagement	5	Contributing to system-wide planning and engagement efforts.
 Statutory Meeting	6	Representing the public voice in formal decision-making forums.

At these meetings, we:

- Raised questions and concerns directly affecting local people.
- Shared public feedback and insight reports.
- Promoted the role and reach of Healthwatch.
- Contributed to planning, co-production and evaluation activities.

Some examples

- **2 July – MWL Patient Experience Council**
Queried free blue badge and carer parking; asked for clearer processes across the Trust. Raised concerns over interpreter shortages, costs and booking abuse. Shared family experience of poor communication at end of life. Trust committed to act on feedback and share updates.
- **9 July – Halton Health & Wellbeing Board**
Asked about accessibility of services in new housing developments. Queried the impact of ICB staffing cuts on Halton Place. Our contribution was formally recorded, with councillors voicing disappointment at the Government's plans to abolish Healthwatch.
- **11 July – Palliative & End of Life Care Group**
Raised concerns about IT barriers to patient care, staff shortages, and inconsistent use of national "purple butterfly" symbols. Shared details of new Brighter Days community support group.
- **17 July & 28 August – Primary Care Engagement**
Raised concerns on GP access, online booking systems and "total triage." Linked discussions into our planned Primary Care project, ensuring public voices feed into local service design.
- **25 July – Halton Safeguarding Adults Board**
Raised questions on workforce equality, engagement under the new ICB model, and how CQC social care assessments would be scrutinised.
- **29 July & 9 September – Integration Project (WHH & Bridgewater)**
Terms of Reference agreed; recruitment to follow; next meeting arranged.
- **3 September – MWL Patient Experience Council (follow-up)**
Presented Healthwatch reports from hospital Listening Events, highlighting

practical issues around car parking, patient seating and communication. Agreed next outreach visits to eye clinic and CYP ward.

- **4 September – Learning Disability Health Check Steering Group**
Queried low uptake of LD health checks. Suggested Easy Read invitations and raised the need for consistent reasonable adjustments to improve access.
- **10 September – Mental Health Alliance**
Supported the development of a borough-wide kite mark. Agreed to gather further data to underpin the work and committed to supporting evaluation.
- **11 September – Smoking Cessation Project**
Reworked our proposal with Public Health colleagues following feedback, ensuring the project is achievable within budget while still capturing meaningful patient insight.
- **23 September – Health & Social Care Policy & Performance Board**
Queried the impact of ICB staffing cuts on Halton and pressed for mapping of risks and engagement arrangements. Asked how the Social Care Workforce Race Equality action plan would be reported publicly. Offered support to Public Health on the MMR vaccines campaign.

Regional work

Across the Cheshire & Merseyside footprint, Healthwatch Leads met weekly to share intelligence and ensure consistent representation at ICB-level discussions.

ISAB briefing - Halton Mental Health Alliance (MHA)

The Mental Health Alliance (MHA) brings together local partners across health, social care, and the voluntary sector to improve support for people in Halton.

It acts as a collaborative forum to:

- Coordinate mental health services locally.
- Share information and intelligence.
- Identify gaps in provision and address challenges.
- Support the delivery of the All Age Mental Health Action Plan.

Healthwatch Halton's role

Healthwatch Halton attends the MHA as the independent voice of local people. We use feedback gathered from the public to make sure services understand and respond to people's experiences.

- We bring insight from community engagement, signposting cases, and hospital listening events.
- We ensure the views of people using services are central to Alliance discussions.
- We link the work of the MHA into wider Cheshire & Merseyside activity, where relevant.

Current action for Healthwatch

At the most recent meeting, Healthwatch was asked to:

- Work with Alliance partners to help gather data on mental health service use and numbers in Halton.
- Support a clearer picture of how people are accessing services, what demand looks like, and where improvements may be needed.

Why this matters

Mental health remains a key concern raised by Halton residents. By contributing our intelligence and working with partners on this data collection exercise, Healthwatch Halton will help ensure:

- Decision-makers have a stronger evidence base.
- Service planning reflects the real needs of local people.
- Opportunities for early intervention and improved access are identified.

Blinx PACO GP Trial – Widnes PCN

What is Blinx PACO GP? (Patient And Care Optimiser)

- A 'digital front door' for GP practices, offering:
 - Online forms for medical and admin requests.
 - Easier log-in (NHS number + DOB).
 - Appointment booking and rescheduling.
 - Prescription and fit note requests.
 - Access to records / test results (depending on practice settings).
- Requests are triaged and routed to the right staff.

Why is it being trialled?

- Part of a Cheshire & Merseyside ICB pilot to modernise GP access.
- Aims to:
 - Reduce telephone pressure on practices.
 - Provide staff with more structured information.
 - Improve consistency across the region.
 - Support quicker response times (often within 48 hrs).

Where in Halton?

- Widnes PCN practices are taking part.

Potential Benefits

- Easier online access without complex log-ins.
- Streamlined requests for admin as well as medical issues.
- Helps staff manage demand and prioritise urgent cases.
- May reduce "8am phone queue" pressure.

Potential Risks / Issues to Watch

- Digital exclusion – patients without internet/smartphones may struggle.
- System teething problems – transition from Patchs/other systems may confuse.
- Response times – check if practices meet stated targets.
- Patient experience – quality of triage and follow-up will shape whether patients trust the system.

For us to do

- Gather feedback from patients on ease of use and accessibility.
- Monitor if people feel they get timely, appropriate responses.
- Note barriers for older patients, people with disabilities, or those with limited English / literacy.
- Compare experiences between Widnes and Runcorn practices.

Our Ref: CAS-372027-Q2X2W4
(To be quoted on all correspondence)

Primary Care Support England

PCSE Enquiries, PO Box 350
Darlington, DL1 9QN
Email: pcse.marketentry@nhs.net
Phone: 0333 014 2884

**Sent via email to all interested parties
on the distribution list**

26 September 2025

Dear Sir/Madam,

**Re: No significant change relocation to Windmill Hill Public House Shop,
Windmill Hill, Cheshire, WA7 6QZ by Wise Pharmacies Ltd**

We have received the above application, a copy of which is enclosed, and Cheshire and Merseyside ICB has completed their preliminary checks. We are now notifying interested parties of the application.

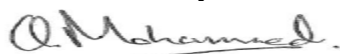
If you wish to make written representations on this application, they should be sent to me at the above address within 45 days of the date of this letter i.e. by **10 November 2025**. You should note that any comments submitted will be shared with other interested parties and the applicant and may be shared under the Freedom of Information Act as requested.

Cheshire and Merseyside ICB will consider all representations that are received and will arrange an oral hearing to determine the application if it identifies a matter on which it wishes to hear further evidence.

Please ensure you include our reference (see above) in the subject line of your email as this will help us file your representations with the correct application as quickly as possible.

I can confirm that no information that has been received in relation to this application is being withheld under paragraph 21(4), Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

Yours faithfully,

A handwritten signature in black ink, appearing to read 'Q. Mohammed'.

Qasim Mohammed
Pharmacy Market Administration Services.

Enc.

NHS England's [Privacy Notice](#) describes how we use personal data and explains how you can contact us and invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

Agenda Item 5

Ferndale Mews Care Home

Enter & View visit

17 September 2025



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What is Enter & View?

People who use health and social care services, their carers, and the public generally, have expectations about the experience they want to have of those services and want the opportunity to express their view as to whether those expectations were met.

Healthwatch Halton has statutory powers to carry out what we describe as *Enter and View* visits. These visits help us in our role as the independent local champion for health and social care.

Our trained staff and volunteers visit services to see them in action and to listen to what people tell us about their experiences. We are not inspectors – we visit as independent observers to understand what works well and where things could be better.

Before visiting Ferndale Mews, we sent a short pre-visit questionnaire to the manager and invited staff and relatives to complete online surveys. The responses have been used in preparing this report.

Why did we carry out this visit?

Enter and View visits can take place for a variety of reasons, for example to find out more about a particular service, or in response to public feedback.

This visit was part of Healthwatch Halton's statutory Enter & View programme.

The aim was to:

- Learn more about the service and how it supports residents.
- Highlight what appears to be working well.
- Identify any areas where improvements could be made.

Our Enter & View visits are not designed to identify safeguarding issues. If concerns arise during a visit, they are reported in line with Healthwatch safeguarding procedures.

No safeguarding concerns were identified during this visit.

Methodology

The visit involved:

- Observing the physical environment of the service.
- Speaking with residents, staff, and the management team.
- Reviewing any information or materials displayed to the public.
- Taking notes in a non-intrusive manner and feeding back general impressions.

Enter & View Visit Report

Care Home: Ferndale Mews Care Home, St Michael's Road, Widnes WA8 8TF

Registered Provider: Landona House Limited

Manager : Violet Jowett

Healthwatch Halton Enter & View Team:

Dave Wilson, Jude Burrows

Date and time of visit: Wednesday 17 September 2025, 10:15 am – 12:20 pm

DRAFT

Disclaimer

Please note that this report is related to findings and observations made during our visit.

The report does not claim to represent the views of all service users, only those who contributed.

Initial Impressions

Ferndale Mews Care Home is situated on St Michael's Road in Widnes, within a residential area close to local amenities. While there are no directional road signs, the home itself has a clear sign outside. Parking was easy, with several spaces available including disabled bays.

The main entrance is to the side of the building and may not be immediately obvious to first-time visitors, as a neighbouring care home, Ferndale Court, has a more prominent frontage. Parking at the home was straightforward during our visit, with several spaces available including a small number of designated disabled bays. Entry to the home is secured by a doorbell system, and visitors are asked to sign in on arrival.

The manager, Violet Jowett, welcomed us warmly, and hand gel was available via a wall-mounted dispenser.

The reception area included feedback opportunities with both a QR code and freepost paper forms, plus a suggestions box. The most recent **CQC rating (Good)** was clearly displayed. The manager's office is adjacent to reception.

Inside, there was a comfortable seating area where residents were enjoying drinks while music played. An *Employee of the Month* display featured photos of staff chosen by residents and visitors.



Manager Feedback

Violet spoke openly with us about the home and the people who live there. She told us that since the service became part of Landona House Care Group, there has been a stronger focus on person-centred care and more support from the regional team.

She told us about the improvements being made around the home, explaining that the new provider has already funded redecoration and further refurbishment is planned. The home was fully occupied on the day of our visit, with 34 residents supported by 38 staff.

Staffing levels were described as good overall. There are 13 staff on duty during the day and five overnight, including registered nurses on both shifts. Staff receive regular supervisions every two months and annual appraisals. Violet also told us that training

is a strong focus, with staff completing mandatory topics such as hydration, pressure care (*React to Red*), infection prevention, and the *Dip or Not to Dip* urinary infection course.

She explained that the home has good links with local health professionals, including GPs from two surgeries, the Vision Call optical service, LLAMS and the audiology team. Access to dental care can be difficult, especially for residents with dementia, and this remains an area of challenge across the sector.

Violet also discussed some practical issues facing the home, such as the difficulty getting X-rays done at the Widnes Urgent Treatment Centre, which means residents often need to go to A&E instead. She told us that communication with local hospitals can also be slow at times, particularly around discharge paperwork.

Falls are monitored closely, with 21 recorded in the six months before our visit – a slight increase on the previous period. Violet explained that this reflects residents' changing needs rather than a fall in standards, and that each incident is reviewed through the *Radar* system with families and professionals informed.

Safeguarding procedures are well established, with three designated leads and staff training refreshed annually. The home also holds regular *Resident of the Day* reviews, six-monthly care plan reviews, and *You Said, We Did* updates to share feedback and actions taken.

Violet came across as open, approachable and committed to keeping the home safe, welcoming and continually improving for residents.

General observations

Ferndale Mews is split into two floors, each housing 17 residents. The home was at full occupancy (34 residents) on the day of our visit, 19 nursing and 15 residential residents.

The building was warm, clean, and homely, with music playing and personal touches such as resident photographs, artwork, and ornaments. Brightly coloured toilet and shower doors aid orientation, with blue toilet seats for contrast. Some corridors had white handrails that blended into the pale coloured walls; this could be improved for dementia friendliness. A few light fittings required repair.



There is a **hairdressing room** which was in use during our visit, and a **spacious garden** with seating, a greenhouse, and decorations.

The ongoing refurbishment funded was visible, with some areas showing fresh décor and others mid-upgrade.



Upstairs Area

Seventeen residents live on the upper floor. Eight were seated together in a lounge area, listening to music.

Another two rested in a nearby seating space. The dining room was nicely laid with flowers and napkins, but the pictorial menu on the wall showed was out of date and displayed the wrong menu items. A printed text version of the menu was available.

Bedrooms featured display boxes beside the doors showing photos and keepsakes, giving a personal feel.

We noted one toilet seat was loose and required fixing.



Downstairs Area

The ground floor mirrored the upstairs layout. We saw staff offering drinks and checking on residents, with friendly, patient interactions. One resident was assisted to put on her glasses so she could watch television, which she clearly enjoyed.

Another lounge at the end of the corridor was bright and inviting, with plans to convert it into a calming sensory room in future.

Some corridor areas were awaiting re-decoration and lighting repairs.



Staff and Activities

We met many staff during our visit around the home. All were in uniform and wore dementia-friendly name badges. Staff interactions were warm and respectful; alarm calls were answered promptly.

We spoke with Katie, the Activity Coordinator, who explained how her role had evolved as residents' needs changed. She adapts daily sessions to individual abilities and preferences, from arts and crafts to one-to-one conversations. We observed her gently supporting a resident who became upset by taking a calming walk with her.



During our visit we also observed a carer kneeling beside a resident to help them drink – a thoughtful, person-centred approach demonstrating dignity in care.

Residents and Family Feedback

We spent time speaking with residents and their families to hear about their experiences.

Residents we spoke with were generally positive about the home. One woman listening to Beatles music said, *'I like it here. The staff are nice.'* She mentioned that her hearing aid was missing, and we informed the manager about this during our visit. Another resident, proud of her freshly styled hair, said she was happy and that staff were *'nice girls.'*



One visitor told us about their mum who was a resident at the home, *'She has been at Ferndale Mews for almost two years now... I visit a couple of times a week and I've always found the care provided to be good. They keep me updated regularly and I've always found the staff to be helpful and caring with Mum.'*

Another visitor said his wife had lived at the home for 17 months and was *'very happy'*. He praised staff as *'dedicated and professional'* and described the home as *'first class.'*

Summary

During our visit we found Ferndale Mews to be a warm, caring and supportive environment. Staff demonstrated professionalism and compassion in their interactions, and family members we spoke with expressed confidence in the care provided.

The home appeared well led, with open communication between the manager, staff and families. In particular, the refurbishment work, infection-control measures and safeguarding systems reflected a clear commitment to ongoing improvement.

Areas where improvements could further enhance quality include:

- Updating signage and handrail contrast for dementia friendliness.
- Keeping menus and noticeboards current.
- Completing minor maintenance works such as lighting and seating repairs.
- Ensuring Healthwatch Halton and Advocacy Hub information is clearly displayed.

Overall, we observed a positive and caring atmosphere where residents appeared settled and comfortable. Staff were friendly, attentive, and seemed to know the residents well. The home's leadership was open to feedback and already making a number of improvements.

The recent investment from the new provider, along with the commitment of the manager and staff, means the home is well placed to keep improving and maintain good standards of care.

Recommendations and suggestions

Based on what we saw and heard during our visit, we've suggested the following actions that could help further improve residents' day-to-day experience.

1. Continue refurbishment work, prioritising lighting repairs and dementia-friendly contrasts on handrails and doors.
2. Ensure pictorial menus and noticeboards are updated daily.
3. Make Healthwatch Halton and Advocacy Hub information visible in communal areas.
4. Display a copy of the complaints policy in rooms and provide to families proactively.
5. Introduce more sensory and reminiscence spaces as planned to support wellbeing.
6. Ensure regular review of family communication systems (Resident of the Day, meetings, *You Said We Did* board).
7. Continue monitoring falls data to identify trends and share learning with staff.

Acknowledgements

Healthwatch Halton would like to thank the manager, staff, residents, and visitors at Ferndale Mews Care Home for their warm welcome, time, and openness during our visit.



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Decision Making Policy & Procedure

Version: 7

Approved: September 2025

Review: September 2027

Decision Making Policy & Procedure

1. Why have a Decision-Making Policy & Procedure

- 1.1. As part of the approach of local Healthwatch delivered by ECS regarding good governance, it is essential that there are in place clear, effective, transparent decision-making processes. This policy will provide clarity of where and what decisions are taken, by whom and whose responsibility it is to action. This will include ensuring key strategic decisions are evidenced based, transparent and lead to real outcomes. All Healthwatch Independent Strategic Advisory Board members and staff will be required to undergoing regular training on how to discharge their decision-making functions.

