

The value of listening

Healthwatch Bradford and District
Annual Report 2023–2024



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"Over the last year, local Healthwatch have shown what happens when people speak up about their care, and services listen. They are helping the NHS unlock the power of people's views and experiences, especially those facing the most serious health inequalities."

Louise Ansari, Chief Executive at Healthwatch England



Message from our Lead Officer

In 2013–14 NHS Funding was around £125bn. Ten years on this has increased to nearer £165bn and yet to achieve the NHS workforce plan this would need to increase by another £40bn in five years. These figures are huge, and it can be difficult to understand the scale of the problem and how to address it.

Every day at Healthwatch we deal with the reality and consequences of these decisions. What these huge numbers mean is longer waits for GP appointments and routine hospital procedures, and people unable to access an NHS dentist. We strive day to day to ensure people making those decisions and spending that money focus on the true human experiences with the NHS. It is essential, as services change and adapt to fit the financial reality that we find ourselves in, that the voice of the public is at the heart of everything our health and social care system does.

This year was the first year with the new Integrated Care Boards entirely responsible for running our local health and care system. We continue to work with them locally at our Bradford place to be your voice where it matters most. As these organisations mature, pressure to deliver more for less will increase; we will continue to take your views and issues to the heart of the system before any changes are considered. Similarly, social care – the very system that can ease the pressure on the NHS – struggles for funding as local council resources dwindle. Now more than ever it is important people have access to the support they need, when they need it, to prevent further deterioration in health and wellbeing.

These two issues have been the cornerstone of our work this year and are highlighted in this report. We are proud of our work and what we have achieved with Bradford Council looking at how the public get access to information and

advice on adult social care. This collaboration has already led to tangible change in the short term, and we continue to work with them on the implementation of more long-term goals. Elsewhere, pressure on the NHS has perhaps been most acutely felt by people in their experience of GP services. We took an innovative approach to facilitating that conversation, sharing the experiences of those trying to access services and those on the frontline delivering them. While we cannot solve issues with funding or lack of clinicians, we hope that through a better shared understanding we can improve the experience for everyone.

We have an exciting year ahead. At the time of writing, our application to register sits with the Charity Commission as we near the end of our journey to independence. This should be the last report we write as a hosted Healthwatch, and I'd like to take the time to thank Community Action Bradford & District for their support as a host organisation and their assistance in our journey to independence.



“Health and Social care continues to face significant pressures and huge challenges. Each year demand on these services increases while the amount of funding required struggles to keep pace. We are committed to ensuring that the voice of the public is heard and paramount in all decisions relating to patient care however difficult that decision may be.”

Helen Rushworth, Lead Officer Healthwatch Bradford and District

About us

Healthwatch Bradford and District is your local health and social care champion.

We make sure NHS leaders and decision-makers hear your voice and use your feedback to improve care. We can also help you to find reliable and trustworthy information and advice.

Our vision

A world where we can all get the health and care we need.



Our mission

To make sure people's experiences help make health and care better.



Our values are:

- **Listening** to people and making sure their voices are heard.
- **Including** everyone in the conversation – especially those who don't always have their voice heard.
- **Analysing** different people's experiences to learn how to improve care.
- **Acting** on feedback and driving change.
- **Partnering** with care providers, Government, and the voluntary sector – serving as the public's independent advocate.



Our year in review

Reaching out:

1,217 people shared their experiences of health and social care services with us, helping to raise awareness of issues and improve care.

167 people came to us for clear advice and information about topics such as mental health and the cost-of-living crisis.



Making a difference to care:

We published **3 reports** about the improvements people would like to see in health and social care services.

Our most popular report was **End of Life Care**

which highlighted the gaps in access to care being experienced by some minority communities.



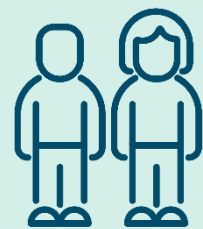
Health and social care that works for you:

We're lucky to have **58 outstanding volunteers** who gave up **81 days** to make care better for our community.

We currently employ **3 staff** who help us carry out our work

We're funded by our local authority.

In 2023 - 24 we received **£194,000** which is **8% more** than the previous year.



