

Healthwatch Halton Advisory Board

17th June 2021

Public Board Meeting Agenda via teams

Microsoft Teams meeting

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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.

		Item	Enclosure (Paper, Verbal etc)	Outcome (Noting, Decision etc)	Presenter
1.00pm		Private session to discuss confidential staffing/ operational issues. Closed Session- not open to the public.			
		Close private session and open Public HAB Meeting			
1.30pm	1	Welcome and Apologies	V		Chair
	2	Declaration of Interests	V		All
1.35pm	3	Minutes and Action log from Public Board Meeting update	V&P		Chair
1.40pm	4	Work Programme Project Updates <i>Enter and View Programme update and signposting - HW 5 year plan</i>			Staff Team
1.55pm	5	Meeting feedback reports by HAB members <i>Meeting feedback reports and updates for the Board and Public including, feedback from the Health and Well-being Boards, Health and Social Care Overview and Scrutiny Committees, CCG/Acute Trust Board/Community services trust board, Safeguarding Board, Primary Care Commissioning Committee and other Strategic meetings and community feedback</i>			LHM
2.10pm	6	Intelligence/Feedback update – public issues <i>A report on the issues that are being reported to HW by the public, any feedback from partners and meetings with them and any operational meetings attended by the Manager of Healthwatch Halton</i>			LHM
2.25pm	7	Decisions to be made by the Advisory Board			
	7a	Escalation to HW England/ CQC			Chair
	7b	Publish a report/ agree a recommendation made in a report			Chair
	7c	Request information from commissioners/ providers			Chair
	7d	Which premises to Enter and View (on hold due to COVID)			Chair
	7e	Decision about subcontracting/ commissioned work – update on Woodview report			Chair
	7f	Whether to report a matter concerning your activities to another person- e.g. CCG, Voluntary Sector, another Healthwatch, Advocacy services			Chair
	7g	Which health and social care services HW is looking at for priority project update on future projects			LHM
	7h	Refer a matter to Overview and Scrutiny committee			Chair

		Item	Enclosure <i>(Paper, Verbal etc)</i>	Outcome <i>(Noting, Decision etc)</i>	Presenter
	7i	Breach/s of the decision-making process			Chair
2.40pm	8	Health and Social Care Issues from the public – Integrated Care Systems			Chair
2.50pm	9	Any other business			Chair
3.00pm	10	Date and Time of Next Meeting – 19 th August 1pm via teams			

Chair – Healthwatch Advisory Board Chair

LHM – Local Healthwatch Manager

Action Log**Healthwatch Halton Advisory Board (HAB) Meeting****Date 15th April 20210**

Task Number	Agenda Item	Task Description	Assigned to	Status
1.	Private meeting	Send out the MS Teams link with the Board papers	CS	Done
2.	Private meeting	Dave O Connor and Dave Wilson to meet to discuss Whiston Patient Engagement Meeting attendance	DW	
3.	4	Chase up recommendations from the Young Peoples Mental Health Report in October time	DW	
4.	4	Share the completed maternity report with the Board	DW	
5	5	Chase up the policy for missing items at Whiston hospital	JB	

Healthwatch Halton Advisory Board

15th April 2021 via teams

Public Board Meeting Minutes

In attendance: Kath Parker (KP) HAB Chair
HAB members: Paul Cooke (PC)
Maureen Isherwood (MI),
Diane McCormick (DMC)
Jane Pritchard (JP)
Dave O Conner (DOC)
Sue Connolly (SC)
Dave Wilson (DW, Manager, Healthwatch Halton),
Louise Delooze (LD, Community Outreach Lead, Healthwatch Halton),
Irene Bramwell (community outreach lead)
Jude Burrows (Engagement and Information lead Healthwatch Halton)
Clare Screeton (minute clerk)

Apologies: Elizabeth Learoyd) ECS Director

		Item
1.00pm		<i>Private session to discuss confidential staffing/ operational issues. Closed Session- not open to the public.</i>
		Public HAB Meeting
1.30pm	1	The Chair welcomed the Board Apologies were received from Elizabeth Learoyd
	2	Declaration of Interests DMc is a Governor at Bridgewater and DW will be sharing the report on Woodview which they commission. The decision was made that no comments or decisions would be made by DMc in relation to the report and its findings.
1.35pm	3	Minutes and Action log from Public Board Meeting update The minutes were agreed as a true reflection. Action Log <ul style="list-style-type: none"> • Complete operational workplan – Completed DW will share with Board. • Maternity Report – Complete and agreed by Board. • Phlebotomy Clinic – Complete the issues were passed on to the CCG who are aware of the issues. • Victims of domestic violence – Complete DW has checked, and this does not come under the HW remit. • Dentistry – In progress on Agenda for today.
1.40pm	4	Work Programme Project Updates DW updates the Board on the projects that they are currently undertaking and shared the reports with the Board . These were <ul style="list-style-type: none"> • Vaccine attitudes report the survey was made up of 9 multiple choice questions, and 6 open text questions that enabled respondents to expand on their responses. The survey was available online from Thursday January 28th 2021 until Thursday 11th March 2021. This was completed by 150 people most of the recommendations have been put in place as the pandemic evolved. • Young Peoples Mental Health Report the team designed a short online survey to gather the views and experiences of young people on where they would go to access support for their mental health. It

		Item
		<p>was completed by 49 young people. This will be taken to the Young Peoples Mental Health Partnership Board to review the recommendations to improve services.</p> <ul style="list-style-type: none"> Vaccination Mass Feedback Infographic the Board and CCG were very happy with this although DW said that most of the feedback was from Halton Stadium and that the Brindly has not been handing out leaflets. They also have not had as many clinics therefore not as much feedback but DW will be contacting them. The team will continue to collect feedback. <p>The Chair asked for comments and questions. JP commented that some of the responses were non-committal but acknowledged that there is nothing that can be changed about that. She also questioned if they would be doing a follow up survey once MerseyCare have taken over the service. DW explained that this was not a survey about NWB but about the thrive model and how they access information.</p> <p>DMC asked if they would be staying with the same model as there are many issues with transition from child MH services to adult MH services. The Chair said the services will be the same in the short term but that HWH should monitor it to see how it evolves and see if the recommendations have been implemented. DMC also said that there had been some changes made in times of vaccinations due to supply.</p> <p>The Board all agreed to sign off and publish the maternity and Young Peoples Mental Health report.</p>
1.55pm	5	<p>Meeting feedback reports by HAB members</p> <p>JB shared with the Board from the Whiston Patient Experience Team that PALs had raised that there were serious issues with lost property and that was what most of their complaints was about. They said that policies were not being followed JB has requested a copy of the policy which they are updating.</p> <p>97% of patients that were asked were not aware that they could have snack in between meals that were available for them on the ward. The mass vaccinations are running smoothly most of issues are with GP surgeries. They have now completed their discharge lounge.</p> <p>Dentistry, they have had volunteers ringing round to see if any NHS dentists in Halton are taking on new patients and they are not. This is a national issue and has been escalated to HW England.</p> <p>IB fed back from the Halton Safeguarding there is massive rise in domestic violence and reporting. Asylum seekers are suffering poor MH as they cannot speak the language and cannot explain symptoms or understand GP. Issues in Care Homes residents not seeing their relatives regularly even though screens are in place. This is affecting their mental health and family relationships.</p> <p>DOC said that there is a consultation opening today regarding whether staff in Care Homes should have mandatory vaccinations. He also backed up what JB said about items going missing at Whiston as he has heard of similar experiences. DW said that the most common things that disappear are dentures. This could be easily, and cost effectively remedied with the names on red boxes. There should also be a tick system to say that the items that they have arrived with they leave with. The Chair said that this was raised with Whiston but clearly things have not changed HWH should be monitoring the progress to see if the situation gets any better with the updated policy. MI said that PALs are very good, but you need to go and contact them yourself they are not well advertised.</p> <p>LD Attended the Voluntary Sector Meeting and updated on all her work and the fortnightly zoom calls. The fortnightly zoom calls have been a huge success and are well attended. This also enabled partners to link in with each other.</p> <p>DW attended the Special Health Policy Performance Board meeting on Spinal Surgery changes. He raised concerns about patient transport access from Halton to the Walton Centre. The CCG are looking into this. This will not affect the outpatient centre, but DMC raised concerns that people may fall through the cracks.</p> <p>DW attended the Palliative End of Life Meeting. At Integrated End of Life Care at Halton they are keen to do engagement with the relatives, but uptake has not been very good. DW will continue to share for them. Engagement HQ will be live by next week. This will also be shared and encourage people to access it.</p> <p>DMC St Helens Cancer Patient meeting they are concerned at lack of referrals from GPs and worried that cancers have been missed and will be more advanced.</p> <p>Lilac Centre are now off the At Risk register as they have acquired more staff.</p> <p>IB said that her son had to keep contacting his GP to access treatment for facial cancer and that waiting times are far too long. MI agreed and said that a surgical nurse from Whiston said that they are doing surgeries now for more advanced cancers that may have been detected had it not been due to the pandemic.</p> <p>DM attends the PPG Plus meetings but said that a lot of the surgeries are not holding their PPG meetings and that patients should be asking why they are not engaging.</p>

		Item
2.10pm	6	Intelligence/Feedback update – public issues
2.35pm	7	
	7a	Escalation to HW England/ CQC
	7b	Publish a report/ agree a recommendation made in a report None
	7c	Request information from commissioners/ providers Dentistry HWH are going to do a survey with public and stakeholders see what action we should take.
	7d	Which premises to Enter and View and when (Completion of the Enter and View visit checklist is required) No progress made as yet to the plans for visits to Care Homes
	7e	Decision about subcontracting/ commissioned work – Woodview final report has been shared and improvements have already been made.
	7f	Whether to report a matter concerning your activities to another person- e.g. CCG, Voluntary Sector, another Healthwatch, Advocacy services – GP Access to Leigh Thompson
	7g	Which health and social care services HW is looking at for priority project Dentistry and MH services
	7h	Refer a matter to Overview and Scrutiny committee
	7i	Breach/s of the decision-making process
2.45pm	8	Health and Social Care Issues from the public
2.50pm	9	Any other business DMc Feedback from parents to say that they feel that they have been bounced from schools to Woodview with neither taking responsibility for their children. DW said that is depends on what stage they are in within the referral process. If they have any issues, they should go to the local authority as it is around access. HWH have sponsored a Community Kindness Award and the Sanctuary received it DW thanked the Chair for all her work on this and thinks they should do the same again next year as it is a good cause. DMc suggested that they attend their Wednesday morning meeting to let them know about Healthwatch and what we do.
3.00pm	10	Date and Time of Next Meeting: 17th June 2021 1pm Via Teams

Agenda Item 4

Work Project Updates

Healthwatch Virtual Visits planning proposal

Since March 2020 Healthwatch Halton has followed government guidance and has stopped face to face engagement with the public, including Enter and View visits.

We have considered other way to observe health and care services and decided that ‘virtual visits’ would be a useful engagement tool while we were unable to carry traditional Enter & View visits.

Therefore, In response to the COVID 19 pandemic and lockdown, Healthwatch Halton has introduced a new digital approach in delivering our traditional Enter & View Programme. These cannot be referred to as Enter and View but are a useful engagement tool at this time.

Visits will be conducted virtually and supplemented by paper-based surveys and telephone calls, all visits will be announced whilst taking a number of factors into consideration these include:

Our Virtual Visits will rely on the service provider’s willingness and capacity to host the visit as it includes them hosting a detailed virtual tour of the facilities using a tablet/ mobile device, therefore, a sufficient Wi-Fi connectivity and a suitable device(s) would be necessary.

Virtual Visits to local Care Homes will be themed around the following aspects of care provision.

- Activities
- Complaints
- Staff responsiveness
- Dietary needs
- Provision of care for residents with dementia

We will use the Healthwatch England ‘Virtual Visits’ guide to aid in planning our Virtual Visits.

We will, depending on the service to be visited, develop questionnaires to support their virtual visits.

Pre-visit planning checklist

1. Key lines of enquiry - We will:

- a. we will agree topics that we can realistically observe and acknowledge the limitations of the virtual visit, i.e. We may be able to observe cleanliness, safety, information and signposting, for example, but not staff and patient interactions.
- b. Decide the purpose of the visit, what we want to achieve and the best ways to achieve it first. For example, do we need to speak to patients and service users, or will observation show us what we want to find out?
- c. Work with the provider to plan a visit. Establishing what we both want to get out of the visit, mutual expectations and roles and responsibilities as well as logistics about the technology we can use and where we will have access to on the day
- d. Talk to the provider about how consent will be gained from anyone who does speak to us. Agree how to communicate and record this. Signed consent forms are usual but if not possible we will develop an online consent form.
- e. Agree with the provider, and inform any participants, how any data they share will be stored and used
- f. Ask the provider for a floor plan, or details of the facilities. This is to help us plan where we would like to observe rather than being passive recipients of a virtual tour.
- g. Look at producing an information sheet in advance. This could be given out by staff to prepare residents, patients and family members for the visit and give them the chance to ‘opt-in’ for a video call, phone call or survey or ‘opt-out’ and not be disturbed.

- h. Create a plan for the day e.g. what would we like to observe, who would we like to speak with, what questions will we ask patients/families/providers etc.

2. Accessibility and technology - We will:

- a. agree what tools and platforms we want to use and to test them as well as the internet connection -and the provider's - beforehand.
- b. Consider if people will need any support to take part such as translators, easy read information sheets or consent forms or help using a device

3. Volunteers - We will:

- a. Host a virtual planning meeting before the visit to make sure everyone understands the process, agrees to a role they are comfortable with and can ask any questions.
- b. Assign roles to the volunteers such as observers or note takers on the virtual tour while others may carry out conversations with people via phone or video call.

4. One the day - We will:

- a. Dial in as agreed and introduce volunteers to the staff members who will be conducting the virtual visit. Discuss logistics e.g. a staff member may provide a mobile number which can be used to make a video call.
- b. Follow the virtual plan so we don't miss anything.
- c. Hold a debrief with the provider at the end of the visit.

5. After the visit - We will:

- a. Hold a virtual debrief meeting as a team to gather feedback and key observations, either at the end of the visit or the day after.
- b. Collate observations and any recommendations to share with the provider, in whatever format agreed, making sure to acknowledge the limitations of the process.
- c. Discuss any learning and share this with Healthwatch England and other local Healthwatch.

The capacity of the provider to accommodate a virtual visit which will not disrupt their service delivery.

The impact on service delivery when identifying potential patients/residents and staff members to interview,

Identifying any potential issues prior to the virtual visit such as residents and staff being uncomfortable speaking using digital tools, or technology problems on the day of the visit.

Our Virtual Visits team will consist of between 2-4 volunteers and Healthwatch staff. The team will endeavour to engage with residents who are happy to speak with us along with their family or friends who are available on the day(s) of our visit.

Our aim during the visit would also include discussions with management and staff as the visit will be themed around specific aspects of care provision.



Healthwatch Halton

Maternity Matters report

April 2021

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Introduction:

Healthwatch Halton is the independent voice of the public in health and social care services. We gather feedback from members of the public using health and social care services about their experiences. The feedback that we gather is shared with service providers and commissioners in order to improve health and social care services.

On this occasion we have focused on maternity services and the experiences of women from Halton who have given birth in the past 12 -18 months.

The project looked at the information and support that women were given before, during and after the births of their babies.

Halton differs from many other areas in the provision of Maternity Services in that Halton has a standalone Community Midwifery Service provided by Bridgewater Community Healthcare NHS Foundation Trust.

Hospital options available for birth included Warrington Hospital, Whiston Hospital, Liverpool Women's Hospital and Countess of Chester.

What we did

With the support of NHS Halton CCG we designed an online survey covering all stages of pregnancy. The survey launched on 3 December 2020 and ran until 5 February 2021. The survey was promoted widely across our social media channels and a wide range of other local networks. Support in promoting the survey was given by all our local NHS Trusts and a number of local third sector organisations and groups.

A total of 132 responses were received. In addition, we spoke directly with 10 mums who had offered to give more details on their maternity experiences. We were very much overwhelmed by the number of women who offered to tell their us more about their experiences and just wish we could have been able to include stories from all 64.

Of the 10 maternity experiences, 4 cover Whiston Hospital and a further 2 each for Warrington Hospital, The Countess of Chester Hospital and The Liverpool Women's Hospital.



Maternity Matters summary



132 women took part in the survey



52% were first-time mums



84 births were since the start of the pandemic



89% of women had downloaded maternity related apps



Almost 1 in 3 women felt appointments weren't always at convenient times



46% of women had seen 4 or more midwives during their pregnancy



78% felt health professionals were supportive



70% of partners couldn't attend antenatal appointments due to Covid restrictions



27% didn't feel listened to when raising a concern during labour and birth

Report Recommendations

Continuity of Carer - Ensure that women have access to a consistent service at times that suit them

While we realise it may not always be possible to have the same midwife before and after the birth, or for the duration of labour, many women felt seeing three or more midwives didn't work as well.

Some expectant mums told us they had to keep telling the same story to different people, which could be distressing for some.

Almost 1 in 3 felt they didn't always have appointments at times that were convenient for them. Feedback highlighted that many would find having midwife appointments outside of normal 9-5 office hours beneficial to women and their birth partners, to fit in with work commitments.

With 90% of women saying it was important to them to see the same midwife during pregnancy, we recommend, that wherever possible, there is a named midwife and that the same community midwife is in place before and after the birth, if that suits the woman.

We also recommend that services consider more flexible appointment times, possibly with extended hours so that patients and partners can attend without impacting their work schedule.

Online Support Apps - Our survey highlighted a high use of online apps and information during pregnancy with 95% of expectant mums saying they used the internet to find pregnancy related information and 89% downloading and using pregnancy related apps.

Given the very high rate of use of such services, we believe it would be useful to carry our further engagement with women to ensure that health professionals can guide women to 'approved' apps or trusted sources of online information and advice.

Find the time - Many women commented that they felt staff were sometimes so busy they were unable to ask questions or get the support they needed. This was a recurring theme covering midwife appointments through to hospital births and postnatal care.

We recommend that services provide clear and easy access to information and support for patients at all times. Patients should not feel they are unable to ask questions due to time constraints or staff shortages.

Manage expectations - Ensure all communication is open and transparent, particularly when discussing birth plans and options

Birth Plans - It was apparent from the responses to the surveys, that many women felt that birth plans were 'pointless' and their notes were often not looked at by medical professionals.

There were also concerns around important information and choices being put in notes which were not always read by medical staff.

For those choosing a home birth, they should be made aware that this is only possible if there are midwives available to attend. Processes should be put in place for all medical staff to have easy access and time to read patients notes, which can have specific wishes or concerns highlighted so that they are not missed.

Group B Streptococcus information

We are concerned to note that over 40% of women didn't receive or couldn't remember receiving this information. We recommend that this patient information leaflet is provided to all women during their pregnancy as a matter of routine.

Suggestions...

Further Engagement

Over 60% of participants provided their contact details and stated they would be happy to get involved with further engagement around their maternity experience.

We would like to recommend some areas from the survey that would benefit from further engagement work:

Online Support - As recommended above, we believe it would be useful to carry out further engagement with women to ensure that health professionals can guide women to 'approved' apps or trusted sources of online information and advice.

Many respondents use apps, on-line searches and YouTube for information and advice. This is an uncontrolled source and there should be NHS recommended or supported on-line advice available.

This would also mean that expectant or new parents have easy access to reliable information that can sign post to resources or groups.

Offline support/Digitally excluded - There also needs to be further work carried out to better understand the needs of those who don't have regular access to the internet or prefer to use other sources of information.

After care and information - Even allowing for restrictions in place due to the Covid-19 pandemic, it seems from narrative comments within the survey that many parents felt abandoned after the birth of their baby.

Maternity wards are often very busy, and many mums felt they were leaving hospital without establishing breast feeding, and not sure what would happen next or what to expect next especially around healing and general care.

We suggest that engagement is carried out around how best to provide the information needed on discharge from hospital to patients.

Postnatal care - The 'Better Births'¹ report called for improvements to postnatal care, and patient feedback from our survey shows that there still remains some dissatisfaction with the service. While many respondents highlighted the pandemic as the main reason for a lack of postnatal support, we'd like to see further engagement carried out to review the levels of postnatal support to women in Halton.

'A growing body of evidence shows that better outcomes and experiences, as well as reduced health inequalities, are possible when people have the opportunity to actively shape their care. Personalised care also has a positive impact on health inequalities, taking account of people's different backgrounds and preferences, with people from lower socio-economic groups able to benefit the most from personalised care. Therefore, personalisation, based on a robust and continued assessment of an individual's circumstances and choices and, based on a relationship of trust between the woman and her clinicians, is a prerequisite for the safest care.'

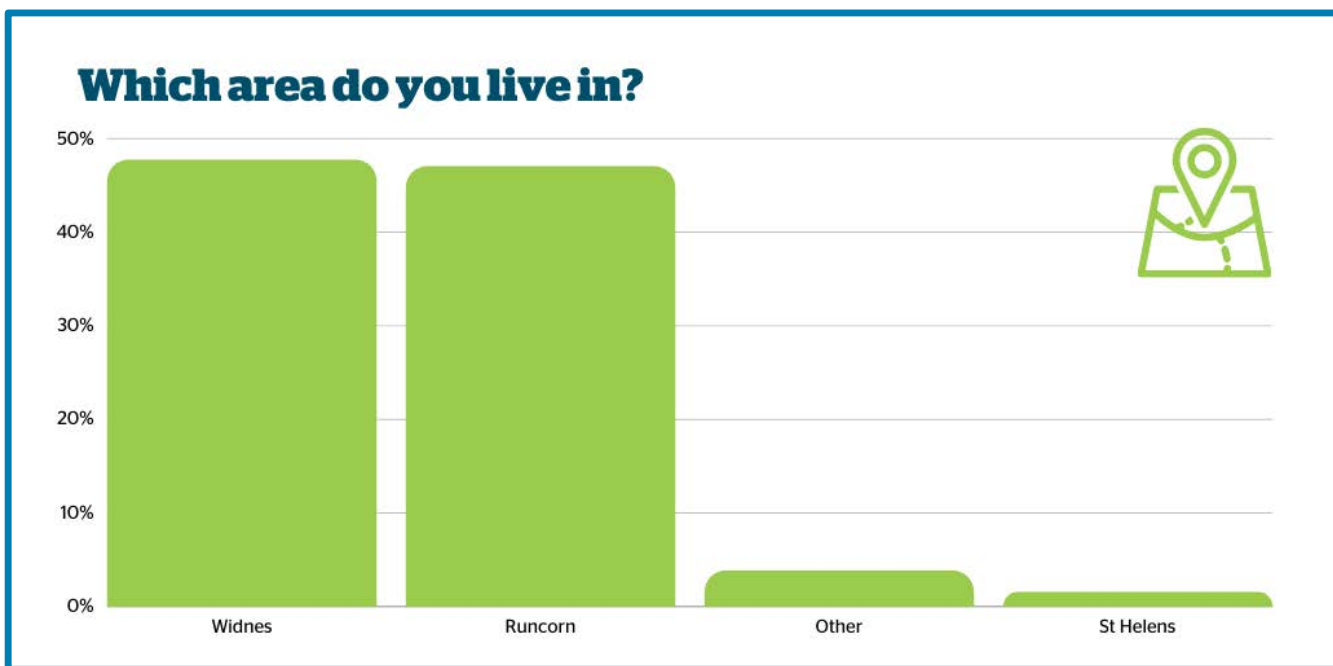
'Better Births - Four Years On' - A review of progress

<https://www.england.nhs.uk/wp-content/uploads/2020/03/better-births-four-years-on-progress-report.pdf>

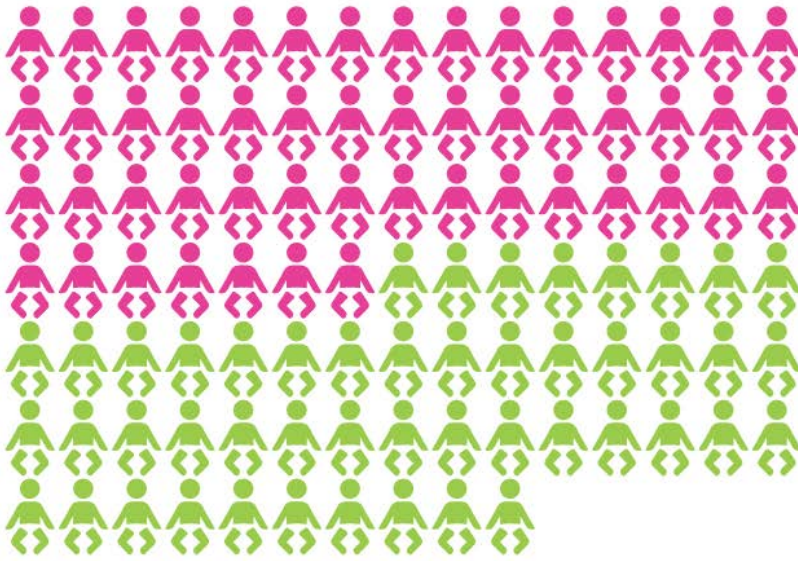
¹ <https://www.england.nhs.uk/wp-content/uploads/2016/02/national-maternity-review-report.pdf>

Feedback and Findings

Context



Are you a first time mum?



Yes
52%

No
48%

There were 132 respondents to our survey. 70% of participants were aged 25-34 years old, 17% were in the 35-44 age group with another 12% aged 18-24. One respondent was in the 45+ age group.

48% said they lived in Widnes, 47% in Runcorn, 2% lived in St Helens and 3% in other surrounding areas (Cronton, Helsby, Huyton, Knowsley and Prescot).

98% identified as White British, 1% as Asian or Asian British - Indian, with 1% preferring not to say.

76% of participants told us they gave birth at Whiston Hospital. 9% gave birth at Warrington Hospital, 8% at Liverpool Women's Hospital, 5% at the Countess of Chester and 2% had home births.

94% of respondents gave birth where they had originally planned to. One mother explained her reason for choice saying, *'I birthed here previously and was happy with the care so re-attended'*.

Some women who didn't give birth where they had originally planned told us they had opted for homebirths as their preference. One respondent told us: *'I had a home birth planned but during the last 3 weeks of my pregnancy there were constant issues with staff. There were never any midwives on call. When I went into labour there were no midwives on call, so I had to go to Whiston Hospital'*.

Another woman explained, *'I planned a home birth, my midwife was supportive, but the consultants were very negative. They made me have scans every fortnight and tried to persuade me against it at every turn. At 38 weeks I had a scan and they claimed my baby "would be lucky to be 5lbs", despite 2 weeks before his estimated weight was 6lbs. I was sent to the consultant who told me I would be irresponsible to birth at home and my baby would probably die.'*

Another respondent had planned a home birth saying, *'I wanted a homebirth got refused right at end so went to the NEST at Warrington Hospital'*.

'The plan was to give birth at home but for medical reasons I was unable to.'

One mother, who hadn't intended to give birth at home, told us, *'It was not a planned home birth, a very, very, quick labour assisted by ambulance'*.

Initial bookings

Halton Midwifery Services offer an 'Early Bird' first antenatal appointment for mums to be.

At this initial antenatal appointment, midwives should gain an understanding of a woman's medical history and lifestyle, calculate the baby's due date, discuss birth options, where the woman wants to give birth and feeding options. At this group session the midwife gives information about keeping fit and healthy throughout pregnancy so that the baby is healthy too.

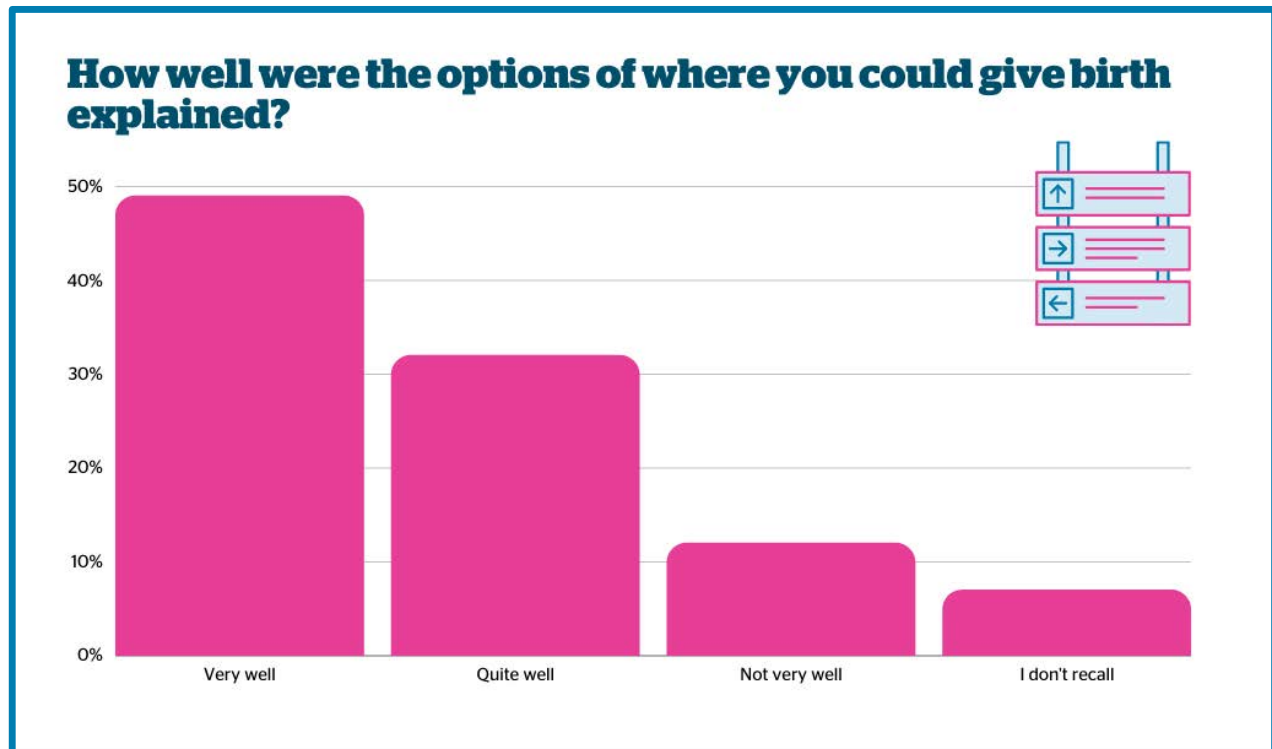
Also discussed are a number of topics such as exercise, feeding, blood tests, benefits available and also where women planned to give birth.

The options were to have the baby at home or at one of the four acute hospitals which are:

- Countess of Chester Hospital
- Liverpool Women's Hospital
- Warrington Hospital
- or Whiston Hospital

All women, whether it is their first or subsequent baby, and regardless of where they live have a range of options for where they can have their baby.

We asked women how well these options were discussed.

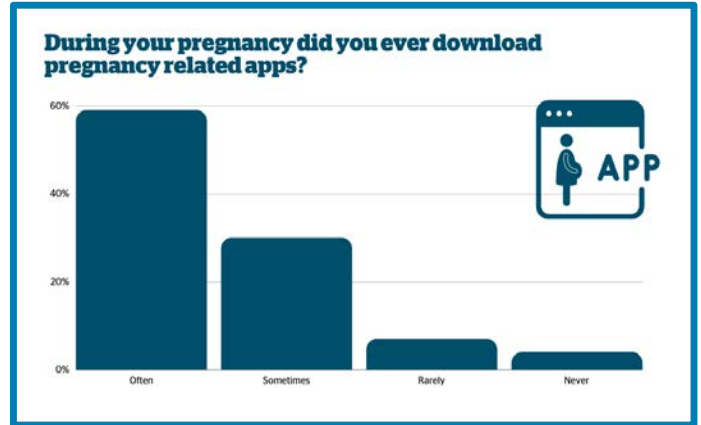
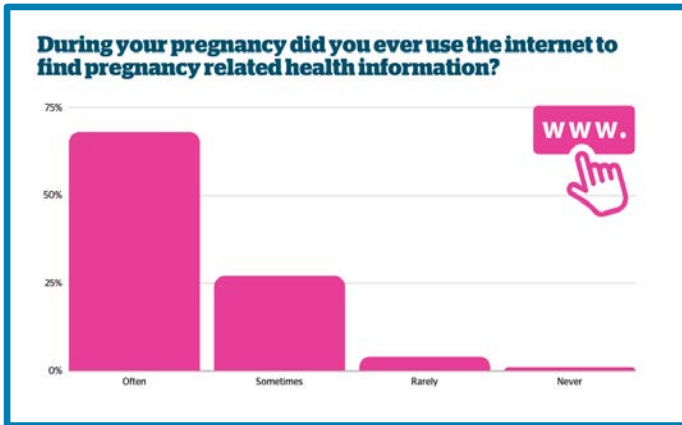


81% of respondents said the options of where they could birth were explained quite well or very well. 12% felt the options were not very well explained with 7% not recalling if they were told about the options.

'I got very limited information, being a first-time mum I was pretty much left to figure things out on my own.'