2. What is the Legal Framework?

- 2.1. The Health and Social Care Act 2012 introduced Healthwatch from 1st April 2013. Each of the 153 upper tier local authority areas in England has its own local Healthwatch organisation. Funding for local Healthwatch was devolved from the Department of Health to each local authority who were then responsible for commissioning a provider to develop an independent Healthwatch organisation in their area. Following a competitive tendering process, the local authority appointed Engaging Communities Solutions CIC (Community Interest Company) as the provider of Healthwatch.
- 2.2. As holder of the contract from the Local Authority for the development and delivery of Healthwatch, and in accordance with the Companies Act 2006, the Engaging Communities Solutions CIC (ECS) Board of Non-Executive Directors remain accountable for ensuring that Healthwatch is meeting its statutory and contractual requirements during the contract period. This will be governed by the Engaging Communities Solutions CIC Board who provide strategic leadership and promote good governance and accountability on all contractual, legal, and financial duties of Healthwatch.
- 2.3. Overseeing the day-to-day operations of Healthwatch will be the responsibility of the Healthwatch CEO in conjunction with the Chief Executive of Engaging Communities Solutions CIC.

3. Local Healthwatch Governance

- 3.1. ECS has developed a framework from over ten years successful implementation and delivery of multiple local Healthwatch organisations within the Midlands, Northwest, and East of England. This experience has identified that the more complex the governance structure, often the more the nature, role and responsibilities of the Board lack clarity.

Decision Making Policy & Procedure

- 3.2. Our experience has also proven that, due to the contracting and accountability arrangements between Local Authority commissioners and the contracting body, a traditional Fiduciary Board structure only adds to a lack of clarity.
- 3.3. ECS have adopted a model of an Independent Strategic Advisory Board (ISAB). Such a model removes any complexities whilst at the same time provides an effective mechanism to access both external lay and professional wisdom and generate insights and ideas which can only come with distance from the day-to-day operations.
- 3.4. Delivery of the contract against the specified outcomes (KPIs) will be closely monitored by the Chief Executive of Engaging Communities Solutions CIC and the Local Authority Commissioner as part of the contract management process.
- 3.5. The ISAB's core work includes setting strategic priorities for Healthwatch as aligned to the statutory and contractual requirements; reviewing and modifying strategic plans; and observing the execution of work programmes providing added independent lay insight and overview.
- 3.6. Delegated authority is given by the ECS Board to the ISAB to take a series of decisions, called Relevant Decisions, regarding the work programme.
- 3.7. To guide the ISAB there are regulations provided by the government as set out in this policy and procedure.

4. Relevant Decisions

- 4.1. Regulation 40 of the NHS Bodies and Local Authorities (Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch) Regulations 2012 state that each local Healthwatch must have a procedure for making relevant decisions, specifically to include:
 - 4.1.1. Provision as to who may make relevant decisions
 - 4.1.2. Provision for involving lay persons or volunteers in such decisions
 - 4.1.3. Provisions for dealing with breaches of any procedure referred to in the two previous points, which should include circumstances in which a breach would be referred to the relevant Local Authority
- 4.2. Relevant decisions to be taken by the ISAB include:
 - 4.2.1. When to escalate issues to Healthwatch England and/ or the Care Quality Commission and other regulators
 - 4.2.2. Which health and social care services Healthwatch is looking at covering with its priority projects, special projects, and activities
 - 4.2.3. Whether to request information from commissioners and providers

Decision Making Policy & Procedure

- 4.2.4. Whether to make a report or recommendation to a service provider
- 4.2.5. Which premises to Enter and View and when those premises are to be visited
- 4.2.6. Whether to refer a matter to an overview and scrutiny committee
- 4.2.7. Whether to report a matter concerning Healthwatch's activities to another person
- 4.2.8. Any decisions about sub-contracting/ commissioned work

4.3. Relevant decisions do not include

- 4.3.1. Operational delivery.
- 4.3.2. Operational decisions.
- 4.3.3. A platform for personal agendas.
- 4.3.4. Managing or directing staff.
- 4.3.5. Performance management of staff or Engaging Communities Solutions CIC.

5. Procedure for making relevant decisions.

- 5.1. Relevant decisions will be made by the ISAB within meetings in public paying due regard to intelligence and the public voice gathered through or during:
 - 5.1.1. Board meetings in public
 - 5.1.2. Project priorities/ workstreams
 - 5.1.3. Stakeholder and community engagement activities
 - 5.1.4. Focus groups
 - 5.1.5. Surveys, questionnaires, and consultations.
- 5.2. A relevant decision will be recorded in the minutes or notes of the ISAB meeting at which the decision was made and published on the Healthwatch website. The note will reflect the reasons for the decision.
- 5.3. Most relevant decisions will be made at Healthwatch ISAB meetings in public. When it is necessary to make a decision at other times, they will be ratified at the subsequent ISAB meeting in public. If an urgent decision needs to be taken and the ISAB cannot be urgently contacted, then the ISAB Chair will make a decision on approving the decision or not. As soon as possible thereafter, the ISAB will be informed of the Chair's decision and it will be recorded in the minutes of the next public ISAB meeting.
- 5.4. All decisions will be based on a thorough understanding of the following:
 - 5.4.1. Whether the decision is related to the role of Healthwatch

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- 5.4.2. What problem or potential problem the decision will address
- 5.4.3. What evidence there is to justify making the decision
- 5.4.4. What the decision needs to accomplish (e.g. (e.g. outcomes and impact)
- 5.4.5. What are the risks in making the decision?
- 5.5. Most of the decisions approved by the ISAB will be applicable to the work of Healthwatch and will be discussed as part of the annual planning cycle and, when agreed, included in the work plan. This will include gathering evidence, research, priority setting, monitoring processes and reporting outcomes.
- 5.6. A key feature of this process is involving members of the public to identify which health and social care issues or areas of interest are important/ concerning to them to choose as priority projects. To determine priority projects for the annual work programme, the ISAB will use a basic scoring tool, with guides for marks allocation, based on the following decision- making principles to help to set and prioritise its workload: (This process will also apply to help to determine if the ISAB wishes to proceed with a special project)
 - 5.6.1. How much evidence is available about the issue? (1 being limited evidence from limited sources, 4 being well researched with a range of evidence from a range of robust sources)
 - 5.6.2. Is the issue going to impact on lots of people? (1 being relatively little, 4 being community wide and likely to affect large numbers of people)
 - 5.6.3. What is the impact on people on community groups who experience health inequalities and who feel their voice is seldom heard? (1 being relatively little, 4 likely to affect large numbers of those seldom heard)
 - 5.6.4. Does the issue help Healthwatch to have a positive influence on health and social care services? (1 being unlikely to, 4 being highly likely to)
 - 5.6.5. Does the issue align with local strategies and needs assessments? (1 being little alignment, and 4 being significant alignment)
 - 5.6.6. Is the issue already being dealt with effectively by someone else? (1 being dealt with satisfactorily by someone else, 4 not being dealt with at all)
- 5.7. Decisions on determining the Healthwatch annual priority projects will be scored on the attached Healthwatch Priority Project Decision Checklist (Appendix 1) and the outcome of the decision will be recorded in the minutes of the meeting of the ISAB meeting, which are published on the Healthwatch website within five working days of approval by the ISAB.
- 5.8. The checklist will only be used for annual priority project decisions. All other relevant decisions will be recorded in the narrative of the minutes of the public ISAB minutes to reflect the reason for the decision and the date it is ratified.

Decision Making Policy & Procedure

- 5.9. In this context, the decisions to be taken only relate to “public facing” activities as it is the responsibility of the Healthwatch CEO to manage internal operational activity.
- 5.10. Adherence to this procedure and in line with the ISAB Framework and Terms of Reference is essential to ensure that Healthwatch are an open, trustworthy, and credible organisation able to fulfil its purpose.

6. Actions following a breach of the procedure for making relevant decisions.

- 6.1. There may be times when an extraordinary and/ or urgent event necessitates that this procedure is knowingly breached because there is neither time to seek wider involvement in the decision, or the matter is too sensitive to do so. In this case the following action will be taken:
 - 6.1.1. As soon as anyone identifies a possible breach, they must report it to the Healthwatch CEO, who will immediately notify the Chair of the ISAB and ECS Chief Executive.
 - 6.1.2. The Healthwatch CEO will prepare a written report for the ISAB and ECS Chief Executive explaining:
 - If a breach of the decision-making process has occurred
 - If so, the nature of the breach/ breaches and what decision(s) were affected
 - Any remedial action to prevent a reoccurrence in the circumstances where a breach has occurred.
 - 6.1.3. The ISAB will approve a final report which will subsequently be published on Healthwatch website.
 - 6.1.4. If appropriate to do so, they will notify the commissioning officers at local authority once the assessment is complete and the report published.

7. Review of the Decision Making Policy and Procedure

The ECS Board will review the effectiveness of this policy and procedure every year.

The amended policy document will be published on the website of ECS and the Healthwatch services it delivers as soon as is practicable.

Decision Making Policy and Procedure	
Version	7

Decision Making Policy & Procedure

Author	Simon Fogell
Approved by	Board of ECS
Date approved	September 2025
Effective date	September 2025
Review date	August 2027

Appendix 1

Healthwatch Priority Project Decision Checklist

Name of Healthwatch			
Proposer: (Project lead)		Date proposed:	
Decision to be made on which Health and Social Care services should HW agree as priority projects.			
Summary of decision to be made <i>(complete one form for each priority project that is being considered, e.g. "A decision is required on whether maternity should be a priority project for HW this year because of the following evidence/ intelligence received...")</i>			
How much evidence is available about the issue? (1 being limited evidence from limited sources, 4 being well researched with a range of evidence from a range of robust sources) <i>Insert detail...</i>			
/4 Reason for score:			
Is the issue going to impact on lots of people? (1 being relatively little, 4 being community wide and likely to affect large numbers of people) <i>Insert detail...</i>			
/4 Reason for score:			

Decision Making Policy & Procedure

What is the impact on people on community groups who experience health inequalities and who feel their voice is seldom heard? (*1 being relatively little, 4 likely to affect large numbers of those seldom heard*)

Insert detail...

/4

Reason for score:

Does the issue help Healthwatch to have a positive influence on health and social care services? (*1 being unlikely to, 4 being highly likely to*)

Insert detail...

/4

Reason for score:

Does the issue align with local strategies and needs assessments? (*1 being little alignment, and 4 being significant alignment*)

Insert detail...

/4

Reason for score:

Is the issue already being dealt with effectively by someone else? (*1 being dealt with satisfactorily by someone else, 4 not being dealt with at all*)

Insert detail...

/4

Reason for score:

Total score: /24

Vote of ISAB members taken: Y/N

Majority reached: Y/N

Decision Making Policy & Procedure

Decision of the ISAB:
Reasons why the decision was made:
Date decision ratified:

Healthwatch Halton Workplan 2025 – 2026

April 2025 – March 2026

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Statement of Compliance – Decision-Making Policy (V7, September 2025)

- The 2025–2026 Workplan has been developed and approved in line with the **ECS Decision-Making Policy and Procedure (Version 7, September 2025)**.
- Priorities were informed by:
 - Local intelligence and insight from public feedback
 - Community engagement findings
 - System priorities across Halton and One Halton
- The Workplan was **formally approved by the Independent Strategic Advisory Board (ISAB)**.
- This meets the requirement for involving the ISAB in **Relevant Decisions** as set out in:
 - **Regulation 40** of the NHS Bodies and Local Authorities Regulations 2012
 - **Section 4.2** of the Decision-Making Policy
- Relevant Decisions covered include:
 - Annual **priority projects and focus areas**
 - **Enter & View programme** planning
 - **Insight reporting** and influencing priorities
 - **Engagement and outreach programme**
- Any **new or urgent issues** that arise during the year:
 - Will be managed in line with **Section 6 (urgent decisions)** of the policy
 - Will be **reported to ISAB for ratification**
 - Will be recorded to maintain transparency and accountability

The eight main statutory functions of a Local Healthwatch

1. Promoting and supporting the involvement of local people in the commissioning, the provision and scrutiny of local care services.
2. Enabling local people to monitor the standard of provision of local care services and whether and how local care services could and ought to be improved.
3. Obtaining the views of local people regarding their needs for, and experiences of, local care services and importantly to make these views known.
4. Making reports and recommendations about how local care services could or ought to be improved within an overall framework that recognises financial constraints. These should be directed to commissioners and providers of care services, and people responsible for managing or scrutinising local care services and shared with Healthwatch England.
5. Providing advice and information about access to local care services so choices can be made about local care services.
6. Formulating views on the standard of provision and whether and how the local care services could and ought to be improved; and sharing these views with Healthwatch England.
7. Making recommendations to Healthwatch England to advise the Care Quality Commission to conduct special reviews or investigations (or, where the circumstances justify doing so, making such recommendations direct to the CQC); and to make recommendations to Healthwatch England to publish reports about particular issues.
8. Providing Healthwatch England with the intelligence and insight it needs to enable it to perform effectively.

Introduction

About us

Healthwatch Halton is the independent champion for people who use health and social care services in the borough of Halton. Our role is to ensure that the voices of local people are heard by those who commission, deliver, and regulate health and social care services. We listen to experiences—positive or negative—and use that feedback to help drive improvements across local services.

Local Healthwatch organisations were established in 2013 as part of the Health and Social Care Act 2012, replacing previous patient and public involvement structures. Since then, we have worked to strengthen the voice of the public in shaping care.

We also provide **signposting, information, and support** to help people make informed choices about their health and social care needs.

Healthwatch Halton is delivered by **Engaging Communities Solutions CIC**, a not-for-profit community interest company dedicated to involving people in the design and delivery of public services. See here for further details: www.weareecs.co.uk

As part of the national Healthwatch network, Healthwatch Halton also works closely with Healthwatch England to ensure that local views can inform national policy and change.

Our responsibilities

All local Healthwatch are required to:

- Gather and represent the views and experiences of people who use health and social care services.
- Ensure the diverse communities they serve have a voice in how services are designed and delivered.
- Share people's experiences with those who have the power to make services better, including NHS bodies, local authorities, and service providers.
- Provide people with information about local health and social care services to help them make informed choices.
- Recommend improvements to services based on what people tell them.

- Report concerns about the quality of care to Healthwatch England or relevant regulatory bodies, such as the Care Quality Commission (CQC), where appropriate.
- Work collaboratively with other local organisations, including voluntary groups and patient representative bodies.

Local Healthwatch benefit from having Healthwatch England as their national body. It gives local Healthwatch a stronger voice by providing a route to escalate serious or ongoing concerns to national decision-makers, such as NHS England and the Department of Health and Social Care. This ensures that the views and experiences of local communities can help influence change at a national level.

Healthwatch England also offers essential support to local Healthwatch through training and practical resources etc. See here for details: www.healthwatch.co.uk

We will meet our responsibilities by:

Listening to people from all communities in Halton; helping to involve people in decisions about their care and how it is delivered, giving people information to make choices about their health and care and working in partnership to make change happen.

As Healthwatch Halton, we will give critical challenge to highlight where improvements can be made, be the voice of the public, show the impact our work can make and work hard to listen to people throughout the borough.

Our Aims

This year, our strategic focus will be to:

- **Make every voice count:** Encourage more people across Halton to share their experiences of health and care services, making sure everyone feels heard—especially those whose voices often go unnoticed.
- **Raise awareness of Healthwatch Halton:** Help more local people understand who we are, what we do, and how they can get involved to shape the services they use.
- **Work together for better services:** Strengthen partnerships with the NHS, care providers, and community organisations to make real improvements based on what local people tell us.

- **Champion fair and equal access:** Highlight issues that prevent people from getting the care they need, and work with services to tackle these barriers.
- **Use what we hear to drive change:** Collect and share people's stories and feedback to influence how services are planned and delivered in Halton.

Priority areas from April 2025 to March 2026

These priorities have been shaped through extensive community engagement and direct feedback from Halton residents, as well as insights drawn from local PLACE plans and the strategic concerns of Halton Borough Council. This approach ensures our focus aligns with what matters most to people locally and is responsive to broader system-level issues identified in local health and care planning.

Access to Primary Care services: (Quarters 1–4)

This has been a long-standing priority for Healthwatch. Work has already been taking place during 2024 to look at access to GP services.

A joint report on access to GP services across Cheshire & Merseyside is due for publication in Q1, (April to June 2025). A Halton focussed report will also be produced.

Focus: Improving access to GP services and reducing appointment delays.

- Gather feedback on GP availability, appointment systems, and out-of-hours access.
- Advocate for better booking systems and weekend/evening appointments.
- Assess impact of digital consultations on vulnerable groups.
- Promote patient awareness of available services and self-care resources.

Access to Women's services : Maternity Services and Women's Health

Focus: Supporting safe, personalised care before, during, and after pregnancy.

- Review maternity service availability and continuity of care.
- Investigate access to perinatal mental health and postnatal support.
- Address inequalities in maternity outcomes for young, disabled, or marginalised women.

Other issues to consider for 2025 – 2026

Treatment Room Services

Focus: Reviewing patient experience and access to Treatment Room services in Halton.

- Gather patient feedback on waiting times, service consistency, and ease of access.
 - Work with Bridgewater Community Healthcare NHS FT to identify areas for improvement.
 - Ensure that treatment room services are accessible, efficient, and meet the needs of local people.
-

Access to Urgent and Emergency Care

Focus: Understanding local experience and barriers in accessing urgent and emergency care.