Engagement across the region:

Thousands of people have engaged with us online and on our social media platforms.



How we've made a difference this year



Projects, surveys, sharing information

Working with Bradford District & Craven Health and Care Partnership in their **Listen-In events**. This year targeted focus on communities of interest whose voice is often unheard.

Attending and supporting the **Healthier Lives Group** (a group for people with learning disabilities and their carers) covering subjects chosen by the group like sexual health, constipation, menopause, respiratory health and annual health checks.

Appreciating the extra sensitivities around subjects like **end-of-life care** and working with community leaders to ensure the views of the South Asian community were heard.

Keeping you up to date with essential local health and care information through our website, social media, e-news and radio slots on BCB (106.6fm)

Working with our local partners

Working with our local place-based partnership to improve people's experience of **accessing primary care**.

Working with our local council to ensure people get **the right information and support** to enable them to access appropriate adult social care as soon as possible.

Working in partnership with several local organisations through sharing funding and expertise to **better represent our communities**.

Continuing to support the ongoing development of the **West Yorkshire Voice** in partnership with Healthwatch colleagues in Leeds, Kirklees, Calderdale, North Yorkshire and Wakefield.

Your voice heard at a wider level

We collaborate with other Healthwatch to ensure the experiences of people in Bradford and District influence decisions made about services at West Yorkshire Integrated Care System (ICS) level.

This year we've worked in collaboration with Healthwatch across West Yorkshire. Here are some examples of our impact.



We have worked to embed a process to ensure that the voices of the people of West Yorkshire are embedded within the West Yorkshire Integrated Care Board Committees. A representative from Healthwatch across West Yorkshire is a member of each of the Integrated Care Board Committees and acts as a critical friend, challenging appropriately and championing experience and insight from people across West Yorkshire, to influence strategic decision making.

West Yorkshire Voice (WYV) was created to understand what matters to the people and communities of West Yorkshire. Funded by the ICB and developed by Healthwatch, WYV brings the real and diverse voices of people with lived experience and unpaid carers into decisions about how local healthcare is planned and delivered. WYV has worked with people to impact decisions around neurodiversity services, dentistry and mental health services.



'Focus on' Engagement sessions – Access to Primary Care. Healthwatch ran an engagement session aimed at sharing people's positive experiences of accessing Primary Care and GPs in West Yorkshire. We talked about how positive experiences and examples of good practice can be shared to make things better for more people. The session identified challenges to overcome and provided recommendations on how things could work going forward, which have now been built into future planning of primary care services in WY.



Listening to your experiences

Services can't make improvements without hearing your views. That's why, over the last year, we have made listening to feedback from all areas of the community a priority. This allows us to understand the full picture, and feed this back to health and care services to help them improve what they do.

GP Project

At Healthwatch, our job is to make sure NHS leaders and other decision-makers hear your voice and use your feedback to improve services. We also help people get the information and advice they need.

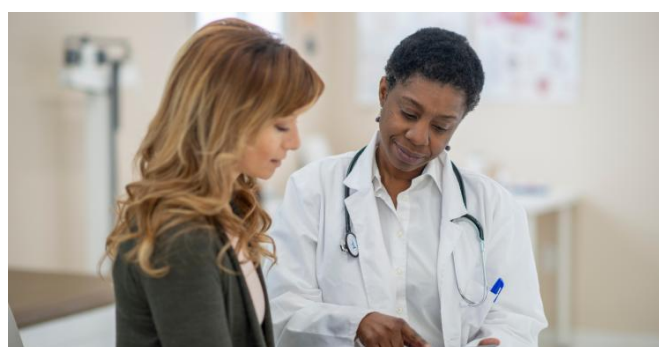
GP Patient Survey completed by 760,000 patients nationally
Overall satisfaction has dropped from 83% to around 72%.



One of the critical issues highlighted by the national survey was the significant rise in the number of people reporting problems in accessing their GP. This was compounded by approximately only half of respondents reporting a good experience when making an appointment. Unsurprisingly this was also reflected in the information that we received locally.