'More information about what induction actually involves and the alternative options to induction.'

Online and digital information and advice



Participants were asked if they had ever used the internet to find pregnancy related health information, and if they ever downloaded pregnancy related apps.

95% of respondents said they 'often' or 'sometimes' used the internet to find pregnancy related information.

89% said they had downloaded and used pregnancy related apps during their pregnancy.

Our survey didn't seek further feedback about which sources of information are used or which apps are most often downloaded.

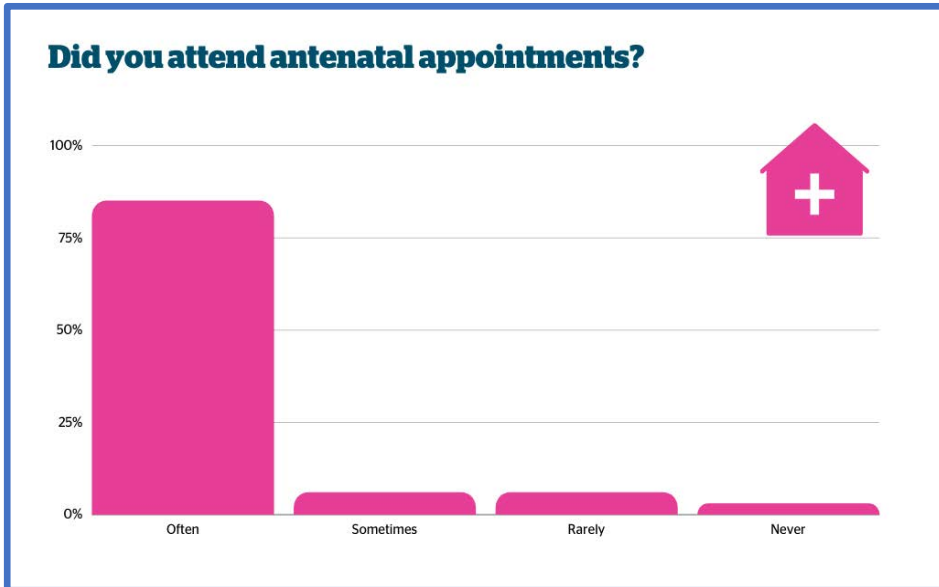
Given the very high rate of use of such services it would be useful to carry our further engagement with women to ensure that health professionals can guide women to 'approved' or trusted sources of information and advice.



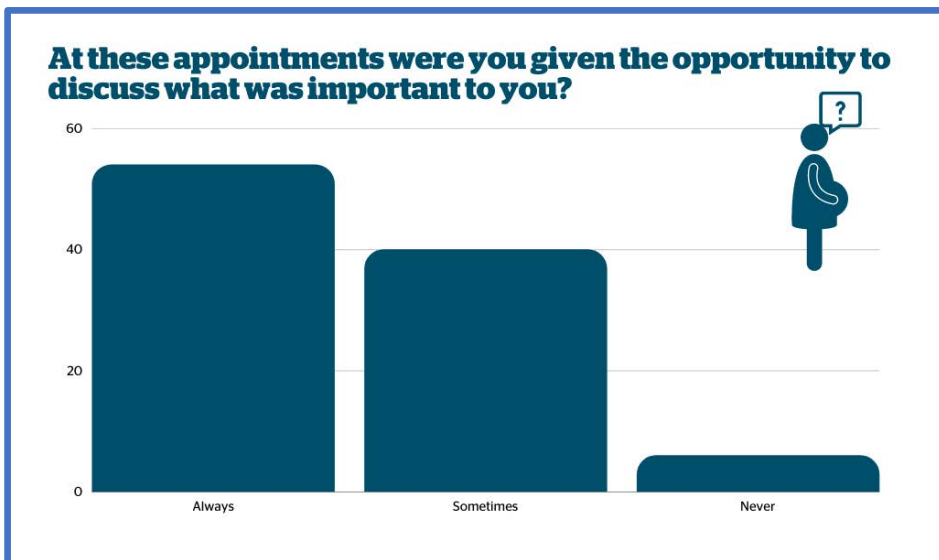
Antenatal appointments

The survey went on to ask women about their experiences of antenatal appointments.

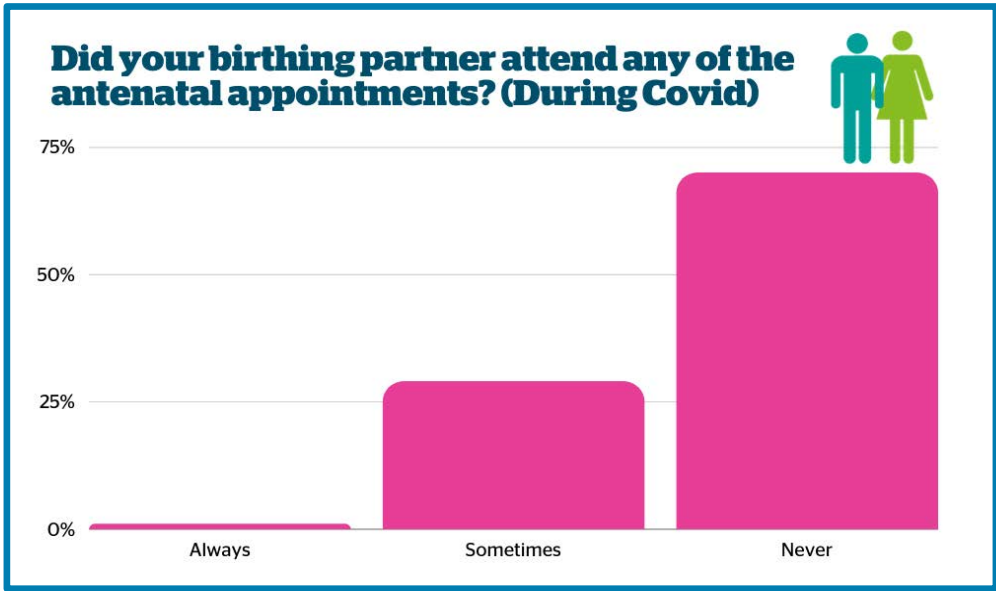
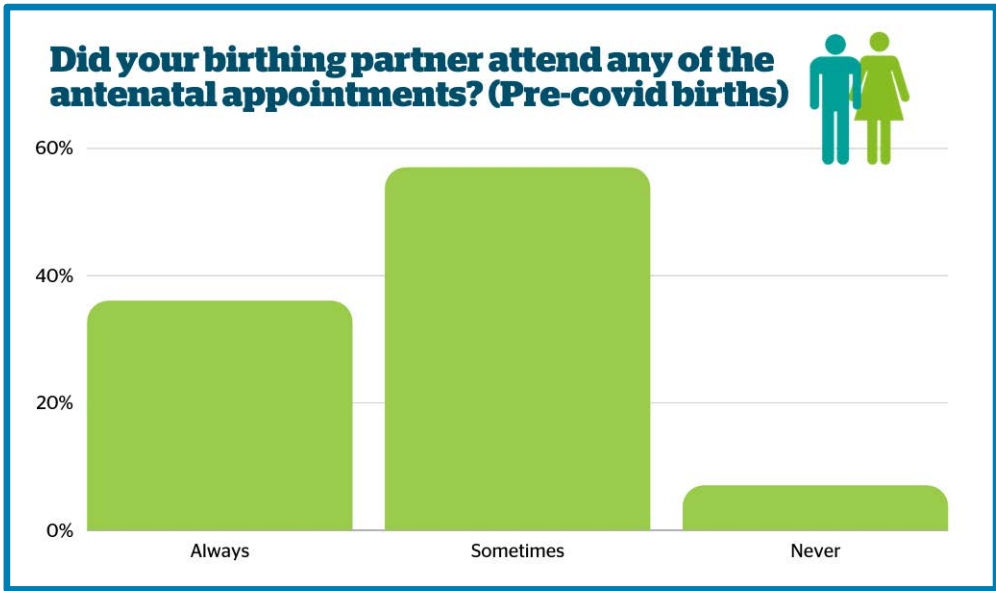
We wanted to understand how many women regularly attended and if they had the chance at these appointments to discuss what was most important to them.



91% of respondents said they attended all or most of their antenatal appointments.



54% of respondents felt they were always given the opportunity to discuss what was important to them with a further 40% saying they sometimes got to discuss what was important to them. 6% told us they never had the opportunity to talk about what was important to them



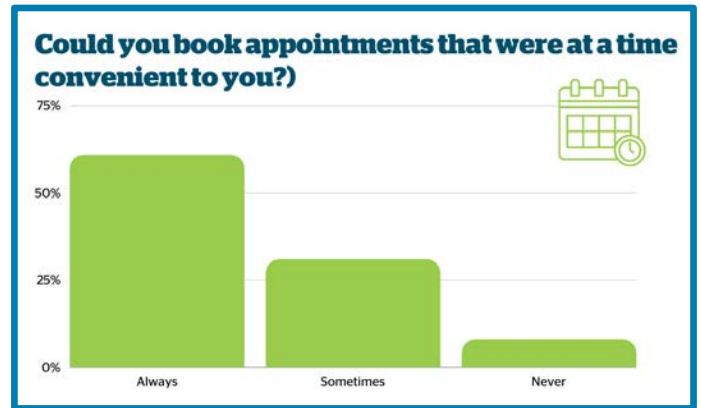
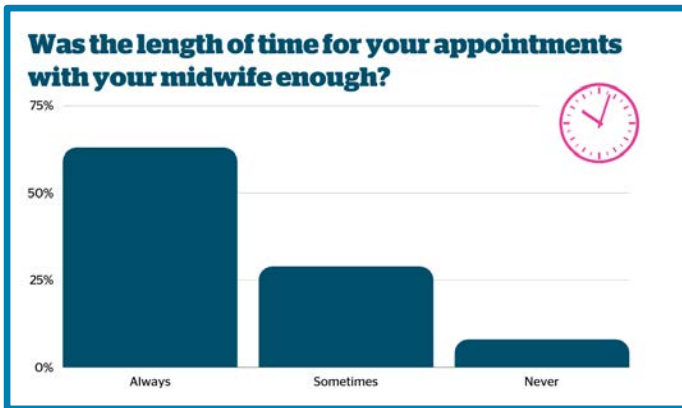
The Covid-19 pandemic has had quite an effect on the ability of birthing partners to attend antenatal appointments.

Our survey asked respondents to say whether their birthing partners attended any antenatal appointments with them.

We broke down responses by date of birth. As noted above, in the pre-covid chart, 93% of birthing partners attended some or all appointments.

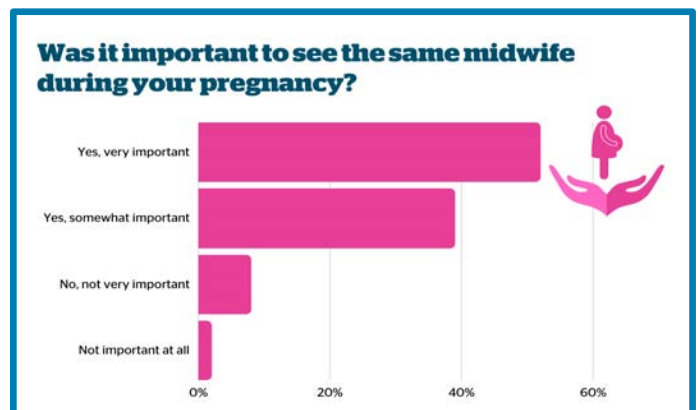
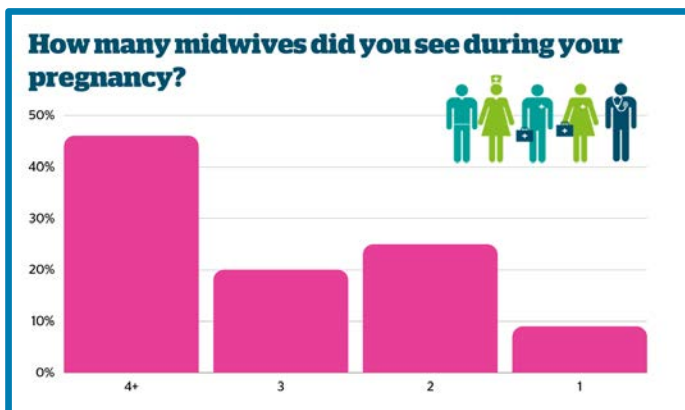
The pandemic and the restrictions put in place had a dramatic effect on the ability of birthing partners to be able to attend antenatal appointments. Just 1% of women, who gave birth during the pandemic, said their partners were able to attend all antenatal appointments. A further 29% said their partners were able to accompany them to some appointments.

When asked about the suitability of appointment timings, the majority of respondents gave a positive rating and felt their appointments were long enough and at a convenient time.



We noted from the survey results that almost 1 in 3 mothers-to-be said they didn't always have appointments at times that were convenient for them, with one respondent stating,

'My main midwife didn't give me chance to have appointment at the best time for myself and said I had to have her and couldn't switch to someone who had better schedule then she went off sick near the end and I was passed from pillar to post causing different baby measurements causing me to have to go to hospital for an extra scan that was completely unnecessary and caused great stress and upset.'



The National Institute for Health and Clinical Excellence (NICE) state that *'pregnant women should be cared for by a named midwife throughout their pregnancy'*. With 91% of women saying this was important to them, the survey results clearly show that respondents value continuity of care and the opportunity to build a relationship with their midwife.

Despite this, 66% of respondents said they saw three or more midwives throughout their pregnancy.

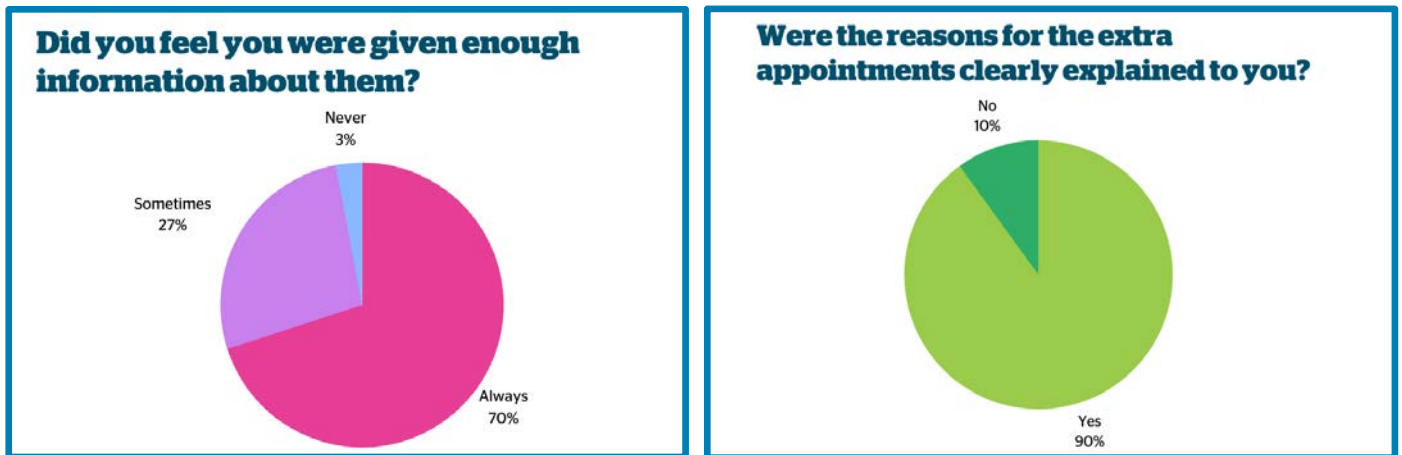
'My last midwife appointment I didn't see my usual midwife so I feel like my last appointment was rushed as she was not my midwife.'

See appendices for the NICE Quality Statements for Antenatal Care

Extra appointments

77% of respondents stated they were given extra appointments.

The survey asked some questions regarding the extra appointments to try and ascertain whether women felt they had enough support and information about the reasons for the extra appointments.



The majority of responses to these two questions were positive, as shown by the graphs above. 70% of respondents felt they were always given enough information about the extra appointments, with one respondent saying, *'I was given a lot of useful information'*.

Another mum said, *'I feel everything was explained to me and always got the advice I wanted. I didn't ask as much this time with being a second time Mum'*.

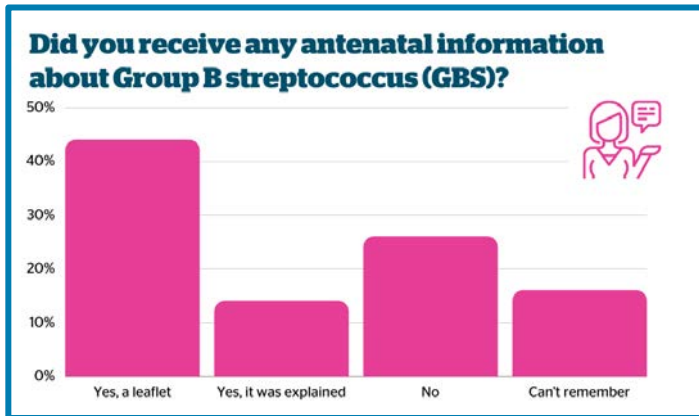
It was also clear that the vast majority of women felt they had the reasons for the extra appointments clearly explained.

However, some of the narrative feedback given highlights areas that respondents didn't always feel properly informed about.

'I was not informed much about labour such as the different ways to induce my labour or what happens when your waters break'.

'Whilst I totally understand that the NHS is over stretched, I felt that some of my midwife appointments were just going through the motions'.

One respondent told us that during the pandemic she felt cut off from help and support saying, *'I managed to find information I needed on the Internet/pay for classes but as a first-time mum it would have been helpful to have been provided with information to prepare. Leaflets/booklets etc., would have been helpful especially since no antenatal classes were running. Most questions I asked I was told just to Google, which isn't very reassuring from a professional'*.



'I would have liked to know about Group B strep as I was told I tested positive late in my pregnancy'

The survey asked whether information on Group B Streptococcus was given.

While 58% said they received information either verbally or via a leaflet, 42% either didn't receive or couldn't remember receiving any information on Group B Strep.

One mum commented, *'I was told that strep b had been missed and I'd had it but had never been told. I was then told I would need to leave the birth pool, when I said that I didn't want to various people tried to inset a cannula while I was in the pool having contractions. Eventually, the anaesthetist was called and managed to get the cannula in and give me antibiotics. How had this been missed?'*

Another mum, when asked what she would have liked to know more about during her pregnancy, told us, *'I would have liked to know about group b strep as I was told I tested positive late in my pregnancy whilst being tested for something else which otherwise would have gone undetected and potentially harmed my baby.'*

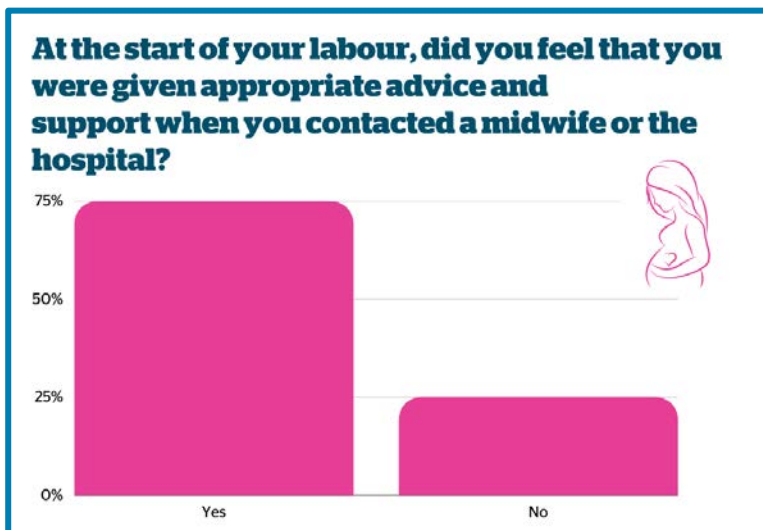
The latest guidance from Group B Strep Support recommends that Health professionals should, *'Provide all pregnant women with a patient information leaflet about group B Strep (GTG 4.1)²*

We are concerned to note that over 40% of women didn't receive or couldn't remember receiving this information. We recommend that this patient information leaflet is provided to all women during their pregnancy as a matter of routine.



² https://gbss.org.uk/wp-content/uploads/2020/02/2018_06_RCOG_Summary_Leaflet.pdf

The birth



I had the most perfect birth and my midwife made that possible'

75% of women who contacted a midwife or the hospital at the start of their labour 63% of women felt that they were given appropriate advice and support at the start of their labour. One said, *'Every phone call to Whiston was a great support to us. Staff at the other end of the phone are always reassuring and kind.'*

Another explained, *'The hospital was amazing and talked me through what was going to happen and gave me all the information I needed as when my waters broke, I went in for them to do a check and was advised to come back later, as I was not in active or proper labour, to be induced.'*

One respondent felt well prepared, stating, *'I had a planned c-section as baby was breech so was provided with lots of information.'*

'Community midwives were awful but Whiston on the other hand were absolutely amazing! Especially Eloise who delivered my daughter!'

Some respondents had mixed experiences with one telling us, *'Yes and No. Waters broke, attended Whiston was seen and put in a room and was left for 4 hours in pain, contracting when called for Midwife to be checked wasn't checked properly, was left again for a further 4 hours without anyone checking on me. During this time had to call midwife again, a different midwife attended me, checked me properly, examined me and said "I should have gone into delivery hours ago" during this time I was alone. No husband allowed until I went into delivery'*

A number of respondents commented that professionals didn't provide them with enough advice or support.

'When we rang the on call midwife we got no reply. We worked our way down the list of midwife numbers with no luck so we rang my personal midwife who was actually in work and she talked us through what we need to do.'

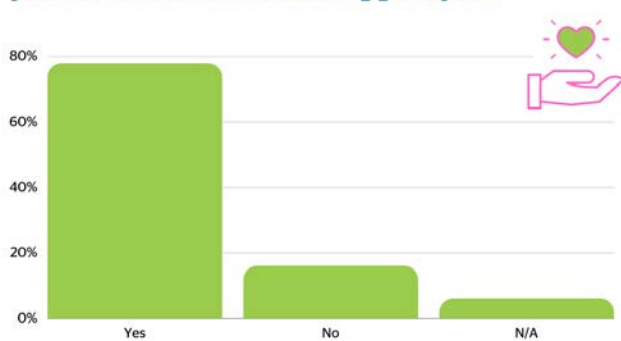
'Midwife on phone was very rude, my assumption is because I am a first-time mum.'

'My actual midwife told me I didn't need a stitch when I have had two cell removal ops I told her this every time I had a visit with her and she said no. I had my baby at 28 weeks and he nearly died.'

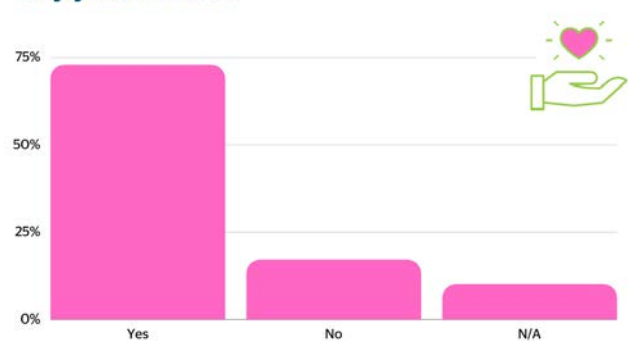
'Following my induction, I knew baby was on way. After having contractions close together and intensity I asked to get checked by midwife as I knew baby was on way, but I had to wait until she had finished giving meds on the ward. This made me feel like I was on my own, especially as my partner wasn't allowed on the ward.'

'Rang hospital 3 times before being advised to come in. Although it was my first baby I had a feeling something was wasn't as it should be. Was made to feel like would just be sent home. Baby had opened her bowels so it was right that I had gone in.'

During the birth of your baby, did you feel that your midwives/doctors were aware of your wishes and tried to support you?



During your labour, did staff help to create a more comfortable atmosphere for you in a way you wanted?



We received a large number of narrative experiences regarding the birth experience.

The majority of respondents told us they felt their wishes were known and supported by health professionals during birth as can be seen in the examples below.

'My midwife Jen was amazing she explained everything in perfect detail and made us all comfortable whilst doing her job in an efficient manner.'

'My labour was very fast, but from the time I got to the hospital and through my labour everyone was amazing and I could not fault them.'

'Staff in theatre were fantastic at keeping me calm and well supported Rebecca at Whiston Hospital was fantastic.'

'Our midwife (Libbi) was fantastic and made sure that the atmosphere in the MLU was perfect for the birth we wanted.'

'Midwife kept lights low and was unobtrusive as possible whilst being continually monitored. This was welcomed after wanting to have a water birth on the Midwifery led unit but being unable to do to induction because of fertility treatment. No one actually asked what we wanted though, we were just lucky to get that I guess.'

'The hospital were amazing during a difficult time. They went above and beyond to support us during the birth and after, knowing my partner wasn't allowed to visit.'

'It was hard going alone until the end but the midwives did the best they could in the situation. The midwives at the Countess were fantastic. They went above and beyond to make me as comfortable as possible and reassured me throughout labour.'

Some respondents highlighted both positive and negative experiences during labour with one saying, *'Yes and No. Again. Once in established Labour. A bath was ran for me for pain relief but the water was cold midwife left room without explaining how to use the birthing pool. Left again for over an hour without being checked'*.

Another respondent had a mixed experience of giving birth during the pandemic saying, *'Delivery suite were fantastic and I can't fault them. When I was induced I was pretty much left on the ward having painful contractions with no support. Husband wasn't allowed to be with me due to the virus so I thought midwives might have been on hand more to support. As a first time mum this was a very distressing time.'*

17% of respondents highlighted less than perfect experiences. Common themes included birth plans not being followed, and feeling 'not listened to'.

One second-time mum said, *'Was told at the pre op 2 days before planned section that would have to self-admit to Whiston, 24 hours notice to arrange childcare. Despite being consultant led and under 2 consultants because of gestational diabetes.'*

She went on to explain, *'I was given incorrect information and advice at the pre-op appointment. I was also given conflicting information upon self-admittance to Whiston the night before. Birth plan never discussed. Hospital policy never explained to me despite weekly appointments. I was given limited information for birthing partner attendance. Overall terrible maternity care for 2nd child.'*

Due to the need to have an early induction, one mum said, *'I was told none of my birth plan wishes could be carried out because I had to have an IV fitted 'just in case'.'*

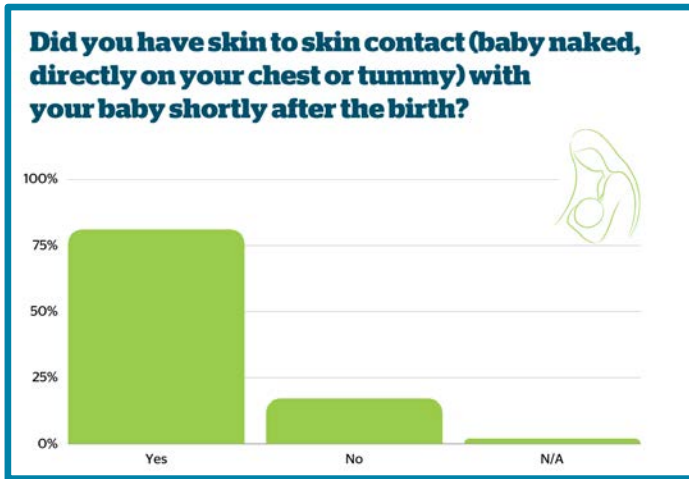
One respondent told us, *'I was made to feel stupid, not listened to.'*

Another respondent highlighted a lack of suitable seating for partners saying, *'The induction suite wasn't ideal as my partner was sat in a seat whilst I was in bed and this would have been an ideal opportunity to rest as my labour then went on for about 36 hours.'*

One mum commented on a lack of support while being induced saying, *'I was induced so left on my own without my husband for 3 days. Midwives too busy to support me.'*

Another women who gave birth during the pandemic felt her labour experience was far from ideal, telling us, *'Due to covid my husband wasn't allowed in after I'd been induced. I was very anxious and needed his support. I had to keep leaving the ward to be with him and ended up mostly labouring in the hospital corridors. Was an awful experience. I understand there were restrictions, but my dignity was bottom of the list of priorities.'*





I had the most perfect birth and my midwife made that possible'

81% of women said they had 'skin to skin' contact with their baby shortly after birth.

One mother told us, *'This was lovely'*. Another respondent said she had skin to skin contact, *'As soon as he was born'*.

Some women told us they didn't have immediate skin to skin contact but did get to hold their babies once weighed or cleaned up, *'I did ask for immediate skin to skin before baby got weighed etc as we would have got if we had a vaginal birth however this request was either ignored or forgotten'*.

Covid restrictions also affected the opportunity for women to have skin to skin contact with their babies, with one woman saying, *'We cut it short so that my husband could have cuddles before he was kicked out'*.

17% of respondents told us they didn't have the opportunity for skin to skin contact.

'I ended up in theatre with a spinal and lost a lot of blood. I was shaking so much for the spinal that I couldn't even hold my baby when she was born. I had to wait until after recovery to hold her properly'.



Covid-19 restrictions have clearly affected the number of partners who were able to be involved in their partners care.

For those respondents who gave birth prior to 1 April 2020, 86% answered 'Yes' to this question. For those who gave birth after 1 April 2020 this figure dropped to just 58%

Prior to the pandemic the vast majority of partners were able to be involved, with one respondent stating, *'I was lucky enough to have my baby prior to the pandemic so we had the option for my birth partner with me all the time.'*

Another respondent praised her midwife for facilitating this, *'This was very much facilitated by our midwife who listened and fully respected our birth plan. We always said our birth plan would be 'preferences' and we were happy to be led by our midwife - but she played such an important role in keeping us on track with our preferences and supporting myself and my husband.'*

A small percentage of respondents didn't get the partner involvement they'd hoped for with one mum telling us, *'My partner did, but not my Mum and this was pre-covid'*, another respondent commented, *'Not as much as U had thought, as it was a section no dad skin in skin or cutting of cord was discussed which had upset us both as at the time it was very much like a whirlwind.'*

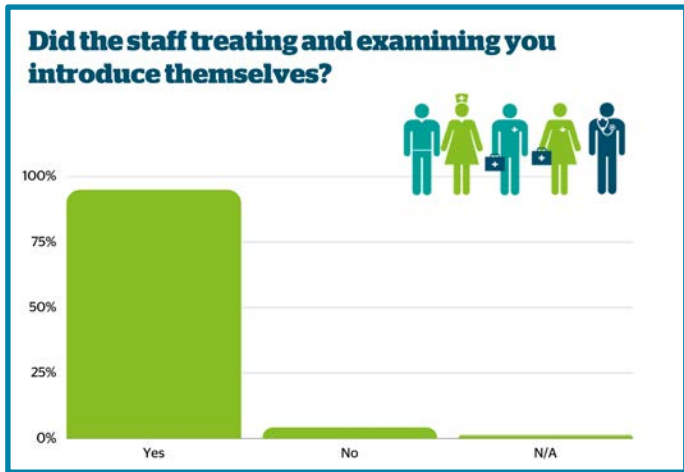
During the pandemic many partners were still able to be involved but with restrictions in place which affected the experience. One first-time mum wondered if her partner had missed out saying, *'Due to covid there was many restrictions i.e. he wasn't allowed to stay after for longer than an hour and as a first time mum I'm not sure if he missed out on other opportunities.'*

Another mum compared her birth experience to previous ones saying, *'Unfortunately, due to covid my partner wasn't allowed the same involvement as he did with our other children.'*

Another person said, *'My husband had to wait in car while I was examined and waited to see if I would be kept in. Then there was the worry about if I would have to stay in alone until I was moved to the delivery suite.'*

These comments echoed those made by many other women.

One respondent wondered why such tight restrictions on partners needed to be in place, *'Due to COVID my partner wasn't allowed till I was so far dilated, however we both live in the same house so don't see why he couldn't be there when the nurses were talking about going round to friend's houses drinking mixing with others, but husbands aren't allowed.'*



‘As I say, Whiston midwives cannot be faulted’.

The vast majority of respondents stated that staff introduced themselves. One respondent told us, *‘Yes, all of the staff introduced themselves and explained their role in my care’.*

Other respondents told us, *‘Staff were nice and kind’* and *‘all were amazing’*

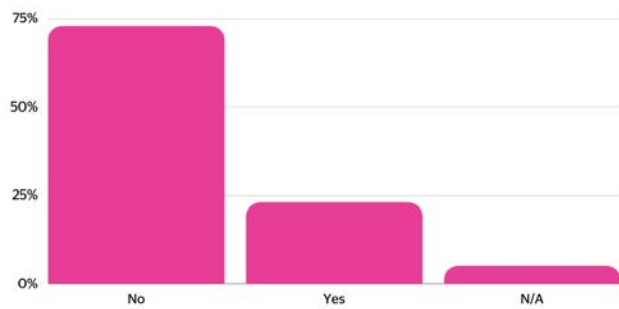
It seems that during the births not everyone remembers to say who they are, with one respondent saying, *‘I was not informed about who was putting the cannula in my hand or what they were doing which caused me to go into a panic attack’.*

Another said, *‘Everything was very frantic. The only people who remained calm and tried to explain what was happening was my midwife and the anaesthetist’.*

Did the staff treating and examining you introduce themselves?