Residents have also shared concerns around inconsistent access to local urgent treatment centres. Healthwatch Halton will investigate how well these services meet the needs of our population, and where improvements are needed to ensure safe, accessible care during urgent situations.

NHS data also shows that across the North West, many urgent and emergency care services continue to miss the targets for A&E treatment, with rising attendance rates and pressures on staff and resources

- Review access to Urgent Treatment Centres in Runcorn and Widnes.
- Collect resident feedback on A&E services at Whiston Hospital and Warrington Hospital.
- Explore barriers to timely, appropriate urgent care and promote public understanding of service options.
- Promote patient transport and accessibility improvements.

Access to NHS Dentistry

Focus: Tackling dental inequalities for children, families, and low-income adults.

- **Map dental deserts** – areas of Halton where no Dental practices are taking on new NHS patients.
 - **Gather local stories** from people forced to go private or go without due to lack of NHS availability.
 - **Highlight the financial strain** of dental costs for low-income households, including working families not eligible for free treatment.
 - **Raise awareness** of who qualifies for free or reduced-cost NHS dental care – many eligible adults and children aren't aware of their rights.
-

Digital Inclusion in Health Services

Focus: Ensuring digital health solutions do not widen inequalities.

- Assess usability of NHS apps, portals, and virtual appointments.
 - Identify gaps in digital access and skills across age groups.
 - Advocate for hybrid service models offering both online and face-to-face care.
-

Mental Health Services

Focus: Expanding timely, inclusive, and accessible mental health support.

- Evaluate access to CAMHS and adult mental health services.
- Highlight service gaps and advocate for local investment.

Measuring Impact

Through our activity plan, we have set clear aims and objectives as our delivery targets to achieve throughout the year to ensure we maximise the impact we have, in addition to our priority project work.

Activity	Aims and objectives
Enter and View Programme	<p>The annual programme is determined by intelligence received, follow-up actions from previous Enter and View visits and our standard programme of work.</p> <p>The focus on the Enter and View Programme for 2025–2026 will be care homes and other local health services.</p> <p>Aim: To carry out ten Enter and View visits from April 2025 to March 2026.</p> <p>We will aim to publish our reports and recommendations on the Healthwatch Halton website 40 days after the visit has taken place.</p>
Public Feedback	<p>We will continue to encourage the public to feedback their experiences of using local health and social care services.</p> <p>This feedback will form part of our regular reports to the Healthwatch Independent Strategic Advisory Board (ISAB) and be used to identify themes and trends in local services.</p> <p>This feedback will also form part of regular reports sent to service providers, commissioners, and stakeholders.</p> <p>Aim: To collect the experiences of 1,200 people between April 2025 and March 2026.</p>

Reporting	Healthwatch Halton will conduct independent reviews on various health and social care services. Reports will be published based on the intelligence we receive from members of the public and sent to the relevant Boards, commissioners, and contract monitoring officers.	Aim: To publish intelligence/insight reports on a quarterly basis.
Promotion	<p>We will ensure our services are widely available and promoted in a range of formats.</p> <p>Our website, Facebook, Twitter, Instagram, and other social media platforms will provide live updates on engagement topics, service delivery changes and enable networking with other organisations.</p>	<p>Aim: To see an increase in engagement numbers through our social media platforms</p> <p>To ensure that our website is updated regularly with relevant topics and issues.</p>
Strategic Influencing	Healthwatch Halton is represented on a wide range of Strategic Boards that oversee health and social care including the Health and Wellbeing Board, Health Policy and Performance Board and Halton Quality & Performance Group. We will work with these partnerships to ensure the voice of the public, patients, service users and carers are heard, and to provide guidance, and assurance on how to achieve this.	Aim: To ensure Healthwatch Halton remains a strong public voice in strategic decision making.

Healthwatch Independent Strategic Advisory Board (ISAB)	Develop a well-balanced ISAB with a complementary skill set and culture that allows collaborative working to enable effective decision making, and a platform in which the ISAB will formally agree and implement a plan of work.	Aim: To grow the number of ISAB members and to ensure the ISAB receives necessary training and support to fulfil its role during the year.
Volunteers	Volunteers play an essential role in the delivery of Healthwatch Halton. They add value and support us to achieve our mission and strategic objectives. By having an effective volunteer programme, Healthwatch Halton will provide opportunities for social inclusion, skills and confidence development and support routes into employment.	Aim: To develop a wider range of opportunities for people to volunteer with Healthwatch Halton, including work experience placements for students and young volunteers.
Additional funded projects	Healthwatch Halton will look at opportunities to take on additional funded projects or pieces of work that are aligned with our mission and values.	Aim: To generate additional income of 10% of the contract value to help sustain the current contract delivery and enhance the delivery offer.

Community Engagement	<p>Face-to-face: Our staff and volunteers will visit a range of community groups and outreach events to seek patient and public opinions and views. We will ensure our engagement activities focus on all communities in Halton and continue to earn their respect.</p> <p>We will also continue to seek the views of people, who in the past, have been in the minority in intelligence gathering.</p>	<p>Aim: Face-to-face: To undertake at least 120 outreach activities from April 2025 to March 2026.</p>
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One Halton priorities

Through our day-to-day work and our 2025-2026 priorities we will aim to contribute to the current One Halton priority areas.



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Agenda Item 6

Agenda Item 7

ISAB - Monthly Feedback Monitoring Report

July & August 2025

Summary

Across July and August 2025 we heard approximately 255 comments from local people about health and care services in Halton (July: ~140; August: ~115). Overall, people most valued kind and responsive staff across GPs, dentists, opticians and hospitals. Where things worked well, comments described prompt follow-up after PATCHs requests, clear explanations, and staff who took time to listen.

The main concerns were access to GP appointments (particularly reliance on online systems), long waits and poor communication in urgent and emergency care, and occasional pharmacy delays/errors. A small number of social care comments highlighted issues with continuity and the emotional impact on families. The monthly sections on the next pages set out the themes with illustrative quotes and the service-type breakdowns.

Introduction

Comments were gathered from social media reviews, outreach conversations, telephone calls and our online forms. The report summarises what people told us for each month, shows the distribution of comments by service type, and includes short quotes (with Record No. and date) to illustrate the themes. Emojis are used in the monthly sections to improve readability; the executive summary is kept clean for a professional overview.



July 2025 Feedback Summary


 Number of comments: ~140. Some feedback covered more than one service.

 Breakdown by service type

- Primary Care (GPs, Health Centres): ~45
- Pharmacies: ~35
- Dentists: ~20
- Opticians / Eye Health: ~25
- Hospitals (Whiston, St Helens, Warrington, Halton): ~25
- Social Care (Care Homes): 1

What's working well

GP surgeries and staff

 *"Completed a PATCHs request in the afternoon, had a call the same day and a face-to-face GP appointment the next evening. Doctor saw us on time and explained everything well." (The Beeches, Record 14204, 29/07/25)*

Patients valued practices that responded quickly and communicated clearly. Comments emphasised being listened to, helpful reception teams and appointments that happened when promised. Outreach feedback mirrored online praise, indicating consistency across channels.


"My dad who is 89 had his diabetic check today and the nurse was brilliant... staff are really good and supportive." (Newtown Surgery, Record 13514, 22/07/25)

"Kind, professional care — truly excellent team." (The Beeches Medical Centre, Record 13907, 30/07/25)

"First time patient... was made to feel very comfortable, reception was lovely." (Weaver Vale Practice, Record 13911, 30/07/25)

"Never had any problems with this surgery. Lovely staff too." (Murdishaw Health Centre, Record 13884, 30/07/25)

Pharmacies

 *"The best pharmacy in Widnes, all of the staff are lovely and so helpful. Nothing is ever too much trouble... always make time to check in with you." (Wise Pharmacy, Record 13943, 30/07/25)*

People praised friendly, reliable service and knowledgeable advice. A recurring positive was staff taking time with customers even when busy; however, some accepted waits as the trade-off for thorough service.

"Quick and efficient with travel vaccinations, helpful and informative." (West Bank Pharmacy, Record 13917, 30/07/25)

"Very helpful and quick service." (West Bank Pharmacy, Record 13916, 30/07/25)

"Always quite a wait... staff are thorough once you do get served." (Well Pharmacy, Record 13913, 30/07/25)

Dentists

“As someone who gets quite nervous, I was genuinely grateful for the dentist's calming and reassuring manner. They explained everything step by step, which made a world of difference.” (Peelhouse Dental Care, Record 13617, 30/07/25)

Dental feedback highlighted reassurance, clear explanations and gentle care, especially for anxious patients. Professionalism and continuity were frequently mentioned as reasons people would recommend their practice.

“Dr XX was amazing throughout surgery, checking I wasn't in any pain.” (Peelhouse Dental Care, Record 13615, 18/07/25)

“... kind, informative, honest and patient.” (mydentist Church Street, Record 13609, 25/07/25)

“Very good and very friendly service as always.” (Peelhouse Dental Care, Record 13618, 30/07/25)

Hospitals

“I had an inpatient stay of two months including ICU. Staff were kind, supportive and always kept things clean... overall I was well cared for.” (Whiston Hospital, Record 13373, 22/07/25)

Many people praised staff compassion across departments, especially Rheumatology, Dermatology and inpatient wards. Cleanliness and respectful care were consistent positives alongside good clinical outcomes.


“A fantastic little hospital... Rheumatology staff are simply fantastic.” (St Helens Hospital, Record 13651, 27/07/25)

“Everybody is friendly... a lot better here than in Halton and Warrington.” (Whiston Dermatology, Record 13377, 22/07/25)

“Lovely staff on Duffy unit.” (St Helens Hospital, Record 13622, 18/07/25)

What could be improved

GP access and PATCHs system

 *"At 74 and diabetic, I find PATCHs causes great anxiety... Where is the dignity for older patients?" (Fir Park Medical Centre, Record 13519, 16/07/25)*


Access remains the biggest pressure point. Older patients said online systems exclude them; others described disappearing slots and limited non-digital routes to book. Concerns centred on fairness and the stress caused by digital-only access.

"Appointments online disappear within minutes — very confusing for older patients." (Fir Park Medical Centre, Record 13600, 11/07/25)

"Receptionists just tell you to go on PATCHs without any help." (Fir Park Medical Centre, Record 13521, 16/07/25)

"Difficult to keep matters confidential when booking at reception." (Murdishaw Health Centre, Record 13885, 30/07/25)

Pharmacies


 *"Lost my wife's prescription, possibly given to someone else — controlled substance." (Nicholson's Pharmacy, Record 13892, 30/07/25)*

While most pharmacy comments were positive, some people experienced delays and errors. Under-staffing and queueing were common reasons given for frustration, even where staff apologised.

"Always quite a wait... they need more staff." (Well Pharmacy, Record 13913, 30/07/25)

"Know queues can be long but staff do apologise." (ASDA Pharmacy Runcorn, Record 13599, 27/07/25)

Hospitals

 *"Spent 24 hours with my mum (stage 4 cancer) at Whiston... patients ignored... dignity issues observed." (Whiston Hospital, Record 13281, 24/07/25)*

Serious concerns focused on very long waits in A&E, inconsistent communication during admissions and lapses in dignity. These experiences contrasted with many other positive inpatient accounts, showing variability under pressure.

"Overnight in A&E with a suspected heart attack, waited all night." (Whiston Hospital, Record 13628, 26/07/25)

"Waited over 7 hours in Warrington A&E, staff rude." (Warrington Hospital, Record 13276, 21/07/25)

"Information not always clear during inpatient stay." (Whiston Hospital, Record 13370, 22/07/25)

Social Care / Care Homes

 *"Croftwood Care Home gave my mum the wrong medication for 12 days... deeply concerned this could happen again." (Record 13517, 17/07/25)*

One significant safeguarding issue was reported. Family members expressed loss of confidence when medication errors persisted without being identified quickly.

August 2025 Feedback Summary


 Number of comments: ~115. Some feedback covered more than one service.

 Breakdown by service type

- Primary Care (GPs, Health Centres): ~30
- Pharmacies: ~25
- Dentists: ~15
- Opticians / Eye Health: ~25
- Hospitals (Whiston, St Helens, Warrington, others): ~20
- Community Services / Social Care: ~5

What's working well

GP surgeries and staff

 "I was genuinely feeling really down... reached out to my GP... listened, arranged referral and short-term pain relief. Turned my week around." (Peelhouse Medical Plaza, Record 13785, 08/08/25)


People appreciated being heard and having clear next steps. Quick call-backs, timely appointments and proactive referrals stood out as markers of good GP experiences in August.

"Excellent service... referral done the same day and next appointment within 7 days." (Murdishaw Health Centre, Record 13886, 13/08/25)

"Staff were brilliant, sorted my appointment first thing the next morning." (Grove House Practice, Record 13870, 05/08/25)

"Triage worked very well... appointment within hours, MRI arranged in days." (Fir Park Medical Centre, Record 13869, 13/08/25)

Pharmacies

 "I've been coming here for as long as I can remember... staff recognise me and it feels personal. Unbelievably prompt with prescriptions." (Nicholson's Pharmacy, Record 13893, 21/08/25)


Pharmacies were praised for friendly, reliable service and personal touches for regular customers. Speed of dispensing was highlighted as a strength this month.

"What a lovely friendly pharmacy... team are brilliant." (West Bank Pharmacy, Record 13935, 20/08/25)

"Couldn't be run any better, very professional, very friendly." (Peak Pharmacy, Record 13897, 20/08/25)

"Great service... warm and welcoming environment." (West Bank Pharmacy, Record 13922, 06/08/25)

Dentists

 *"My dentist is so lovely, friendly and understanding... I was terrified but don't mind any more." (mydentist, Church Street, Record 13888, 20/08/25)*


Dental teams helped people overcome anxiety through reassurance and clear information. Continuity and professionalism were frequently praised.

"Implants replaced... kept informed all the way along the journey." (Halton Road Dental Practice, Record 13875, 20/08/25)

"Always looked after very well, highly recommend." (Peelhouse Dental Care, Record 13724, 05/08/25)

"Superb practice... knowledgeable and friendly staff." (Widnes Dental Practice, Record 13940, 20/08/25)

Opticians / Eye Health

 *"Morgan Opticians repaired my spectacles in minutes and refused payment — incredible." (Morgan Opticians, Record 13883, 20/08/25)*


Eye care drew strong praise for going 'above and beyond', quick fixes and professional advice. People valued staff who were patient and welcoming.

"Specsavers fixed my bent frames — a miracle." (Specsavers Widnes, Record 14155, 27/08/25)

"Very friendly and patient staff... I didn't feel stressed." (i-Care Opticians, Record 13879, 22/08/25)

"Visited Specsavers Runcorn... very professional and welcoming." (Specsavers Runcorn, Record 13829, 19/08/25)

Hospitals

 "The care my husband received in Resus & intensive care was truly amazing... thank you from the bottom of my heart." (Whiston Hospital, Record 14163, 22/08/25)

Hospital praise focused on compassionate staff in surgical wards and intensive care. Families highlighted professionalism and clear explanations.


"Breast surgery at Whiston... excellent support and care from arrival." (Whiston Hospital, Record 14164, 22/08/25)

"Warrington A&E staff were wonderful and very caring." (Warrington Hospital, Record 13835, 17/08/25)

"Looked after me well during inpatient stay." (Warrington Hospital, Record 13834, 16/08/25)

What could be improved

GP access and PATCHs system

 "I'm 80, live on my own and don't do technology... bring back phone booking." (Fir Park Medical Centre, Record 14201, 18/08/25)

Access difficulties dominated August concerns. People described digital barriers, repeated signposting to PATCHs and the stress of chasing appointments over several days.

"Told to go on PATCHs even when I explained I can't use it." (Fir Park Medical Centre, Record 14200, 18/08/25)

"After five days of calling, I had to beg for an appointment despite a cancer history." (Bevan Group Practice, Record 14199, 18/08/25)

"Patients treated like numbers, poor interpersonal skills." (Murdishaw Health Centre, Record 13887, 20/08/25)

Pharmacies

“Overheard staff berating a polite young delivery driver... won't be using this pharmacy again.” (ASDA Pharmacy Widnes, Record 13864, 06/08/25)

Although many pharmacy reviews were positive, a minority reported poor staff attitudes and long queues. People want friendly communication alongside efficient dispensing.

“Staff sometimes rude, which puts me off coming here.” (West Bank Pharmacy, Record 13929, 06/08/25)

“Queues are always long, needs more staff.” (West Bank Pharmacy, Record 13921, 06/08/25)

Hospitals

“Waited over 17 hours in A&E with no pain relief... unacceptable.” (Warrington Hospital, Record 13795, 11/08/25)

Emergency care concerns focused on very long waits, overcrowding and dignity. Communication gaps were cited as adding to anxiety during long stays in A&E.