In 2022-23, three quarters of all feedback received from members of the public concerned primary care; significantly higher than the previous year. This was of particular concern given the public had seen no improvement since the negative sentiment regarding primary care during the pandemic. Feedback received by

Healthwatch Bradford and District from members of the public regarding GP practices more than doubled during the COVID-19 pandemic.



What we heard

- Patients told Healthwatch it's been "impossible" to get an appointment, or that they've been stuck in endless phone queues when trying to book an appointment.
- Some patients reported experiencing rudeness from both receptionists and clinical staff, even suggesting that this would put them off seeking treatment.
- Many told us they wish they could have a named GP who they always see, who knows them and their history. They said they feel that in the current system they are "pushed from pillar to post" and that it's inefficient and stressful to have to repeat their stories to different medical professionals.
- When getting in touch with their practice, some patients reported experiencing confusion over who they're dealing with, especially over the phone. Some were confused about the range of roles that now exist at their practice, such as nurse practitioner, physician associate, physiotherapist, pharmacist and "care navigator".
- Mixed feedback about the use of new technology and remote appointments in GP practices. Some people said they were treated very quickly and effectively with remote appointments, on the phone or using video technology. We've also had feedback – including from practice staff – that older people, those lacking in confidence using the internet, people in rural areas and with poor internet connections plus those with learning disabilities and visual impairments, have been or could be disadvantaged by the use of technology.
- Lots of positive feedback, particularly at the height of the COVID pandemic, from people who were made to feel safe in practices, had good experiences of accessing care and reported excellent service from staff who went above and beyond to support their patients.

What we learnt

- When discussing public feedback with local GPs, it became clear that primary care nationally is operating within a “new normal”; and that there was little possibility in access to care reverting to pre pandemic levels.
- The public view is that these changes have not been clearly communicated and better information is required regarding how primary care will function in the future. We continue to work closely with our local Place board to help establish this new way of working to improve the experience of primary care for everyone.
- GPs are experiencing an increase in demand for services. Demand which could be decreased by patients using pharmacists and other colleagues.
- The public remain both confused and sceptical regarding signposting by “reception staff” and will continue to seek continuity of care.

What we did

- We worked with primary care colleagues to raise with them the most common questions and issues that people were telling us.
- We wanted an innovative approach; accepting the difficulties facing local GPs, with reduced funding, increased demand, and workforce challenges. We took the feedback directly to two local GPs to facilitate a two-way conversation between primary care practitioners and the public.
- We took these key complaints and talking points directly to two local GPs – Dr Junaid Azam from Park Grange Medical Centre in Bradford, and Dr Caroline Rayment from Grange Park Surgery in Burley-in-Wharfedale, practices serving two very different parts of our district.

These and other issues were presented directly to the two GPs and their responses to the main talking points are available on our website at www.healthwatchbradford.co.uk/GP



Social Care Advice and Information

We were commissioned by City of Bradford Metropolitan District Council (CBMDC) to undertake a piece of audit work in relation to the information and advice they provide to people who may need adult social care.

We specifically covered information, advice and guidance on adult social care for the general public, which is available:

1. Through different channels – e.g. the website, in person at council customer service, in person at libraries or in person at third party buildings; and
2. In specific formats for people with different needs – e.g. large print, braille, languages and easy-words-and-pictures for people with LD.

What we did

- Looked at how easy it is to find out how to complain and compliment adult social care
- Examined information about how we charge for adult social care
- Checked what our information is like for people likely to self-fund their social care – how to find a service, how to pay, how to get advice
- Assessed our information about adult safeguarding / concerns about a vulnerable person and how to report it.

We opted to take a multi-faceted approach to auditing the information. The bulk of the work looking at availability of information and advice was done through mystery shopping with a combination of in person and telephone contacts. The sites identified were as follows;

3 Bradford Council Buildings
5 voluntary sector hubs
6 Libraries

The sites were chosen to ensure a mix of formal council buildings, third party partners and also library and information services.

We recruited a team of volunteers to contact each site, either in person, or by phone. Of the five volunteers recruited, we included deaf and neuro diverse members, one with a physical disability, and two over 75.

Alongside these wider visits we specifically worked with target groups to ensure a breadth of experience. We worked with senior leaders in the South Asian Community in Bradford who led a team of three volunteers undertaking the same programme of contacts.