‘I did not have a clue what was going on after birth. No one would talk to me even though I was asking. It turned out I was okay, just having a slight bleed, but I was panicking as nothing was being told to me’.

Were you (and/or your partner or a companion) left alone by midwives or doctors at a time when it worried you?

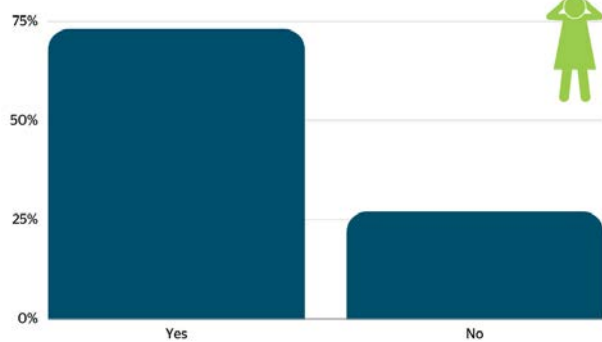


73% of respondents replied that they weren't left alone at times that worried them with comments generally praising staff for finding the right balance.

One person summed up the comments of other saying, *'We felt our midwife found the perfect balance of being left to progress, and being supported at vital times.'*

While most people didn't have an issue more than 1 in 5 were concerned at being left unattended

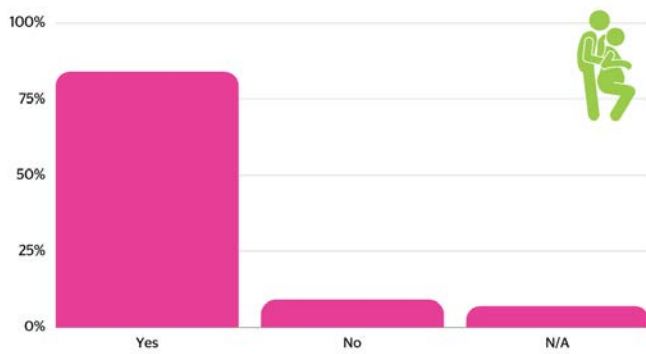
If you raised a concern during labour and birth, did you feel that it was taken seriously?



Of those participants who raised a concern, 73% told us they were treated seriously.

More than 1 in 4 respondents felt their concerns weren't taken seriously, with one mum telling explaining, *'Shortly after giving birth after having a bleed I was left alone. My partner mistakenly pulled out my IV drip and blood squirted everywhere. We pulled the buzzer but it took almost 10 minutes for a doctor to come. I fainted in the bathroom. When a nurse came in, they found it funny.'*

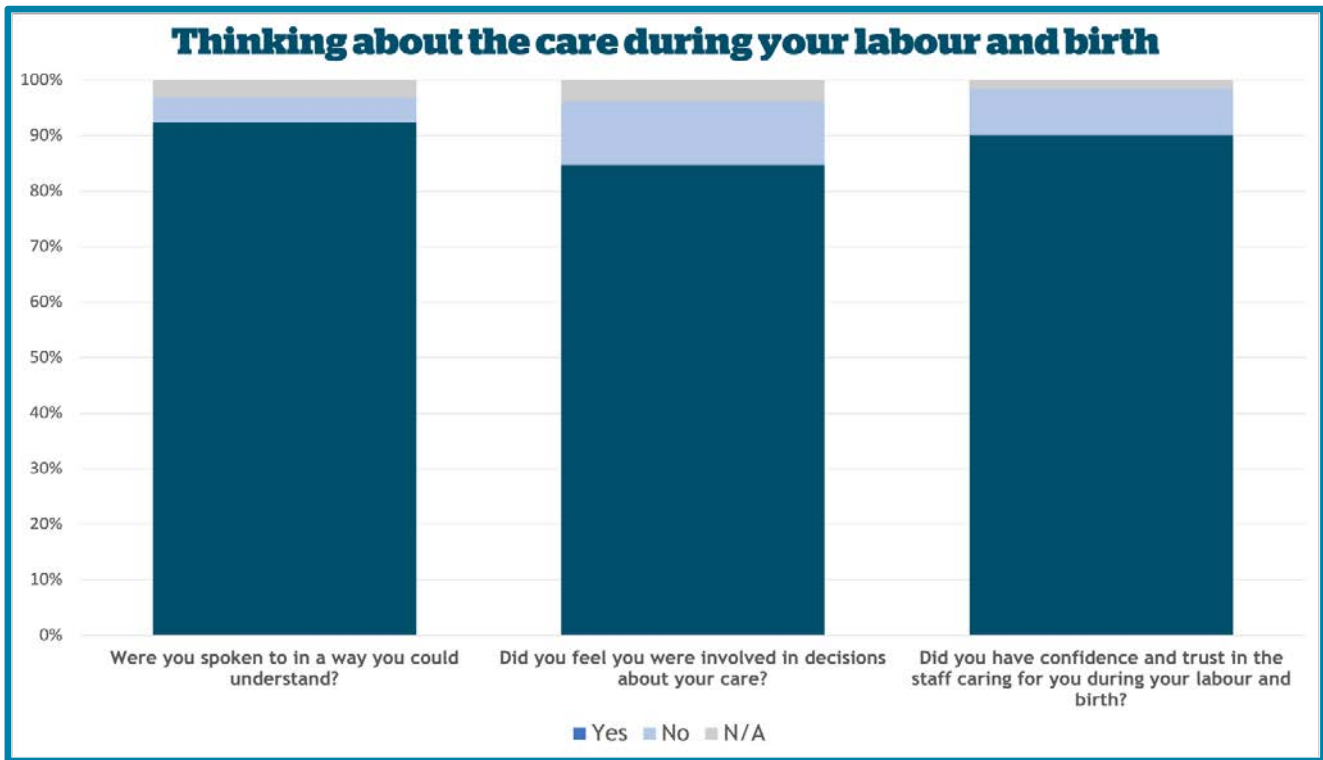
During labour and birth, were you able to get a member of staff to help you when you needed it?



84% of respondents said they were able to get help from a staff member when need.

'The midwives were brilliant they were very attentive.'

A small number of mums had less positive feedback to give with one stating, *'I started contractions during hand over, I felt I was all on my own to deal with it. No nurses directly available and my partner was unable to be with me during this time. I was in pain, emotional, scared of the unknown and had no reassurance for this time.'*



The vast majority of women who responded to these questions gave very positive responses.

92% said they were spoken to in a way they could understand, with one respondent saying, *'And if I didn't understand something I asked them to explain in a different way and they did.'*

Some mums pointed out that this isn't the ideal time to take in information, with one saying, *'No idea, I was fairly out of it and don't really know what happened.'* Another respondent echoed this telling us, *'Following the birth before discharge, we got what felt like a 30 minute download of information after information about what to do and what to look out for, this was after 3 days of labour for me and 24 hours of no sleep for my husband, so to this day we cannot remember what was said, perhaps a simple checklist or leaflet to provide to back it up would be useful.'*

The vast majority of respondents believed they had been kept involved in any decisions about their care. One mum praised staff saying, *'It took 5 attempts all together to get my spinal right and every time I was asked if I wanted to try again and what my other option was'*

Respondents generally had great confidence and trust in staff with many expressing their gratitude. One respondent told us, *'100% yes! I couldn't have asked for better care.'*

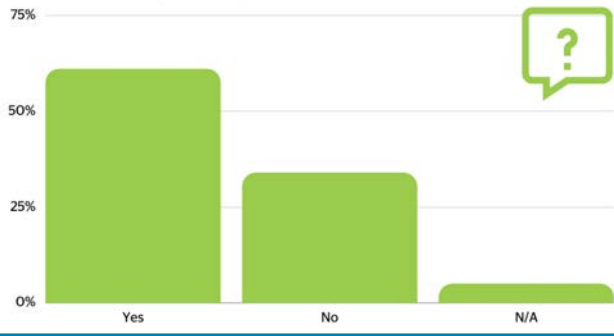
Respondents praised staff at the hospitals for their care during labour and birth

'The midwives that looked after me during my 2 day labour were actually amazing.'

'The staff at Whiston particularly in theatre where I had my c section were excellent.'

'I couldn't fault the quick thinking of the staff.'

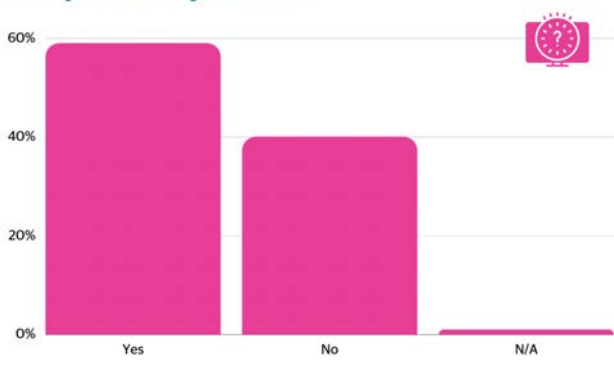
After your baby was born, did you have the opportunity to ask questions about your labour and the birth?



More than 1 in 3 respondents didn't get an opportunity to ask questions about the labour and birth.

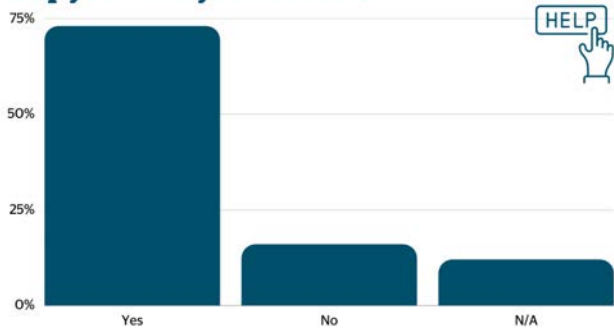
One mum said, *'I think this part is a part that needs improving, making sure both mum and dad understand what has happened. I had an emergency section and felt like I could have had more support and answers.'*

On the day you left hospital, was your discharge delayed for any reason?



Almost 40% of respondents had a delayed discharge, with 45 individual comments received around delayed discharge. Common themes included waiting for paperwork, blood tests and pharmacy. Reasons for delays weren't always clear. One mum felt the hospital staff were just too busy, saying, *'I was told I could leave at 7am but wasn't discharged until 7pm due to them being too busy this was the only point I felt like the care was a bit sub-standard. After 5 days in hospital I think they should have been more accurate with timings to manage expectations.'*

If you needed attention in hospital after the birth, were you able to get a member of staff to help you when you needed it?

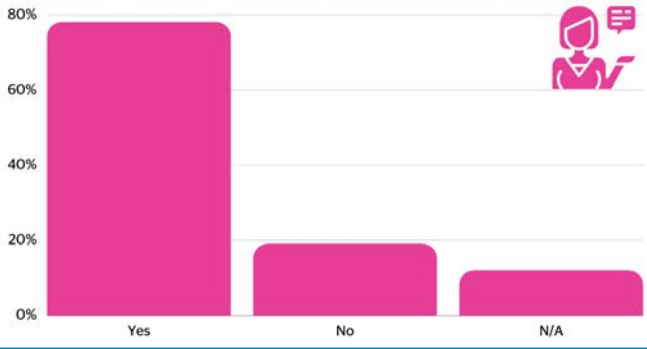


Overall, most respondents were able to get a staff member to help if needed.

Women often mentioned staff being very busy and not always being available straight away, one parent saying, *'night time staff were not very helpful or friendly. Maybe this is because they were overrun but I felt venerable and alone during the night.'*

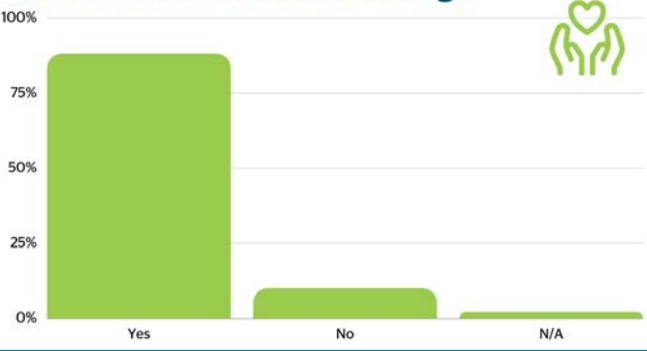
Another mum told us, *'I've put yes, but do feel this was dependent on timing and what was happening in the ward at the time as sometimes help would be quick, other times you would have to wait or ask again.'*

Thinking about the care you received in hospital after the birth of your baby, were you given the information or explanations you needed?



While 78% of respondents said they received all the information or explanations they needed, many highlighted that there were inconsistencies. One mum highlighted that, *'All staff during the day was so helpful and couldn't do enough for me however I didn't get the same treatment during the evening but I was made aware that the numbers of staff would decrease which doesn't make sense as there are same amount of mums and babies if not more at the evening.'*

Thinking about the care you received in hospital after the birth of your baby, were you treated with kindness and understanding?



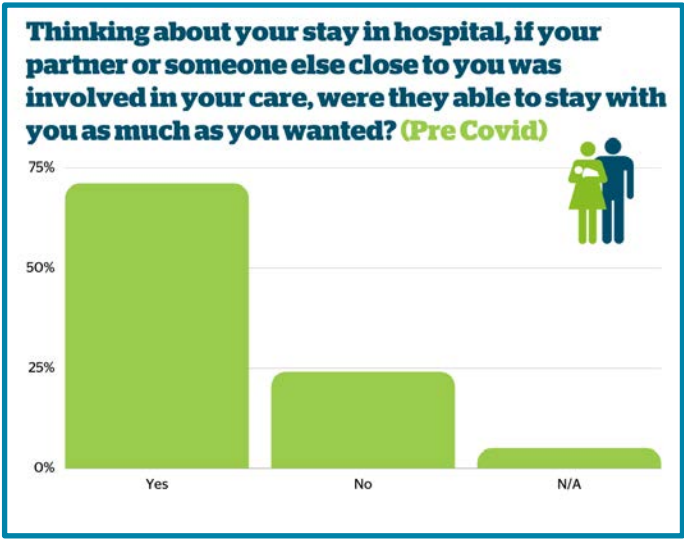
88% of respondents felt they were treated with kindness and understanding.

As with answers to the previous question, many people told us there were inconsistencies. One mum explained, *'Some nurses were absolutely amazing. Some made my experience hard, upsetting and very lonely and scared.'*

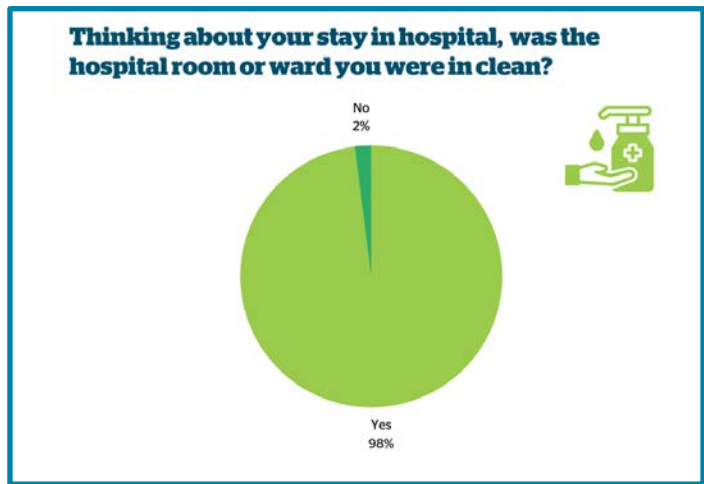
Another respondent felt it depended on how busy staff were, *'Most of the time but staff seemed very busy and rushed of their feet.'*

Another mum, who gave birth just prior to the Covid-19 pandemic, while stating she was treated with

'The only thing that upset me was my baby was moved to special baby care on her second day when I returned from seeing her all my belongings were removed and some else was in the bay I had been in. They literally moved me into a room by myself without asking and just did it. I was also talking to another patient next to me and was told that it was 4pm in the afternoon and was quiet time, we then had all our curtains closed on us and had to remain quiet.'



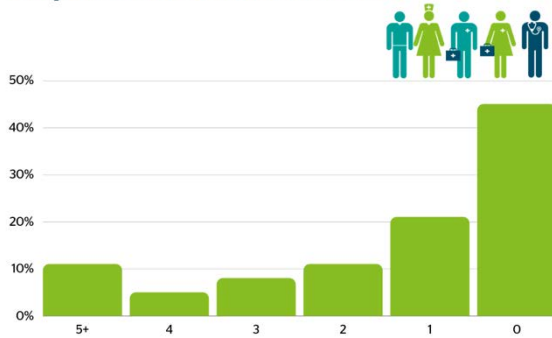
The pandemic made a major difference to how much involvement partners could have in supporting mothers. For birth that took place prior to the pandemic more than 70% had as much involvement in the care as they wanted. Once the covid restrictions were in place only 12% of respondents said their partners were involved as much as they wished.



98% of respondents said the hospital room or wards they stayed in were clean. Just 2% of respondents mentioned concerns over cleanliness. These related to cases of blood on bathroom floors in two of the hospitals, and one patient stating a cleaner had cleaned a bathroom and toilet without wearing PPE and then cleaned the rest of the ward without washing in between.

The First 10 days

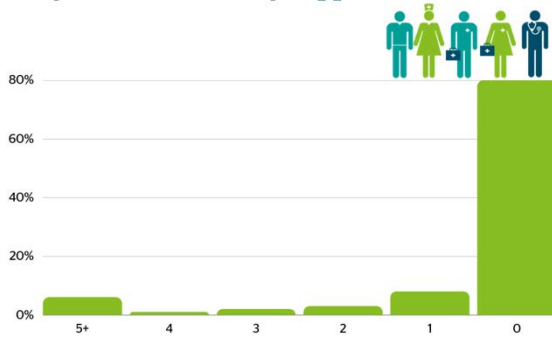
In the first 10 days after birth how many times did you see a (Doctor/Consultant)



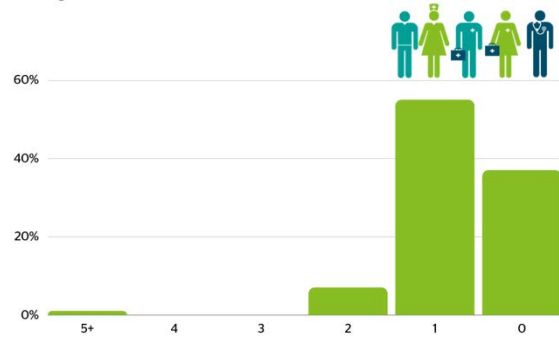
In the first 10 days after birth how many times did you see a Midwife



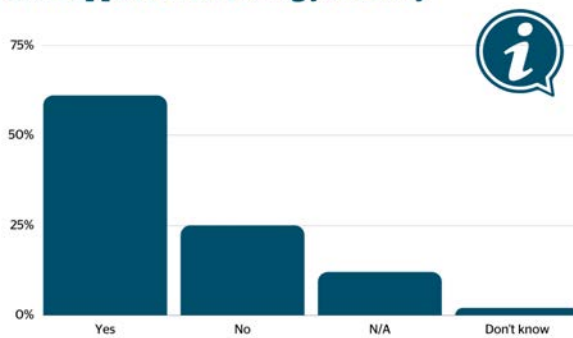
In the first 10 days after birth how many times did you see a Maternity Support Worker



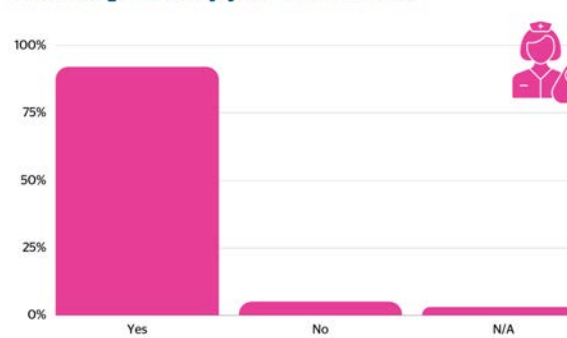
In the first 10 days after birth how many times did you see a Health Visitor



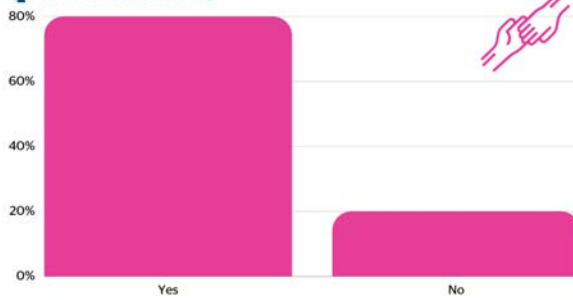
Do you feel you were given enough information and support with feeding your baby



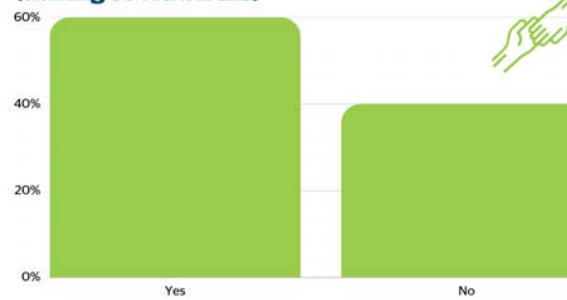
Were your decisions about how you wanted to feed respected by your midwives?



In the first 10 days after birth do you feel you there was enough support for you and your baby (pre-covid births)



In the first 10 days after birth do you feel you there was enough support for you and your baby (during covid births)



The negative effect the pandemic had on women's maternity experiences can be seen in the satisfaction figures with support following the first 10 days of birth.

For those who gave birth prior to the pandemic, 80% of respondents were happy with the levels of support and information they received. This figure dropped to 60% for those women who gave birth during the pandemic.

Prior to Covid-19 positives

Those satisfied with the levels of support in the first 10 days after birth.

'In my time before baby was born I had a good relationship with a few of the midwives who I could go and see although this was above their role.'

'Yes lots. With me still being in hospital for 6 days there was lots of support. Everyone was great.'

'I contacted the breastfeeding support team for Halton and they were extremely helpful. They came out to visit me on several occasions.'

Prior to Covid-19 negatives

Even prior to the pandemic many respondents highlighted a lack of support in the first 10 days,

'In hospital I felt very alone. my babies couldn't eat and I didn't get the right support. I was in agony and I didn't have any support or understanding that I physically couldn't walk.'

'My baby had a tongue tie so latching was difficult and painful. We had to wait weeks for that to be fixed and then no help was given to teach him to latch. I exclusively pumped breast milk for 9 months. I was told I may as well give up and formula feed.'

First 10 days support during Covid - positives

Many respondents praised the Halton Infant Feeding Team in their feedback for the support they've offered.

'Halton infant feeding team were fantastic'

'Infant feeding team were excellent support especially in COVID-19 conditions.'

'I was given lot of help by the breastfeeding team later on, prob after a week.'

'Good support from the infant feeding team.'

'The infant feeding team saved my breastfeeding experience.'

'Feeding team were great at ringing but health visitors never came or call.'

'Received a phone call the day after we got home. Received one to one support from the breastfeeding team to help with latch. Was very much appreciated.'

For those who didn't feel they received enough support in the first 10 days after birth some common themes arose in the comments we received. These included women who felt they didn't have enough visits or had to ring to arrange visits after discharge from hospital, and mothers not being examined or checked in the first 10 days.

Feeding

'No face to face support due to the pandemic, I tried phone/internet support but it didn't work for me, face to face support is essential for breastfeeding mums especially during a pandemic when family can't be around to help either, I was always told "breast is best" and because I wanted to try breastfeeding in hindsight the benefits of other options were not discussed such as combination feeding, had this been discussed more I may have opted for this and coped longer when breastfeeding.'

'Phone appointments with feeding team were not sufficient. Although they were very nice and I understand this wasn't their fault.'

'No support provided with wish to breastfeed. I was told to just give up and bottle feed instead.'

Support

'The support during my birth was great but afterwards there was a lack of support. I rang my doctors to try and book my 6 week check up as I was concerned about my scar and was told I wouldn't be having it despite my concerns.'

'Support was only available if I could get to them which is difficult after a c-section. As I saw so many midwives I kept having to go over everything, made me feel as though notes weren't read ahead of appointments with me.'

'Phone appointments with feeding team were not sufficient. Although they were very nice and I understand this wasn't their fault.'

'Again due to covid everything was done over the phone apart from 5 & 10 day check. I felt personally I would have benefitted from person to person appointments and drop in sessions.'

'Having zero support since his birth has been awful, I even had to diagnose my own PND. I have no idea how much he weighs if he's healthy, what's targets he should be hitting, I know the world is crazy right now, but I feel I was abandoned while pregnant and even more so now.'

'As I say I'm just disappointed in the way I was treated by the community midwives.'

'There was no face to face support of any kind until we saw our midwife at 5 days, I had to go to the midwife on my own rather than her coming to see us and unfortunately I'd had breastfeeding issues which I didn't realise as a first time mum and baby lost 16% of her body weight so we were admitted to hospital the same day. There needs to be significantly more face to face support for first time mums, I understand this is during a pandemic but we still need to support now more than ever.'

'I did think there was enough support, as I wasn't a first time mum I knew what to do anyway but the lack of support for new mums would have been unbearable, I understand covid 19 but I feel like new mothers have been shoved to the back of a very long line when they need support the most.'

'Had to walk to see the midwife at the health centre myself, in the height of the baby blues, then got told off for bringing my other daughter, even though there was nobody else to look after her.'

And finally, on reflection...

Survey participants were given an opportunity to comment on anything that they know now that would have helped during their pregnancy, birth or soon after baby was born, that wasn't explained to them at the time

There were a number of common themes highlighted in the 107 individual comments received, many of which related to issues and themes already mentioned

Some comments related to Covid experiences and restrictions, although similar comments were also received about care prior to lockdown.

Main issues participants wished they'd known more about:

- Antenatal care and classes
- Birth Plans / Personalised Care and Support Plan
- Birthing information, C-section and inductions
- Continuity of Care
- Group B Strep
- Feeding

Birth: C-section, induction

Many first-time mums expressed a wish to have known more about the birth, what may happen and procedures such as inductions and c-sections.

'I wish they would have explained the procedure properly and walked me through. I had twins under general anaesthetic c section. This was because I had previous cauda equina and still have a bulged disc. They didn't explain that I would be going straight onto the operating table, that I would be tilted and strapped on and prepped for surgery before the anaesthetic. I thought I was being prepared in the room before and being pushed through to the operating room just to be anaesthetised. I have autism and it absolutely terrified me having to be strapped onto the operating table and tilted. I was so scared I was going to die I had a full blown panic attack. I went really cold, and I was so badly shaking I had to be held down. I believe I should have got more care before the birth to discuss everything. Especially with the autism, I would have benefitted from more support and more explanation. It took months and months for me to be able to even talk about my experience to anyone without breaking down. It was the worst experience of my life. It gave me the best gift ever, but it still took a lot to start to get through the mental trauma it caused.'

'Told I would be getting an induction right at the end I only really understood the reason for this through my own research. I ended up having a c-section and if I had really understood the induction process I would have asked for a c-section. This didn't seem to be an option though.'

'More information about inducing and how long it takes and how it doesn't often work. I would not have gone to be induced had I been given the full facts.'

'More information on c-section and how long the recovery would be. It wasn't explained very well verbally, they just give you the pack and basically say read it. I also wasn't given the opportunity to go to the meetings about a caesarean either as my midwife forgot to tell me about it. I went in basically blind.'

'My concerns were not listened to. It was all about avoiding a c-section and not the effects labour / assisted labour can have. I had no idea of my recovery. Genuinely felt very upset after my experience.'

'The induction process in more detail, I didn't realise it could take 4 days!!'

'I would have liked to have known about circumstances and info re induction and emergency c-sections and what to expect around recovery. It was a real shock to me and very isolating once I was on the ward and back home.'

'What happens if things don't go to plan as this happened during my delivery and was very stressful.'

'When to stop taking the aspirin I was told to take it as I had to have c-section. And lost 1.5 litre of blood.'

Birth Plans

Many mums wished they'd received better information about birth plans. One commented that birth plans were *'more for mum's to be to think about what they would like to happen during labour, rather than a working document, as no one asks about them or to see them or what you have on them once you arrive in hospital'*.

Another mum said, *'I asked about a birth plan as a friend had told me about it and my midwife told me to just look online as they weren't doing them due to COVID'*.

Another respondent told us, *'Wasn't told important information throughout pregnancy. I had discussed water birth throughout pregnancy and was booked for induction but was not told I couldn't use the pool after induction. So many things went "wrong" because I didn't know, I had to ask for this information'*.

After Care and Post-natal expectations

Participants wished they'd been more informed on what to expect after the birth of their babies.

A first-time mum told us she wished she'd been told about the protocols following birth *'as it had not been discussed and I found following the birth of my baby my lack of understanding and knowledge of what to expect put me and my baby in a very vulnerable position. We didn't know what we were supposed to do. There was lack of direction and support from staff which then resulted in serious errors in our care. On reflection I feel that if I had an idea of what to expect then I would have been able to pick up on the errors and would have been able to prevent the events that followed. The timeline in my pregnancy notes was wrong. I went to appointments having researched the appropriate subject as stated in my notes but the found the midwife didn't discuss what the timeline said'*.

Another first-time mum wished she had known, *'More information about post birth and what to expect mentally and physically'*. Another participant said she didn't know about *'post birth things, like what tablets to be taken post, Vit D for baby'*.

Support with feeding and tongue tie

Many women wished they had been given more detail on breast feeding and difficulties they may face. One mum explained, *'I wish I had been told how difficult it is to breast feed. The health visitor I had was excellent and she gave me more information in one session than I was given throughout the whole pregnancy. Unfortunately, this was right at the end of the pregnancy'*.

There were a number of comments on a lack of information around breast feeding, with one respondent commenting, *'I wasn't really given any info on breastfeeding or on a birth plan'*, while another wished for information on *'What support there was for breastfeeding and a realistic idea of what it entails'*.

Another mum said, *'I got no support, and my baby had a dairy allergy and I got told to stop breastfeeding with no explanation and I didn't know I could cut dairy from my diet and carry on breastfeeding'*.

One respondent wished she had received, *'More information about combination feeding, I wanted to try breastfeeding and in hindsight it felt that as a result nobody fully discussed the advantages of any other options'*.

Some mums whose babies had issues with tongue tie wished they had been given more information about tongue tie at an earlier stage.

Communication

Many women just wished they'd had been given more information in general at an earlier stage. One respondent commented, *'I got very limited information, being a first-time mum I was pretty much left to figure things out on my own.'*

Another replied, *'I can't comment on the information as I received hardly any.'*

A first-time mum told us, *'I managed to find information I needed on the Internet/pay for classes but as a first-time mum it would have been helpful to have been provided with information to prepare. Leaflets/booklets etc would have been helpful especially since no antenatal classes were running. Most questions I asked I was told just to google, which isn't very reassuring from a professional.'*

Covid Restrictions

We received a number of comments from women who had given birth during the pandemic stating they wished they'd been kept more informed and updated. One mum talked about confusion over appointments saying, *'COVID restrictions meant I often got to the appointment only to be told my partner couldn't come or could have come. There was no up to date info available.'*

Another mum, commenting on her birth said she would have like to know, *'That I would have to spend 3 days alone in hospital, as because of Covid my partner couldn't stay.'*

Difficulties in contacting services during the pandemic was highlighted by one mum who told us, *'I didn't know that the midwives/ health visitors team in Halton were going to be so hard to get hold of. I was constantly passed from pillar to post when trying to arrange for my baby to be seen in lockdown, I thought the health visitor teams should be contacting me as part of my post-natal care'*

Maternity stories

Over 60% of respondents to our survey offered to be contacted by Healthwatch Halton to discuss their experiences in more depth. We are extremely grateful to all those who offered this support.

We contacted a number of survey participants ensuring we gathered birth experiences from both before and during the pandemic.

Sophie's story - Whiston Hospital

Sophie lives in Widnes and gave birth to her baby at Whiston Hospital in September 2019.

She chose Whiston Hospital for the place of birth was *'purely geographical reasons as the hospital is nearer to my home'*.

After choosing Whiston, Sophie was provided with the opportunity to undertake a tour of the Maternity unit. She thought this was a good idea as it would enable her to ask questions and allay any concerns, she may have during the tour. Sophie described the tour as *'a bit of a slightly rushed whirlwind tour'* but emphasised that *'staff were lovely approachable and informative as the tour provided me the opportunity for me to discuss my birth plan ask questions and to also view the birthing pool'*, which was her preferred method of birth.

Sophie explained that all her antenatal appointments were held locally in the Widnes Health Care Resource Centre (HCRC) and that she was able to book appointments at a time that was convenient for her. Importantly, her partner could also attend which she found reassuring.

She described midwifery staff as very approachable and said that in total she saw the same three midwives throughout her pregnancy. This made her feel at ease and comfortable, which she felt was important as it gave her a consistency of care when asking questions during her appointments. Sophie told us that the midwives providing her care at the Widnes HCRC were *'thorough, caring and supportive'*.