“Over 14 hours in A&E and still waiting.” (Whiston Hospital, Record 13837, 18/08/25)

“Women left sleeping in chairs overnight in A&E cubicles.” (Warrington Hospital, Record 14162, 23/08/25)

“Rude A&E staff, refused to help me stand though I was dizzy.” (Whiston Hospital, Record 13738, 06/08/25)

Community Services / Social Care

“Battling for autism support for years — the system is broken... reviews take months and you start again with a new worker.” (Adult Social Services, Record 14197, 21/08/25)

Community feedback pointed to delays, poor continuity and some insensitive interactions. People wanted joined-up support and for case histories to be read before visits.

“Told if I could go on holiday, I didn't need home visits.” (Community Matrons, Record 14196, 29/08/25)

“Two years at a dressing clinic; only improved after hospital admission.” (Widnes Urgent Treatment Centre, Record 14202, 18/08/25)

The Experience of Health, Care and Community Services

A trends analysis report by Healthwatch Halton



Healthwatch is your local independent health and social care champion. We listen to people's stories, good and bad, and report on their collective experience. In this report, we examine the experience of local health, social care and community services.

Qualitative Feedback, 1 July - 30 September 2025

Index and overview of findings



492

Data Source

This report is based on the experience of 492 people. Feedback has been obtained from a variety of sources, including general engagement and comments posted online (including Care Opinion, NHS and social media). More on page 4.



70%

Overall Satisfaction

Overall satisfaction is at 70% positive, 29% negative and 1% neutral, according to feedback.

Feedback suggests people receive good quality, compassionate treatment and care on the whole, with good levels of involvement. Service access (booking and waiting times) and communication are leading negative topics.



72%

Information, Involvement and Support

Satisfaction is at 72% positive, 27% negative and 1% neutral, comments suggest.

This quarter, complaints are down by 6% on communication and by 1% on support, while up by 7% on user involvement. More on page 5.



86%

Quality and Empathy

According to comments, satisfaction is at 86% positive, 13% negative and 1% neutral.

Good levels of quality and empathy continue to be reported. More on page 5.



46%

Access to Services

Satisfaction is at 46% positive, 53% negative and 1% neutral.

This quarter, complaints are down by 11% on ability to book appointments, by 5% on waiting times and by 1% on telephone access. More on page 5.

Disclaimer: The trends within this report are based on service user comments we have obtained from sources outlined on Page 4. Comments obtained from these sources may not be representative of all service users experiences or opinions.

"I arrived late for my appointment due to traffic, but the practice nurse made sure I was seen that afternoon. Top service."



64

GP Services

Satisfaction is at 52% positive, 46% negative and 2% neutral, according to feedback.

64 people comment on GP services. Feedback suggests patients would like greater levels of access, empathy, involvement, communication and support. More on page 9.



50

Dentists

Comments suggest satisfaction is at 82% positive, 17% negative and 1% neutral.

50 people comment on dentists, with accounts of excellent treatment, care and customer service recorded. Good levels of information and involvement are also reported. NHS treatment is an issue, for some. More on page 10.



221

Hospitals (Halton General, St Helens, Warrington, Whiston)

Satisfaction is at 66% positive, 33% negative and 1% neutral, comments suggest.

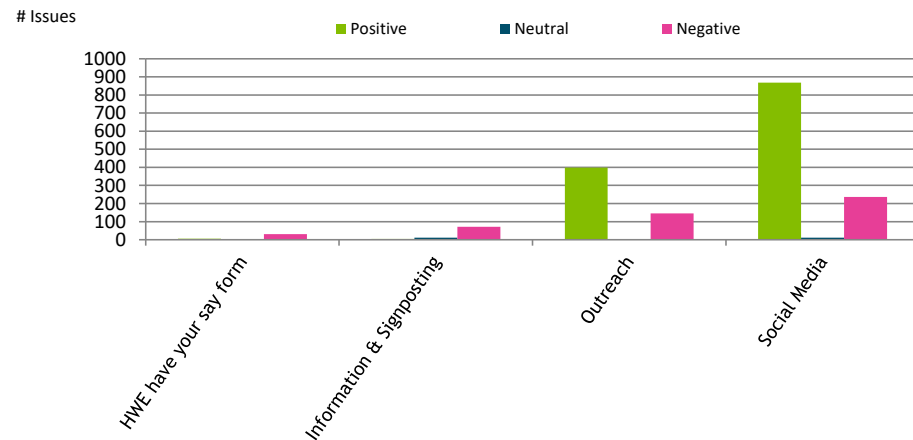
221 people comment this quarter. Experiences reflect good quality treatment and care, with good levels of support. Service access, particularly waiting times is a leading negative topic. Feedback suggests patients would also like greater levels of communication and involvement. More on page 11.

Disclaimer: The trends within this report are based on service user comments we have obtained from sources outlined on Page 4. Comments obtained from these sources may not be representative of all service users experiences or opinions.

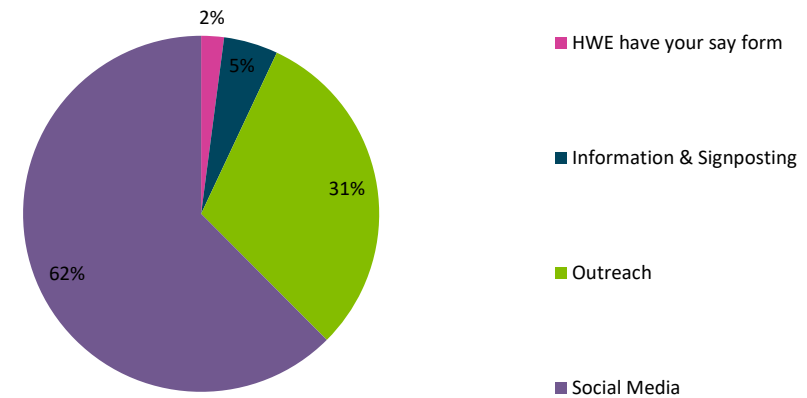
1. Data Source: Where did we collect the feedback?



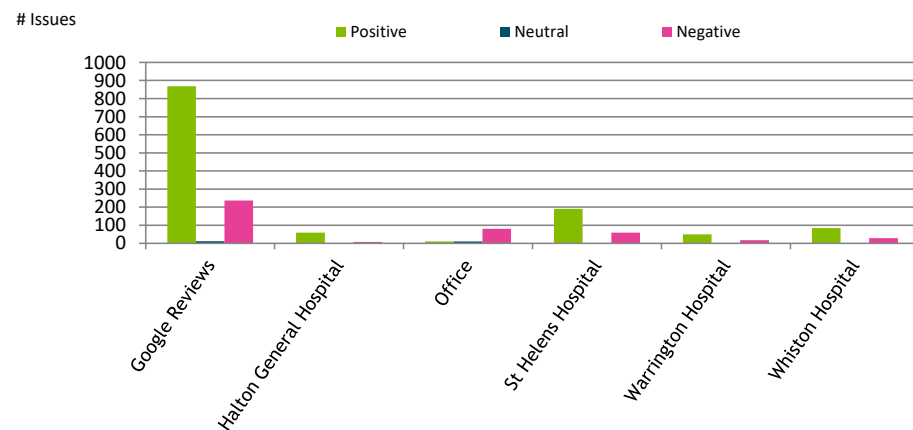
1.1 Source: 1842 issues from 492 people



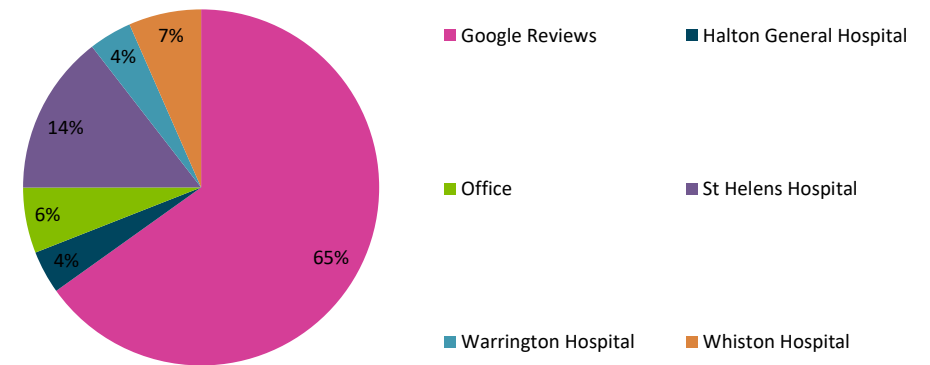
Sources providing the most comments overall



1.2 Origin



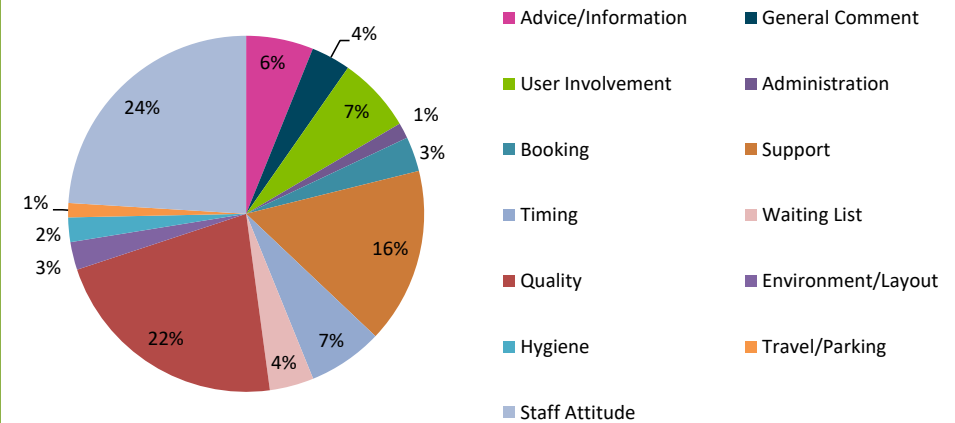
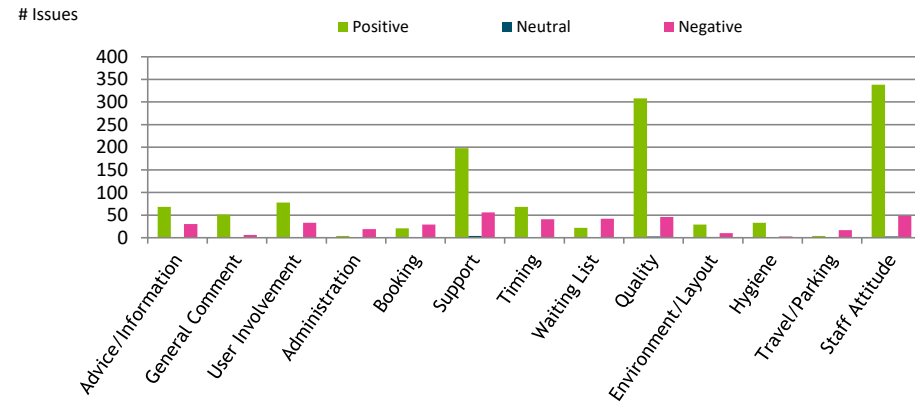
Origins providing the most comments overall



2. Health and Care Services: Which service aspects are people most commenting on?

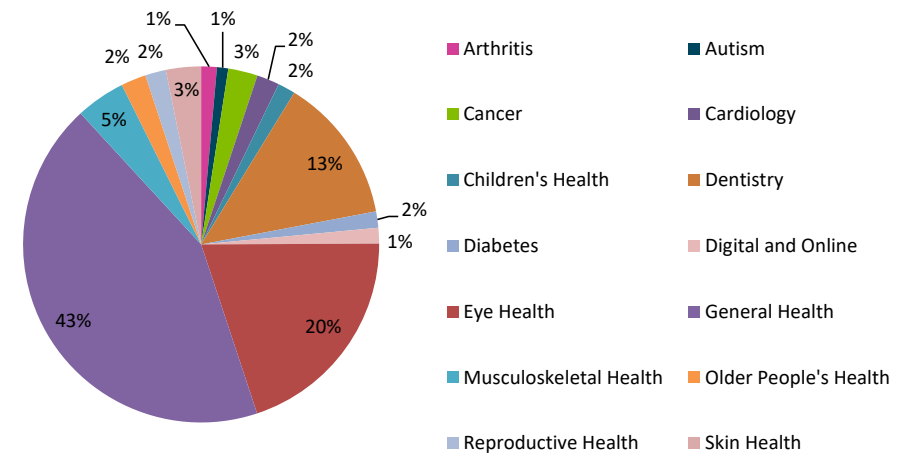
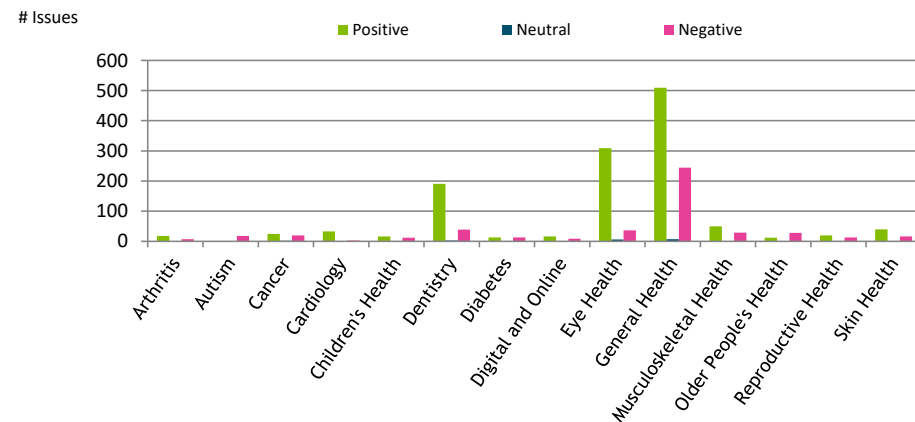


2.1 Top Trends: 1836 issues from 490 people



Issues receiving the most comments overall. See pages 20-21 for issue descriptions.

2.2 Stated medical conditions

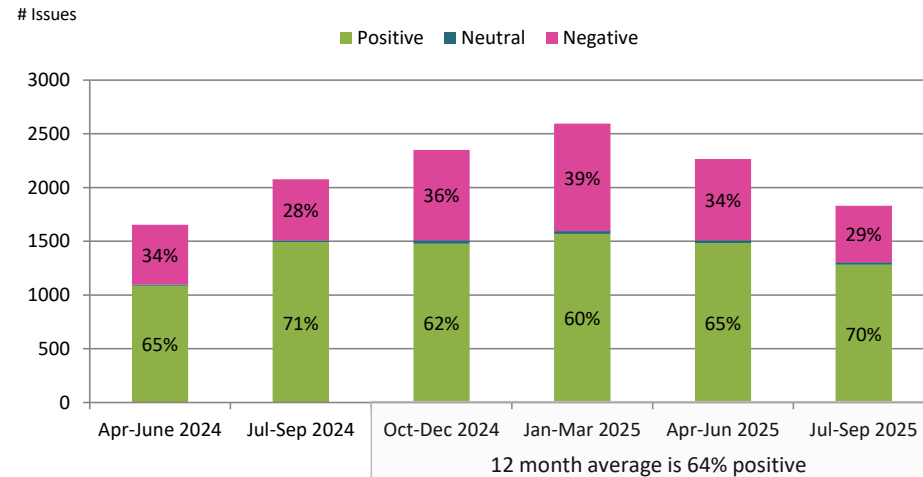


Medical conditions receiving the most comments overall

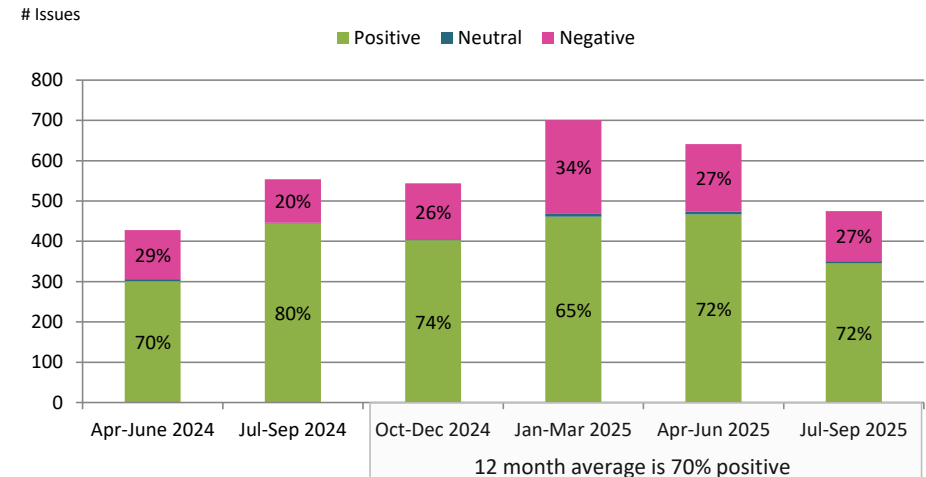
3. Timeline: On the whole, how do people feel about Health and Care services?