We met numerous times with Bradford People First, a charity that raises awareness, speaks up and improves the understanding of issues which affect people with learning disabilities in Bradford. They organised a team of five volunteers to complete the same round of contacts. Finally, we recruited a volunteer with specific experience of visual impairment.

In total this resulted in over 120 individual approaches to the various sites identified.



“We asked Healthwatch to provide an independent view on how accessible adult social care was. They enabled us to hear the voice of communities and citizens that are often easy to ignore and found volunteers and representatives across the district to help us improve the way we provide information and advice.”

Iain MacBeath Strategic Director, Adult Social Care & Health for Bradford Council and Director of Integration for Bradford District Community NHS Trust

What we found

In-person advice and information at council venues

- In-person information was mostly limited to basic signposting. No one we spoke to had the time or experience to give direct advice relating to what adult social care support might be available.
- Different volunteers reported wide variances in their experiences at the same venues suggesting the quality of service was dependent on the timing of their visit/call and the member(s) of staff they were able to speak to.
- Where volunteers received a positive service or received helpful advice from a member of staff, this tended to be as a result of the staff member's personal experiences rather than any training they had received to provide information and signposting about access to adult social care.
- The 'hub-and-spoke' library model works well as a principle, but there was a lack of information and advice available at these locations.
- Post-COVID, our volunteers found that council buildings have become inaccessible/unwelcoming. Britannia House is not a comfortable or welcoming space, particularly for people with learning disabilities, and staff sitting behind screens and high desks could be difficult to see for people in wheelchairs.
- None of our volunteers saw any safeguarding information displayed anywhere they visited.

Online information

- The process of finding information on the council website is messy and confusing. The main website being signposted to was not fit for purpose as a first port of call for enquiries about adult social care. Both the council website and the Independent Advice Hub phoneline recorded message encourage people to try this site first. However, it does not seem to function properly.
- Infographics and symbols on the council website were not clear. The Bradford People First group did not understand what they meant. For example, the "living independently" graphic was understood as "stay out of my house." The "I want an assessment" webpage, while in need of some modification, is a very good tool and could be exemplary with a few minor tweaks.
- There is a risk of the Google algorithm/paid adverts taking vulnerable customers to inappropriate sites. Our Bradford People First group, in particular, pointed out they only ever visit the top website in a list of Google search results.
- No information about access to adult social care was available in Easy Read format.
- Information on the council website is not fully accessible for people with visual impairments.

Complaints and feedback

- Adult social care clients often make complaints/raise numerous issues. There needs to be a better way of tracking multiple complaints to allow consistency of response
- The complaints process needs an improved feedback mechanism, so people are clear of the outcome of any issues they report.
- There is no apparent anonymous written feedback system like the NHS Friends And Family Test.
- People would be more likely to give compliments to staff face to face rather than follow a formal procedure.

Next Steps

The report was presented to senior council staff by Healthwatch in December and copies made available for circulation internally to various council departments. A follow up meeting was arranged in May 2024 at which time a detailed action plan had been drawn up to address issues raised within the report. These included quick wins which have already been delivered and more longer-term planning for more complex issues.

Examples of progress to date include

- A new adult social care prescription pad has been produced, containing information about key contact details, adult safeguarding, getting consent, carers and wellbeing hubs for use by the wider council, partners including VCSE etc.
- An e-learning module has been developed for wider non-adult social care council staff in Customer Services and Libraries & Museums to compliment the prescription pad and give those colleagues the right level of information and advice to direct people appropriately.
- Trained advisors from the adult social care Independence Advice Hub are now spending one day a week in the VCSE Wellbeing Hubs to meet people by appointment, build relationships and advice the staff there.

Discussions are ongoing with the council to replicate the approach later in 2024 to see how well these changes have embedded across the city.



Three ways we have made a difference in the community

Throughout our work we gather information about health inequalities by speaking to people whose experiences aren't often heard.

1 Accessible information

During one of our workshops this year, a lack of safeguarding posters and leaflets was raised. We brought this to the attention of Bradford Council Adult Social Care Senior Leaders, who produced updated materials.