During her antenatal appointments Sophie was given a leaflet explaining Group B Streptococcus, however she told us that she would have liked to have the GBS test sooner, *'as the results only came back following the birth of my baby and I had tested positive'*.

Sophie explained that when her labour started, she contacted the hospital and was given appropriate advice and support. She was asked to visit the hospital for a check-up as although her waters had broken, she hadn't experienced any contractions. On arrival at the hospital, she was greeted by staff and examined. They informed her that she would be discharged home until her contractions started. Sophie explained that she felt comfortable with being sent home as the timings of contractions were explained to her prior to her being discharged home.

Sophie said, *'I telephoned the hospital a few times for reassurance and hospital team were great on phone'*. She felt comfortable following the instructions given to her by staff at the hospital.

Sophie told us that giving birth at the hospital was *'overall a positive experience'*. She explained that her needs and wishes were met as she was able to make use of the birthing pool during the birth of her baby.

Sophie said, *'It was nice during the labour to be left alone with my partner for a while whilst in the birthing pool to share the moment together'*.

After the birth Sophie was moved to a ward late in the evening where everyone was in bed, so her partner had to leave. Sophie told us, *'the ward was very clean and a lady from the breast-feeding team was absolutely amazing'*.

Once discharged she was visited by the community midwife four times and once by a maternity support worker, who she said was very supportive.

During these visits it was identified that her baby had not maintained birthweight, so Sophie was sent back to Whiston Hospital and admitted onto the observation ward with her baby until her baby maintained her weight.

Sophie's maternity experience had been very positive. She believed that she *'had enough support for herself and baby'*, and she had been *'given enough information and support with feeding baby and her decisions were respected by the midwife'*.

Jenny's story - Whiston Hospital birth

Jenny lives in Widnes and gave birth to her fourth baby at Whiston hospital in July 2020.

She described how her pregnancy, birth and post-natal care were very much affected by the COVID-19 pandemic. She saw one Midwife from the Halton Midwifery Team during her antenatal care.

Jenny told us she did not have as many antenatal appointments with the team as she would have liked. She did not feel she got enough time at her appointments and didn't get to ask the questions she would have liked to. Partners were not allowed at the appointments due to COVID-19 restrictions.

Jenny required additional scans to check on baby's growth and these were done in the Widnes Health Care Resource Centre. She described these as '*perfect and very reassuring*'. The scans were able to show mum that her baby was healthy and well. The need for and results of these scans were explained very well.

Baby was born four weeks early by an emergency Caesarean section. Jenny was put under for the operation so did not have skin to skin with her baby at birth. Jenny's partner was not allowed into the hospital until she was 4-5cm dilated, due to the ongoing pandemic restrictions. This was stressful for both Mum and Dad. The family had confidence and trust in the Hospital Maternity team overall but did not feel they could get help during the birth when they wanted it and did not feel they were involved in decisions about their care. Jenny was discharged with a prescription to manage any pain at home.

When Jenny arrived home from hospital, she did not receive any home visits or checks from the Halton Midwifery Team. As the baby was born four weeks early Jenny received a message about her next antenatal appointment so she informed the midwife she had already given birth. The Halton team were not aware that baby had already been born. At this point she was referred to the Health Visitors. The family had a home visit from the Health Visitor at 10 weeks. The Health Visitor gave Jenny a number to contact if she needed anything but she did not get a reply when she tried texting the number.

Jenny made an appointment at her GP surgery to get her Caesarean scar checked, as she feared it was infected. The Practice Nurse did find that her scar needed treatment and issued Mum with cream. Due to basic checks and home visits being missed Jenny had not had her stomach checked at home.

Mum feels when it came to mental health she received no support at all. She feels she has post-natal depression and has not been offered any help or advice for this. We gave Jenny information on local support group 'Parents in Mind', who specialise in supporting new mums with their mental health.

Jenny told us she had completed an online weaning course led by the Infant Team on introducing solid foods to infants. She felt she would have benefitted more from face to face sessions or groups. Baby has not been weighed at any clinics as they were closed due to the pandemic and Jenny was not aware when they did reopen.

'Having zero support since his birth has been awful, I even had to diagnose my own PND. I have no idea how much he weighs if he's healthy, what's targets he should be hitting, I know the world is crazy right now, but I feel I was abandoned while pregnant and even more so now.'

Laura's story - Whiston Hospital

Laura is a first-time mum who lives in Widnes and gave birth to a healthy little girl in April 2020.

Laura had already decided to have her baby at Whiston Hospital as a result of numerous positive recommendations. Following a pre-natal visit to the hospital and a tour of the maternity department she felt comfortable with the environment and the atmosphere suited what she was hoping for.

Laura saw four different midwives during her pregnancy and commented that the continuity seeing the same midwife was important to establish a rapport and mutual understanding of birth options and wishes. Laura was very complimentary about one of her midwives who was very supportive throughout and encouraging with her birth plan.

Due to health-related issues Laura was classed as high risk during her pregnancy and given weekly scans and various additional appointments, she felt well informed why these were offered and received good care during this time.

On the day of the birth, she rang Whiston Hospital 3 times before being advised to come in. She commented that although she was a first-time mum, she just had a feeling that something just was not quite as it should be. Laura was conscious that due to the COVID pandemic she did not want to just turn up. She felt that following the reactions from maternity staff to these phone-calls she would be simply asked to return home anyway. She told us she was glad she had persevered in her insistence that something was just not right, as it transpired baby had opened her bowels and she was right to go in as early as she suspected.

On arrival at the hospital there was confusion from staff and security on whether Laura's husband would be allowed to remain with her. Her husband was told to wait in the car. This was a really worrying time for her as she did not know if she would have to remain alone until she was moved to the delivery suite.

Laura had wanted to use the birthing pool, purely for pain relief and not as her delivery choice. This was in her birth plan, but on arrival and as part of her health-related issues, maternity staff made it clear this was not an option due to the lack of the correct equipment needed to ensure her safety and theirs. This was also no longer an option anyway once staff were aware of baby opening bowels prior to delivery. Once it was clear that she would be remaining on the assessment ward and not going to the delivery suite her husband was permitted to join her. Laura said this made such a positive difference to her and relieved her fear of giving birth alone.

When Laura needed to have a cannula fitted it was placed in the back of her hand. She said this was an incredibly painful experience. She bled heavily and it left her very bruised, with pins and needle sensations in her arm for several weeks following the birth. During a separate medical examination weeks later, a nurse identified that the cannula injection had in fact hit an artery, which has caused the sensations she was experiencing.

During the labour, she requested gas and air as her main pain relief as she had wanted to remain as mobile as she could during labour. Unfortunately, the gas and air machine Laura has been given was faulty and the noise from it made it difficult to hear any instructions or hear the music Laura had wanted to use to help keep her calm and focused during the birth.

It appeared to Laura that the staff knew there was a faulty machine in the delivery suite as several of them referred to her getting the 'dodgy' machine. She found it frustrating it had not been repaired / replaced if staff were clearly already aware. As she had to be monitored quite closely, she was placed onto a baby monitor and the sensors would not stay in place for her to be mobile, so with a faulty gas and air supply and struggling with monitors she felt that she had quite a difficult time.

During labour the baby became distressed, and an emergency C-section was decided upon. Laura had to have two spinal blocks, as the first hadn't worked properly, and she was taken for surgery. Her husband was allowed to stay during the delivery, and for a while following the birth, as Laura remained on the delivery suite due to prolonged monitoring following two spinal blocks.

Once she left the delivery suite her husband left the hospital, and they didn't see each other again until she was discharged from hospital. Laura found this very hard as a first-time mum.

Laura's discharge from hospital was also delayed as a result of a wait for pharmacy supplies.

Laura said the feeding team were very supportive and supplied a dual breast pump for hire following their first visit. Baby then lost a little amount of weight and then struggled to re-gain weight and it was discovered baby had tongue tie; Laura was also concerned that baby had a milk intolerance, but she felt her concerns were not taken seriously by healthcare professionals.

Baby had a slight fall when she was only a few weeks old and Laura took her to the Urgent Care Centre to be assessed. Staff asked her to take baby to hospital to be checked over and for a potential x-ray. During this hospital assessment the doctors mentioned that baby may be intolerant to cow's milk and baby was diagnosed with Cow Milk Protein Allergy (CMPA), which may have also contributed to the slow weight gain following the birth. Again, Laura was frustrated that her concerns and fears were dismissed and yet she was correct about the outcome and diagnosis.

Laura feels her mental health is good and due to a family tragedy years ago she was possibly monitored more closely than others. She also has her parents living nearby who have remained a constant support and within her bubble during the COVID pandemic.

Laura is happy to report that baby is now doing well and putting on weight. She is very much enjoying being a mum. Laura told us and she found taking part in our Maternity project survey to be a '*cathartic experience*'.

Helen's Story - Whiston Hospital

Helen lives in Runcorn and gave birth at Whiston Hospital in July 2020.

This is Helen's third child and she has given birth to a healthy baby boy. She has experienced living on both sides of the River Mersey during the pregnancies. Her first two children were born whilst she lived in Widnes and the latest child was born whilst she lives in Runcorn.

Helen said she found the number of midwives she saw during this pregnancy very hard to accept. She has seen 4-5 different midwives and felt that the lack of consistency meant she had to explain her *'story'* too many times, and never felt as though she has the opportunity to *'connect'* properly with one midwife.

She felt she was being *'passed from pillar to post'*. However, she did acknowledge that this was during a pandemic and understood that staff were having to self-isolate regularly and possibly ill themselves.

She did comment how markedly different this experience was from her first two pregnancy experiences.

Helen had a scan as normal at 12 weeks and then another scan at 20 weeks. At this point a planned C-section was discussed due to her having a history of giving birth to large babies. She continued to have regular scans and continued far along in the pregnancy before her planned section.

Everything went well throughout the planned section and she commented that the Theatre staff on the day were *'absolutely amazing'* and made her feel very relaxed under the difficult pandemic circumstances. Helen also said she was more concerned how things would go with this baby because of the pandemic and got *'the shakes'* at one point - which was quickly dissipated by the theatre staff and their calming nature.

Helen was sad that the time after the birth with her husband was very brief. The only time they could be together was the walk from the theatre to ward, where they had to part company until her husband collected her from hospital on discharge.

The ward and hospital was *'as clean as it could possibly be'*, and she was very complimentary about the food (she always likes the food in Whiston Hospital). Mum did joke that she had missed her favourite pudding with custard, which she was really looking forward to it!

Helen had a very long wait for pain relief when back on the ward, despite pressing the buzzer four times no one came to her. Helen knew that her pain would start to return and wanted to be pro-active on arranging the next round pain relief. The lack of response meant she was in a lot of discomfort and pain after waiting a few hours. This took a lot longer to subside and she felt it could have been avoided.

Helen noted that the ward was quite full of mainly first-time mums. Helen felt they were struggling with the basic tasks and staff didn't respond quickly to the buzzers. She said that many were waiting a long time for help with feeding and changing nappies.

Helen was discharged after 24 hours and was happy to go home and was discharged with medication.

On speaking to the health visitor, she told she must stop the medication immediately as it was not appropriate for her to take as she was breast feeding, and this could be passed on to baby. This left Helen very concerned and worried about any potential damage to baby.

Helen had two visits from the health visitor and she identified that baby had tongue-tie, but they both managed to work around this, so the cutting process didn't need to happen.

The Halton Infant feeding team were in contact with Helen, but as a third time mum she did not require their help, but she was very grateful for the contact being made, especially under the circumstances.

Helen was very disappointed that her 6-week check was carried out by phone, not by video / Zoom. She didn't feel this was able to gauge a true assessment of how she was truly feeling or looked physically. Helen commented that new mums possibly struggling with depression would not be identified from a phone call - leaving potential for missed post-natal depression.

Helen has not struggled with her mental health but has been well informed of how and where to access support if she needs it. She mentioned *'Parents in Mind'* and other organisations she is familiar with. Helen's parents live very close by and are a good support, she is enjoying time with her new, happy and healthy baby boy.

Jane's Story - Warrington Hospital

Jane is a mum of four living in Widnes and gave birth at Warrington Hospital in May 2020.

She chose to have her baby at Warrington Hospital as she had her first three children there and always found the care to be very good. All of Jane's children were born by Caesarean section meaning she was booked in to have a planned C-section throughout her pregnancy. Jane describes this pregnancy and birth as the best yet, even though it was in the height of the COVID-19 pandemic. *'4th c-section and best experience despite the pandemic going on'*

Jane had a named Midwife from the Halton Midwifery service who she saw for the majority of her antenatal appointments. She found her to be kind and helpful. Jane was offered appointments to suit her, around her other children and commitments. She did see a couple of other Midwives when her named one was unavailable due to leave. Mum had one set of notes for both her community and hospital appointments and found communication between the two services to be good. She always felt she had enough time at appointments and her views were fully taken into account.

Due to previous babies being small, Jane was called in for some additional growth scans. Most of her scans were performed at Warrington Hospital, but one was able to be done at the Widnes Resource Centre which mum found more convenient. She also had a Consultant appointment at Halton Hospital which was also easier to get to and park at. Jane describes all the care she received at additional scans to be very good. Due to the Covid-19 pandemic no partners were allowed at scans or antenatal appointments. Mum found this to be alright for her as she has had 3 babies before and her husband would often be working anyway. Jane did find it worrying to hear stories of many women having their labour and babies alone due to the pandemic.

In April 2020, Jane received a letter to say that her Caesarean Section procedure had been cancelled due to the ongoing pandemic. She found this to be worrying and stressful as she was late on her pregnancy and didn't know when her operation could be rescheduled for. This led to anxiety about going into natural labour, which would not be appropriate with Jane's medical history. The family later received a new appointment and she was booked in for early May. Jane was relieved to find out that her husband would be allowed to go to the hospital with her and also allowed in at visiting times.

Jane arrived at the hospital at 7.30am and waited with her husband to go to theatre. Her partner was allowed to stay with as she waited as she could be called at any time, allowing for other operations and any emergency C-sections taking place that day. Jane gave birth via C-section, as planned, the same day and found it a great relief to have her husband with her. The operation went very well and for the first time in all her births there were no complications at all. Previous births had involved a number of medical complications. She felt listened to and well looked after at all times during her hospital stay. Parents and baby were allowed to stay in the Recovery Area a little longer than usual to allow them more time together in the pandemic climate. Jane tells us she was looked after by a *"helpful Midwife, who was just gorgeous"*. Dad was able to visit between 2pm and 6pm and Jane was discharged the following day.

On returning home the family received 2 visits from the Halton Midwifery Service. One from their named midwife and the second from another member of this team. Mum also received a call from the Health Visitor who offered her a phone appointment due to Lockdown. Jane requested the Health Visitor come to see her at home as she wanted a face to face chat with another adult and for her to see the baby. The Health Visitor was happy to do this and visited Jane at home.

Jane also returned to Warrington Hospital when baby was 10 days old to check on her weight, as this had fallen a little since birth. The Infant Feeding team also got in touch with the family, via a letter and a phone call, to offer support. Jane did not feel she needed any help being an experienced Mother. Jane's mental health was asked about both before and after birth and she felt support would be available if she needed it.

Baby had her health check on time including her needles at around 8 weeks. The GP checked her over and asked lots of questions regarding health and wellbeing. Mum feels she received all the care she needed despite the COVID-19 pandemic.

Jane has only been able to get her baby weighed once since birth, she is now 8 months old. She is disappointed with this. She would have liked to check on her weight more often as she had done with her previous children. She only found out the weighing clinic, at Kingsway Children's Centre, had reopened through word of mouth from another new Mum. She wishes she had been told the clinic had reopened sooner. A two year development check has been delayed by a few months, with no date yet given, for Jane's older daughter so she worries baby's one year check will also be running late.

All Children's Centres and baby groups have been closed during baby's life so far. Jane feels that her baby is missing out on going to playgroups and meeting different people. Although baby is happy and well, Mum does worry that she has spent most of her life so far at home. Online baby groups are available, but these are not suitable as Jane has other children at home with her, and these would not allow any interaction for the baby.

Jane found the care she received from both the Halton Midwifery Service and Warrington Hospital to be great. She found having a local community Midwife team to be good and convenient. The Covid-19 pandemic did affect mum by causing some stress and with community support after giving birth. However, Jane still felt well looked after and being allowed to have her husband at the birth and to visit her in hospital was beneficial to them all.

Gemma's Story - Warrington Hospital

Gemma is a first-time mum living in Runcorn. She gave birth at Warrington Hospital in August 2020.

Gemma attended a new mum 'class' at around 7 weeks, when she was informed that she had a choice of which two hospitals to give birth at (Warrington & Whiston).

She was offered another alternative of Liverpool Women's Hospital, but she was told she would have to source that herself.

Gemma was allocated one midwife, who she saw regularly until she was required to attend the hospital for additional monitoring. At this point she was allocated another midwife, this differed on visits due to staffing. Gemma also commented about the irritation of the Warrington Hospital midwives that her forms from Halton Midwifery Service were different to theirs and this created a lot of additional paperwork for her file.

Gemma was considered a potential high-risk pregnancy and mentioned that this raised her anxiety levels. This was exacerbated when she received a voicemail message from her own GP early in the pregnancy. The message stated that following her last check the midwife had asked if she could start to take aspirin with immediate effect. The message didn't state why or for how long this should be for. When Gemma contacted her GP practice they couldn't answer why aspirin was needed.

Much later in her pregnancy when she discovered that the reason for aspirin was due to low Pap A and it may account for the baby's potential low birth weight and growth rate during her pregnancy, this made her incredibly anxious. This, when added to the appointment restrictions, which meant her husband wasn't able to attend due to covid precautions - was a really frightening time.

Gemma was given lots of additional appointments due to a concern with an amniocentesis result. This was later dismissed, but replaced with extra concerns of low growth and weight. She felt that she was not always informed why these appointments were scheduled and felt more communication from consultants and midwives would have helped with her anxiety. She recounts that due to covid it was a stressful pregnancy. She had to go to all but one scan alone and these appointments included conversations around the possibility of still birth. During all of these discussions she was alone. This was emotionally very difficult.

Gemma told us she relied a lot on pregnancy websites, "*What to expect*" and "*Baby Centre*", to help with her anxiety throughout her pregnancy and said that these were very helpful in filling in the gaps.

Gemma was scheduled to be induced early and told that on her arrival at the hospital her husband could remain with her until she was induced. Following the induction her husband was not allowed to remain with her and he returned to the car. She had to keep leaving the ward to see and update him and to also get the emotional support she needed at that time.

Gemma's husband decided to come into the hospital and remain with her in the hospital corridor outside the labour ward. It was here where she felt she did most of her labour. The only people to check on her were a passing priest and a member of the public. Gemma had indicated to the maternity staff several times that she needed checking as she felt she had reached the 4 cm dilation needed before she was allowed onto the labour ward. She was not checked, she was however asked to put on surgical stockings. Gemma asked for help with these as her legs had been swollen for several weeks and she would struggle doing this herself. She was told the staff were very busy and could not help at that time. Gemma said, "*it was an awful experience; I understand there were restrictions but my dignity was bottom of the list of priorities*". Gemma was left alone all through the induction until she reached active labour.

After finally being admitted Gemma was able to have a bath for pain relief but 2 minutes into her bath she was asked to get out and be checked. At this point it was declared she was 5 cm and need to be taken to the delivery suite.

The actual delivery was a bit of a blur for her following a drop in baby's heartrate. Gemma felt '*very fuzzy*', but remembers a lot of staff in the room to assist with an urgent delivery and her husband remembers this in a lot more detail. Gemma had a forceps delivery and episiotomy. She wished she had received more information regarding how hard and painful the recovery could be. Even though she had in her own words, "*a relatively uncomplicated birth*", she was unprepared for the painful and slow recovery and its many limitations.

Following the birth, she had skin to skin contact with the baby, but reduced the time she would have liked to have as both her and her husband were aware that he was only allocated one hour before he had to leave. However, the staff very kindly allowed him to stay longer, she was extremely grateful for this extra family time. Gemma commented that during her stay the bathroom was very unclean and constantly covered in blood.

Gemma stayed in hospital longer than she would have liked, due to the doctor having too many checks to do, and she had to wait until the following morning. She found this hard, as she was still very anxious and needed to be with her husband. Gemma expressed concern regarding baby's colour but these fears were dismissed and Gemma and her baby were discharged.

On the first Health Visitor home visit, (the day after discharge), the Health Visitor called the hospital and baby was re-admitted for light therapy treatment following a jaundice diagnosis. Gemma was frightened throughout this episode and this added to her worries from throughout her pregnancy.

Gemma also wanted to raise the following comment *"I understand we are in a pandemic but expecting women to go through all the antenatal appointments and labour alone is wrong. We would've happily had covid tests and self-isolated for a time before the due date"*.

Gemma also told us, *'Car parking at Warrington Hospital is a joke. I had SPD and struggled to walk far. Due to staff using the public car parks I was having to walk about a mile for each appointment'*.

Gemma was complimentary about the Health Visitor (especially when baby was re-admitted to hospital), the feeding team and the help she received following her own infection.

She still has concerns regarding baby's weight and growth but is receiving support from medical professionals.

The Health Visitor provided her with details of 'Parents in Mind'³ for any support.

³ Parents in Mind - <https://www.nct.org.uk/about-us/commissioned-services/parents-mind-perinatal-mental-health-peer-support/parents-mind-halton-and-st-helens>

Melissa's story - Liverpool Women's Hospital

Melissa is a first-time mum who lives in Widnes. She gave birth to a healthy little girl in early March 2020.

Melissa chose to have her baby at the Liverpool Women's Hospital. She had previously been to this hospital for fertility treatment and so it felt familiar and comfortable to her. She had also visited a friend at Whiston's Maternity unit who had a hard and negative experience. This association put her off having baby at a more local hospital.

She described her maternity care as being in two sections. The care she received from the Liverpool Women's Hospital where she had all her scans, gave birth and had 5 days of after care and her community maternity care with Halton Midwifery Service.

Melissa was referred for maternity care and given a named midwife from the Halton Midwifery Service. Her midwife explained all her appointments would be with her and would occur on Wednesdays in the middle of the day. Mum asked if this could be changed as she works out of the area and these appointments would be hard to work around. She requested appointments early or late in the day but was told this wouldn't be possible. She was also told she couldn't change to a different Midwife. Melissa took a full day's leave for all her antenatal checks to accommodate this.

According to Melissa, communication between the Liverpool Women's Hospital and Halton Midwifery Service was not good. She told us, *'I had to carry two books around with my antenatal records, as each Trust have their own paperwork'*.

She explained that on several occasions it was said, *'we don't talk to the Women's Hospital'*. Melissa didn't feel fully confident in her community Midwife's care and didn't feel she was given enough information, *'I would have liked to know about Vitamin D and about colostrum harvesting - both which I never knew about until I was in hospital which was too late'*. She described only sometimes being able to discuss what was important to her and her baby. She was never given a community appointment that was at a convenient time for her.

Mum only learnt about the risks of Group B Strep from a poster at a 3D baby scan centre. To check she was clear of the virus she asked for a test on several occasions but was refused. Her Midwife explained the test can show negative but the next day could show up as positive. It was also explained that Group B Strep tests aren't routine.

Towards the end of Melissa's pregnancy her named Halton Midwifery Service Midwife was unfortunately signed off sick and so she saw a number of different members of the community team. A different Midwife from the team did then arrange for Mum to have a Group B Strep test, through a contact at Warrington Hospital. The test was clear.

Melissa explained how a late change in Midwives led to an emergency scan, which she feels would otherwise not have been necessary. Her normal midwife had measured her routinely, at antenatal appointments, but when one of the other Midwives did this it seemed that baby had not grown. Melissa was booked in for an emergency appointment at the Women's Hospital. Baby was found to be well and growing as expected but different styles of measuring by different Midwives had led to the appearance of no growth. At 38 weeks pregnant, Melissa found this experience stressful and upsetting. *'I was passed from pillar to post causing different baby measurements causing me to have to go to hospital for an extra Scan that was completely unnecessary and caused great stress and upset'*.

After 4 hours delivering her baby she experienced problems delivering the placenta and lost 3 litres of blood. She then spent 1 night on the High Dependency Unit and 3 nights on a ward, with her final night in a private room. She found the care in all areas of the hospital to be good.

She described feeling comfortable and confident with the care she received and found staff to be friendly and informative. *'My midwife was amazing she explained everything in perfect detail and made us all comfortable whilst doing her job in an efficient manner'*. Her partner was made to feel welcome and happy with the amount he was able to be on the wards. Melissa did experience a delay with her discharge, being told she could leave at 7am but only being discharged at 7pm. She feels this was poor and communication could have been better to manage expectations.

On returning home, Melissa had her routine visits from a number of different Midwives from the Halton Midwifery Service for her post-natal care before being handed over to the Health Visitor team. The local Infant feeding also visited Melissa and offered support to breastfeed. She found this very helpful and was given a number of strategies to try and a second visit was booked. Unfortunately, the national lockdown was announced before this face to face appointment could happen. *'For the first few days the lady came to my house and was really helpful and then we went into lockdown and it suddenly all stopped, and I really struggled. As a result it took me 4 months to stop using a shield but now 9 months in, our breastfeeding journey is great.'*

The Infant Feeding team continued to support her over the phone and lent a breast pump to support continued feeding. Melissa was loaned the pump for 1 month but actually had it for 6 months due to the pandemic. She said this benefitted her, but she was worried that another mum may have need for this equipment. Melissa had to use breast shields for 4 months and feels this would not have been necessary if she had been able to have more face to face support.

Melissa feels good around her mental health but explained she was asked about it several times by health professionals to check she was ok and was also given information leaflets on the subject.

Mum reported that communication was poor around getting her baby weighed and therefore this was only done once, at six months. Melissa only found out the weighing clinics had reopened through word of mouth from another new Mum. On calling the Children's Centre it was confirmed they had reopened but they only weigh babies under 6 months old. On explaining her situation, she was invited in and got to weigh her child. Melissa found this less than ideal as she had previously been told how important it is to attend regular weigh ins.

Looking back at her experience Mellissa wished, *'Everyone to be on the same page I received lots of conflicting advice the midwife/ health visitor/ feeding consultant all had different opinions there should be more uniformed advice and clarity.'*

Julie's story - Liverpool Women's Hospital

Julie is a first-time mum from Runcorn. She gave birth to a baby boy in Mid-October 2019 at the Liverpool Women's Hospital.

Julie chose the Women's Hospital after being given 3 options by her GP of; Whiston, Warrington or Liverpool Women's Hospitals. She didn't feel the options of where to give birth were explained very well. Mum chose to go to Liverpool Women's as she works in the city and whilst doing her own research had read that this hospital's Maternity Unit had the best report from the CQC of all the local hospitals.

Her pregnancy went well, but she did need some additional scans to monitor her babies growth. All scans were done at the Liverpool Women's Hospital.

Julie found her community midwives at the Halton Midwifery Service to be kind and caring. She saw several different midwives for her appointments and was told this was due to staff changes and holidays. At the end of each appointment, she would be asked to book in for her next check and always found times to suit her as she works flexibly and was given a few choices.

She explained she would have preferred to see just one midwife as she feels this would have given her more consistent care. She found her antenatal appointments to be rushed and felt she had to squash questions in at the end of her checks.

Julie was invited to join an antenatal class by a letter from Halton Midwifery Service, however she felt she was invited to these sessions too late in her pregnancy. The other expectant mums in the group were much earlier in their pregnancy, while Julie was into her third trimester. She found the advice to be aimed at ladies in the second trimester and would have found information such as that on nutrition to be useful to know far earlier. Julie suspects that her late invite was due to the changes in maternity staff. She said she would have liked more information during her antenatal stage. *'I would have liked to have known about circumstances and info re induction and emergency c-sections and what to expect around recovery. It was a real shock to me and very isolating once I was on the ward and back home.'*

Julie would have liked to have more knowledge about what can happen during labour and birth would have been made her better prepared and more able to understand what was happening to her. She would also have liked to receive consistent advice on caring for her baby, for example, *'Swaddling - all the midwives do it but your discouraged to by the likes of Lullaby Trust. Advice on safest way to do this or safer products would be good'*.

Julie felt there was a clear disconnect between her community midwives and the Women's Hospital. Communication was not good, and she carried two sets of notes around with her. She explained that they used different paperwork, for example, two types of growth charts, which did lead to some confusion around baby's growth. On several occasions the Halton Midwifery staff mentioned that they could have checked on things if she had been with one of the local hospitals. They also told her it was hard to call the Women's Hospital, as they often didn't answer.

Julie had a long labour, needing several doses of diamorphine and ending up having a Caesarean section. She found the care she received overall to be really good and helpful. Most of her hospital stay was when she was in labour having chosen to stay just one night after her operation. Julie found it hard to rest on a ward at the hospital so went home where she would have a quite environment and her partner could be help 24/7.

She said she felt, *'sometimes stuck in bed feeling unable to move. I was told I couldn't be helped up because of health and safety. Also pain relief wasn't managed, I hadn't slept for 3 days due to long labour and so neither my partner or I were conscious of my pain relief and was intermittently given paracetamol as I was breastfeeding, which didn't do much for pain.'*

She did however explain that she felt confident in the staff at the hospital and they had explained things to her.

When she returned home after the birth, she was visited by a couple of different midwives from the Halton Midwifery Service. She explained she had met both of the midwives previously at her antenatal appointments. She said these were both lovely visits.

When it came to her mental health, Julie felt she was offered enough support. She was regularly asked how she was feeling in herself by the midwives. After giving birth Julie felt able to talk to her GP. She discussed feeling low

after having her baby and her GP encouraged her to come back if she need support. Julie welcomed this but did not feel she needed any further support in this area.

When the national lockdown hit in March 2020, baby was around 6 months old. Julie found it a very isolating time as the Children's Centre's where she had previously attended groups at, had to close. Julie did not have any contact with the Children's Centre's until she emailed them in September to ask if any groups had reopened. Unfortunately, they were all still closed, with no plans to open in the near future. Julie felt further isolation as she didn't feel it was safe or appropriate to form a '*Grandparent bubble*' as her relatives are in their 70's with pre-existing health conditions.

Julie had support from the infant feeding team, who she describes as '*brilliant*' and '*really, really helpful*'. The team came out to check on mum and her feeding at home. This proved to be really helpful and she would often ring them with questions and for support. They were always very happy to help even when she thought she had called them quite often. During lockdown the Infant Feeding Team offered support over the phone, rather than home visits. Julie was grateful she was able to get face to face support, as her baby was born pre lockdown, as she feels this really aid with feeding support. Some of her friends had babies after March 2020 and feel they have missed out on this vital home visit. *'The infant feeding team were brilliant - a fantastic resource. Really sad for mums who've given birth during covid who don't have access at the same level e.g. face to face'*

Baby was weighed regularly at Windmill Hill Children's Centre. These visits were very useful as Health Visitors were also on hand to answer any questions parents had. These sessions later closed down due to Covid-19. Julie explained that the one year routine check was delayed by one and a half months.

Julie felt she would like a debrief of her birth experience to have a better understanding of why she needed a C-section and what this would mean for future births. She asked her community Midwife and was told to call the main switchboard at The Liverpool Women's Hospital. She wasn't sure if they could help her so had not got in touch and was left with questions and concerns.

We have since contact the Patient Experience team at the Liverpool Women's Hospital for Julie and they have agreed to contact her and debrief her.

Rose's Story - Countess of Chester Hospital

Rose lives in Runcorn and gave birth at the Countess of Hospital in March 2020.

She rated the experience as *'very good'*. She did however tell us, *'I was not given options during my first antenatal visit as to whether she would wish to make use of the birth pool facility' although I was given the opportunity to ask questions at my appointments and any questions asked were explained in a way I could understand at appointments'*.

Rose went into labour two weeks earlier than expected, whilst at home. She contacted the hospital and was told by a staff member to come to the hospital where she would be given an examination.

After arriving at the hospital and being examined, staff explained that she wasn't dilated far enough to be admitted and would therefore be sent home. Rose was advised that she would most probably give birth within the next 24 hours .

Rose was admitted to hospital the following morning when her waters broke. She explained that maternity staff on the labour ward very supportive as they allowed my partner and mother to be present during labour which she found very reassuring. Rose told us, *'The midwife attending to me and my baby was amazing'*.

She explained that care received following her discharge from hospital, *'could have been better as there was a lack of aftercare once I was discharged home, as the country was in a COVID-19 lock down which was really difficult. I felt that I was just left to get on with it, as I was given no follow up appointments , one lady phoned me, but this was after I had rung around the various agencies and my mother could not help as she was out of the country so I felt alone and did not know what to do.*

Rose felt she experienced a lack of support from various agencies with regards to breastfeeding. She said, *'Even though I was breastfeeding I did not receive any support from any services, and I assumed the baby was fine and getting enough milk. However, when I visited the baby clinic they said the baby was underweight and had not been putting enough weight on. I was not aware of the issue which knocked me sick! It was only at my appointment at the clinic that the Health visitor advised my baby should be taken off breast milk and put-on formula milk, which I did, and my baby started thriving and became more content'*.