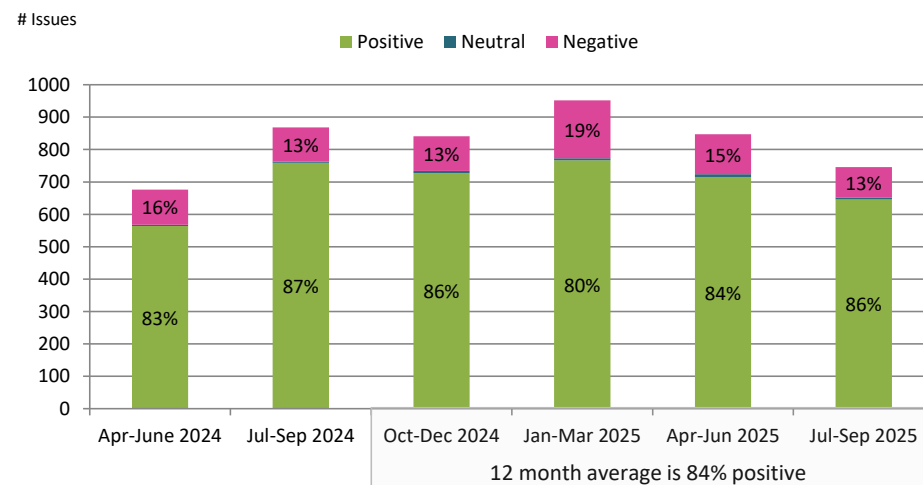
3.1 How do people feel about services overall?



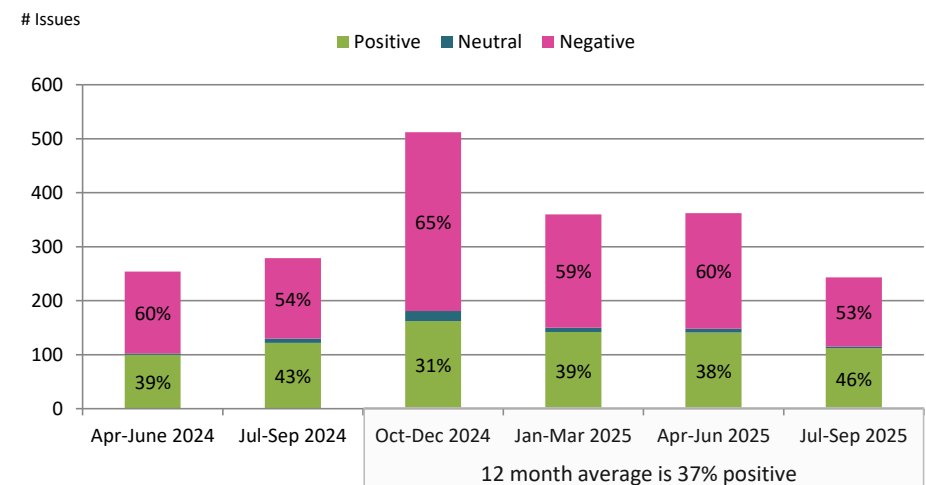
3.2 How well informed, involved and supported do people feel?



3.3 How do people feel about general quality and empathy?



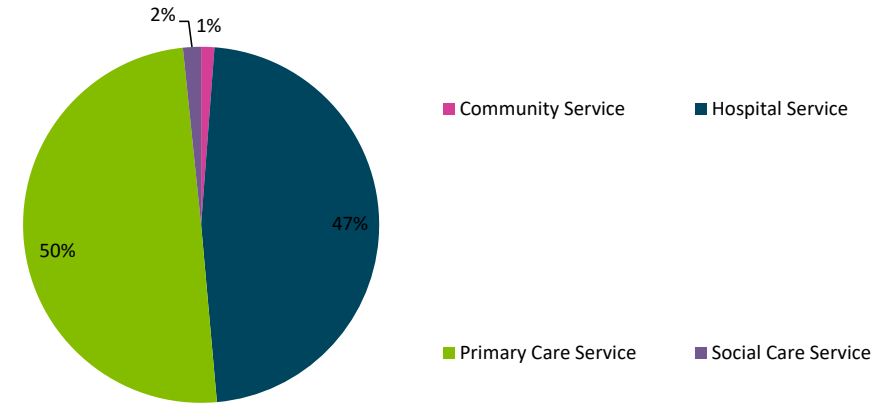
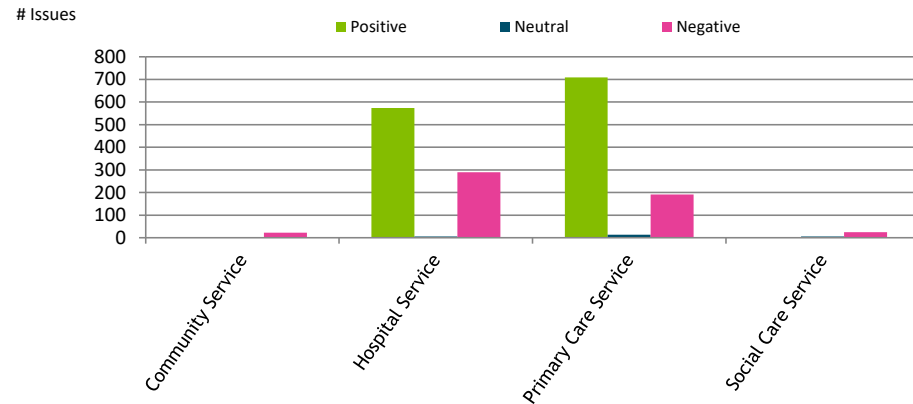
3.4 How do people feel about access to services?



4. Trends: Which services are people most commenting on?

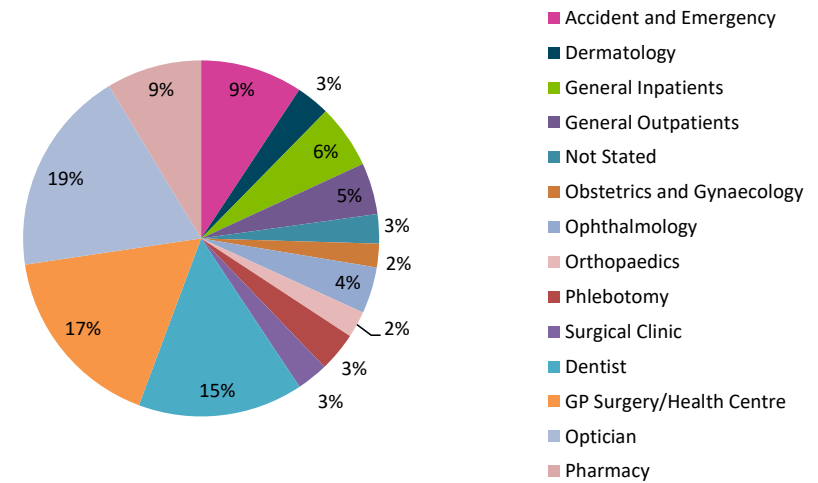
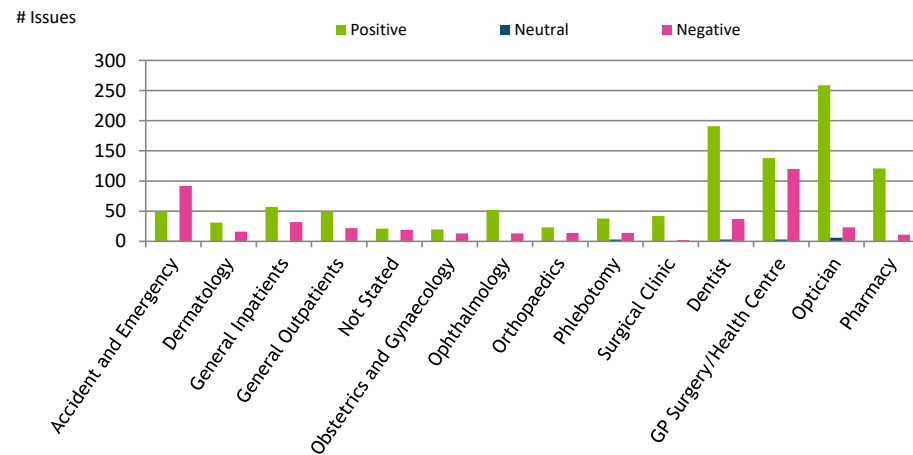


4.1 Service Sector



Service sectors receiving the most comments overall

4.2 Service Type

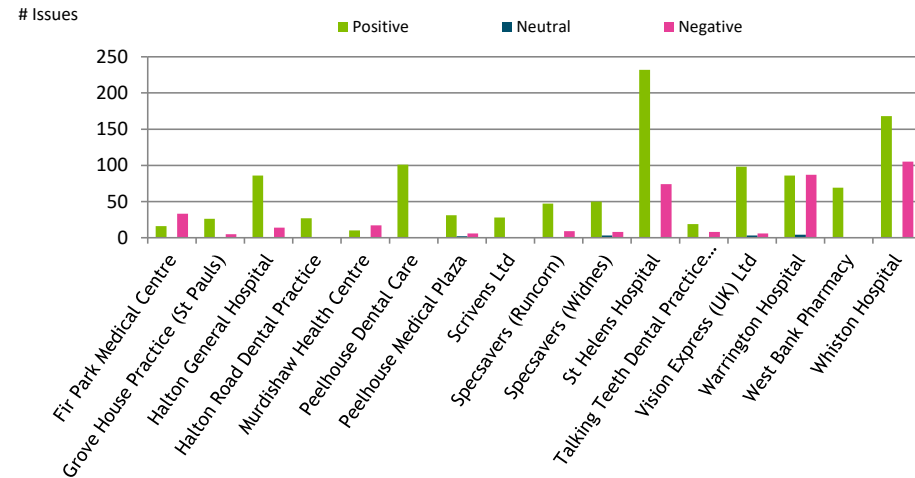


Service type receiving the most comments overall

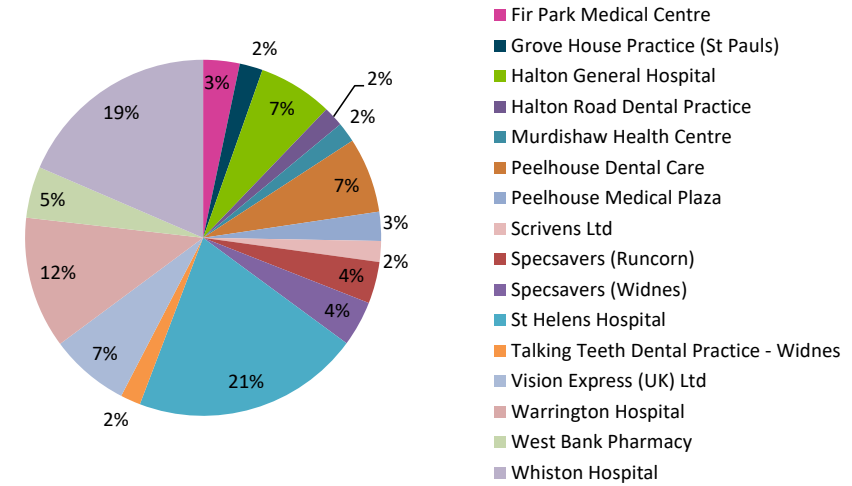
4. Trends: Which services are people most commenting on?



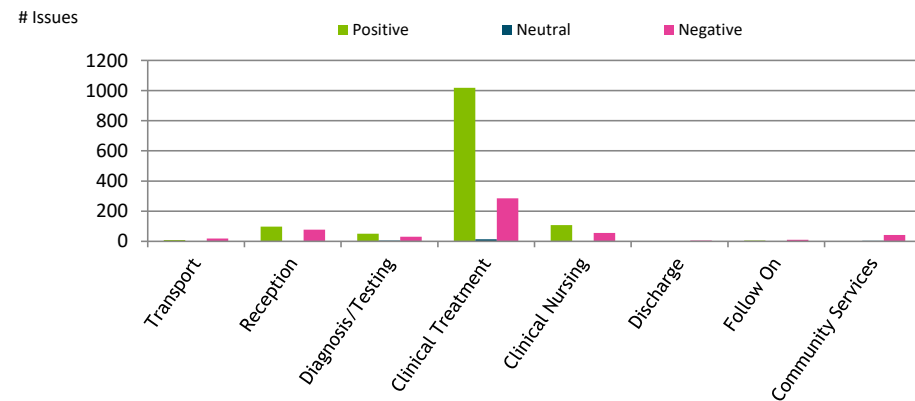
4.3 Services



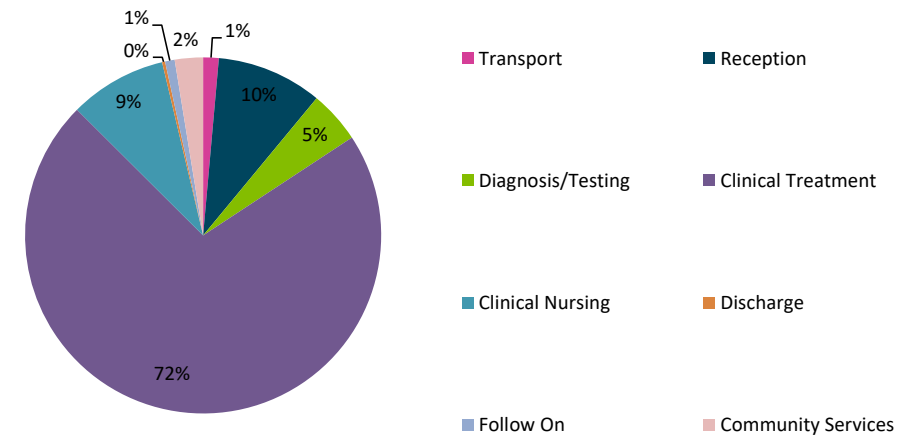
Services receiving the most comments overall



4.4 Breakdown of care pathway locations



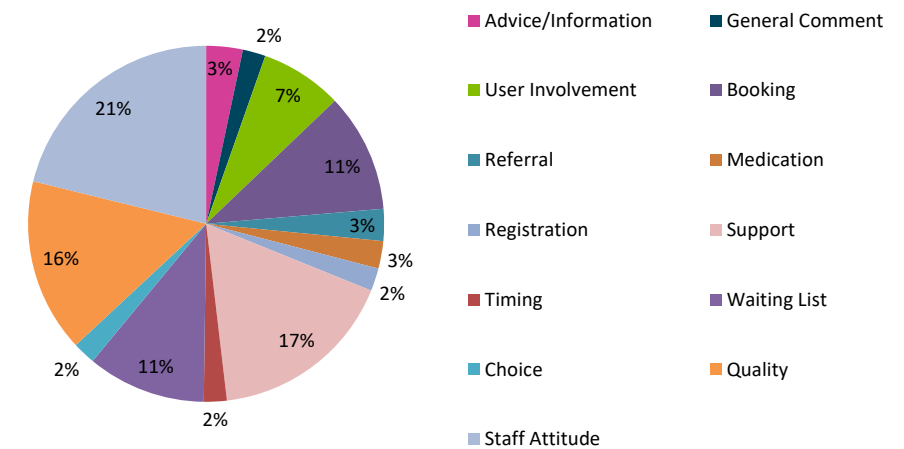
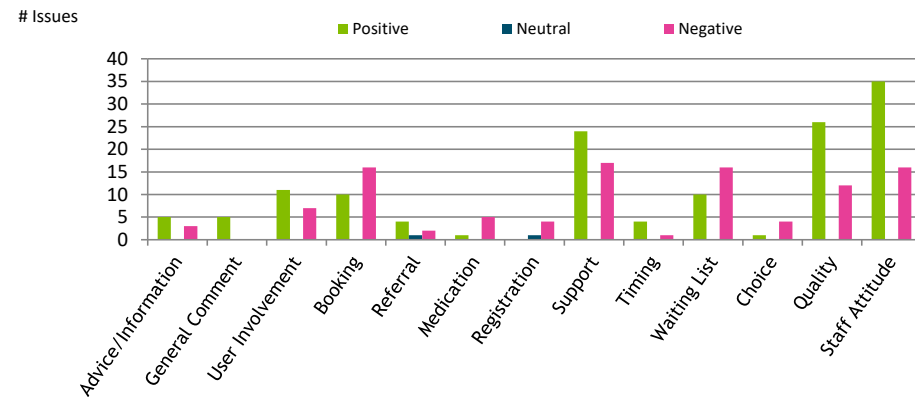
Care pathway locations