2 Dementia Care

Through our work with the Listen-In programme we were able to identify challenges relating to care home staff admitting dementia patients to Bradford Royal Infirmary. This was shared directly with the hospital who arranged a meeting with the dementia care lead who immediately established a new protocol eliminating the problem.

3 NHS Dentistry

Our lead officer met with the MP for Bradford South to share the experiences with the public in relation to accessing NHS dental care. These experience were then shared with significant figures in Westminster.





Hearing from all communities

Over the past year, we have worked hard to make sure we hear from everyone within our local area. We consider it important to reach out to the communities we hear from less frequently to gather their feedback and make sure their voice is heard, and services meet their needs.

This year we have reached different communities by:

- Engaging with Carers Resource – we believe that hearing from carers is vital for any informed discussion. Over all projects, Carers Resource gave us access to 18 volunteers who helped us by attending focus groups and taking part in case studies etc.
- Working with the south Asian community including on an extremely sensitive piece of work around end-of-life care, as well as doing mystery shopping for us as part of the adult social care project. As well as mystery shopping, they also took part in focus groups and case study work; all volunteering their valuable time to ensure their communities' voices were heard.
- Recruiting volunteers from demographics such as neuro diverse, neuro-typical, learning disabled, deaf, blind/partially sighted, physically disabled, under 18's, and elderly.

End-of-Life Report – Healthwatch across West Yorkshire

We spoke to 143 people across West Yorkshire who have experienced or supported someone with end-of-life care. We ensured that the voices of those who experience inequalities and inequity were at the forefront of this work.

What did we hear?

- Staff tend to be the most highly valued aspect of people's experiences. One of the things staff do well is see patients as individuals
- People would like to discuss end-of-life wishes within a reasonable timeframe before death
- Caring for a dying loved one at home has an impact on whole families
- People want better, honest, and more frequent conversations with staff about what dying looks like and what to expect
- We heard from many people who had lost loved ones in different settings who were coping with loss without bereavement support



What do we want to change?

- Develop a training framework to standardise end-of-life care education across West Yorkshire
- The person-centred approach will continue to be important as West Yorkshire develops and changes
- Systems to be built for diversity and understanding people's different and individual needs
- To ask people about their wishes for the end of their life and do so as early as possible
- To improve how we guide patients through complex end-of-life care systems
- Consider the impact of caring for a dying loved one at home on whole families, and have better, honest, and more frequent conversations with them about what dying at home can look like
- Those conversations with families shouldn't necessarily stop after a person's death
- Bereavement support is provided in all settings

What's next?

The experiences captured in this report will feed into the West Yorkshire Integrated Care Board's Palliative and end-of-life Care Programme Health Needs Assessment. This will give us a good understanding of what changes we need in our system. We will create a plan with the people of West Yorkshire of how this will be delivered over the coming months and years to improve services and access to end-of-life care across West Yorkshire.



Advice and information

If you feel lost and don't know where to turn, Healthwatch is here for you. In times of worry or stress, we can provide confidential support and free information to help you understand your options and get the help you need..

This year we've helped people by:

- Providing up-to-date information people can trust
- Helping people access the services they need
- Supporting people to look after their health during the cost-of-living crisis

What people have told us during the year

These are the main topics and requests for information received by Healthwatch Bradford and District from April 2023 to March 2024

Primary Care



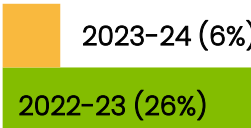
This year saw a significant reduction in feedback relating to Primary Care. Conversely there was a big increase in reports on Secondary Care.

Secondary Care Feedback



Dentists

A big change from last year was a reduction in reports about dentists down from 26% to 6% and GP practices up from 73% to 90%



GP practices



Feedback / point of view (98.2%)

Request for information (1.8%)

People offering feedback or a point of view continues to increase as the primary type of contact . Request for information had decreased as more information has been made available on our website.

Sentiment of feedback received by Healthwatch Bradford and District in 2023-24



Sentiment remains about the same as last year with around two thirds of people expressing a negative experience.



Volunteering

We're supported by a team of amazing volunteers who are at the heart of what we do. Thanks to their efforts in the community, we're able to understand what is working and what needs improving.