Amy's Story - Countess of Chester

Amy lives in Runcorn and gave birth to her second child at the Countess of Chester Hospital in September 2020

Amy told us, *'the anti-natal treatment provided at the hospital was very good'*, but felt it could be enhanced saying, *'If I were a first-time mum I would have wanted to know about the physiology of birth and what could happen when I went into labour'*.

She said she was at home, *'when I started to experience backache which went on for several hours which gradually became more and more uncomfortable, so I decided to call the hospital about midnight'*. During the call she was able to explain to hospital staff how far apart her contractions were and the staff told her to make my way into hospital.

When she arrived at the labour ward she was examined. Amy told us the delivery room was very clean and comfortable. She had the option of a birthing pool which she had requested which helped her feel comfortable and manage the pain during the birth. *'The midwives at Chester were brilliant. They kept the lights very low and let both my husband and I have our music on when we wanted to'*. Amy highlighted that *'during my labour and delivery there was no crossover of midwives changing shifts which was brilliant'*

On returning home following the birth, Amy didn't see anybody until day 5 when the Health Visitor came and the baby had the heel prick and *'that was the first contact I had actually had with someone'*. During the appointment Amy was given some breastfeeding leaflets. She told us, *'I have breastfed previously so did not need much information however, the focus seemed to be on checking how I was feeding rather than offering support'*.

Amy spoke of her experiences of the Infant feeding team which she described as, *'not great, as they did not have the right information with regards to me and my baby. They initially believed I had undergone a caesarean and I had to explain I had not had a caesarean'*.

Amy visited her GP surgery to have the baby weighed by the Community Midwife.

Amy told us she hadn't experienced any problems with post-natal depression following the birth of the baby.

Appendix One : NICE Guidelines - Antenatal Care

List of quality statements⁴

- July 2013: Quality statement 7: Risk assessment – pre-eclampsia has been removed and is replaced by quality statement 2: Antenatal assessment of pre-eclampsia risk in hypertension in pregnancy (NICE quality standard 35).
- Statement 1. Pregnant women are supported to access antenatal care, ideally by 10 weeks 0 days.
- Statement 2. Pregnant women are cared for by a named midwife throughout their pregnancy.
- Statement 3. Pregnant women have a complete record of the minimum set of antenatal test results in their hand-held maternity notes.
- Statement 4. Pregnant women with a body mass index of 30 kg/m² or more at the booking appointment are offered personalised advice from an appropriately trained person on healthy eating and physical activity.
- Statement 5. Pregnant women who smoke are referred to an evidence-based stop smoking service at the booking appointment.
- Statement 6. Pregnant women are offered testing for gestational diabetes if they are identified as at risk of gestational diabetes at the booking appointment.
- Statement 7. Risk assessment – pre-eclampsia.
- Statement 8. Pregnant women at intermediate risk of venous thromboembolism at the booking appointment have specialist advice provided about their care.
- Statement 9. Pregnant women at high risk of venous thromboembolism at the booking appointment are referred to a specialist service.
- Statement 10. Pregnant women are offered fetal anomaly screening in accordance with current UK National Screening Committee programmes.
- Statement 11. Pregnant women with an uncomplicated singleton breech presentation at 36 weeks or later (until labour begins) are offered external cephalic version.
- Statement 12. Nulliparous pregnant women are offered a vaginal examination for membrane sweeping at their 40- and 41-week antenatal appointments, and parous pregnant women are offered this at their 41-week appointment.

⁴ Source: <https://www.nice.org.uk/guidance/qs22/resources/antenatal-care-pdf-2098542418117>

Other links:

Healthwatch England - Mental Health and the journey to parenthood

<https://www.healthwatch.co.uk/report/2019-09-09/mental-health-and-journey-parenthood>

Care Quality Commission – Maternity Services Survey 2019

<https://www.cqc.org.uk/publications/surveys/maternity-services-survey-2019>

NHS - Better Births Four Years On - A review of progress

<https://www.england.nhs.uk/publication/better-births-four-years-on-a-review-of-progress/>

NHS - Maternity Transformation Programme 2020

<https://www.england.nhs.uk/mat-transformation/>

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Healthwatch Halton
Young People's Mental Health Report
Finding Help and Support
March 2021

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Statistical data rounding errors: Figures in this report have been rounded, and discrepancies may occur between sums of component items and totals. All percentages have been calculated using unrounded figures. Percentages are normally rounded to up to one decimal place.

Introduction

Healthwatch Halton act as the voice of the public in the delivery of health and social care services.

We collect feedback from the public about their experiences of using health and social care services and share that information with service providers and commissioners to look for ways in which services can be improved.

One of the ways that we collect feedback is by carrying out focused projects that look at a particular service or condition.

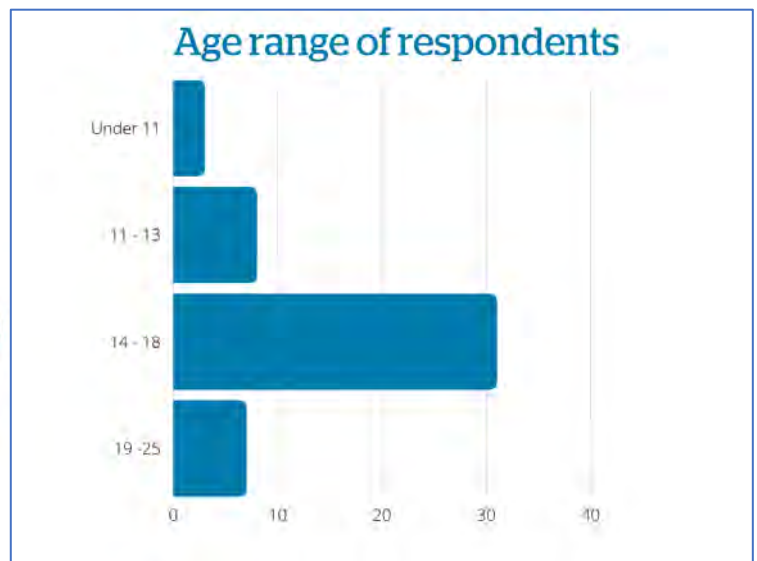
On this occasion we chose to look at the initial support available for children and young people around mental health and well-being and how young people would go about getting help if they needed it.

What we did

Healthwatch Halton designed a short online survey to gather the views and experiences of young people on where they would go to access support for their mental health.

The initial plan for the project was to carry out a number of face to face sessions with local young people's groups to gather their thoughts and views. Due to the introduction of the lockdowns and the pausing of all face to face engagement by Healthwatch Halton the decision was taken to just run the online survey. This was promoted widely by Healthwatch Halton through social media and the voluntary sector networks in Halton.

Who took part?

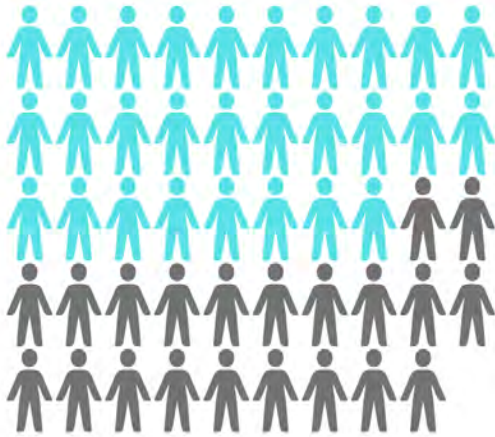


49 young people took part in the survey.

- 31 (63%), were in the 14 - 18 age group.
- 11 (22%) were under 14 years old,
- 7 (15%) were in the 19-25 age group.
- 22 respondents described their gender as Female, 19 as Male, 2 stated their gender as Non-binary/neutral, with 4 preferring not to say and 2 not giving a response.

Results and Finding

Have you ever accessed support for mental health?

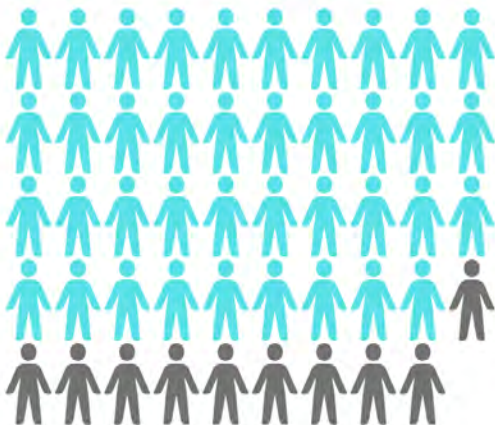


**Yes
28**

**No
21**

28 respondents said they had never accessed support for their mental health while 21 respondents, (43%), told us they had accessed support at some point.

Do you know where to get help from?



**Yes
39**

**No
10**

39 respondents, (80%), said that they knew where they could help from for their mental well-being if they needed it.

10 respondents, (20%), said that they did not know where to get help from.

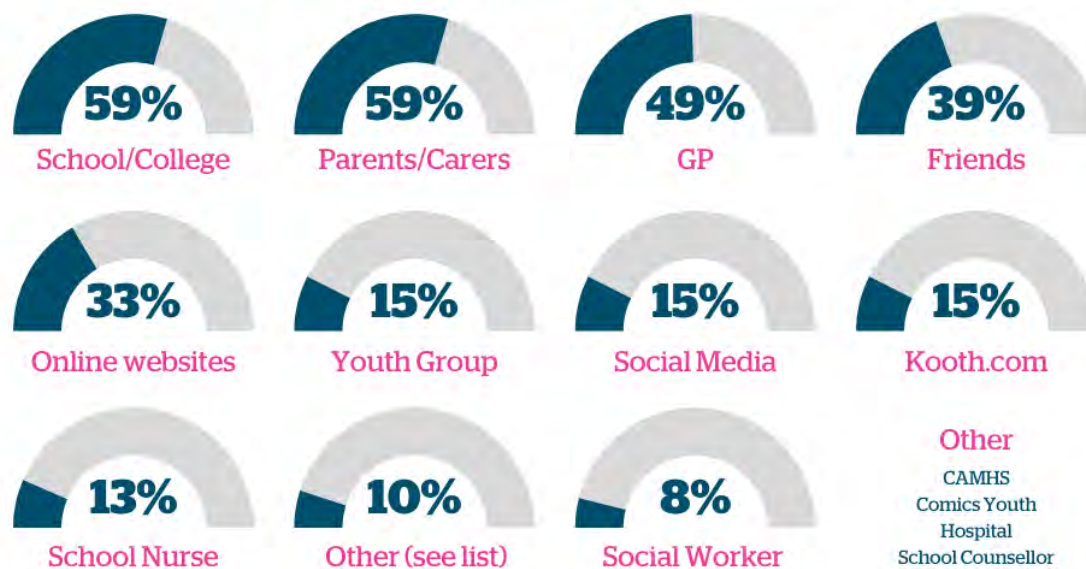
One young person told us, *'I mostly know, but sometimes there's a lot of information, which means you might not know where to start.'*

Another young person said they knew where to go to get help, *'Only because I went out of my way to find out'*.

A further one replied that they knew where to go, but said, *'I don't like the place, so I don't tend to go there.'*

Choices

Where can you get help from?



We asked the 39 young people who had answered 'Yes' to Question 3 to choose all the places they could go to for help and support.

The most popular answers were:

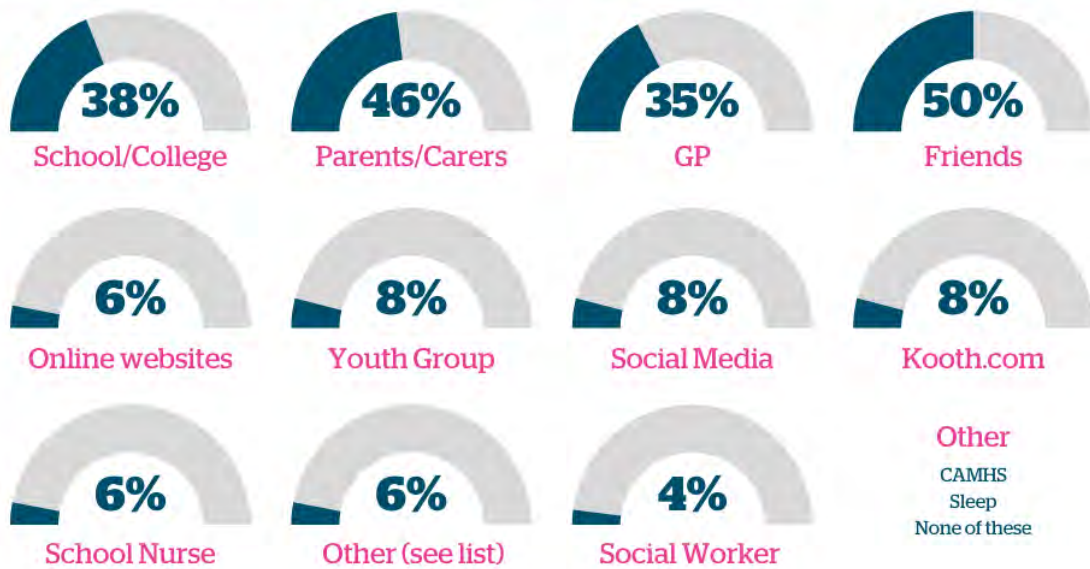
- 24 (59%) people listed parents/carers and school/college teachers as a source of help.
- 19 (49%) highlighted their GP
- 15 (39%) chose friends as somewhere they may go for help.
- 13 (33%) said they may look online as an option.

Other responses included:

Youth Groups, Social Media and Kooth.com with 15% listing these as possible options for help.

All respondents were then asked to choose up to three preferred places to get help for their mental wellbeing.

Which are your 3 preferred options for help and support?



Friends were seen as the preferred support option by 50% of the young people who responded to the survey.

One young person spoke about their peer group, ‘*knowing what you’re going through*’, while another said, ‘*Getting support from friends is a preferred method because they know you and your struggles, meaning you don’t have to disclose information to professionals which might be uncomfortable or upsetting.*’

Friends were seen by many respondents as a source of ‘*advice and help in a way I feel is non-judgemental*’.

Parents/Carers were highlighted by 46% of young people as one of their three preferred options for help and support.

One person, echoing many of the other comments, told us they would speak to their parents/carers, ‘*because they know you more, this helps on a more personal way*’. Another told us, ‘*I would feel calm talking to them. They know me well.*’

Not all young people were as comfortable in seeking help or support from their families, with one telling us, *'I don't want to worry my mum'*, while another said, *'I prefer speaking to people who don't already know me as I feel I can be more open, and they can give you more professional advice.'*

Just over 1 in 3 respondents said they would seek help and support from their GP. With one respondent telling us, *'GPs because they know about the medical aspects regarding to mental health'*, while another young person said they would go to the GP, *'Because you see a doctor if you're not well.'*

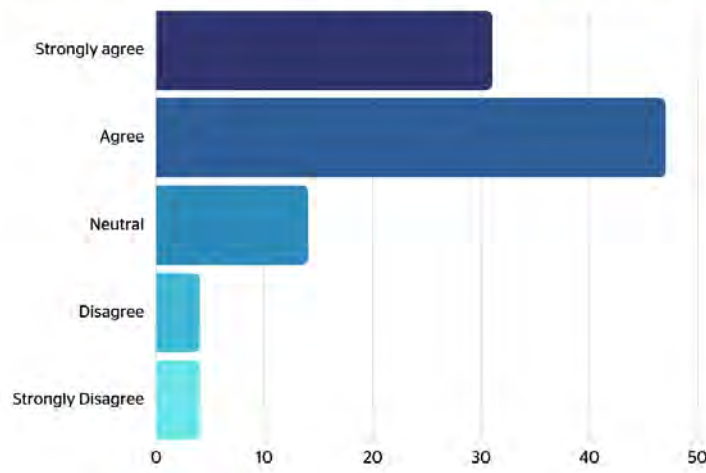
A small number of respondents, 8%, said online support was their preference. This was seen as an alternative way of getting help and support without having to involve family members, with one respondent saying, *'Online would mean you wouldn't have to speak to someone face to face which makes it easier.'*

Another said they would use online support, *'So that I don't have to be a burden on my parent or family or friends.'*

Online support was highlighted as a good early intervention by one young person who told us, *'There's a lot more resources online now to help you manage your emotions, Instagram accounts, online wellbeing resources, online guidance - which means you can get help earlier and quicker without needing to then access more 'serious' support such as through your GP. It's better to be able to drip feed support and resources to yourself and prevent it becoming a more serious issue later on.'*

One respondent felt the amount of online support could be overwhelming and confusing, *'but there sometimes a lot of information, which means you might not know where to start'*.

I am confident I know where to get help if I need it



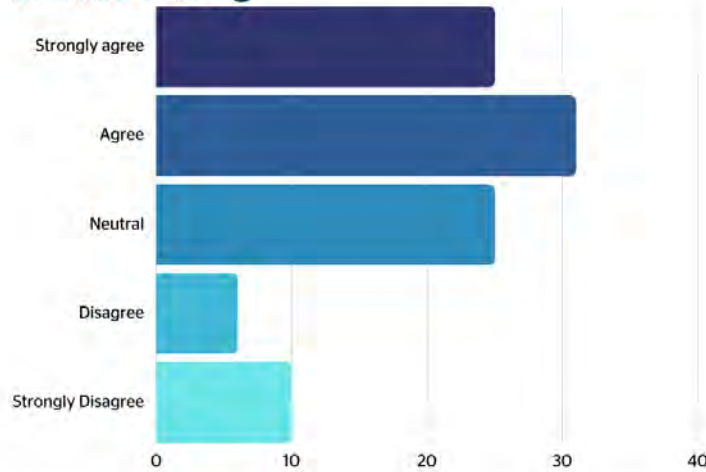
The majority of young people, 38 (78%), told us they were confident they knew where to get help if they needed it.

There were another 7, (14%), who gave a neutral answer.

4 young people, (8%), were unsure where to get help if they needed it.

A key part of the THRIVE model for mental well-being support is that low level support is accessible through schools/colleges, therefore young people were asked if they felt supported to look after their mental health at their school or college.

I feel supported at school/college to look after my mental wellbeing



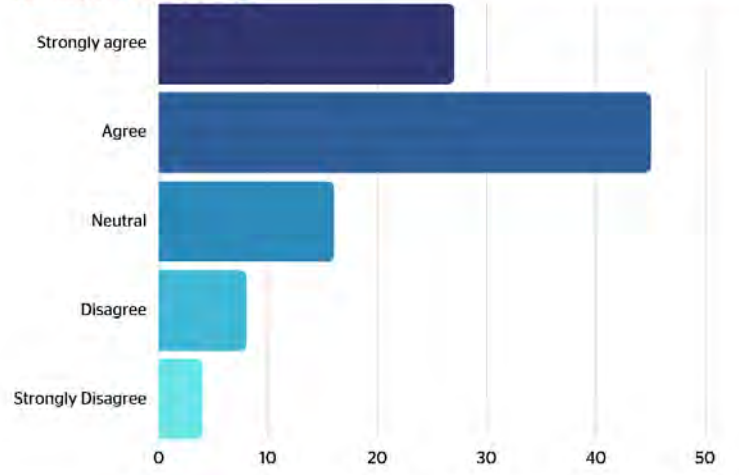
27 (56%) respondents either strongly agreed or agreed that they feel supported at school to look after their mental well-being.

13 (27%) respondents gave a neutral answer.

8 (16%) either disagreed or strongly disagreed that they were supported with one young person stating, *'I know friends and people in school who have waited a long time*

to get counselling. They only got it because their mums properly chased it up.'

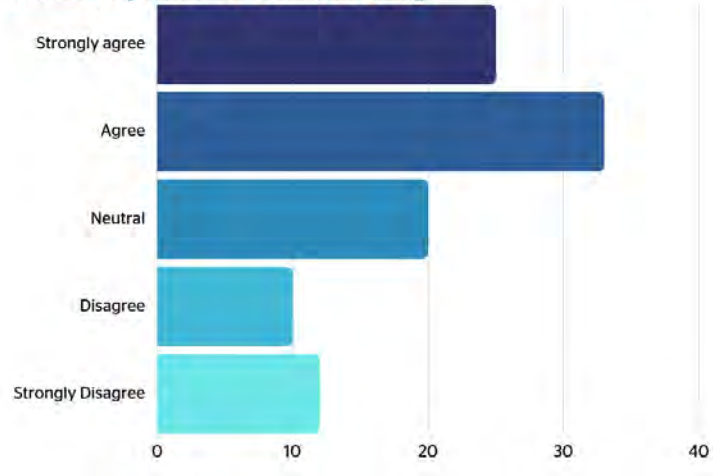
I have enough information to be able to look after my mental wellbeing



35 (72%), respondents either strongly agreed or agreed that they had enough information to look after their mental wellbeing.

6 (12%) respondents either disagreed or strongly disagreed that they had enough information while the remaining 8 (16%) gave a neutral response.

I'm confident I will receive a caring response that meets my needs if I ask for help

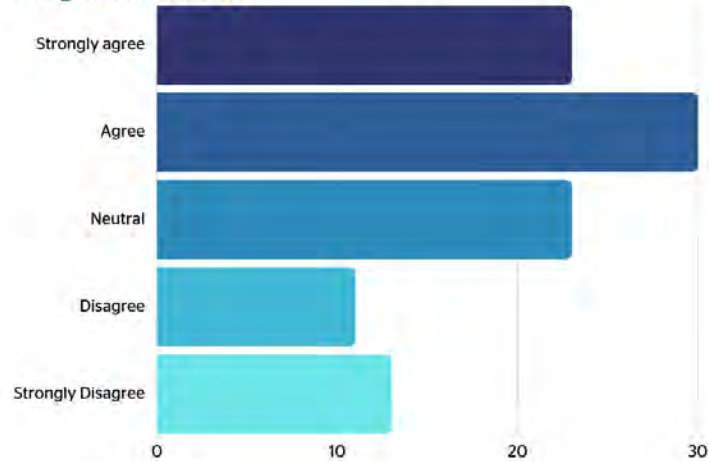


28 (58%) respondents either strongly agreed or agreed that they would receive a caring response that met their needs if they asked for help.

10 (20%) gave neutral answers.

11 (22%) respondents either disagreed or strongly disagreed.

I'm confident I will receive support and treatment at the point I need it



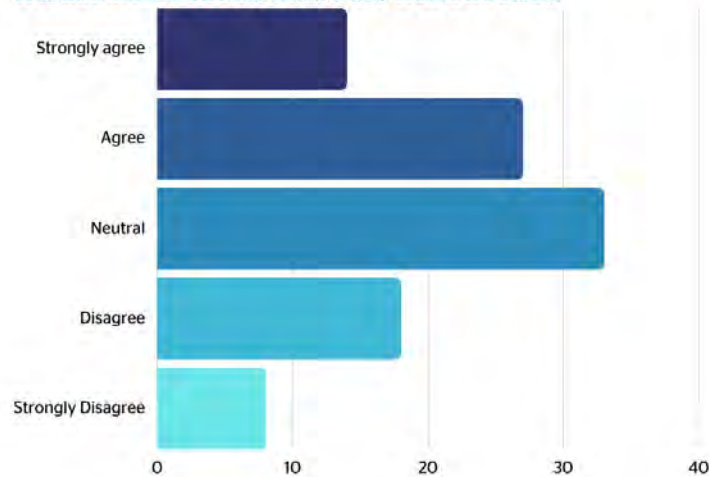
25 (53%) respondents said that they were confident that they will receive support and treatment at the point that they need it.

11 (23.5%) gave a neutral response.

11 (23.5%) respondents disagreed or strongly disagreed that they would receive support and treatment at the point that they need it.

One young person stated, *'It will take months to get support and treatment at the point I need it.'* Another told us, *'There are so many delays to mental health support it's heart-breaking. I have lost a friend to suicide who was waiting far too long to access support.'*

I'm confident I will be given a choice of where and when I will be seen and who will see me...



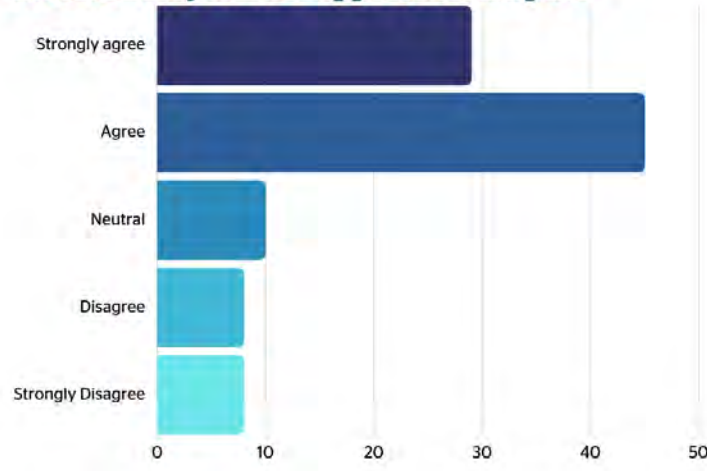
20 (41%) respondents were confident they would be given a choice of where and when they would be seen including who would see them and what care they would receive.

16 (33%) gave neutral answers, while 13 (26%) respondents disagreed or strongly disagreed.

Feedback on this question highlighted some concerns

with one young person telling us, *'I also feel as if not all information is stated to me - generally regarding the steps to providing help, like the stages.'*

I'm confident that if I want my family or carers to be involved they will be supported to help me



36 (74%) respondents strongly agreed or agreed that they were confident that their family or carers would be given the information and support that they need to help them, if they chose to have them involved. 8 (16%) either disagreed or strongly disagreed with another 5 (10%) people giving a neutral answer.

Some of the young people who disagreed stated they didn't necessarily want family or carers involved, with one saying, *'I would be more reluctant to be more honest about my mental health if my mother was in the room'*, while a second said, *'I don't like the involvement of other people when it comes to myself; I prefer to have only myself be involved or I feel everything may be blown out of proportion and I won't end up any better.'*

Conclusions

The number of young people that took part in this survey was relatively small and as such the results should be taken as a snapshot of the views and experiences of these individuals, rather than as generalised findings about the different types of help and support available for young people looking for help with their mental well-being.

Feedback does suggest that the majority of young people are in general aware of the options they have to get support. The results also show that young people knew where to go to get support to look after their mental well-being, and that for many, being able to go to trusted adults such as their parents, or professionals within education settings is important to them. Although some of the feedback received suggests that while a lot of young people want parental involvement there were a number who don't.

The numbers who said they would get help from school shows they are seen as really important to young people. This also causes us concern as many young people have been away from school for so long during the past year while at the same time many will have been away from their friends, the other go-to support option. These both highlight the potential need for a lot more youth services and mental health support locally.

Most young people had high expectations of how services would interact with them and how they would be involved in their support and treatment.

However, some of the feedback received suggests that young people's expectations aren't always met and there can be some barriers they face in being able to access services.

We see a need for young people to have a range of options for person-centred help and support when they need it. It shouldn't be a '*one-size fits all*' approach.

Recommendations

- 1.** With a large number of young people choosing ‘Friends’ or ‘School’ as their preferred places for help and support we’d like to see consideration given to building on the mental health awareness campaigns already being carried out in schools:
 - a. We recommend that mental health support information should be given as part of a welcome pack for the yearly induction process in schools.
 - b. We’d like to see regular mental health awareness sessions being held in schools / colleges to make young people aware of how they could best support a friend if needed.

- 2.** The number of young people who took part in our survey was small and cannot be seen as being representative of the wider population of young people across Halton. We recommended further engagement with young people is undertaken to develop a better understanding of their knowledge of the support available and their experiences of using those services. In particular, we’d like to see partnership working with local schools and colleges to ensure this engagement reaches a greater number of young people.

- 3.** We recommend further work be carried out on what the barriers to accessing professional services are for some young people.

- 4.** We recommend an audit be carried out on the local mental health information available online to ensure it is up-to-date and correct.

- 5.** Halton CCG to meet with the service providers to discuss the findings in our report and report to Healthwatch Halton with their specific recommendations.

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Review of GP Websites

April 2021

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Introduction

Background information

A GP website should be a useful source of information for existing and potential patients, providing key details on each practice and the range of services offered. The site can also provide links for patients to other useful sites both within the local area and nationally.

During the Covid-19 pandemic lockdown, patients have been advised not to visit GP surgeries due to social distancing. Therefore, it has become more important that patients have access to reliable and up-to-date information from their GP practice.

In the past we have received feedback from local residents who've had difficulty accessing information from their GP surgeries. People have told us they can't easily book appointments online, and they've not been told about services such as GP Extra. Residents also told us that GP practices don't often ask for feedback on services received, and they're not aware the Patient Participation Group each practice has, or how to get involved. We've also been told it's difficult to raise a concern or make a complaint because information on the process is not made easily available.

We wanted to know how easy it would be to find current information on GP surgery websites, how to access GP services, receive the latest information on making appointments and how to keep safe and well during the pandemic.

Acknowledgments

We would like to thank our dedicated volunteers for their support. Much of the initial work on this project was done by a team of highly skilled and dedicated volunteers who gave us substantial amounts of their time. In particular we'd like to thank Owen Ashworth, Ashley Ballard, Paul Cooke, Sue Connolly, Chris Grice, Ana Laycock, Diane McCormick and John Parle.

What we did

We designed an online survey for our volunteers to complete while visiting the websites using a set of key questions.

1. Is the website up to date?
2. Is there current Covid 19 advice?
3. Is there a link to the NHS Covid 19 advice site?
4. Is there advice for Cancer Patients?
5. Is there a link to the Macmillan Covid 19 web page?
6. Are there any links to Cancer Support Groups?
7. Are there clear details on new patient registration?
8. Is there information/links to the local Healthwatch?
9. Is there information on how to make a complaint or give feedback?

The review was carried out by 8 volunteers and 4 Healthwatch staff members between 10 December 2020 and 15 January 2021.

All 14 GP websites were visited by at least two of our volunteers. We ensured that each volunteer was not responsible for checking their own GP practice website. We felt this provided the necessary impartiality required, for a fair and transparent collection of information.

Our Healthwatch volunteers are of differing ages, they are reflective of general members of the public in their varying knowledge, experience and skill when searching for online information and they used different types of device to carry out the task: computers, tablets, phones.

Their aim was to find information that a patient might need without having to make a telephone call to the practice.

Context

The information we have retrieved is only a small indication of the data stored on the GP websites and was only assessed during the times we have indicated. We recognise there may have been changes on some websites during or since our audit has been completed. We additionally acknowledge the changes to Covid-19 (new variants) and the additional national lockdown which commenced late December 2020.

This survey was also used to see if all 14 GP Practices within Halton were meeting the new government accessibility requirements which needed to be met by 23rd September 2020. These requirements are driven by the need for organisations to meet the 2018 website and mobile app accessibility regulations¹.

All GP practices must adhere to, include publishing, and regularly reviewing, an accessibility statement on the level of accessibility across the site. They must also acknowledge, if there are perceived barriers within the statement, how patients can contact the website owner if they encounter problems.

We understand that some GP Practices manage their own website content, whilst others receive external support from specialist GP website businesses. We acknowledge that throughout the Covid-19 pandemic, GP practices, alongside the NHS have been trying to ensure that they are positioned to react effectively.

We believe providing current and accurate information during this pandemic is an essential contributor to this effort.

¹ <https://www.gov.uk/guidance/accessibility-requirements-for-public-sector-websites-and-apps>

Findings Summary

From the information collected, it is apparent there are varying differences in the structure, quantity and quality of information listed on each website.

While we acknowledge the pandemic has potentially altered the priorities for some GP practices to continue to update and to always maintain the most current information, at the time of our audit, keeping websites up to date has obviously not been a priority for some GP practices for quite a while

- 📌 All websites clearly displayed opening times
- 📌 It was easy for our volunteers to find out how to make an appointment on all websites
- 📌 Half of GP practice websites checked did not have a Covid-19 pop up screen with the latest guidance for the public
- 📌 Two practice sites offered no alternative language options on their websites. On sites which did offer different languages it ranged in number from just two alternative languages up to more than 100
- 📌 Volunteers felt it was often a game of hide and seek as to where information would be displayed
- 📌 Just 2 websites had any information/advice available for cancer patients on potential changes in their cancer care or treatment due to the Covid-19 pandemic. Just 2 sites offered any information or links to local cancer support organisations
- 📌 None of the websites checked detailed specifically how homeless people could register with a practice
- 📌 Only 2 websites had information on both Healthwatch and the Healthwatch Advocacy service. Both of these had incorrect contact details on the Advocacy service. Volunteers found it difficult to easily find information regarding Healthwatch or the Complaints advocacy service
- 📌 Seven of the 14 websites did not clearly describe care navigation or its role
- 📌 Just 6 out of the 14 websites clearly explained their practice boundaries
- 📌 All websites requested some form of ID information for patients to be registered
- 📌 None of the websites checked provided information on the Primary Care Networks

Our survey reflects that many people have been able to access the relevant information they required to help them stay safe and well, despite the varied and differing layout and content of each individual website. The majority of websites did a fine job of providing the basic information need by a patient; opening times and how to contact the practice. Beyond that our volunteers reported a variance in the quality and quantity of information available.