5. Trends: GP Services

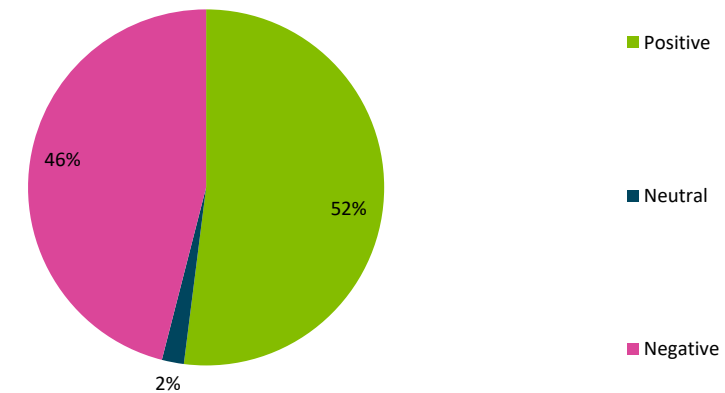
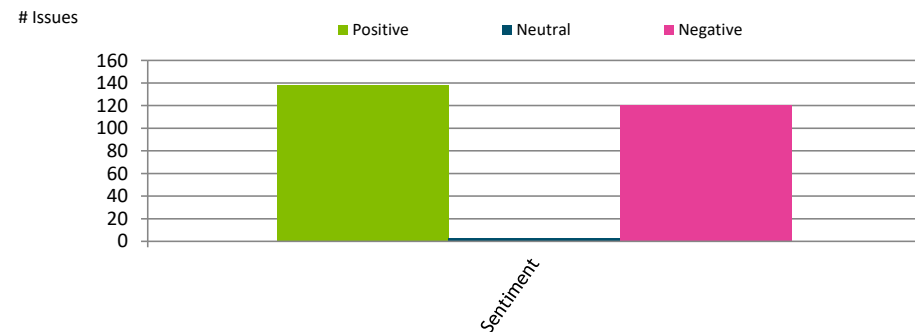


5.1 Trends, GP Services: 261 issues from 64 people



Issues receiving the most comments overall

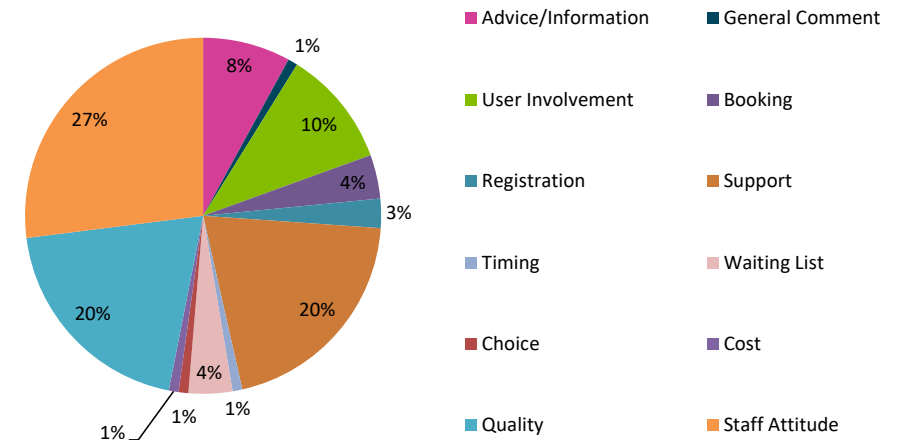
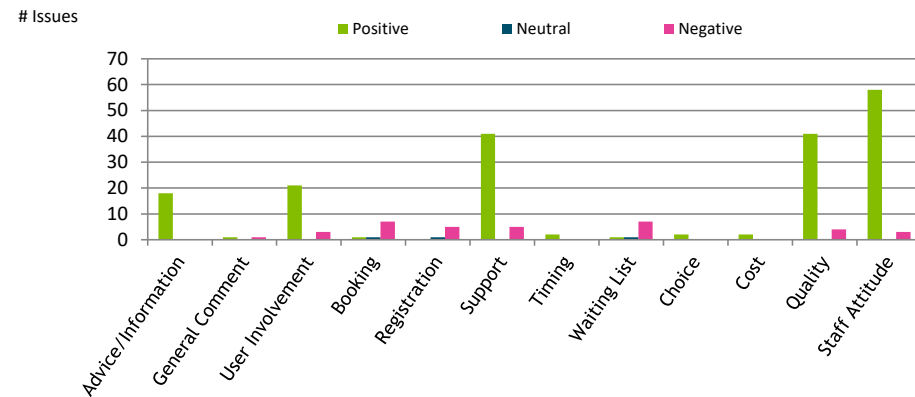
5.2 Sentiment, GP Services



5. Trends: Dentists

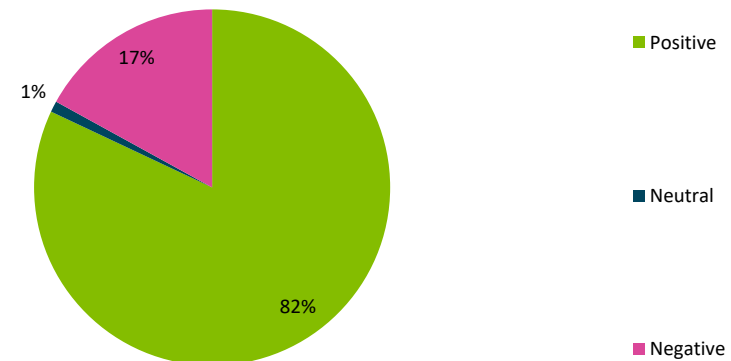
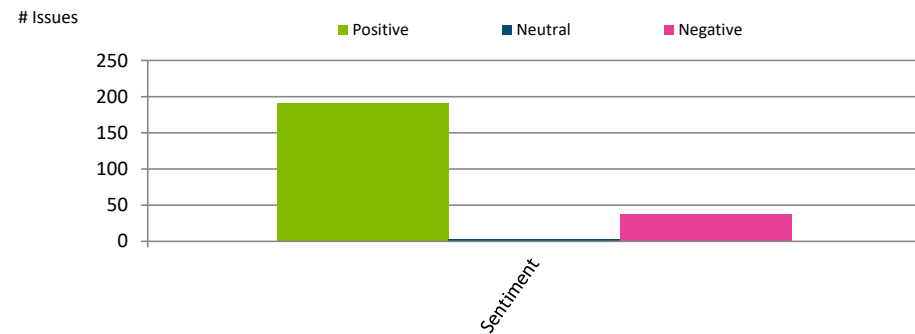


5.3 Trends, Dentists: 231 issues from 50 people



Issues receiving the most comments overall

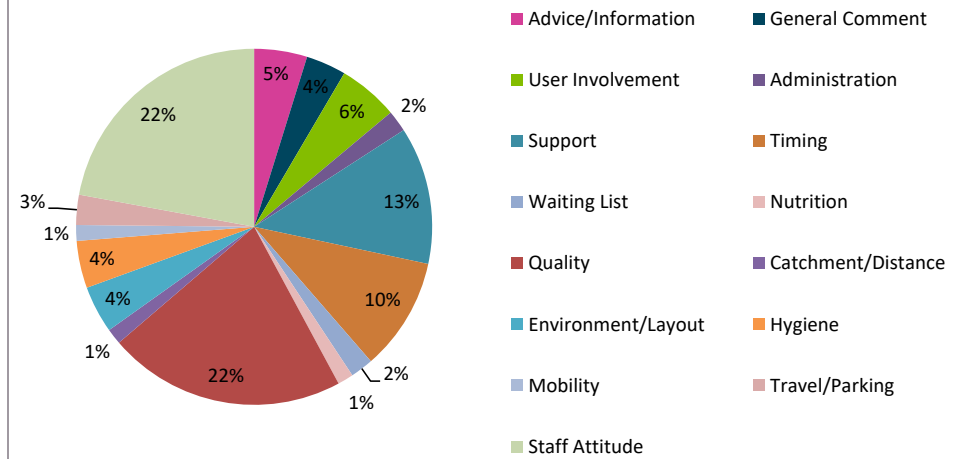
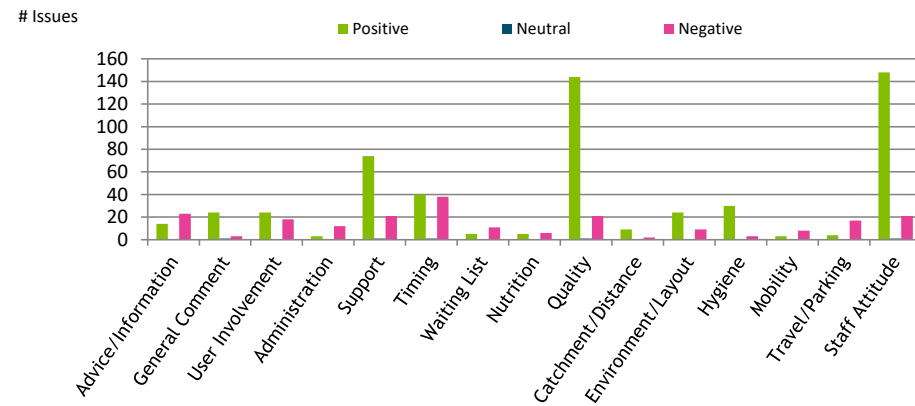
5.4 Sentiment, GP Services



5. Trends: Hospitals (Halton General, St Helens, Warrington, Whiston)

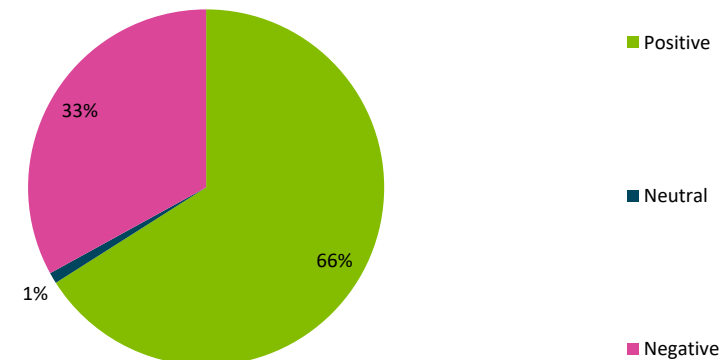
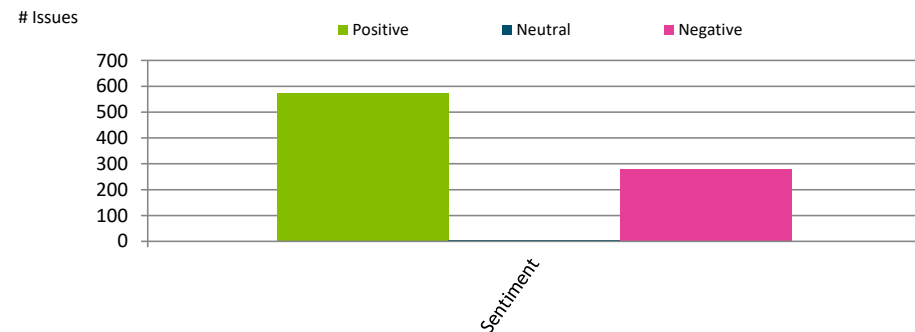


5.5 Trends: 859 issues from 221 people



Issues receiving the most comments overall

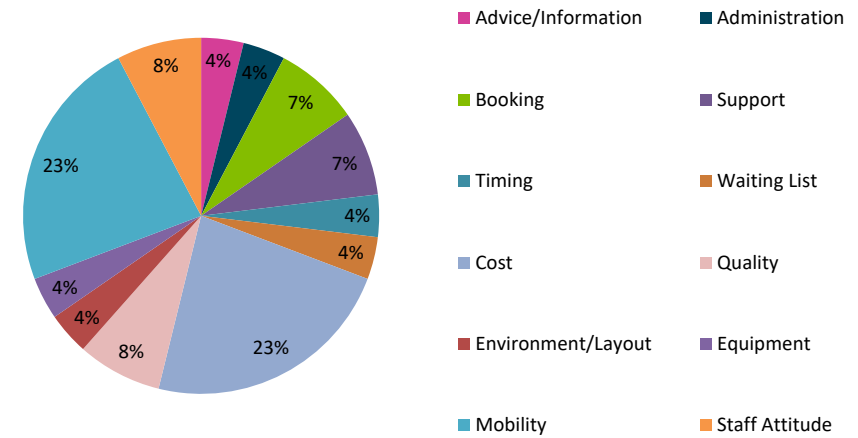
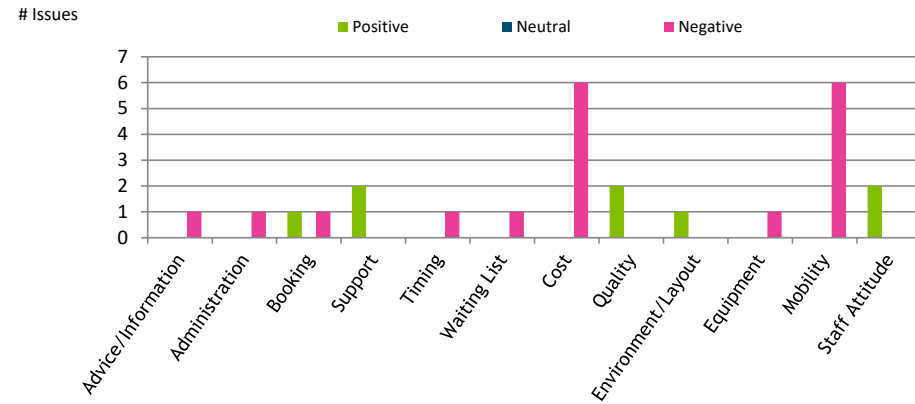
5.6 Sentiment, Hospitals (Halton General, St Helens, Warrington, Whiston)



6. Care Pathway: Transport (ability to get to-and-from services)

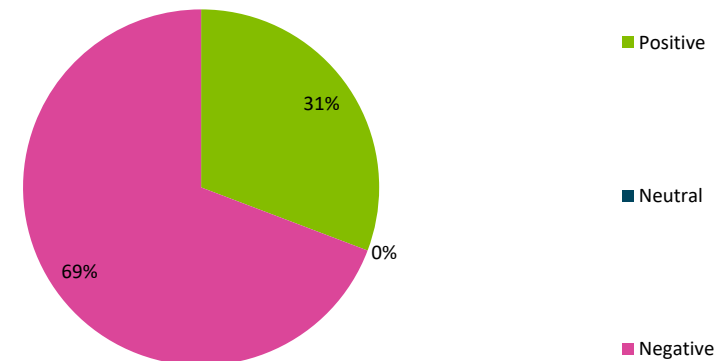
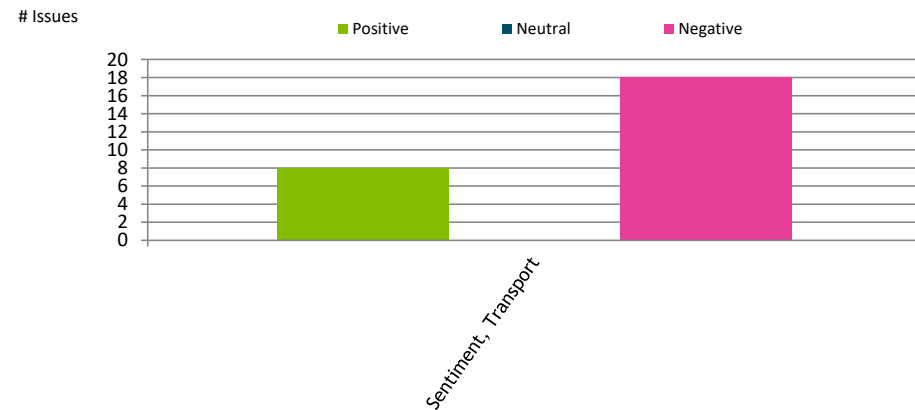


6.1 Trends, Transport (26 issues)



Issues receiving the most comments overall

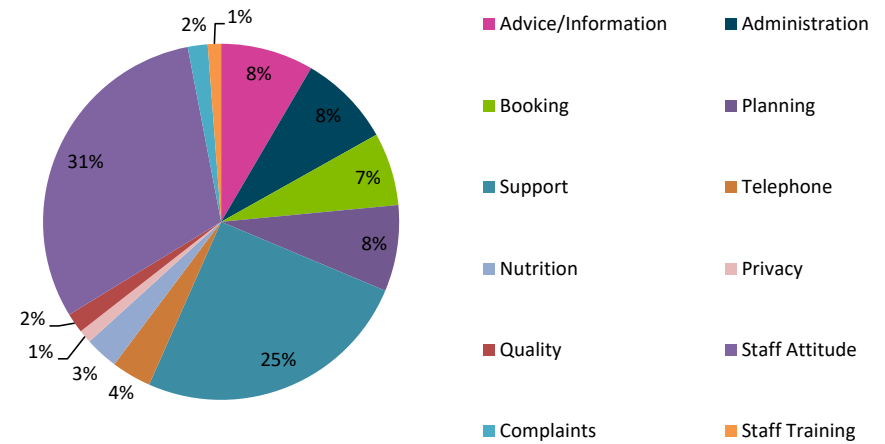
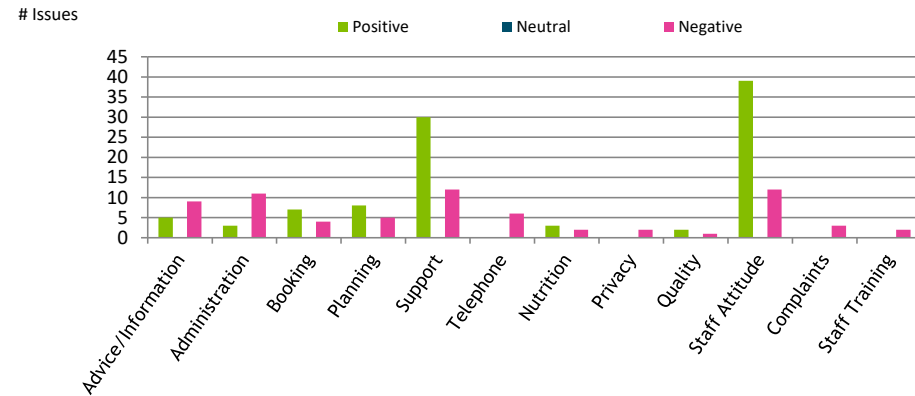
6.2 Sentiment, Transport