This year our volunteers:

- Visited communities to promote their local Healthwatch and what we have to offer
- Collected experiences and supported their communities to share their views
- Carried out enter and view visits to local services to help them improve

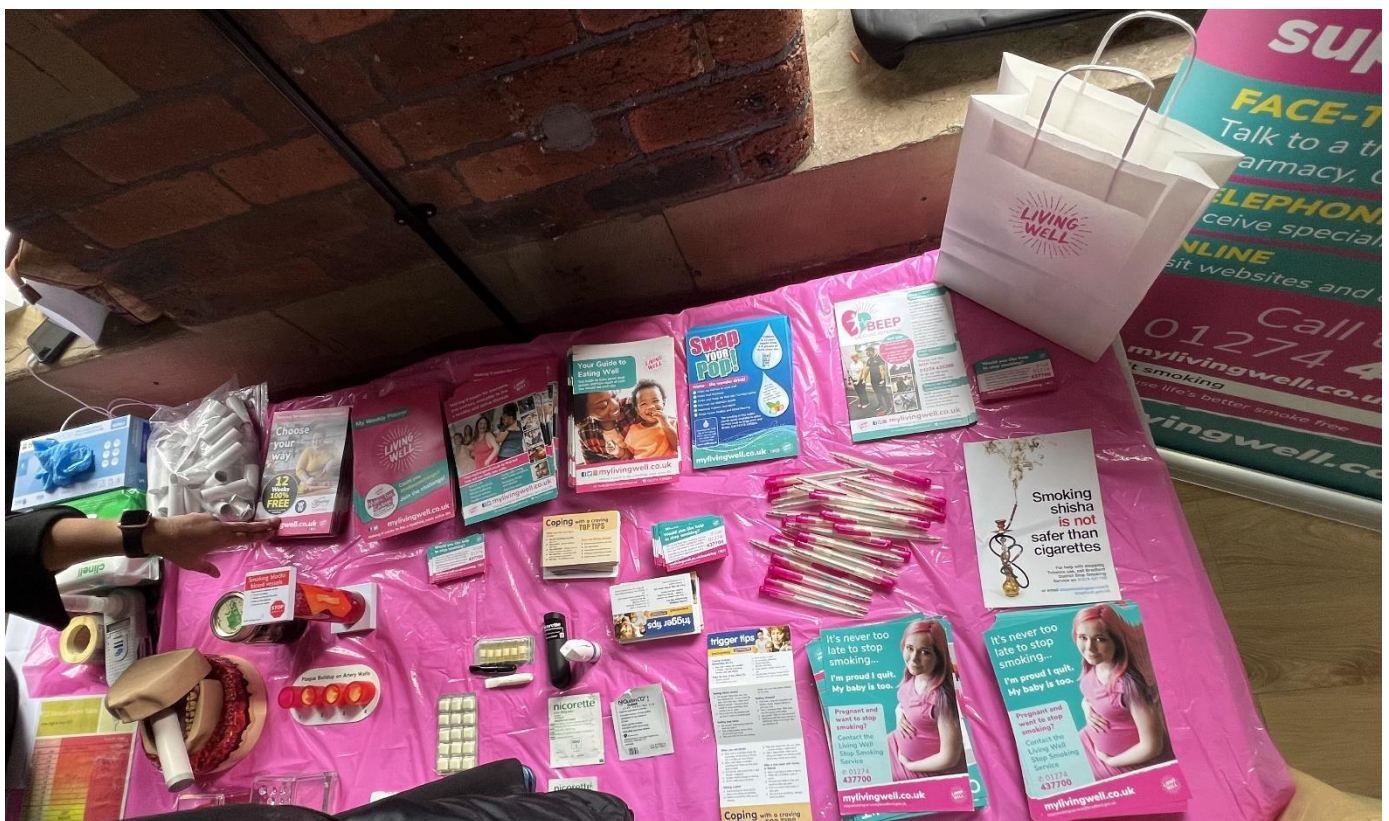


“Thank you for the opportunity to let you know how much I enjoyed volunteering for Healthwatch. As a partially sighted person I found it empowering to be able to report back on how trying to access services and or support can sometimes feel.