Some GP practices appear to have thrown everything into their websites without any real thought of making it easy for patients to find what they may be looking for. Others have presented sites that are easy to navigate and view, but often with sections of information that are not maintained well enough to keep them up to date and informative.

We have also noted that some websites have been overhauled since our volunteers carried out their visits in December and January. While this has improved the look navigation of these sites, at first glance they appear to have carried over much of the incorrect information from the previous versions of their sites.

Recommendations

We have reviewed all the data from our volunteers and have identified the following as areas which could benefit from improvements.

Accurate, up to date and easy to understand information

During the pandemic we understand that updating and improving websites may not have been a highest priority for many GP practices. What we found though were many sites that have clearly not been maintained and updated for much longer than the past year. As a point of communication with the patient a website can't be treated as a glorified noticeboard with a post and forget attitude.

We recommend that the GP practices review their websites regularly to ensure the information provided to patients is relevant and up to date.

Although it was encouraging to note most volunteers could find information regarding self-care and support organisations for health and wellbeing, we would still recommend that these pages and links are checked for accuracy.

It would be beneficial to review the sites again in six months time to see how the sites have been updated and refreshed.

Patient registration / Homeless patients

We recommend that information is made available to explain how people can easily register with a GP practice. Practice boundaries should be clearly explained on each website with clear information provided on how to register, with links to online forms where possible. Clear information about the registration requirements should be given which should meet the NHS/BMA guidance.²

We recommend all GP practices adopt the CQC guidance on registering homeless patients and include this information within their websites³.

Languages / formats

We noted that many of the websites visited provided several options for differing languages and formats. However, it would be helpful if these links and / or options were tested regularly, as a number were unavailable at the time of the survey. A couple of websites were also limited in the languages they supported, again this would be helpful if websites were more consistent or uniform with the support they offer.

Links to self-care

If information on other local healthcare and community services is to be included on GP websites then it should be up to date and have working links.

Complaints and Feedback

Practices need to be more uniform and consistent in their approach to complaints. We would like GP websites to offer clear, visible and concise information to make it easy for patients to understand how to raise their concerns, leave feedback and support them in making a complaint should they need to.

² <https://www.bma.org.uk/advice-and-support/gp-practices/managing-your-practice-list/patient-registration>

³ <https://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-29-looking-after-homeless-patients-general-practice>

Patient Participation Group (PPG) information

We were encouraged that a large proportion of the GP websites reviewed highlighted their PPG group, listing what they were and how to join. However, we recommend that the details of previous meetings are updated to always reflect the last meeting, including highlighting if these meetings have been postponed due to the pandemic or other reasons.

Healthwatch Halton and Advocacy Support

Healthwatch Halton has a statutory role to drive improvements in health and social care by gathering the views and experiences of patients and the public and making people's views known. It was disappointing to note the lack of information on Healthwatch.

As the independent champion for people who use health and care services within the Halton area, we would encourage all local practices to include contact details and a link to Healthwatch Halton within their website, with a summary of what we do and how we can help patients and carers find information about local health and care services. All GP practices can have access to our free Patient Feedback Widget which helps services collect and listen to the experience of their patients by placing our patient feedback tool directly on their website.

We also provide the independent NHS Complaints Advocacy service for Halton residents. This service is free, confidential and independent service which is available to all residents of Halton. Details of the Advocacy service should be provided on all GP websites.

PCNs (Primary Care Networks) and NHS Halton CCG

Many of our volunteers struggled to find any explanation of the Primary Care Network and Halton CCG during their website visits.

There may be a valid question as to whether this information would be relevant to a lot of patients viewing their GP website. If a practice chooses to include information on the role of the Primary Care Networks and the Clinical Commissioning Group on its website it needs to be up to date and correct.

eConsult

It would be helpful if the reasons and benefits of using eConsult, the online consultation platform, were made clearer. It appeared to be labelled in different ways across the sites.

Feedback & Findings

This section follows the questions that volunteers used, using yes and no choices, and allowing for some free text comments.

How did you access the website?

We asked volunteers to let us know what system/device they used to visit the website.

Each GP practice website was visited by at least 2 of the volunteers.

28 visits were carried out using a laptop or desktop computer. 10 were visited using a Smartphone, with the remaining 2 checks carried out using tablets/iPads.

The remit of this survey was to access websites from differing devices: Computer / Laptop, Smartphone, iPad / Tablet. The aim was to replicate the differing devices used by the people across our community, recognising that many residents may not have access to their own laptop or computer. We checked the ease with which key information was stored, accessible and legibility on all devices.

Our volunteers came across no issues when viewing sites using different devices.

Our volunteers said...

'The website layout looked very clean both on the computer and on an iPhone. The layout adapted to screen size and browser width. This is very helpful'

Is there evidence on the website of when it was last updated?

Our volunteers found details of when sites were last updated on 10 of the 14 sites. While this may seem positive, on many sites this was just the copyright symbol and date on the home page. Very few sites provided a date on news article or other possible time critical information.

One volunteer said,

Another website listed the latest news article as 24th of September.

Our volunteers said...

'I'm not sure how up to date the info is on District Nurse contact as it details Widnes Walk-in Centre info. Out of date Care at the Chemist scheme too.'

'It isn't obvious on first glance. The home page has a news section which lists 5 articles. No date is shown when choosing any of these articles.'

Does the site have a Covid-19 “pop-up” window which show the latest guidance?

During the original phase of the pandemic, most GP surgeries were difficult to access physically. This was mainly due to the social distancing restrictions and although surgeries were still accepting calls, for many patients the main source of GP contact and knowledge sharing regarding the Covid pandemic was sought from their own GP website.

It was interesting to note that our volunteers found that only half of sites displayed a pop-up window.

Most of these sites displayed a pop-up box as soon as you opened the website, which needed to be closed to progress further. A few were found to have completely disappeared when going back to look at the information (even when closing the browser and re-entering the site) whilst other continued to pop up and move around the site making other areas difficult to view. The loss of the pop-up box was problematic, especially if the remaining site offered little Covid-19 information or guidance.

Does the website include a link to the Government's or NHS Covid-19 website?

Our volunteers recorded that seven websites didn't carry a link to the latest Government/NHS Covid website.

Our volunteers said...

'Up-to-date information on Coronavirus is available here but the link sends you back to the same page, talking about the surgeries Covid measures not Gov or NHS info.'

'The only coronavirus information I found was under 'Reception Enquiries' menu. This shows information on prescriptions, and advises repeat prescriptions are ordered when 10 day's supply remains.'

'I found Covid information on the "News" page. Dated 01.09.20 - out of date (checked 11.12.20). Dated 28.07.20 - out of date. Dated 28.08.20 - out of date.'

Does the website contain any information/advice about for cancer patients changes or details of changes in cancer care during Covid-19?

The majority of volunteers said they had been unable to find specific cancer information or advice, with just two sites having details of changes to services during Covid-19

Those sites that did have general cancer information varied in the quantity and quality of advice.

Our volunteers also highlighted issues finding the advice that was available also as it could be located in different sections on each website.

Our volunteers said...

'There is a useful link section for Cancer patients to Macmillan and Cancer Research but no reference to changes in cancer care during Covid-19.'

'I could not find specific information. The closest to it was a post on cancer awareness month stating that they have a cancer support information desk in their reception which they say provides up to date information.'

Is there a link to the Macmillan Covid-19 web page?

Our volunteers reported that 10 out of the 14 sites did not appear to have links to the Covid page of the Macmillan Cancer Care.

Our volunteers said...

'There is a link for Macmillan general website, but this link is on a webpage which is in a sub-menu webpage called 'Self-Help Centre', and you cannot search for it. To get to the Macmillan Covid-19 webpage, you have to find it on the Macmillan website.'

Our volunteers commented that links to the general Macmillan website were found under a number of different headings on different websites such as 'long term conditions' and 'health and wellbeing'.

It was disappointing to see that there was generally a lack of information or advice on possible changes to cancer care due to the Covid-19 pandemic,

Are there links to cancer support groups?

Volunteers couldn't find links to or information on cancer support groups on 6 of the 14 websites. On 3 of the other sites there was a mixed response, with some volunteers able to find information and some not. There were 3 sites on which volunteers said they were easily able to find links to local cancer support groups.

Our volunteers said...

'Quite a few links. Very good'

'Not that I can find. There are lots of links to useful sites and information, but nothing specifically on Cancer.'

There is a link to Healthtalkonline which doesn't work. It needs to be updated to <https://healthtalk.org/cancer/overview>. The 'Cancer Overview' link is also not working. There are no links to local support groups like Widnes & Runcorn Cancer Support.

Is there information on how homeless people can register at the practice?

Our volunteers were unable to find any information providing specific guidance for homeless people needing to register with a GP surgery.

A couple of sites referred not specifically to homeless people but mentioned temporary resident registration lasting 3 months and emergency treatment available for 14 days.

Our volunteers said...

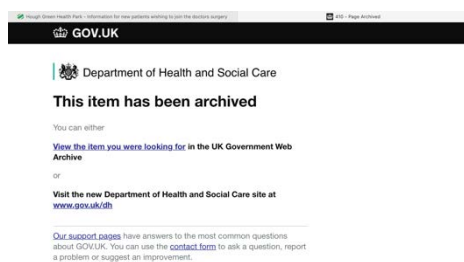
'There is information on how Non-English Speakers can register but all the links lead to a 'This item has been archived' message on gov.uk'. (see photo below)

'It says proof of address is needed'

'You need 2 address IDs.'

The GMS1 RegistrationForm linked to through the website needs to be updated. It appears to be from 2002! - (https://www.ssphealth.com/images/files/GMS1_002.pdf). The latest version was updated in August 2019 -

'I did like the fact there was a link, (<https://www.ssphealth.com/register-with-a-doctor?practice=49>), to complete an online form to start the registration process.'



Is there a catchment area / practice boundary clearly explained on the website?

Since 2015, all GP practices in England have been free to register new patients who live outside their practice boundary area.

This stipulates you can register with a GP practice in an area which is more convenient for you, such as a practice nearer to your work or closer to your children's schools. This hoped to provide greater choice and aims to improve the quality of access to GP services.

These arrangements are voluntary for GP practices. In reality this system hasn't worked well.

If the practice has no capacity at the time, or feels it is not clinically appropriate or practical for you to be registered so far away from home, they can still refuse registration. The practice should explain their reason for refusing your registration in writing.

Five of the 14 websites had details of their boundaries, generally stating 'all of Widnes', 'Runcorn' or any WA7 postcode. One site displayed a google map with a shaded practice area with the option to enter in your post code. This wasn't completely accurate when we tried it. Another site displayed a black and white map which was illegible and had no option to be enlarged

Our volunteers said...

'The only information on registering with the practice requests patients obtain the relevant forms from the reception desk at the surgery. Not helpful!'

'I feel it's slightly hidden as it's under the 'About Practice' menu.'

'It just says "We can quickly tell if you are within our practice area from your address".'

'It mentions practice area on the homepage but when I click to find out what it is, it comes up with a blank space where a picture/map should be. To me this is not clearly explained.'

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NHS

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I have the right to register and receive treatment from a GP practice

I do not need a fixed address.

I do not need identification.

Anyone in England can see a GP.

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www.nhs.uk/register

Are practice opening times clearly displayed?

Our volunteers were able to locate practice information including opening times on all GP practice websites, although not always easily.

Our volunteers liked the websites that displayed the practice opening times on the home page or had a menu option on the home page which went to practice information.

Our volunteers said...

"The opening times are clearly shown on the home page. The extended hours are shown under the 'about the practice' menu and the 'Extended Hours Access' Menu. 'At xxxx Practice we offer Extended Hours access to all our patients every Wednesday from 7am to 8am. Please book online or speak to a member of the reception team to make an appointment'.

'Practice opening times are under the 'Patient Hub' menu. Not helpful!'

Was it easy to find out how to make an appointment?

Covid-19 social distancing restrictions have limited the number of 'face to face' appointments and led to an increase in the use of remote consultations. This is a significant shift in the way GP services are being provided. Different ways to consult with health professionals – such as via phone, video and e-consult – are now on offer.

Our volunteers reported that it was generally easy to find the information on making appointments via their pc, laptop or tablet

We did have some concerns raised by volunteers looking at websites using their smartphones, with one saying, *'On my computer it was easy to find. On my phone not so easy. Viewing the site on a phone you would need to know that 'Online Services' tab opens up to show another range of options.'*

Our volunteers said...

'Very easy. Either by using the main drop down menu or another 'appointments' tab on the left hand side'.

'There is a clear option shown on the home page to book and appointment. There is a 'consult with your doctor' option shown on the home page too. Although this isn't actually a consultation with your GP it is a link to the e-consult form'.

'The appointment procedure is explained with a triage/care navigation telephone procedure prior to a face to face appointment if agreed by a clinician'.

Are there a range of ways offered to book appointments / consult with the practice?

Our volunteers stated they were easily able to locate information on how to book an appointment or how to consult with the practice.

It was positive to see the varied number of ways each patient would be offered an appointment or the ability to consult with that practice.

Options given were:

- Phone
- Patient Access
- E-Consult

One practice website did highlight that, *'The patient online service is suspended during COVID-19. A text reminder service is available for booked appointments.'*

One volunteer highlighted what they saw as good practice with information about appointments under Covid.

'Appointments - Due to the pandemic outbreak, xxx surgery is operating a total triage telephone service to patients. This is a virtual appointment...'

This gave clear and concise instructions and information about how that surgery was applying Covid changes to their process.

Another volunteer liked the information given about E-consult and Patient Access, stating, *'Details were given that E-consult was now 'live' and you could get a reply within 48 hours.'*

Our volunteers said...

"I liked the fact that details were given on what was involved in registering for patientaccess.com"

Is there an explanation that patients may be asked by the receptionist why they wish to see the GP or make an appointment? This is called Care Navigation.

According to NHS Halton CCG's website, 'Care Navigation encourages patients to self-refer to local community services where they do not need to see a GP first. This takes place when a patient contacts the GP Surgery to arrange an appointment, trained receptionists have been given the information to advise and direct patients to an alternative service, providing the patients' needs fit within the agreed exclusion and inclusion criteria for each participating service'.

We were disappointed to find that our volunteers struggled to find any description of the Care Navigation process on 7 of the sites they visited.

One volunteer commented "The term care navigation is not used"

Our volunteers said...

"Clear information displayed. 'Patients who contact the surgery will be asked for as much information as possible to allow the Care Navigators to direct the call to the most appropriate service. You will be signposted to the most appropriate service for your needs'.

'I could not find anything about care navigation'.

Are appointments offered out of hours?

It was encouraging to see that almost all of our volunteers were able to find information about out of hours appointments.

Our volunteers highlighted the very detailed and informative descriptions on various websites given about the GP Extra service provision.

Does the website have links to self-care and support organisations for health and wellbeing?

All but two of the websites had some form of links to self-care information and details of support organisations for health and wellbeing.

One site, recently upgraded, had a self-help & wellbeing 'room' section, which was well laid out and quite informative. However, it didn't provide much information on local support organisations though. Other sites generally listed contact details of local services under 'useful links'

These sections are where volunteers came across some of the most out of date information with one practice having 'Useful links' information containing contact details that were more than 10 years out of date.

One volunteer reported, '*Healthy Living in Halton Magazine - possibly old link Self-referral information links were well out of date - The dental information is from 2011. Diabetes support leaflet also looks out of date, Jigsaw counselling service link doesn't work. Sleep and relaxation information is out of date - Classes ran in September.*'

Our volunteers said...

'Healthy Living in Halton Magazine - possibly old link Self-referral information links were well out of date - The dental information is from 2011. Diabetes support leaflet also looks out of date, Jigsaw counselling service link doesn't work. Sleep and relaxation information is out of date - Classes ran in September.'

'Under community help and advice they have many different types of organisations and links'

'The site has a dedicated self-help centre with lots of information on it.'

Accessibility

All GP Websites were required to comply with accessibility standard regulations for public organisations by 23 September 2020. These regulations were introduced in 2018, allowing time for all public sector websites to comply.

We found Accessibility Statements on all but two of the sites our volunteers looked at.

Our volunteers considered the following questions when looking at the website accessibility.

1. Is there a good example of accessible information for patients who have sensory loss or learning disabilities?
2. Does the website have the option to be viewed in different languages / formats?
3. Does the website have other accessibility tools / options, i.e. Browseealoud, Recite me?

Most sites offered a translation facility, through a menu option or button located on the home page, although many relied just on 'Google Translate' for this. Some had a wide range of languages available, others just a handful. With one site just offering English, French and German.

One practice powered by 'MySurgeryWebsite' stated it had an integrated accessibility tool called 'Userway' to allow the user to make changes to the look and feel of the site. Unfortunately, our volunteers were unable to find anyway to access this tool. The same site had a 'Translate this page' link which was not working.

We visited another website powered by 'MySurgeryWebsite', that also had a non-working 'Translate this page' button. In addition, on both sites, the 'Translate' link was completely missing when the sites were viewed via a smartphone.

'Userway', was used on other sites we visited and was working well, once volunteers realised where it was kept on the site. A volunteer viewing this site said, *'The website has an accessibility button at the top left, represented by a stick man figure (in a circle). It is not obvious what it is for unless you click it. Text can be changed to larger size, different highlight, spacing, dyslexic friendly layouts etc.'*

Another website visited had a collection of fact sheets for non-english speakers. The reviewer said, *'These fact sheets have been written to explain the role of UK health services, the National Health Service (NHS), to newly-arrived individuals seeking asylum.'*

Our volunteers said...

'The larger text and dyslexia functions are useful. I can't see any easy read or tools to have the website read out.'

Accessibility widget - UserWay provides some options to change the way the information on the website is displayed.

'Not good. Asks if you need help with computer read-outs or support at appointments, then asks to complete a form (electronically) if you need help!'

'Languages? It offers English / French or German - I couldn't get French or German to work.'

'There is a translation facility for about 110 languages and Fact sheets are available for non-English speakers in 21 languages.'

Other Information

Is there an explanation of the Primary Care Network (PCN)?

Our volunteers were unable to find information on the Primary Care Networks on 13 of the 14 websites. There was one bit of information on the remaining site which stated, *'The R-Health Project involves all 6 practices within Runcorn working together and learning from each other, sharing our experiences and expertise as well as looking into new ways to deliver GP services across the Runcorn area.'*

Does the website contain current Patient Participation Group (PPG) information?

Our volunteers were able to find information on PPGs on 8 of the 14 websites. Some sites contained a dedicated section on their PPGs with agendas and minutes from meetings, Volunteers were encouraged by the information on PPGs, with one stating, *'This was very easy to access and very informative'*; another told us there were, *'Explanations, joining instructions and a virtual PPG clearly outlined'*.

Our volunteers noted that not all the sites had up to date information on PPG meetings, with one volunteer commenting, *'The previous minutes on the site were out of date (August 2019) when I checked. The latest PPG information I could find was from 2017/2018.'*

Another volunteer informed us, *'The Have your Say tab has information about the PPG. It seems up to date but is not dated and the other tab to Patient Survey Report is from 2016.'*

Was it easy to find out how to make a complaint?

Easy to find information on making complaints was only available on 7 websites.

One practice listed it under 'Feedback' on the home page which was fairly clear.

Complaints information was found under a range of different headings across the GP websites such as 'Policies', 'Patient Feedback' and 'Patient Suggestions, Comments and complaints'.

Our volunteers said...

'There is a menu option for feedback which I thought was very good, showing options for a good experience and a bad experience. The 'good experience' button takes you to the national NHS site to leave a review on the surgery'. There are 4 reviews in total on this site, three '5 Star' and one '1 Star' review, between November 2019 and July 2020. The practice doesn't seem to have replied to any of this feedback, which is disappointing. The 'bad experience' button takes you to a contact form. There is no information showing on this page to give any idea on how long it will be before you receive a reply from the practice. There is also no information on the complaints procedure.'

"Under 'Patient Suggestions, Comments & Complaints' there's a good amount of information on how to give a compliment or make a complaint"

We noted from our volunteer feedback that some practices didn't make the complaints procedures and forms available on-line but required you to speak to reception instead.

Our volunteers said...

'Again there was very little information on what to do apart from contact the practice. There were no details of the procedure or the options for support if needed'.

'Absolutely no sign I can see of any link to making a complaint. There is a link to 'Take Our Short Survey' which asks about your recent experience of the service. This is not a great a way to raise an issue with the practice'.

Is there any information about Healthwatch Halton and the Healthwatch Advocacy Hub?

Only one site had a menu link with information on Healthwatch Halton and Healthwatch England at all. Unfortunately, the Advocacy information on this link was out of date with an incorrect telephone number.

Another site listed Healthwatch Halton's contact details, but these were also over 5 years out of date.

3 sites listed details of an NHS Complaints Advocacy Service, but this was the wrong service and does not cover Halton patients.

There was a further mention of Healthwatch on one site under the PPG section, with a link to Healthwatch England's site.

Our volunteers said...

'If there is I couldn't find it - which seems to be the norm with this website.'

'Healthwatch Halton is listed under comments and complaints but it has the old Runcorn address and no website link or email details. Healthwatch is mentioned in the PPG section, with a link to Healthwatch England's website.'

'The only mention I could see for Healthwatch was under the PPG information. 'Whilst PPG's exist to improve the experience of patients using the practice, they are not intended to be a complaint gatherer or a 'forum for moaners'. Other mechanisms such as Healthwatch, www.healthwatch.co.uk exist for patients to raise issues about the medical treatment they receive.'

Is there a link to the NHS Halton CCG website?

Our volunteers could only find details of NHS Halton CCG mentioned on 2 of the 14 websites. There was very little information on the role of the CCG.

One site had a menu link with information on the CCG, unfortunately the link to the CCG website was incorrect.

Is there a web provider / web master listed?

There were details available of the web provider / webmaster on all websites although our volunteers reported difficulties in locating the details on half of the websites.

Next Steps

We will:

- 1.** Offer GP practices across Halton the opportunity to discuss their individual audit and our recommendations to make improvements.
- 2.** Raise the issue of GP website quality regionally with our Cheshire & Merseyside Healthwatch network and nationally Healthwatch England.
- 3.** Seek to co-produce a checklist of essential information for patients with our volunteers.
- 4.** Encourage local people in our area to report back to us on their experiences of GP websites.
- 5.** Undertake a sample review of GP websites in six months' time to look at what has changed.
- 6.** Discuss the report findings with NHS Halton CCG, which plans, buys, and monitors health services in our area.
- 7.** Send the report to Healthwatch England to inform the national picture.

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Vaccine attitudes report
March 2021

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Introduction

Healthwatch Halton is the independent voice of the public in health and social care services in Halton. We gather feedback from members of the public about their experiences of using health and social care services. We use that feedback to work with service providers and commissioners to find ways of improving services for the public. One of the ways that we collect feedback is through carrying out a focused project around particular services, conditions or groups within the community.

With the national rollout of the Covid-19 vaccination, we wanted to take this opportunity to assess how residents of Halton feel towards the vaccine and how the vaccination programme is being run locally, and to gather their experiences, ideas and concerns so that they can be represented to key stakeholders.

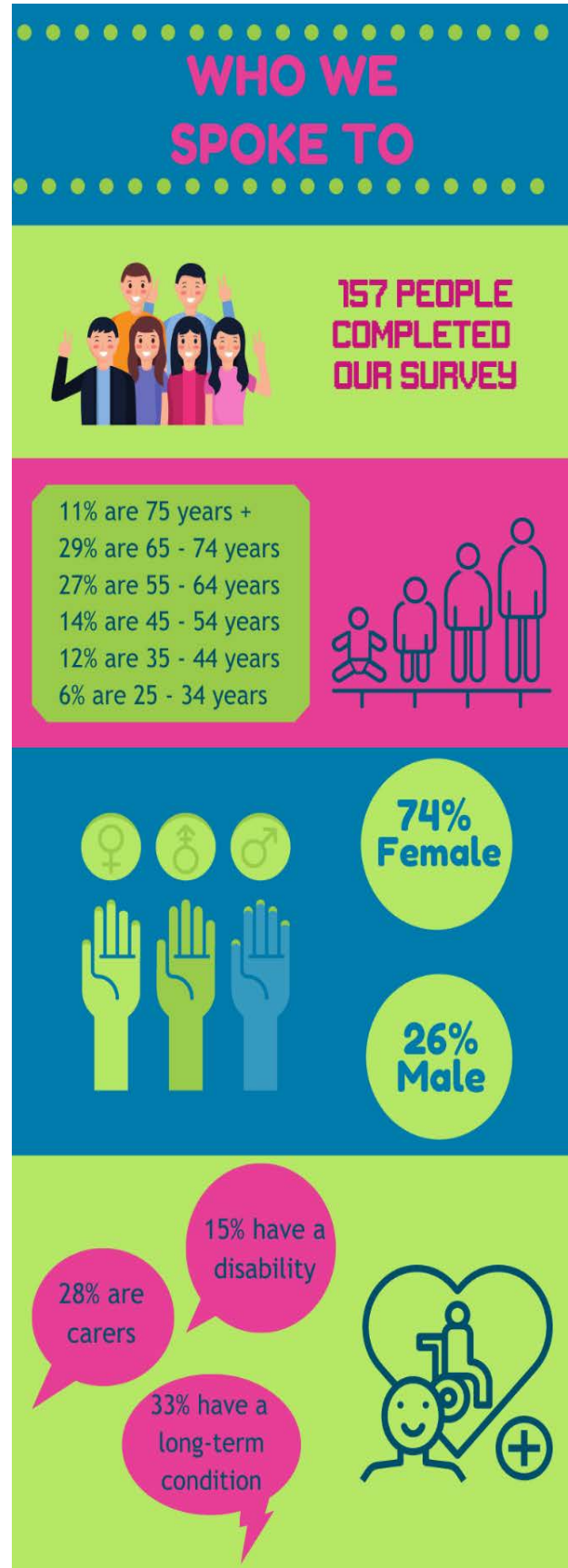
What we did

Due to the lockdown restrictions in place at the time, we were not able to speak to people on a face-to-face basis, so the feedback for this project was gathered using an online survey.

The survey was made up of 9 multiple-choice questions, and 6 open text questions that enabled respondents to expand on their responses.

The survey was available online from Thursday January 28th 2021 until Thursday 11th March 2021.

Who took part?

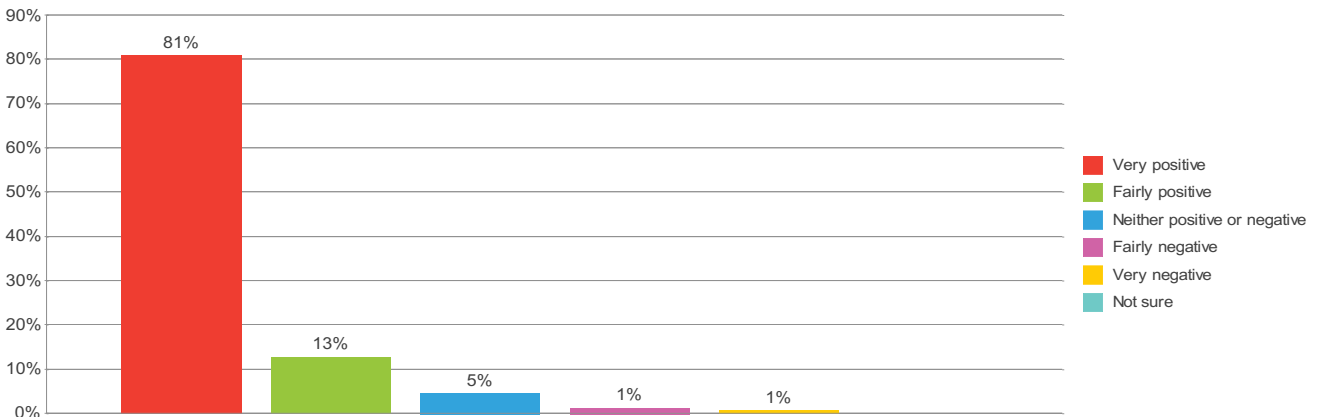


Findings

The survey was split into two sections, the first section asked participants their thoughts and feelings about getting the Covid-19 vaccine, and the second section asked participants their thoughts and feelings about the information provided about the Covid-19 vaccine.

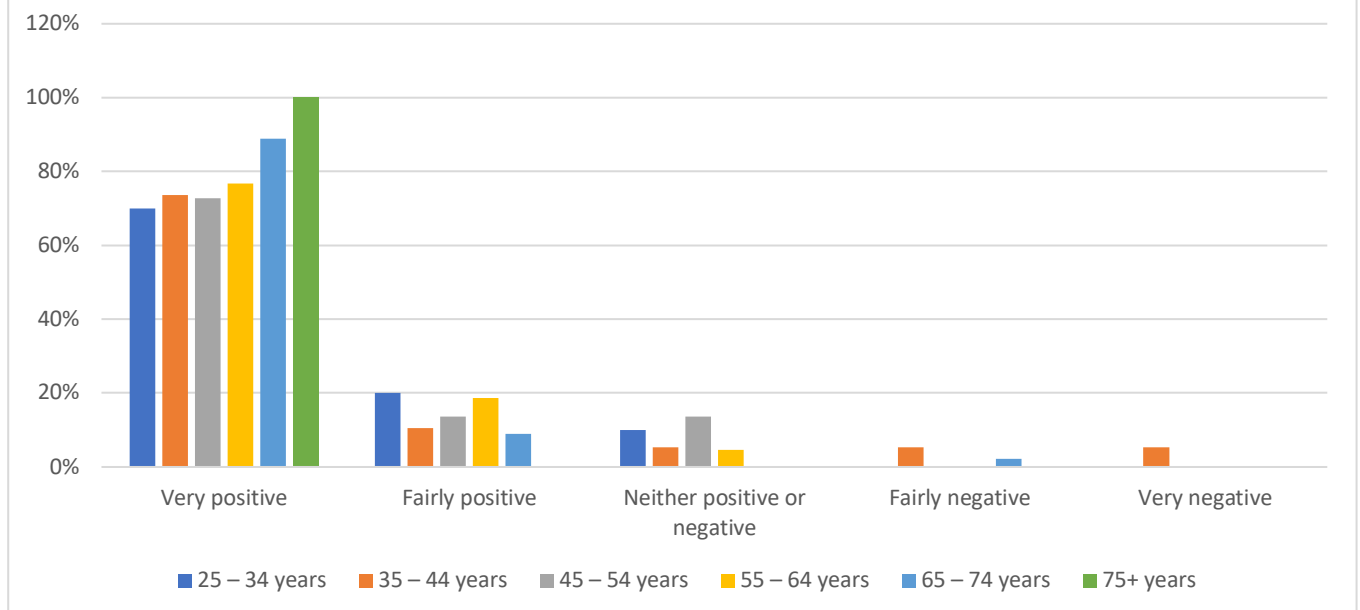
Participants were asked about their sentiment towards vaccinations in general and 81% of respondents indicated that they were held a *very positive* view, 13% held a *fairly positive* view, 5% held *neither a positive or negative* view, 1% held a *fairly negative* view, and 1% held a *very negative* view of vaccines.

Thinking of vaccinations in general, such as those given for flu, polio or tetanus is your view of vaccinations



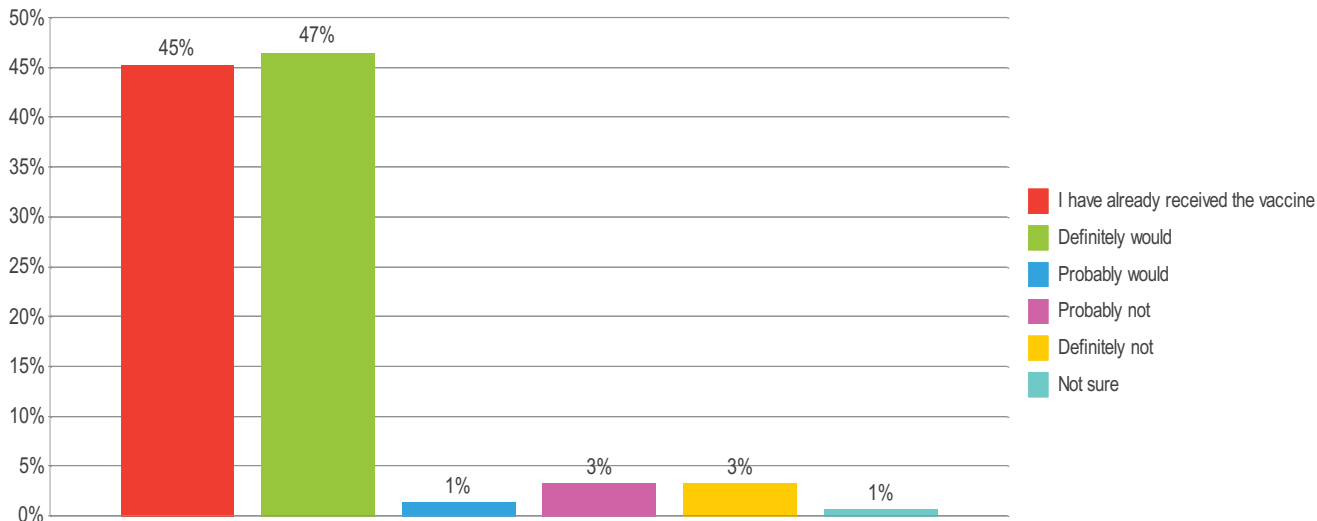
Age: All the age groups reported they held a *very positive* view of vaccinations more frequently than any of the other options, but the 75 years and over group reported this exclusively (100%). The most negative view towards vaccines was held by the 35 – 44 years age group, who reported that they had a *fairly negative* view (5.3%) and a *very negative* view (5.3%), all the other age groups did not report any negative views except the 65 – 74 years age group who reported a *fairly negative* view (2.2%).