6. Care Pathway: Reception (reception services including back-office)

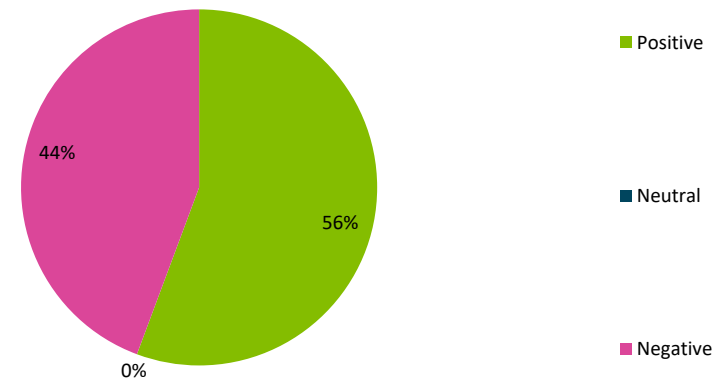
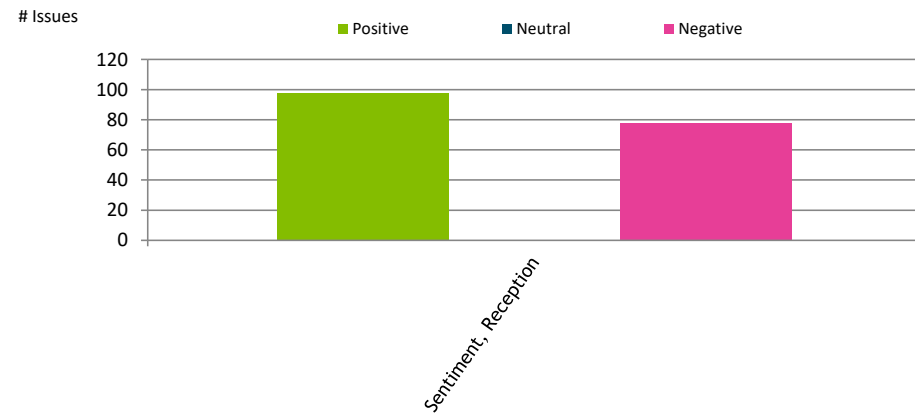


6.3 Trends, Reception (176 issues)



Issues receiving the most comments overall

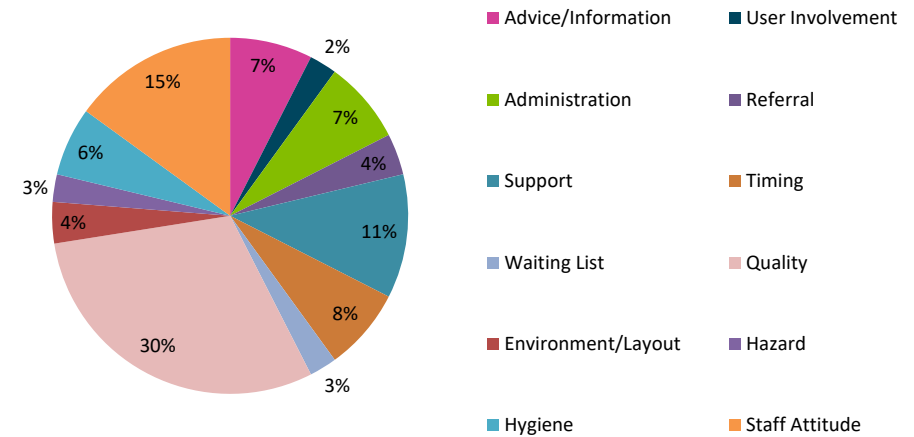
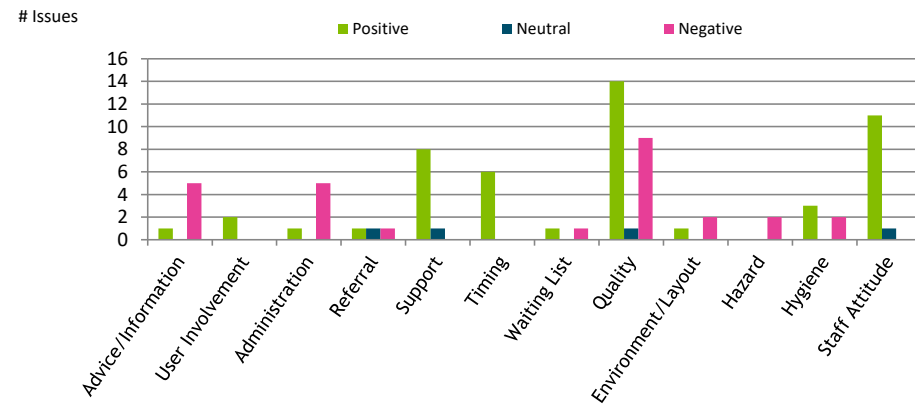
6.4 Sentiment, Reception



6. Care Pathway: Diagnosis/Testing (diagnosis of condition, including testing and scans)

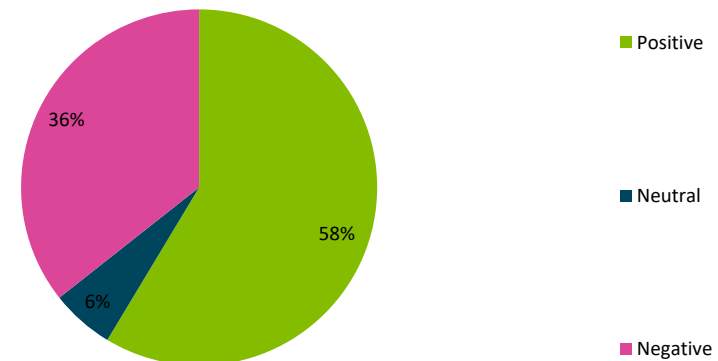
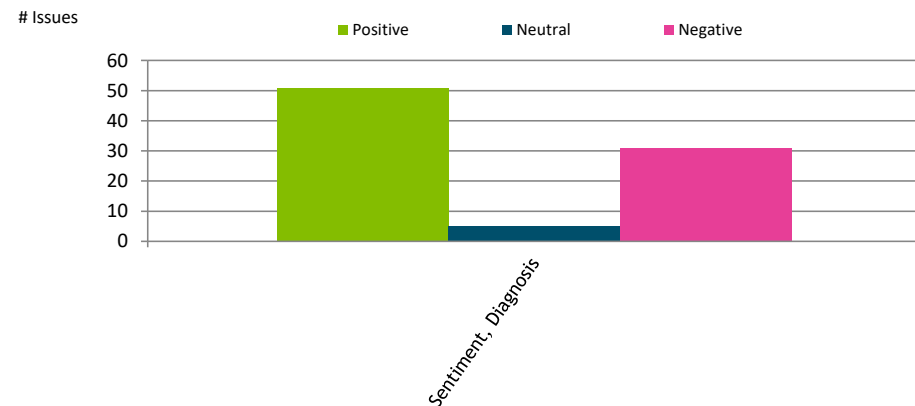


6.5 Trends, Diagnosis/Testing (87 issues)



Issues receiving the most comments overall

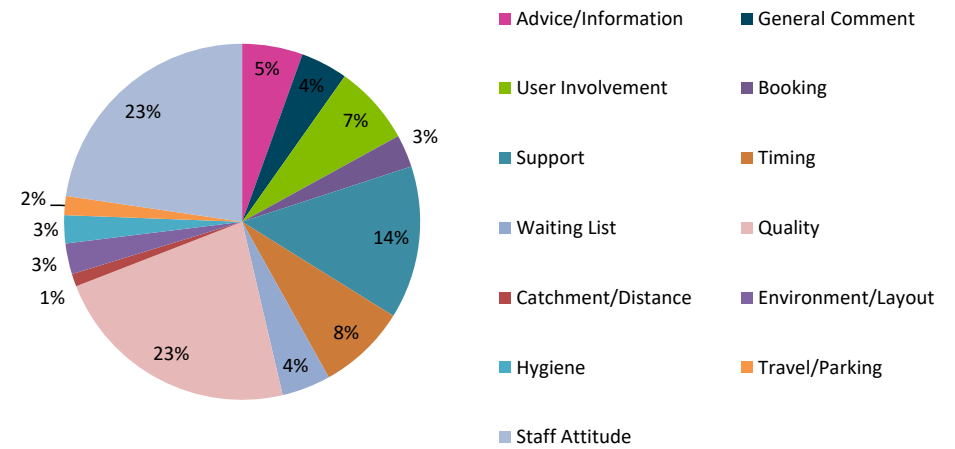
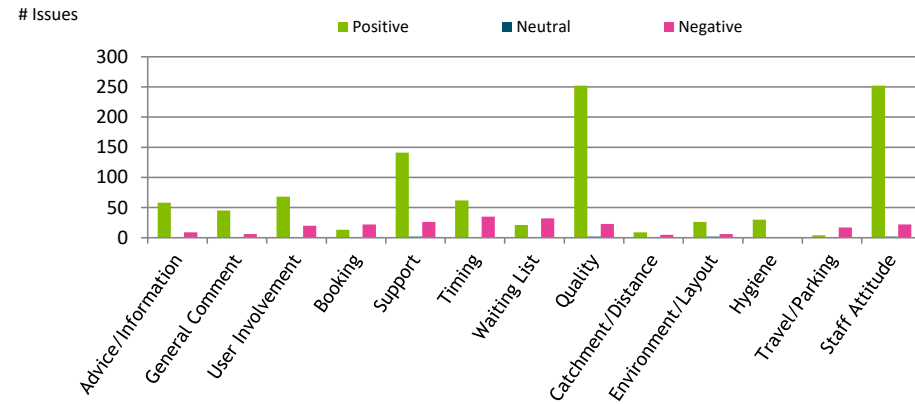
6.6 Sentiment, Diagnosis/Testing



6. Care Pathway: Clinical Treatment (treatment provided by trained clinicians)

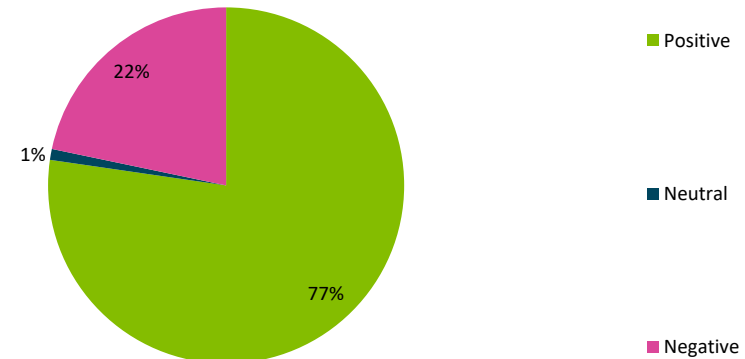
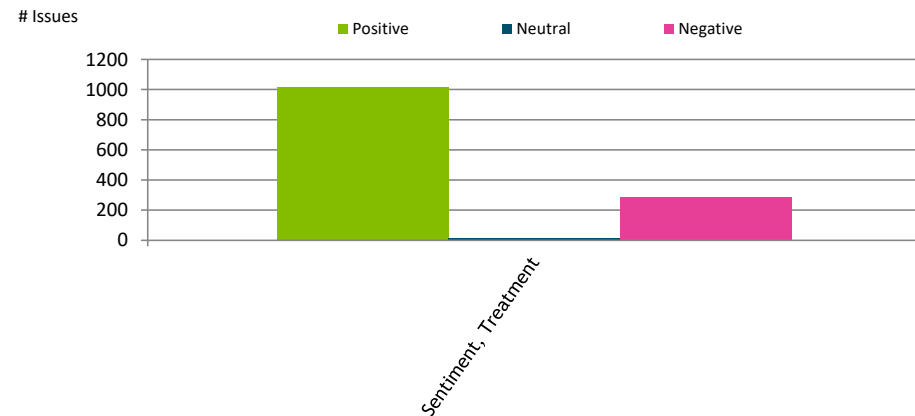


6.7 Trends, Clinical Treatment (1317 issues)



Issues receiving the most comments overall

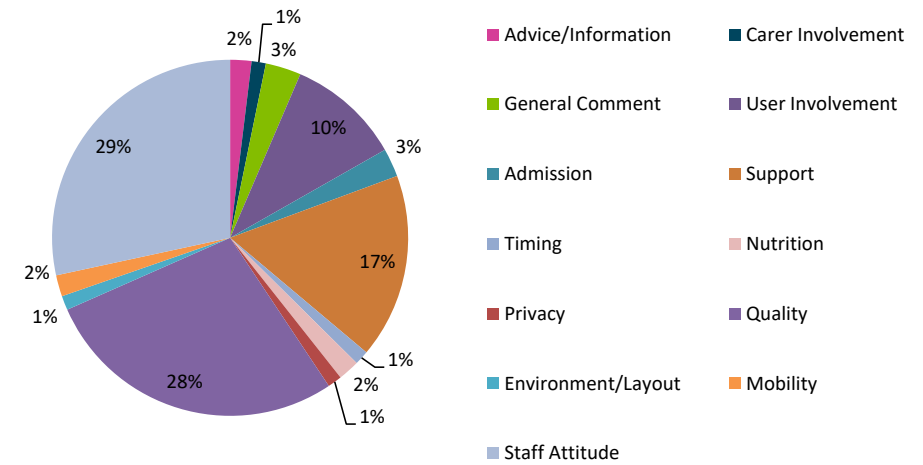
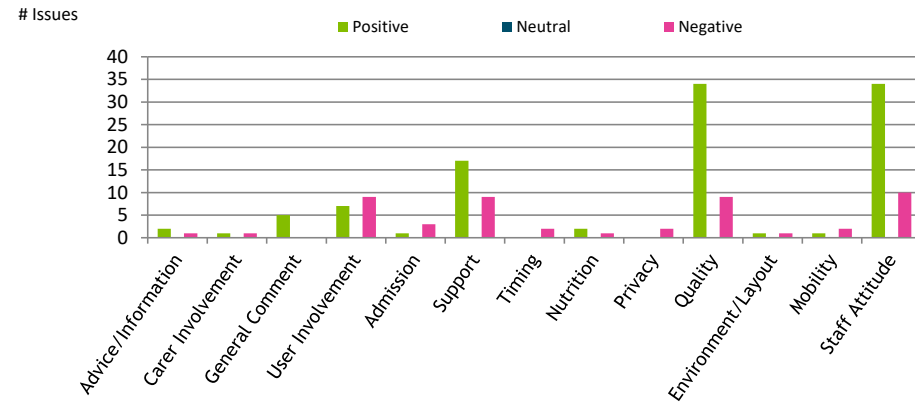
6.8 Sentiment, Clinical Treatment



6. Care Pathway: Clinical Nursing (care provided by trained nurses)

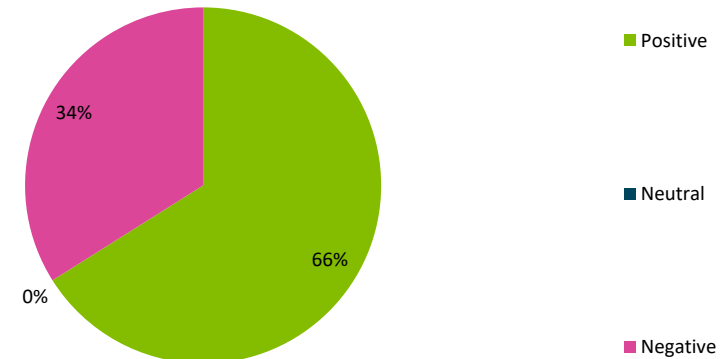
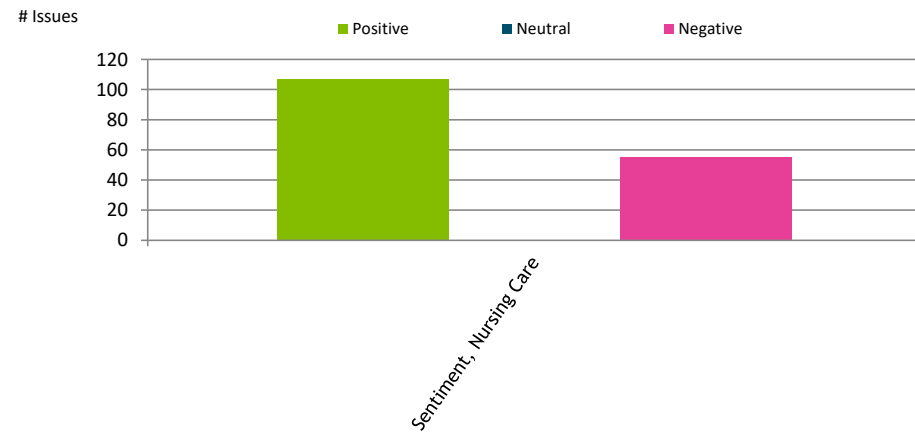