It gave me a sense of wellbeing to know that by reporting back on positive and negative aspects of access to provision, I was helping to play a part in improving (where necessary) the experience of those who may be in future need.”

Martin, 51

We have been extremely lucky to have been able to work with some amazing groups and their support has been invaluable to our projects. They have all been an absolute pleasure to work with.



This year we issued certificates to ‘Bradford People First – Healthier Lives group’ for their amazing undercover work as part of our Adult Social Care Project. As Healthwatch Bradford and District – Super Volunteers Of The Year.



Do you feel inspired?



We are always on the lookout for new volunteers, so please get in touch today.

 www.healthwatchbradford.co.uk
 0300 5610 987
 info@healthwatchbradford.co.uk



Finance and future priorities

To help us carry out our work we receive funding from our local authority under the Health and Social Care Act 2012.

Our income and expenditure

Income		Expenditure	
Annual grant from Government	£194,000	Expenditure on pay	£119,459
Additional income	£17,600	Non-pay expenditure	£42,079
		Office and management fees	£50,062
Total income	£211,600	Total expenditure	£211,600

Additional income is broken down by:

- £10,000 received from City Bradford Metropolitan Borough Council.
- £5,000 received from West Yorkshire Integrated Care Board.
- £2,600 funding received from West Yorkshire Integrated Care Board.

ICS funding

Healthwatch across Bradford and District also receives funding from our Integrated Care System (ICS) to support new areas of collaborative work at this level, including:

Purpose of ICS funding	Amount
General involvement	£5,000
End of Life	£2,600

Next steps

Over the next year, we will keep reaching out to every part of society, especially people in the most deprived areas, so that those in power hear their views and experiences.

We will also work together with partners and our local Integrated Care System to help develop an NHS culture where, at every level, staff strive to listen and learn from patients to make care better.

Our top three priorities for the next year are:

- To focus our work on the impact of service cuts and changes and how this could perpetuate and increase existing health inequalities.
- To work with the most marginalised communities re their use of end-of-life care services.
- To understand the impact of mental health challenges on women in terms of accessing health and care services, including preventative medicine.



Statutory statements

Healthwatch Bradford and District, Cardigan House, Ferncliffe Road, Bingley BD16 2TA, is part of the Infrastructure Support Organisation Community Action Bradford & District.

Healthwatch Bradford and District uses the Healthwatch Trademark when undertaking our statutory activities as covered by the licence agreement.

The way we work

Involvement of volunteers and lay people in our governance and decision-making

Our Healthwatch Board consists of 11 members who work on a voluntary basis to provide direction, oversight and scrutiny of our activities. Our Board ensures that decisions about priority areas of work reflect the concerns and interests of our diverse local community.

We ensure wider public involvement in deciding our work priorities. Through our regular community intelligence-gathering we produce monthly insight reports based on the information we receive and share this with our local commissioners, while we work with Healthwatch in Calderdale, Kirklees, Leeds, Wakefield and North Yorkshire to provide insight from across West Yorkshire Integrated Care Board on key issues raised by the public, including NHS dentistry.

Methods and systems used across the year to obtain people's experiences

We use a wide range of approaches to ensure that as many people as possible can provide us with insight into their experience of using services. During 2023/24, we have been available by phone, and email, provided a web form on our website and through social media, as well as attending meetings of community groups and forums.

We ensure that this annual report is made available to as many members of the public and partner organisations as possible. We will publish it on our website, through our social media platforms and our monthly email newsletter.

Responses to recommendations

We had no providers who did not respond to requests for information or recommendations. There were no issues or recommendations escalated by us to Healthwatch England Committee, so no resulting reviews or investigations.

Health and Wellbeing Board

Healthwatch Bradford and District is represented on the Bradford Wellbeing Board by Helen Rushworth, Lead Officer. During 2023/24 our representative has effectively carried out this role by sharing insights about feedback received by Healthwatch about local health and care services and providing information and insights about mental health support in local schools.


Bradford District & Craven Health & Care Partnership

We are a member of the Partnership Board, the decision-making mechanism for local health and care provision.



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 TikTok handle here