Attitude towards vaccinations in general by age



When participants were asked the likelihood of them accepting the Covid-19 vaccination, 45% reported that had *already received the vaccine*. A further 47% stated that they *definitely would* have the vaccine, while 1% stated that they *probably would* have the vaccine, 3% stated that they would *probably not* have the vaccine, and 3% stated that they would *definitely not* have the vaccine. 1% of respondents stated that they were *not sure* whether they would have the vaccine or not.

If you were offered a vaccine against COVID-19 (Coronavirus), and at no charge through the NHS, how likely would you be to get vaccinated?



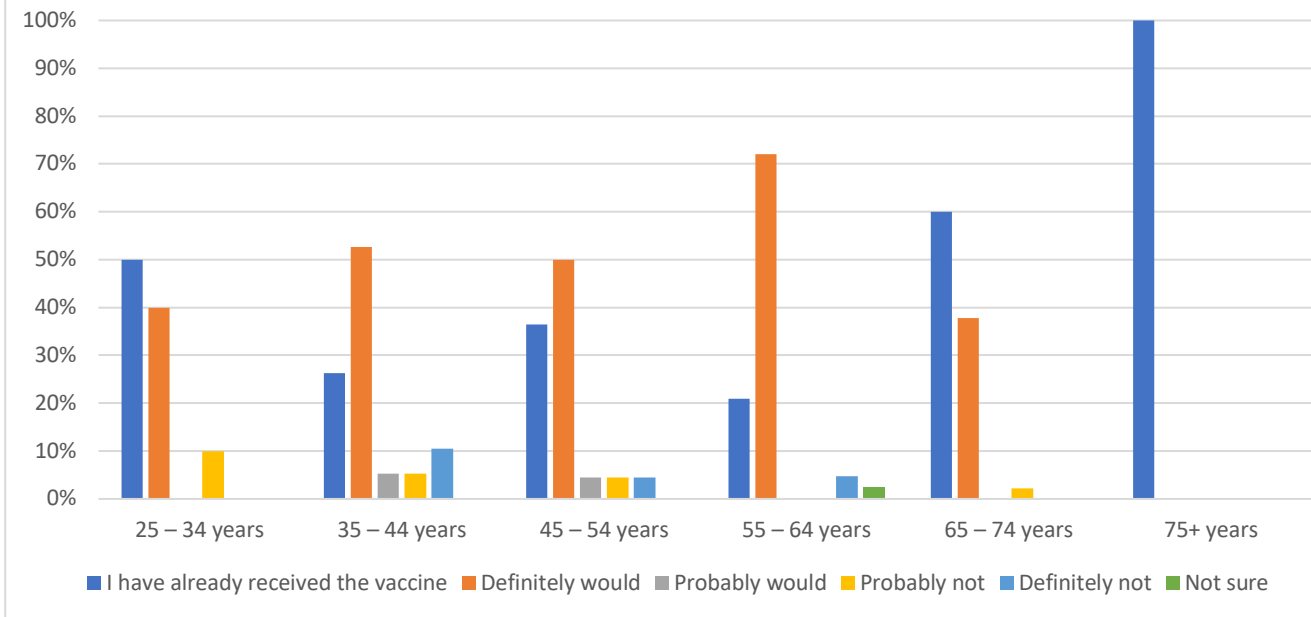
Age

Participants in all age categories reported that they had already received the vaccine, with 100% of the over 75 age group indicating this to be the case. In every other age category, the majority of participants who had not already received the vaccine, reported that they *definitely would*, 50% of 25 – 34 years, 52.6% of 35-44 years, 50% of 45 – 54 years, 72.1% of 55 – 64 years, and 37.8% of 65 – 74 years.

Respondents who reported that they *probably would* accept the vaccine belonged to two of the age categories, these were the 35 – 44 years (5.3%) and the 45 – 54 years (4.5%). Those who reported that they would *probably not* accept the vaccine belonged to four of the age categories, these were the 25 – 34 years (10%), the 35 – 44 years (5.3%), the 45 – 54 years (4.5%) and the 65 – 74 years (2.2%).

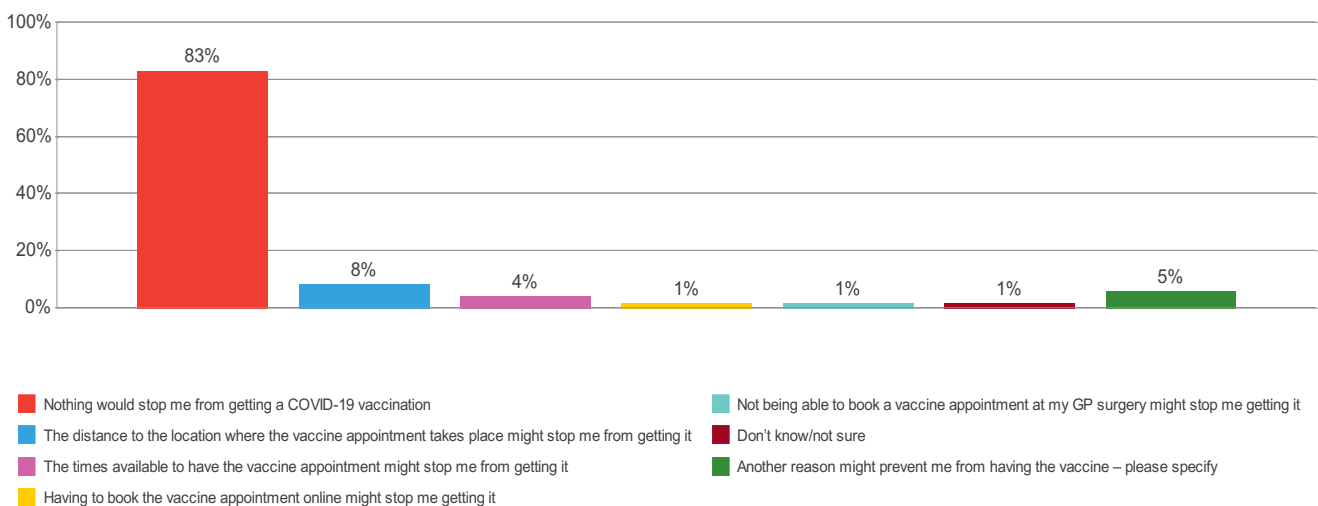
Respondents reporting that they would *definitely not* accept the vaccine belonged to three of the age categories, these were the 35 – 44 years (10.5%), the 45 – 54 years (4.5%), and the 55 – 64 years (4.7%). Only 2.3% of respondents reported that they were *not sure* whether to accept the vaccine, and these belonged to the 55 – 64 years age group.

The likelihood of accepting the vaccine by age



Participants were asked if there was anything that would prevent them from having the vaccine, and 83% selected the response *nothing would stop me from getting a Covid-19 vaccination*, 8% selected *the distance to the location where the vaccine appointment takes place might stop me from getting it*, 4% selected *the times available to have the vaccine appointment might stop me from getting it*, 1% selected *having to book the vaccine appointment online might stop me from getting it*, 1% selected *not being able to book a vaccine appointment at my GP surgery might stop me getting it*, 1% reported that they *don't know / not sure*, and 5% selected *another reason might prevent me from getting the vaccine*.

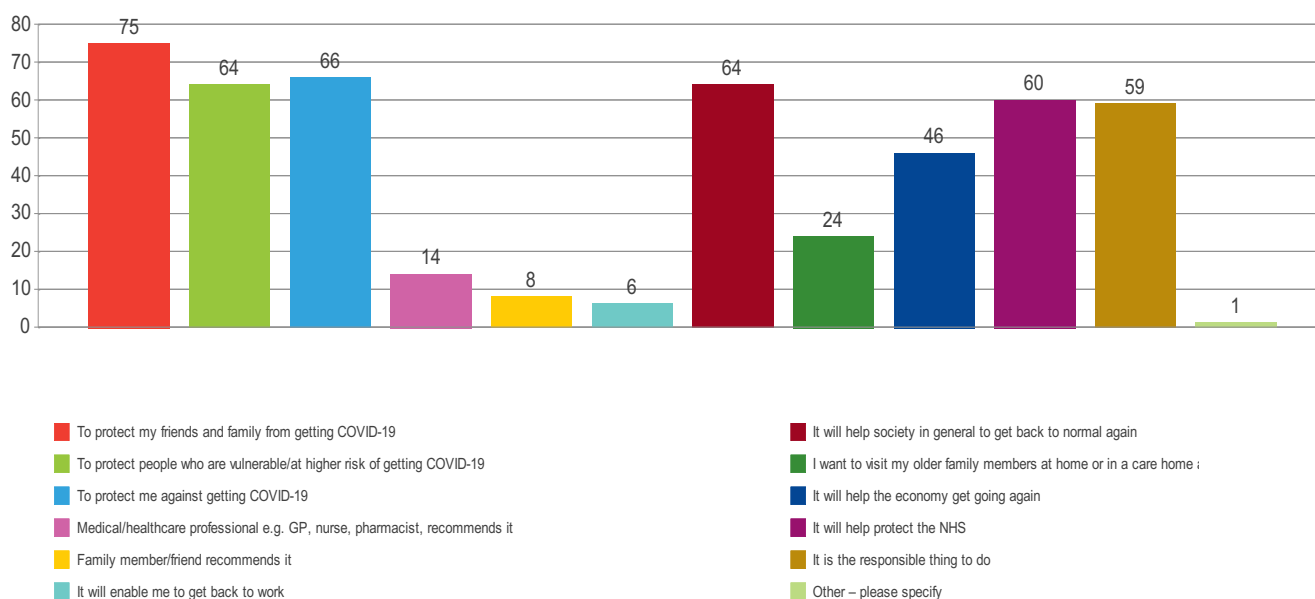
If you want to be vaccinated, is there anything that may stop you from receiving a vaccine when it is made available to you?



The participants who selected *another reason may prevent me from having the vaccine* were asked to specify what those reasons may be, one person reported that *'if a legitimate peer reviewed medical journal found compelling evidence it was not safe'* this would stop them from accepting the vaccine, and others stated that *'if they were medically unfit'*, or had *'allergies'* to the contents of the vaccine this would prevent them, another stated that it would *'depend on whether the vaccine will interact with other medication'* that they take, whilst another had concerns about having *'no transport home from the vaccination appointment'*.

Participants were asked the main reasons they want the Covid-19 vaccine and were asked to select as many of the response options as were relevant to them. 75 people selected *to protect my family and friends from getting Covid-19*, 64 people indicated that they want *to protect people who are vulnerable/at higher risk of getting Covid-19*, 66 people selected *protect me from getting Covid-19*, 14 people reported that *medical/healthcare professional recommends it*, 8 people want the vaccine because *family member/friend recommends it*, 6 people want the vaccine as *it will enable me to get back to work*, 64 people believe that *it will help society in general to get back to normal again*, 24 people stated that they want *to visit family members at home or in a care home*, 46 people believe that *it will help the economy get going again*, 60 people believe *it will help protect the NHS*, 59 people felt *it is the responsible thing to do*, and 1 person stated that it was for *other* reasons.

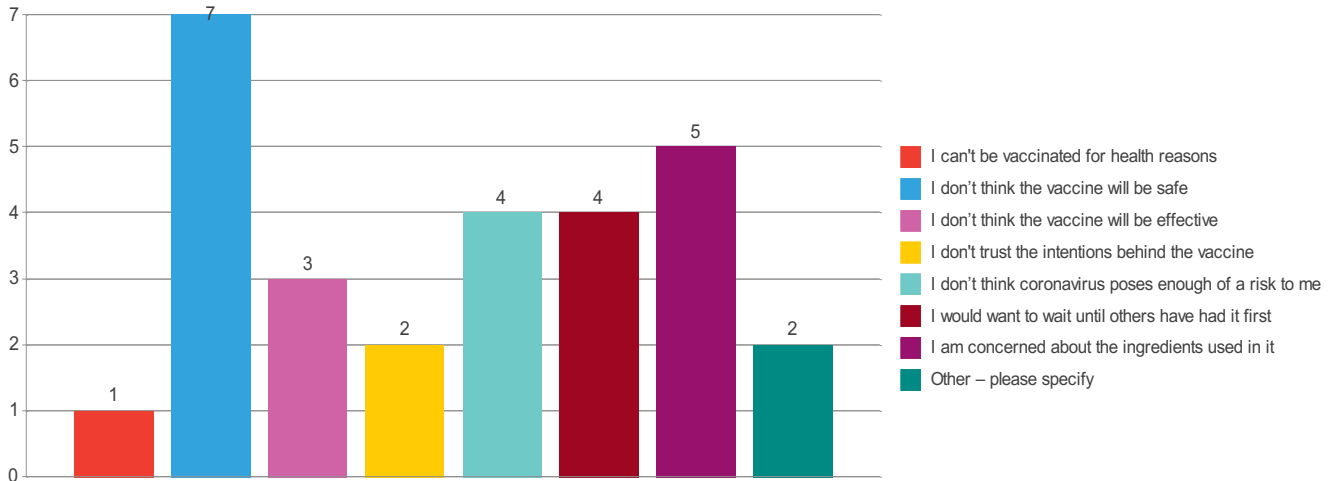
What are the main reasons you want the COVID-19 vaccine?



There was a subsequent open text box to this question to allow participants who had selected *other* to specify their response, whilst only one person selected other from the response options, two comments were received. One person stated that as *'a teacher'* they *'feel school staff have been treated dreadfully in all this. School is open we are all at risk and nowhere to be seen on the vaccine list'*, the other person stated that they are *'in group 6 vulnerable and whilst not told to shield formally, I was told by my cancer nurse to remain in my family bubble because of my immune system being low'*.

When asked what motivations would be for refusing the vaccine, the most frequently selected option was *I don't think the vaccine will be safe* with 7 people selecting this option. 5 people were *concerned about the ingredients used in it*, 4 people *don't think that Coronavirus poses enough of a risk*, 4 people *would want to wait until others have had it first*, 3 people *don't think the vaccine will be effective*, 2 people *don't trust the intentions behind the vaccine*, 2 people stated they did not want the vaccine for *other* reasons, and 1 person stated they *can't be vaccinated for health reasons*.

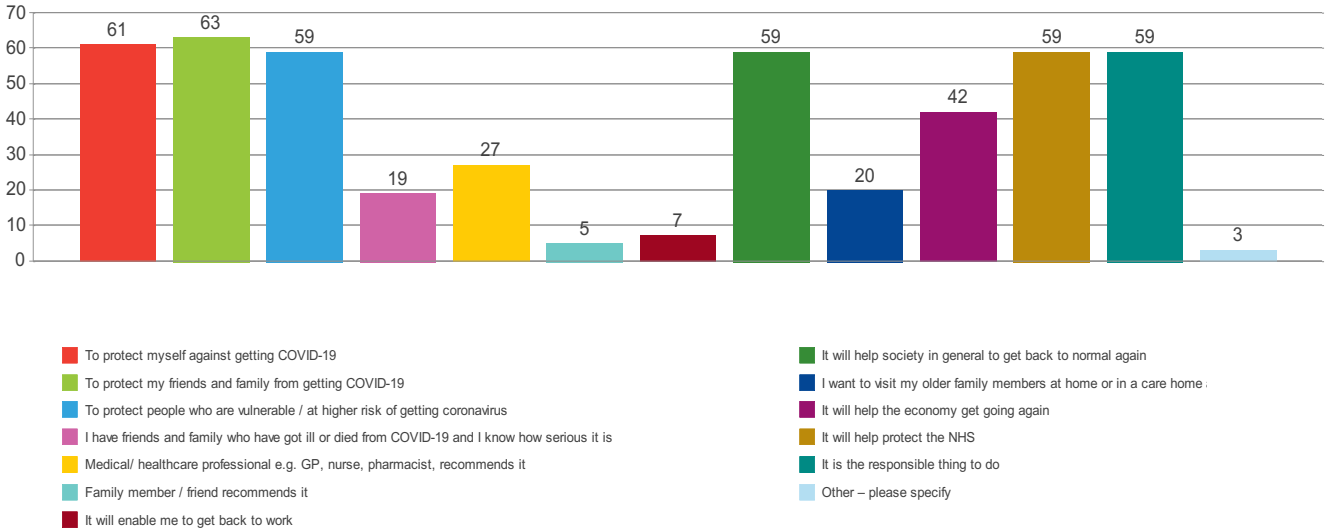
If you would not want to be vaccinated, what would be your motivation for refusing the vaccine?



There was an open text box following this question to allow participants who selected *other* as an option to specify their reasons for their selection, whilst 2 people selected *other* as a response, four comments were received. One person stated that *'With an ever mutating virus I'm not too sure we will ever be in a position where a vaccine will be effective enough without having to have an update one every year'* another stated that they are *'not willing to have the vaccine with the limited testing it has had and the varied different brands of it'*, another reported they are *'worried about any side effects which may only come to light in years ahead'* and the last reported that they *'don't think there has been enough research on either the virus or how effective the vaccine is, until that I may reserve judgement and avoid these current vaccines in use'*.

Participants were asked to select as many reasons why they decided to be vaccinated against Covid-19 as were applicable to their situation from a list of options. 61 people reported that they decided to get the vaccine *to protect myself against getting Covid-19*, 63 people selected *to protect my friends and family from getting Covid-19*, 59 people selected *to protect people who are vulnerable/at higher risk of getting coronavirus*, 19 people reported they *have friends and family who have got ill or died from Covid-19*, 27 people reported that *medical/healthcare professionals recommended it*, 5 people stated that *family member/friend recommends it*, 7 people stated that *it will enable me to get back to work*, 59 people felt that *it will help society in general to get back to normal again*, 20 people stated they *want to visit older family members at home or in a care home*, 42 people felt that *it will help the economy to get going again*, 59 people felt it *would help protect the NHS*, 59 people felt *it is the responsible thing to do*, and 3 people selected *other*.

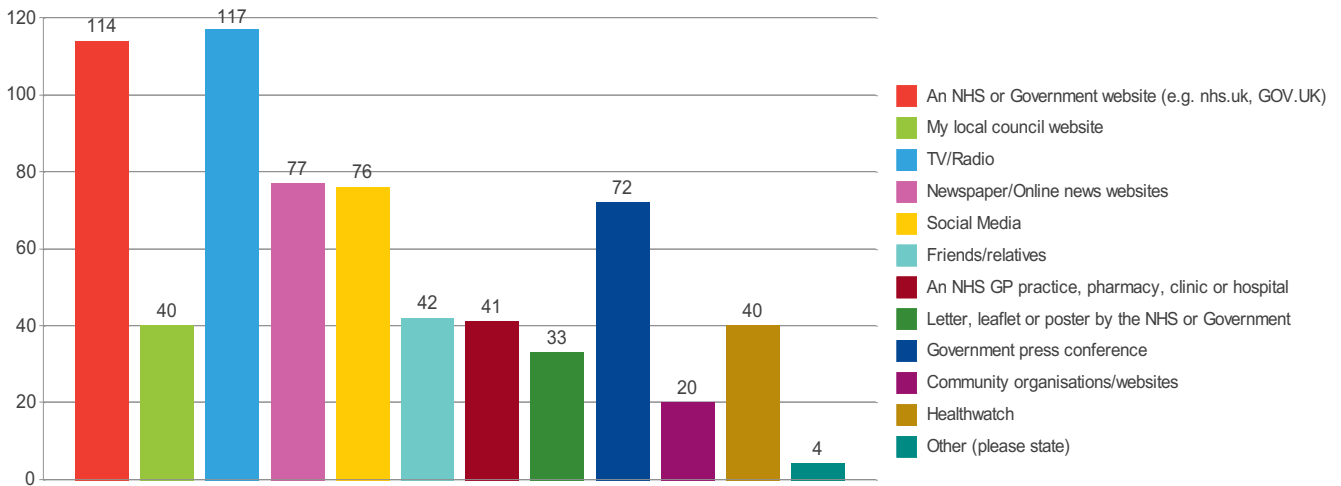
Which of the following are reasons why you decided to be vaccinated against COVID-19?



There was a subsequent open text box for people who had selected *other* to specify their reasons, whilst there were only 3 people who selected this option, 7 comments were received in response. 4 people made comments that related to building herd immunity to Covid-19, one person stated that the vaccine will *‘help society to build mechanisms to protect the entire human race’* another stated *‘each vaccine has a minimum level of take-up to reach herd immunity, so it is essential that as many people as possible are vaccinated’* and another felt that the vaccine is *‘part of society’s response to the emergence of a new virus’*. 3 people made comments relating to care responsibilities, one reported that *‘I am an unpaid carer for a family member’*, another stated they *‘care for a vulnerable person so important’* to have the vaccine, and another felt that they had *‘a duty to support the vulnerable adults I support within LA supported housing network’*.

Participants were asked where they had mainly seen or heard information about the Covid-19 vaccination and were asked to select as many as apply to their situation from a list of options. 117 people told us that *TV/radio* were their main sources of information, 114 people found information on *NHS or government websites*, 77 people selected *newspaper/online news websites*, 76 people found information from sources on *social media*, 72 people reported that they had followed the *government press conferences*, 42 people obtained information from *friends/relatives*, 41 people obtained information from their *GP practice, pharmacy, clinic or hospital*, 40 people selected their *local council website*, 40 people reported that *Healthwatch* were their main source of information, 33 people received a *letter, leaflet or poster by the NHS or government*, 20 people found information through *community organisations/websites*, and 4 people reported that they had found information from *other sources*.

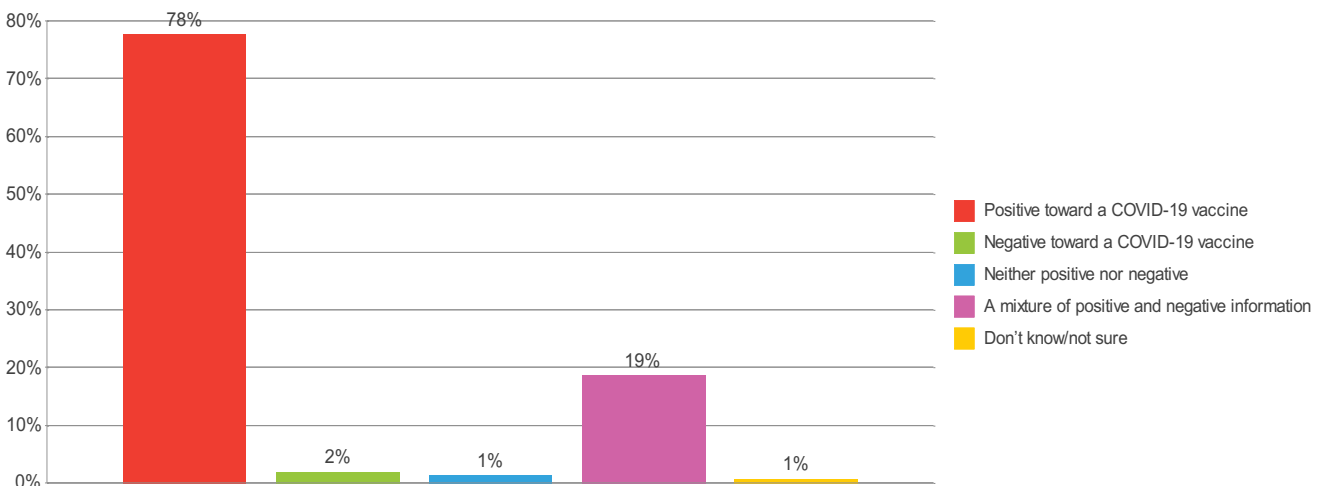
Where have you mainly seen or heard information about a COVID-19 vaccine recently?



The participants who selected other were asked to specify their answer in a separate open text box. We received 5 comments in response, one person received information through *‘relatives in the health industry’*, another had found information *‘through work’*, one person had received *‘direct email advice’*, another was a *‘member of GP surgery’s Patient Participation Group’*, and one other person used *‘google scholar to find peer reviewed papers on the vaccines’*.

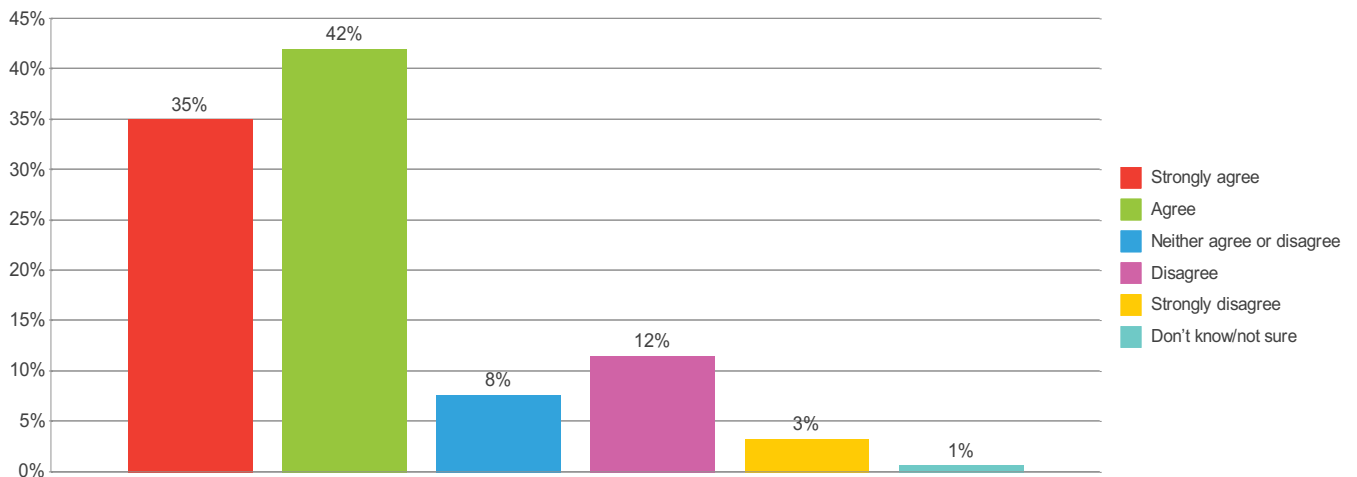
Participants were asked to rate how they had found the sentiment of the information that they had seen or heard recently and 78% reported that the information was *positive toward a Covid-19 vaccine*, 2% reported the information was *negative toward a Covid-19 vaccine*, 1% reported the information to be *neither positive nor negative*, 19% reported a *mixture of positive and negative information*, and 1% of respondents reported that they *don’t know/aren’t sure*.

Overall, was the information that you have seen or heard recently...

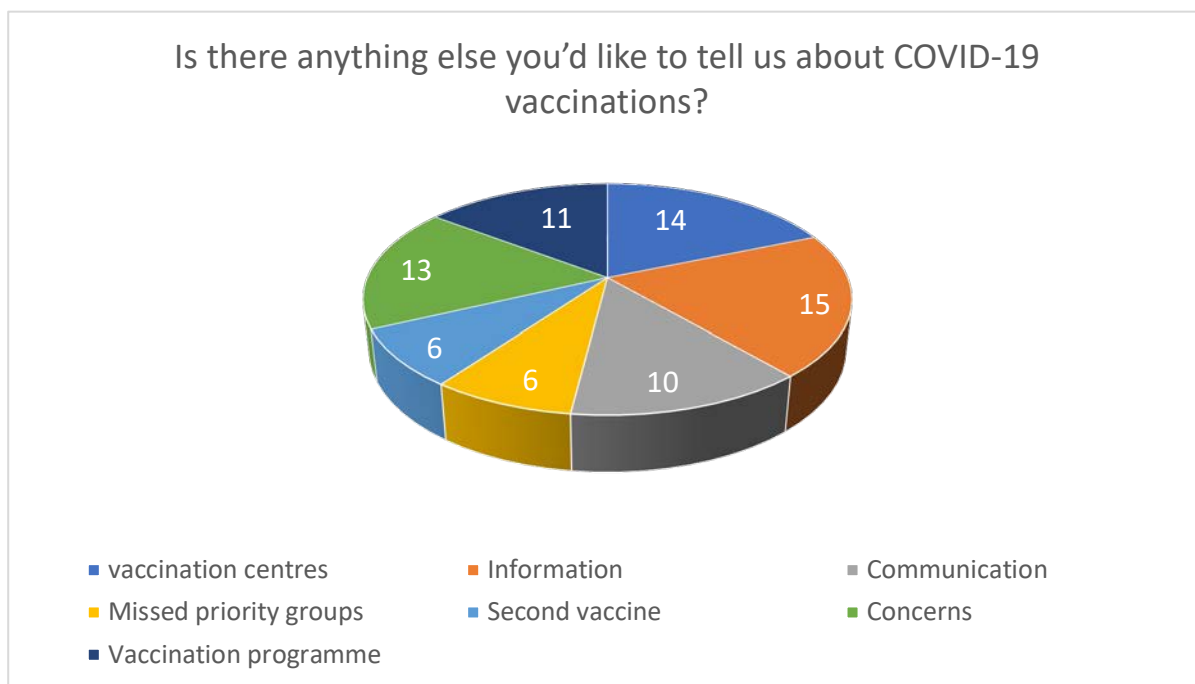


We asked respondents if they agreed that information from the NHS or government about the vaccine and its rollout has been communicated clearly and effectively. 42% of participants *agree* with this statement, 35% *strongly agree*, 12% *disagree*, 8% *neither agree nor disagree*, 3% *strongly disagree*, and 1% *don’t know/not sure*.

Do you agree that information from the NHS or the Government about the vaccine and its roll out has been communicated clearly and effectively?



Finally, we asked participants if there was anything else they would like to tell us about Covid-19 vaccinations, this was an open text box and a total of 75 comments were received. Comments have been grouped according to similarity and 7 themes emerged from the data.



The most frequently reported theme related to *information* about the vaccinations and this theme received 15 comments, one person felt that *'not enough is being done to shut down misinformation on social media'*, another felt that *'the benefits of delaying the 2nd jab have not been explained in clear enough ways'*. With regard to information about the local vaccination programme, one participant stated they *'would appreciate a daily update regarding how many vaccinations has taken place in Halton'*, another stated that they *'cannot find out which group I have been allocated to so don't know when we can expect to be called'* and another reported that *'it could be clearer who will get the vaccine, when and where'*

Vaccination centres received 14 comments, all of which were positive about the experience people had when receiving their vaccination. One participant reported that they were *'impressed with the efficiency at the Stadium'*

while another stated that *'everything went very smoothly, no waiting, very professional operation'* when they attended for their vaccine. One person felt that the vaccination programme locally is a *'very professional and efficient service by our Primary Care Network'*, another thought that *'using our GP's medical centre to administer the vaccine was brilliant. Very efficient and with minimum of fuss and waiting'*, and someone else *'was very impressed by the standards, the staff and volunteers were all extremely helpful, could not have been better'*.

13 people raised concerns in their comments regarding various issues, one person felt that *'more work needed on the anti-Vaccine group of people and general worriers who are unsure'*, and someone else felt that *'the websites that are allowing anti-vaccine and Covid deniers to post this dangerous misinformation should be forced to remove it'*. With regard to the vaccine itself one person stated they *'don't trust anything that has only been trialled for a short time'* another felt that *'the vaccine seems to be very rushed in its production - prompting doubts, while a third stated 'limited testing doesn't help to promote reassurances'*.

The vaccination programme locally was discussed by 11 respondents, one felt that *'Halton seems slow compared to people we know in Lancashire'* another stated that the programme *'needs be rolled out a lot faster'*, and a third stated they *'thought there was a strict order for the vaccination rollout, it seems not to be the case in Halton'*.

10 people discussed the communication they had about the vaccine, one person felt that *'it would be helpful if the local CCG/PCN could give better information about when people will be vaccinated'* and another stated *'communication from some local GP's in Halton has been poor'*.

6 people discussed the second vaccination in their comments, one person stated they feel that *'the gap between the two vaccinations needs to be shorter'*, and another felt that *'the second date for dose two should be given or you should be able to book it'*.

Missed priority groups were discussed by 6 people, one person stated that they *'have asthma and my husband has COPD, chronic diabetes and is morbidly obese, none of these conditions make us clinically vulnerable but we are at increased risk'* and another felt that *'groups who are working as key workers and have done all the way through the pandemic should be considered for the vaccine to keep them and their families safe and support the economy'*.