6.9 Trends, Clinical Nursing (162 issues)



Issues receiving the most comments overall

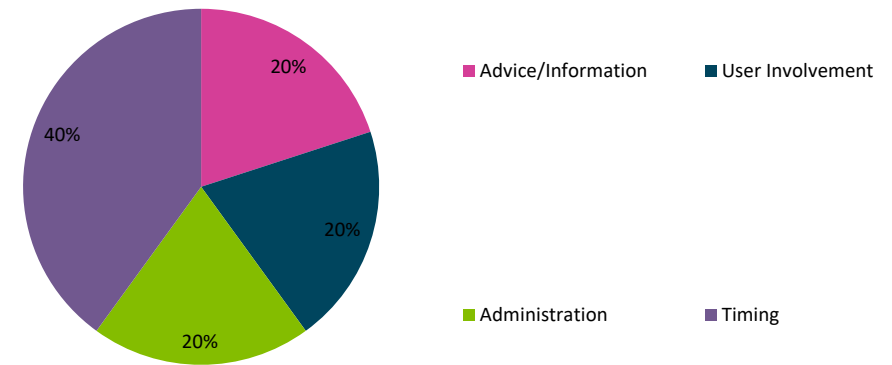
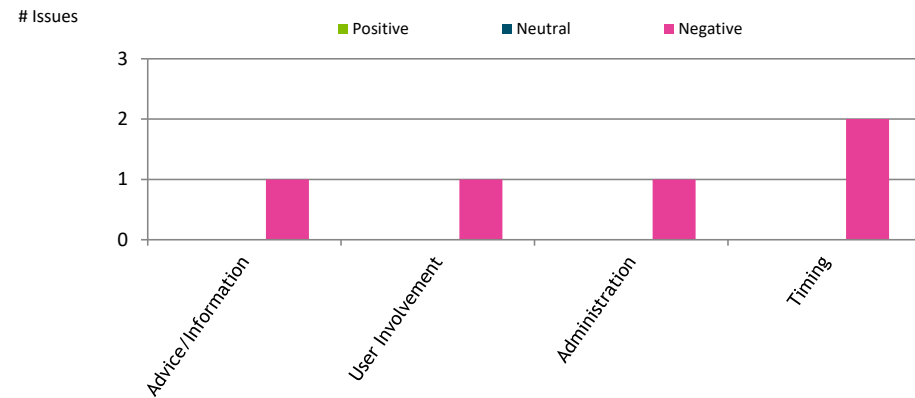
6.10 Sentiment, Clinical Nursing



6. Care Pathway: Discharge (discharge from a service)

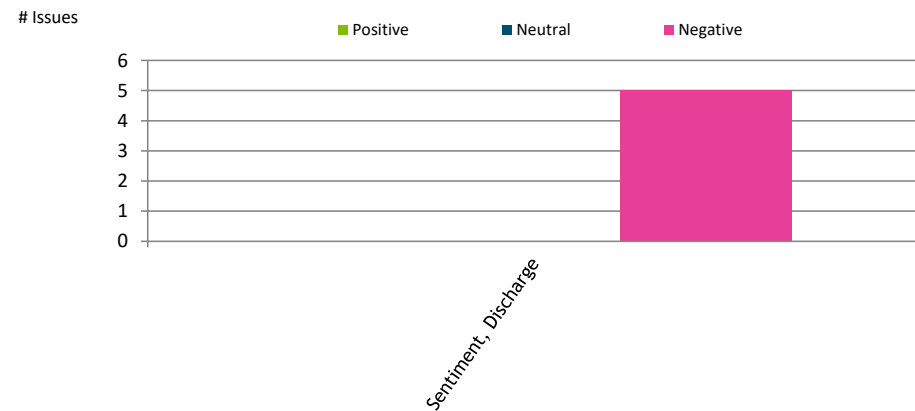


6.11 Trends, Discharge (5 issues)



Issues receiving the most comments overall

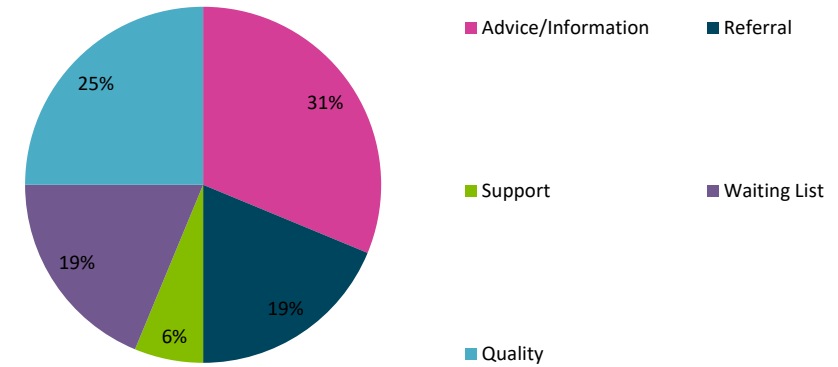
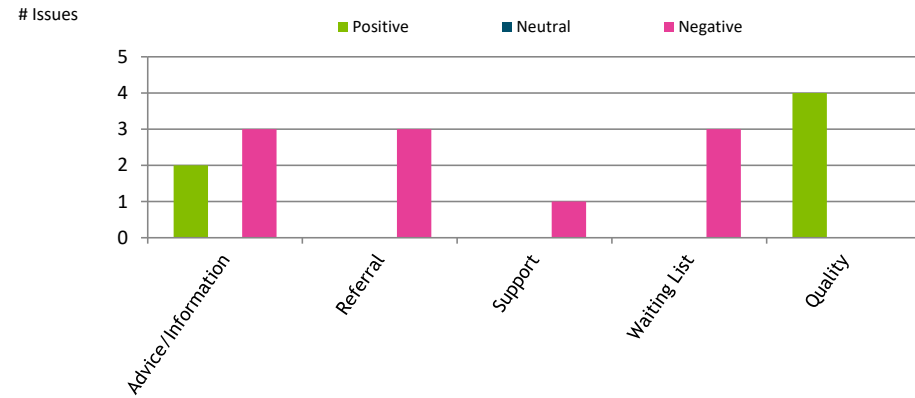
6.12 Sentiment, Discharge



6. Care Pathway: Follow On (supplementary services following discharge, including care packages)

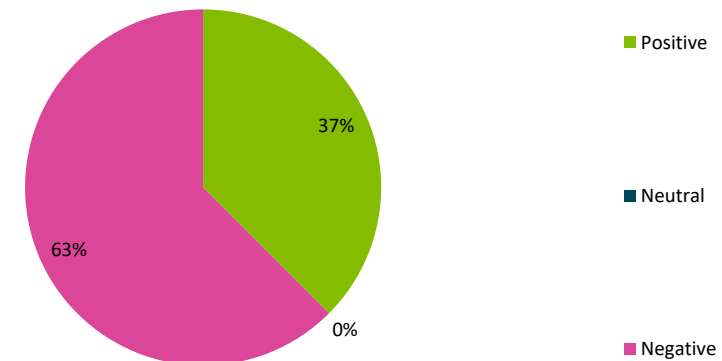
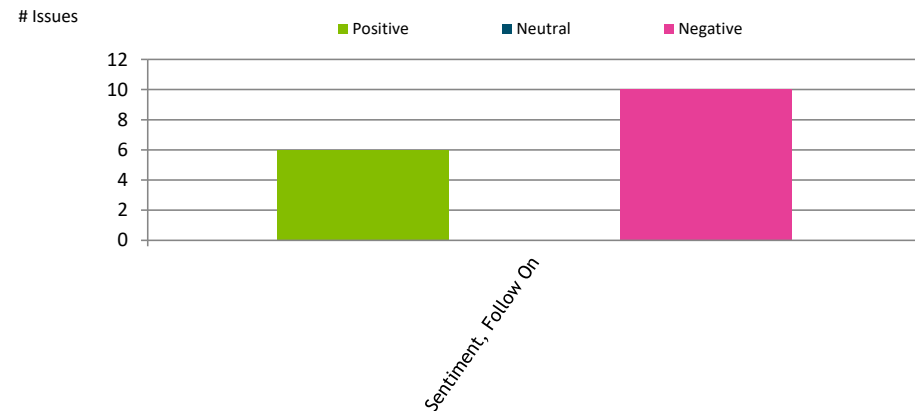


6.13 Trends, Follow On (16 issues)



Issues receiving the most comments overall

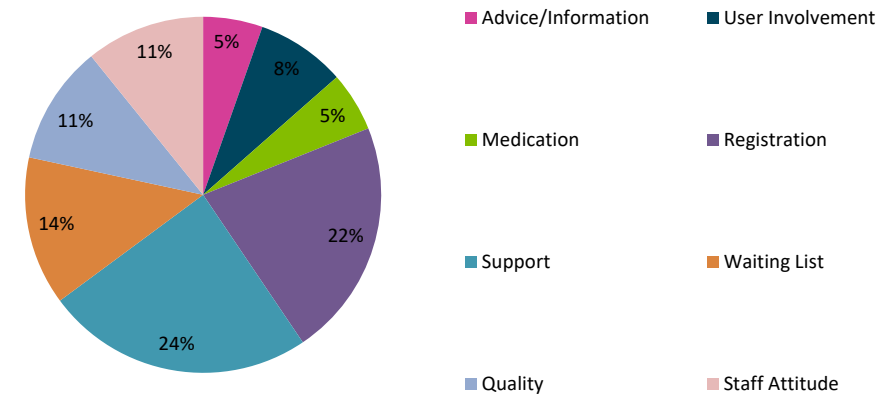
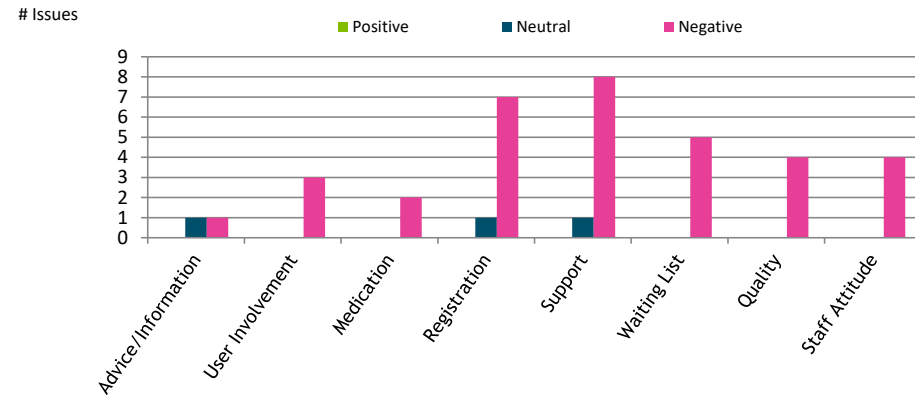
6.14 Sentiment, Follow On



6. Care Pathway: Community (community health services and social care)

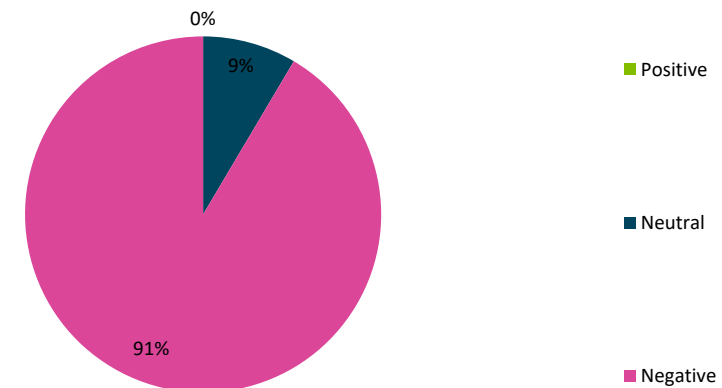
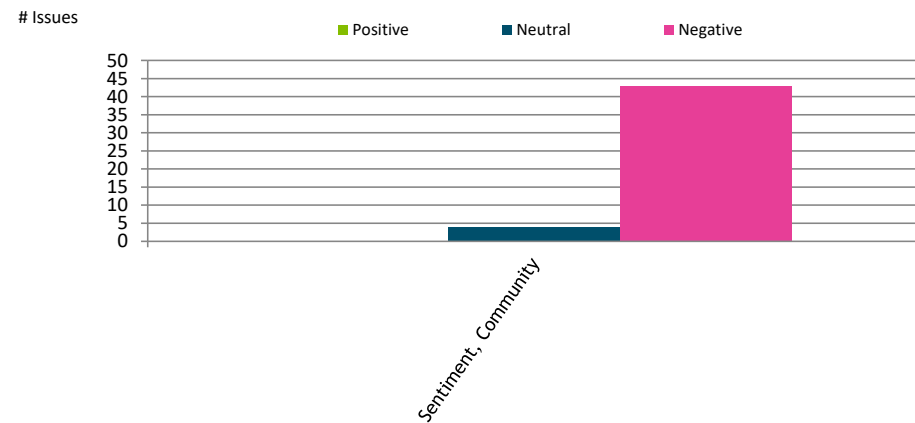


6.15 Trends, Community (47 issues)



Issues receiving the most comments overall

6.16 Sentiment, Community



7. Data Table: Number of issues



	Issue Name	Descriptor	# Issues			
			Positive	Neutral	Negative	Total
Patients/Carers	Advice/Information	Communication, including access to advice and information.	68	1	30	99
	Carer Involvement	Involvement or influence of carers and family members.	6	1	6	13
	Peer Involvement	Involvement or Influence of friends.	0	0	0	0
	General Comment	A generalised statement (ie; "The doctor was good.")	51	1	6	58
	User Involvement	Involvement or influence of the service user.	78	0	33	111
Systems	Administration	Administrative processes and delivery.	4	0	19	23
	Admission	Physical admission to a hospital ward, or other service.	1	0	6	7
	Booking	Ability to book, reschedule or cancel appointments.	21	1	29	51
	Cancellations	Cancellation of appointment by the service provider.	0	0	3	3
	Data Protection	General data protection (including GDPR).	0	0	1	1
	Referral	Referral to a service.	6	1	7	14
	Medical Records	Management of medical records.	0	0	1	1
	Medication	Prescription and management of medicines.	4	0	12	16
	Opening Times	Opening times of a service.	0	0	0	0
	Planning	Leadership and general organisation.	8	0	6	14
	Registration	Ability to register for a service.	0	3	16	19
	Support	Levels of support provided.	198	4	56	258
	Telephone	Ability to contact a service by telephone.	0	0	7	7
	Timing	Physical timing (ie; length of wait at appointments).	68	1	41	110
	Waiting List	Length of wait while on a list.	22	1	42	65
Values	Choice	General choice.	8	0	7	15
	Cost	General cost.	7	0	10	17
	Language	Language, including terminology.	1	0	1	2
	Nutrition	Provision of sustenance.	5	0	7	12
	Privacy	Privacy, personal space and property.	0	0	8	8
	Quality	General quality of a service, or staff.	308	3	46	357
	Sensory	Deaf/blind or other sensory issues.	0	0	2	2
	Stimulation	General stimulation, including access to activities.	5	0	2	7

7. Data Table: Number of issues



	Issue Name	Descriptor	# Issues			
			Positive	Neutral	Negative	Total
Environment	Catchment/Distance	<i>Distance to a service (and catchment area for eligibility).</i>	10	0	6	16
	Environment/Layout	<i>Physical environment of a service.</i>	29	2	11	42
	Equipment	<i>General equipment issues.</i>	1	1	3	5
	Hazard	<i>General hazard to safety (ie; a hospital wide infection).</i>	0	0	3	3
	Hygiene	<i>Levels of hygiene and general cleanliness.</i>	33	0	3	36
	Mobility	<i>Physical mobility to, from and within services.</i>	3	1	9	13
	Travel/Parking	<i>Ability to travel or park.</i>	4	0	17	21
Staff	Omission	<i>General omission (ie; transport did not arrive).</i>	0	0	0	0
	Security/Conduct	<i>General security of a service, including conduct of staff.</i>	0	0	3	3
	Staff Attitude	<i>Attitude, compassion and empathy of staff.</i>	338	3	48	389
	Complaints	<i>Ability to log and resolve a complaint.</i>	0	0	5	5
	Staff Training	<i>Training of staff.</i>	0	0	10	10
	Staffing Levels	<i>General availability of staff.</i>	1	0	8	9
Total:			1288	24	530	1842