Summary and Conclusions

The findings show that the majority of people are positive about the Covid-19 vaccine and want to have it when they are offered it. The main reasons for this are to protect their friends and family, vulnerable people, and themselves from the Covid-19 virus.

There was exclusively positive feedback about the local vaccination centres and process from those that had already received their first Covid-19 vaccination, but these same respondents had concerns as they did not understand why the second vaccine was delayed for so long, that they may not receive their second appointment, or why they couldn't book the second appointment in advance. Feedback from those who had not yet received their first vaccine revealed similar concerns about being missed for their appointment, and not knowing how or when they will be contacted to make their first appointment. Participants also requested regular updates regarding the progression of the local vaccination programme.

The findings also showed that people have concerns about the consistency of information that is given through the various NHS sources and feel that some GP practices may not have the most recent information about the vaccine. Some are making comparisons with other areas as to progression of the vaccination programme, and others feel that the order of groups to be vaccinated is not being followed locally. People also have concerns about the side effects of the vaccine, the possible interaction it may have with other medication, and the speed with which the vaccine has been designed and produced.

Recommendations

- 1.** Provide clear information for local people as to the process for booking first or second vaccination appointments.
- 2.** Provide clear information about the methods that will be used to contact patients to book their vaccine appointment and reasons why patients can't book appointments for their second dose in advance.
- 3.** Provide clear information as to any reasons for the delay between the first and second dose. Ensure that patients given dates for second vaccinations are kept updated on any delays or changes of date or venue for the second dose.
- 4.** Provide regular updates about the progress of the vaccination programme including numbers already vaccinated, and the reasons why other areas may be progressing at different rates.
- 5.** Provide clear information regarding the reasons why patients can't book the appointment for their second dose in advance.
- 6.** Provide the public with clear information about the order that different groups will be called for their vaccine.
- 7.** Provide more information about the safety of the vaccine and about any potential interaction with other medications.
- 8.** Provide more information about any possible side effects of the vaccine.
- 9.** Ensure that information from all NHS and local government sources, is consistent, accurate and updated promptly when changes to national or local guidance are announced. Continue to use a wide range of methods to communicate with patients, making use good use of local groups and networks to cascade this information.

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Healthwatch Meeting feedback report – June 2021 HAB

Date	Meeting	Rep name	Notes /Actions
2021-04-19 00:00	Meeting - other Other Vol Sector Meeting Why are we attending this meeting?: Ad-hoc meeting	Dave Wilson	<p>Meeting Details</p> <p>Quarterly catch-up meeting with Halton Haven governencce team - see notes</p> <p>Catch-up meeting with the Quality Governance team at Halton Haven</p> <p>Main Issues: Halton Haven is currently without a consultant meaning they are limited in the type of patients that they are allowed to take in. This is an ongoing issue that is being monitored by the CCG</p> <p>Updated the Haven on our current work and mentioned the EOL steering group that we're involved in through the CCG. Viv Culleton sits in this for Halton Haven</p> <p>Action Points:At the moment I'm not sure.</p> <p>Concerns / Issues to note: The longer term worry must be about the sustainability of the Haven if it is only support half of the number of patients they can. Also a concern about the options for people at end of life in Halton.</p> <p>Any other comments / further action :None</p>

Date	Meeting	Rep name	Notes /Actions
2021-04-21 10:00	Meeting - Statutory Other NHS meeting Why are we attending this meeting?: Statutory Meeting (NHS/CCG/LA etc)	Dave Wilson	Meeting Details North West Boroughs EDS2 meeting/HW meeting Regular meeting with NWBH to catch up on EDS 2 and general stuff Update on EDS 2 and general update on NWBH complaints and general work Any other comments / further action :None

Healthwatch Meeting feedback report – June 2021 HAB

Date	Meeting	Rep name	Notes /Actions
2021-04-21 13:30	Meeting - other	Jude Burrows	Meeting Details Quarterly catch up with Whiston and St. Helens Hospitals and other local HW. Quarterly catch-up meeting between STHK and local Healthwatch Main Issues: Jude to add details Any other comments / further action : None

Healthwatch Meeting feedback report – June 2021 HAB

Date	Meeting	Rep name	Notes /Actions
<p>2021-04-26 18:30</p>	<p>Meeting - other</p> <p>Other NHS meeting</p> <p>Why are we attending this meeting?: Healthwatch meeting</p>	<p>Dave Wilson</p>	<p>Meeting Details</p> <p>Meeting with Stef Griffiths from Halton CCG. Ran through a short presentation on the EHQ pilot. We've offered the CCG the opportunity to work with us and set-up a section on EHQ for engagement with PPG's</p> <p>Meeting with Stef Griffiths from Halton CCG. Ran through a short presentation on the EHQ pilot. We've offered the CCG the opportunity to work with us and set-up a section on EHQ for engagement with PPG's</p> <p>Any other comments / further action :None</p>

Healthwatch Meeting feedback report – June 2021 HAB

Date	Meeting	Rep name	Notes /Actions
<p>2021-04-28 13:00</p>	<p>Meeting - Statutory</p> <p>Other NHS meeting</p> <p>Why are we attending this meeting?: Non-Statutory meeting (NHS/CCG/LA)</p>	<p>Dave Wilson</p>	<p>Meeting Details</p> <p>Halton Integrated Palliative and End of Life Care - Engagement and codesign event</p> <p>See notes</p> <p>Halton Integrated Palliative and End of Life Care - Engagement and codesign event</p> <p>Main Issues: Presentation of the engagement results and a couple of breakout meetings to discuss the findings</p> <p>Action Points:-</p> <p>Concerns / Issues to note: A lot of the same issues around communication and treating each person as an individual are coming up. This was the same 10 years ago when we did work around Dying Matters and compassionate communities</p> <p>Any other comments / further action :None</p> <p>Decisions at meeting: Feedback was given on the preferred priorities highlighted through the engagement process.</p> <p>T&F groups will be set-up to look at the priority issues.</p> <p>Further information will be sent out to the attendees. Then we can decide if its something for HWH to get involved in.</p>

Healthwatch Meeting feedback report – June 2021 HAB

Date	Meeting	Rep name	Notes /Actions
<p>2021-04-30 08:24</p>	<p>Meeting - Statutory HBC Adult Safeguarding Board Why are we attending this meeting?: Statutory Meeting (NHS/CCG/LA etc)</p>	<p>Dave Wilson</p>	<p>Meeting Details see notes Quarterly meeting of the HSAB Main Issues: General update from HSAB executive group Good update on Care Home resilience 22 permanent care homes with 722 bed Need for sustained funding for the sector Work taking place on what future models of care homes look like. Update on Brooker Centre - Weaver Ward - update on events in Summer 2020 Presentation and assurance on what has been put in place Any other comments / further action :None</p>

Healthwatch Meeting feedback report – June 2021 HAB

Date	Meeting	Rep name	Notes /Actions
<p>2021-05-04 13:09</p>	<p>Meeting - Statutory CCG Primary Care Commissioning</p>	<p>Paul Cooke</p>	<p>Meeting Details</p> <p>This is a joint Warrington and Halton CCG Commissioning Group. (WCCG&HCCG Commissioning and Service Development Group).</p> <p>The meeting was a start-up meeting to review and refresh the group's business Plan.</p> <p>Main Issues: 1. The Adults Tier 2 MDT Community Specialist Type 2 Diabetes Service will be provided as an addition to the existing Halton diabetes contract with each Halton trust. For each trust to provide this service for Halton it will require funding the additional roles of two Diabetic Service Nurses and two Diabetes Consultant part time remote support.</p> <p>2. Alcohol Care Teams -current funding is to be continued.</p> <p>3.The following areas were to be reviewed for future Programme : Frailty Healthy/livers/gastro Respiratory Cardiology Complex pain Maternity All Age Mental Health Obesity</p> <p>4. Horizon planning within the Integrated Care System was discussed. Areas included Long Corvid and Organ Damage from Covid.</p> <p>Action Points:No action as such, just a need to monitor proposals.</p> <p>Any other comments / further action :None</p>

Healthwatch Meeting feedback report – June 2021 HAB

Date	Meeting	Rep name	Notes /Actions
2021-05-07 11:42	Meeting - Statutory Other NHS meeting	Louise Delooze	<p>Meeting Details</p> <p>Attendance at Transition meeting CAMHS</p> <p>Transition meeting with CAMHS for young people transitioning to adult care</p> <p>Main Issues: During the meeting a highly complex case was discussed with a young person nearing adulthood (20 days away). This case involved an historic LAC from outside borough, due to the severity of the case and varied residential settings with numerous assessments (with medication prescribed) a lot of time was taken to compile the data "picture" with many gaps remaining. Halton Clinical Lead had a huge job to fact find and it required lots of investigative work behind the scenes.</p> <p>I asked the question (due to my inexperience of the working in CAMHS) does a detailed pro-forma, standardised form exist, which differing groups / CAMHS / other medical professionals complete that "follow the young person / client" ? Would this help if they ever cross over into differing boroughs / councils. This could detail from the professionals why there was the need for medication (sleep, depression, anxiety etc), therapies previously used and if successful, behaviour in placements etc. In this case it may have saved time / resources and aided continuing care.</p> <p>Carol-Anne has said this is a great item to raise and will take that as an action to her next managers meeting. There was the possibility this could not be shared due to data protection and the "RIO" system CAMHS use, as that too differs in areas.</p> <p>She hopes to have an answer at next meeting 1st June</p> <p>Any other comments / further action :St Helens CAMHS have recruited new staff but are still reporting a wait of 14-16 weeks from referral to assessment.</p>

Healthwatch Meeting feedback report – June 2021 HAB

			<p>Halton CAMHS reported that their staff continuity was enabling better caseload work and communication.</p> <p>Eating Disorders team mention that 6 nurses have left and this will possibly affect service.</p> <p>It was mentioned by the team a possibility of organising a parent group. Carol-Anne has hosted these previously with good results. The team on the call highlighted that sometimes the young person is happy with the service but parents feel their young person isn't supported enough - this may also be the fact that the parent feels unsupported and alone.</p> <p>This will be discussed at the next meeting.</p>
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Healthwatch Meeting feedback report – June 2021 HAB

Date	Meeting	Rep name	Notes /Actions
2021-05-10 21:17	Meeting - Statutory	Not given	Meeting Details Halton E&I Group meeting. Invited to present details of the Healthwatch England GP report. Any other comments / further action :None

Healthwatch Meeting feedback report – June 2021 HAB

Date	Meeting	Rep name	Notes /Actions
<p>2021-05-11 09:30</p>	<p>Meeting - Statutory WHH Patient Experience Committee Why are we attending this meeting?: Statutory Meeting (NHS/CCG/LA etc)</p>	<p>Dave Wilson</p>	<p>Meeting Details Regular meeting of the WHH Patient Experience Committee Main Issues: Need to look at producing a quarterly report on feedback around the Trust. Maternity Voice Partnership is appointing another Chair. The previous one had to withdraw due to personal commitments. Deafness Resource Centre were at the meeting for the first time today. Was that due to our Zoom session where we introduced them to WHH? Is this a recordable outcome? Some good conversations taking place at the meeting around patient experience. Action Points:See below - Should we follow up with Carers and HDP? Concerns / Issues to note: The meeting could end up very Warrington centric unless we can get the involvement, either directly or through us of the Carers Centre and the Disability Partnership Any other comments / further action :Had some issues with Teams and had to leave the meeting, but it was behind schedule at the time anyway.</p>

Healthwatch Meeting feedback report – June 2021 HAB

Date	Meeting	Rep name	Notes /Actions
<p>2021-05-12 13:00</p>	<p>Meeting - other</p> <p>Why are we attending this meeting?: Ad-hoc meeting</p>	<p>Dave / Louise</p>	<p>Meeting Details</p> <p>Invited to attend the PPG+ meeting to discuss the GP website report and the HWE Access to GPs report.</p> <p>No PCN attendance.</p> <p>Presentation welcomed by PPG members in attendance</p> <p>Invited to attend the PPG+ meeting to discuss the GP website report and the HWE Access to GPs report.</p> <p>No PCN attendance.</p> <p>Presentation welcomed by PPG members in attendance</p> <p>Main Issues: We need to send the report to the PCN leads for information</p> <p>Action Points: We said that we would be willing to discuss our report with any GP practices that were interested.</p> <p>Concerns / Issues to note: Non attendance at the meeting by the PCNs. No involvement from Runcorn PPGs</p> <p>Any other comments / further action :None</p>

Healthwatch Meeting feedback report – June 2021 HAB

Date	Meeting	Rep name	Notes /Actions
2021-05-13 10:44	Meeting - Statutory Why are we attending this meeting?: Non-Statutory meeting (NHS/CCG/LA)	Louise Delooze	Meeting Details Attendance at PPG+ meeting Any other comments / further action :None

Healthwatch Meeting feedback report – June 2021 HAB

Date	Meeting	Rep name	Notes /Actions
2021-05-13 15:00	Meeting - other Why are we attending this meeting?: Ad-hoc meeting	Dave Wilson	<p>Meeting Details</p> <p>Meeting with Becky from White Bear to discuss the final stages before ourupdtaed websnsite goes live.</p> <p>Meeting with Becky from White Bear to discuss the final stages before ourupdtaed website goes live.</p> <p>Main Issues: Date set of 28 May for new website to go live</p> <p>Any other comments / further action :None</p>

Healthwatch Meeting feedback report – June 2021 HAB

Date	Meeting	Rep name	Notes /Actions
2021-05-14 07:32	Meeting - other VCFSE Meeting	Not given	<p>Meeting Details</p> <p>Attendance at Matt Robert's VCFSE Meeting</p> <p>Andy Davies (Halton & Warrington CCG) explaining what ICSs (Integrated Care Systems) are. Halton Borough Council’s Public Health Team talking about how the VCFSE can support the Self Isolation agenda.</p> <p>Grace Grange (also HBC PHT) on the part VCFSE groups in Halton can play in the ongoing provision of Covid Testing.</p> <p>Main Issues: https://www3.halton.gov.uk/Pages/health/selfisolation.aspx - We can promote this for the self isolation support and requirements in addition to the Public Health emergency Support line : If you need emergency support call 0151 907 8363 Monday – Friday, 8am – 6pm</p> <p>All of the information on rapid no-symptom testing including where to get tests from and FAQs can be found at www.halton.gov.uk/smart</p> <p>A new nasal only swab test is being released, which should result in more people wanting to take the test. I have contacted Grace.Grange@halton.gov.uk to include me on any updates regarding this.</p> <p>Action Points:Details of a Youth Group restarting at Transform Church in conjunction with "Youth by the Park". We can discuss at the next team meeting how / who will contact Penny Stradling. Jude has been in contact recently with Healthwatch Warrington to discuss Youth recruitment - therefore Jude may want to take this on but Irene or myself can do this also if not.</p> <p>Any other comments / further action :None</p>

Healthwatch Meeting feedback report – June 2021 HAB

Date	Meeting	Rep name	Notes /Actions
2021-05-20 09:45	Meeting - Statutory CCG Primary Care Commissioning Why are we attending this meeting?: Statutory Meeting (NHS/CCG/LA etc)	Paul Cook	<p>Meeting Details</p> <p>Standard PCCC Meeting which covered Risk Report, Finance, Core Contract Review and Transformation Overview.</p> <p>Standard PCCC Meeting which covered Risk Report, Finance, Core Contract Review and Transformation Overview.</p> <p>Main Issues: 1. Finance Officer outlined the current position, the bottom line being a £104k overspend. Next year's finance plan is due for submission on 6th May.</p> <p>2. The Risk Register was updated based on the meeting's discussions. The CCG Primary Care Team have been having and will continue with ongoing discussions with PCNs around Conflicts of Interest, which will provide assurance to this committee. Work plans and joint work will also be discussed.</p> <p>3. It was noted that there was no PCN Representation at the meeting. Invitations will be sent to Clinical Directors to get back to business as usual. Need to clarify the Terms of Reference and to include the new ICS system changes.</p> <p>4. The transformation Review discussions covered re-establishing Care Navigation and that a Digital Inclusion Team had been established. It was noted that a "Vaccine Bus" had been set up with the first visit at Upton Rocks in Widnes and one planned for the Refugee centre at the Daresbury Hotel.</p> <p>Action Points:Subject to HAB approval, maybe contact Sarah Vickers about helping with the Digital Inclusion Team.</p> <p>Concerns / Issues to note: The ICS plans are moving behind the scenes and I think we need to request our inclusion in discussions.</p> <p>Any other comments / further action :Need to discuss ICS plans and our involvement at the next HAB Meeting</p>

Healthwatch Meeting feedback report – June 2021 HAB

Date	Meeting	Rep name	Notes /Actions
2021-05-26 10:30	Meeting - other	Not given	Meeting Details Volunteer get togwether at Foundry House as part of Volunteers Week - 1 week early! Any other comments / further action :None

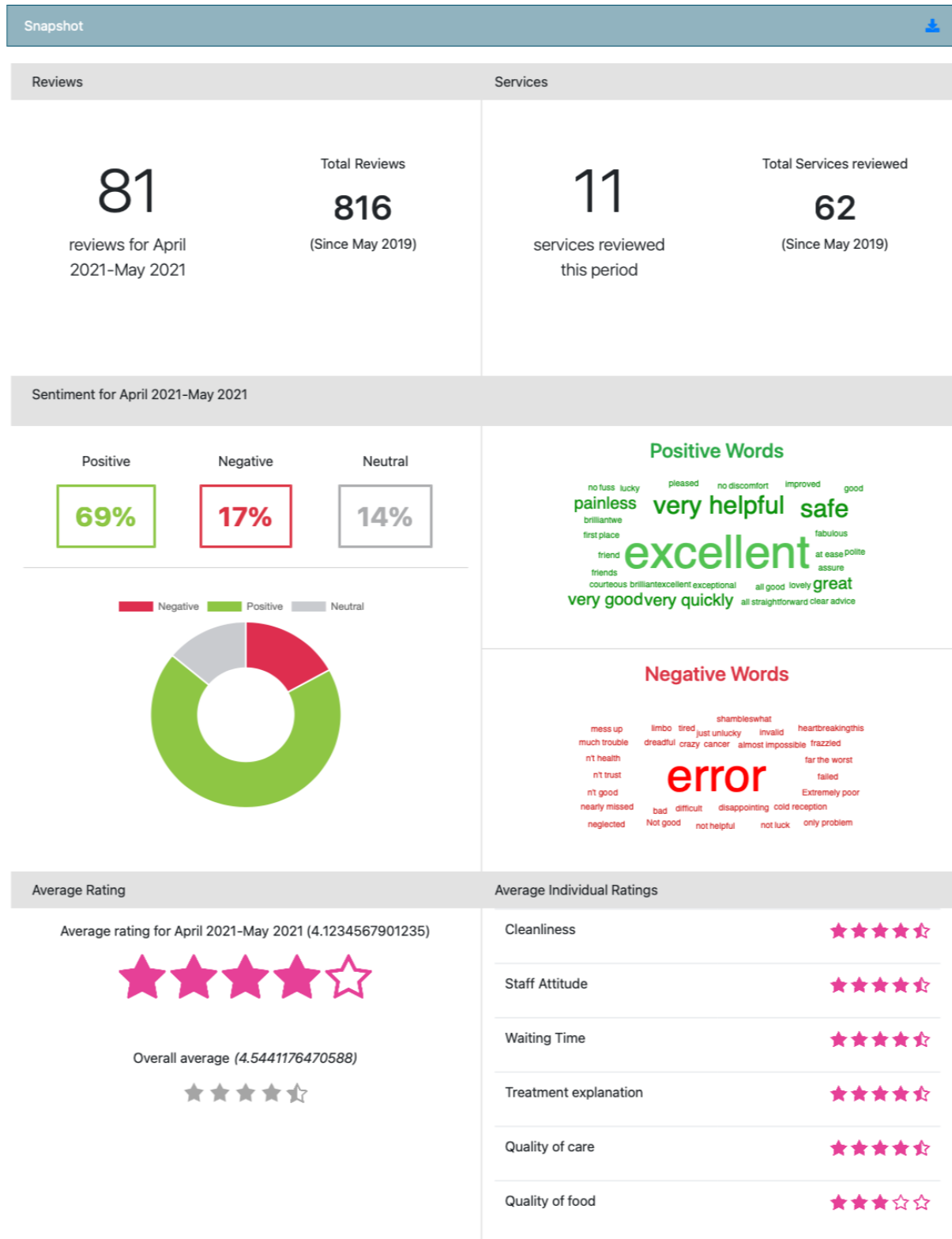
Healthwatch Meeting feedback report – June 2021 HAB

Date	Meeting	Rep name	Notes /Actions
<p>2021-05-26 13:30</p>	<p>Meeting - other</p> <p>Healthwatch England Meetings</p> <p>Why are we attending this meeting?: Healthwatch meeting</p>	<p>Not given</p>	<p>Meeting Details</p> <p>Engagement meeting with Healthwatch England and other HW.</p> <p>Healthwatch week (9th-12th Nov) Contact Hollie Pope to join planning workshop.</p> <p>Planning for a return to face to face engagement</p> <p>Jennifer Clark - now Engagment Lead at HWE</p> <p>Concerns / Issues to note: Healthwatch week (9th-12th Nov) Contact Hollie Pope to join planning workshop.</p> <p>Any other comments / further action :None</p>

Agenda Item 6

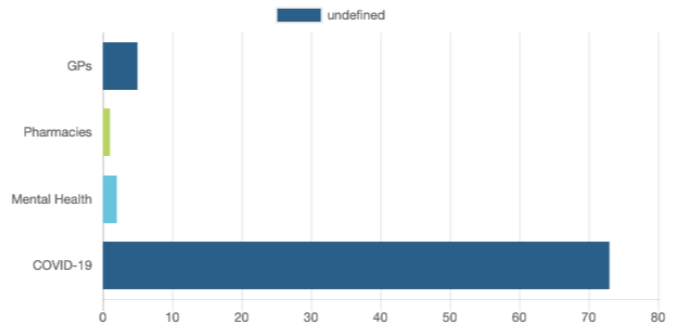
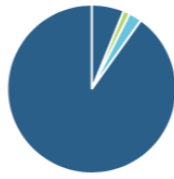
Intelligence & Feedback reports

Healthwatch Informatics Centre - Intelligence Report April and May 2021



Categories ↓

■ GPs
 ■ Pharmacies
 ■ Mental Health
 ■ COVID-19



Search for Category

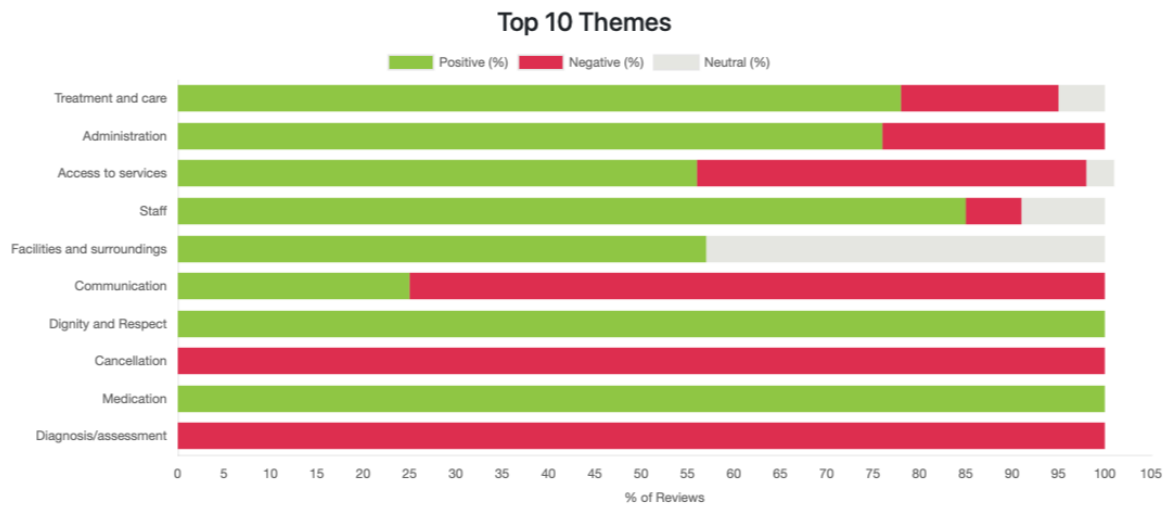
>	Category	Count	Rating	Positive	Negative	Neutral	Subcategories
+	GPs	5	☆☆☆☆☆	0%	60%	40%	
+	Pharmacies	1	☆☆☆☆☆	0%	0%	100%	
+	Mental Health	2	☆☆☆☆☆	0%	100%	0%	
+	COVID-19	73	☆☆☆☆☆	77%	12%	11%	

Reviews

Services ↓							
<input type="text" value="Search for Service"/>							
>	Service	Service Type	Reviews	Rating	Positive	Negative	Neutral
+	Covid-19 Vaccination Centre - Widnes (The Stadium)		65	★★★★★	78%	14%	8%
+	Appleton Village Pharmacy - Covid Vaccinations		4	★★★★★	75%	0%	25%
+	Covid-19 Vaccination Centre - Runcorn (Brindley)		3	★★★★★	67%	0%	33%
+	Brooker Centre		2	★☆☆☆☆	0%	100%	0%
+	Appleton Village Surgery		1	★★★★★	0%	0%	100%
+	Bevan Group Practice (Beaconsfield)		1	★☆☆☆☆	0%	100%	0%
+	Grove House Practice		1	★☆☆☆☆	0%	100%	0%
+	Newtown Health Care Centres		1	★☆☆☆☆	0%	100%	0%
+	Weaver Vale Practice		1	★★★★★	0%	0%	100%
+	Tesco Instore Pharmacy		1	★★★★★	0%	0%	100%
+	Covid-19 Vaccination Centre - Totally Wicked Stadium (St Helens)		1	★☆☆☆☆	0%	0%	100%

Themes within the feedback received.

Themes ↓



>	Theme	Count	Positive	Negative	Neutral	Subthemes
+	Treatment and care	64	78%	17%	5%	Sub-Themes >
+	Administration	50	76%	24%	0%	Sub-Themes >
+	Access to services	36	56%	42%	3%	Sub-Themes >
+	Staff	34	85%	6%	9%	Sub-Themes >
+	Facilities and surroundings	7	57%	0%	43%	Sub-Themes >
+	Communication	4	25%	75%	0%	Sub-Themes >
+	Dignity and Respect	4	100%	0%	0%	Sub-Themes >
+	Cancellation	2	0%	100%	0%	Sub-Themes >
+	Medication	2	100%	0%	0%	Sub-Themes >
+	Diagnosis/assessment	1	0%	100%	0%	Sub-Themes >

Healthwatch Halton Priorities Survey 2021- 2022

SURVEY RESPONSE REPORT

09 March 2021 - 14 June 2021

PROJECT NAME:

What do you think our priorities should be for 2021-22?

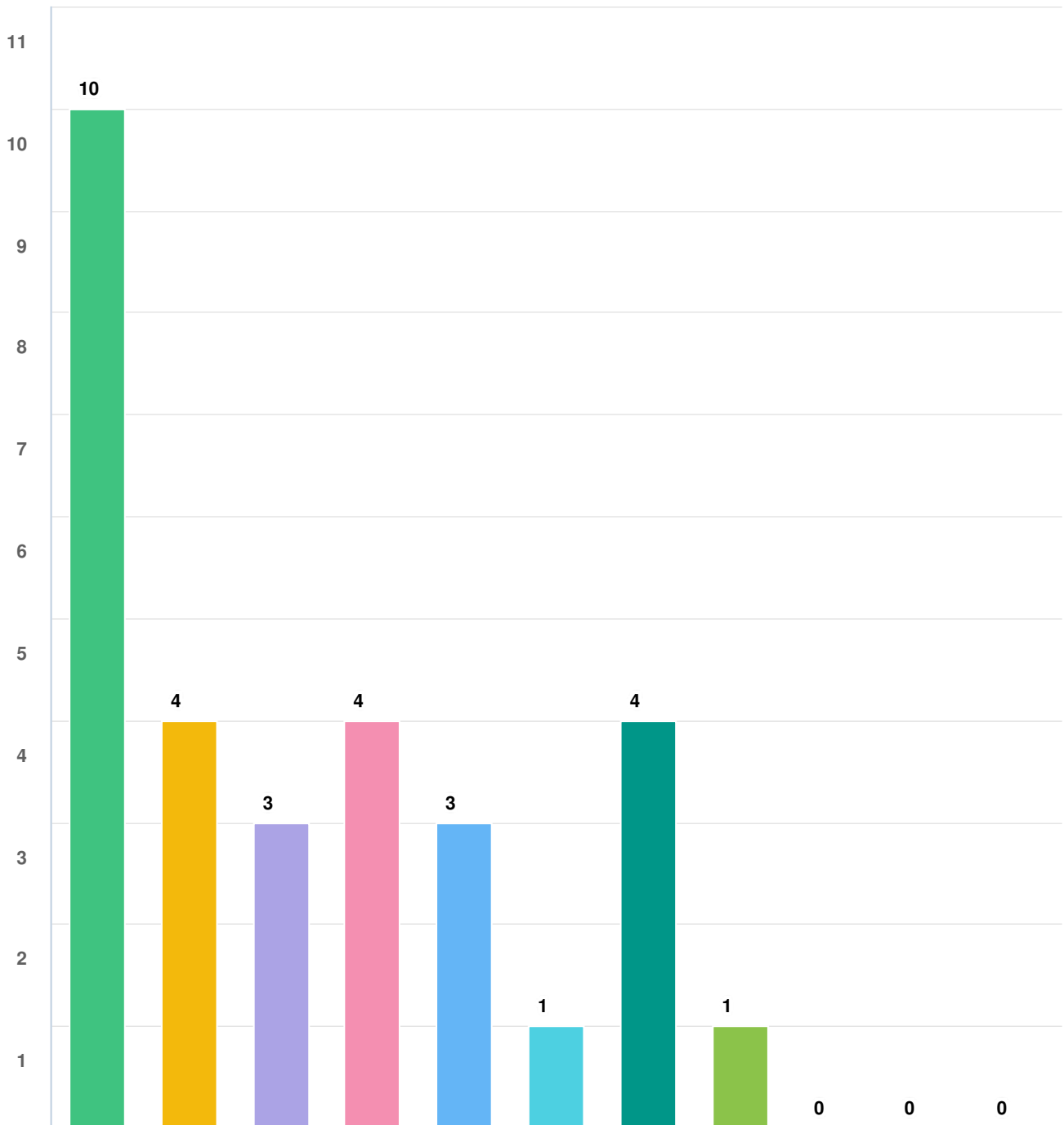


Responses to the Healthwatch priorities survey on EQH



SURVEY QUESTIONS

Q1 Please select the THREE topics which are most important to you from the list below:



Question options

- GP Practices
 ● Hospitals
 ● Dentistry
 ● Social Care; including Care and Nursing Homes
 ● Mental Health
- Community Health Care Services
 ● Urgent or Emergency Care
 ● Other (please specify)
 ● Maternity services
- Pharmacy
 ● COVID-19

Mandatory Question (10 response(s))

Question type: Checkbox Question

Q2 | GP Practice - out of the topics below, please rank which issues matter or concern you most: (1- highest importance)

OPTIONS	AVG. RANK
Access to GP - getting an appointment	2.10
Access to GP - triage process	3.25
Quality of care	3.43
Access to GP - Online appointments	3.86
Access to a GP - lack of face to face appointments	4.22
Referrals	5.86
Communication	5.86
Prescriptions	6.86
Staff attitudes	6.88

*Optional question (10 response(s), 0 skipped)
Question type: Ranking Question*

**Q3 | Dentistry - out of the topics, below please rank which issues matter or concern you most:
(1- highest importance)**

OPTIONS	AVG. RANK
Access to NHS Dentists	2.00
Refusal of NHS dental treatment with offer of private treatment	4.00
Quality of care	4.00
Being listened to	4.00
Choice	4.67
Access to Private Dentists	5.00
Charges	6.00
Staff attitudes	6.33

Optional question (3 response(s), 7 skipped)

Question type: Ranking Question

Q4 | Social Care including Care and Nursing Homes - out of the topics, below please rank which issues matter or concern you most: (1- highest importance)

OPTIONS	AVG. RANK
Quality of Care	1.00
Care homes	4.00
Choice	4.00
Being listened to	4.67
Communication	4.75
How to arrange social care assessment	5.00
Access to services	5.33
Nursing homes	6.00
Social workers	7.67
Supported living	9.00
Placements	9.67

*Optional question (4 response(s), 6 skipped)
Question type: Ranking Question*

Q5 | Mental Health - out of the topics below, please rank which issues matter or concern you most: (1- highest importance)

OPTIONS	AVG. RANK
Quality of care	1.00
Length of waiting times	1.67
Being listened to	2.00
Lack of support or being discharged from services during the pandemic	4.00
Referrals to Mental Health Services from GPs	4.50
Choice	5.00
Changes of medication without sufficient support being in place	6.00
Communication between services	6.00
Virtual appointments rather than face to face	6.33
Communication between staff and patients	7.00
Access	8.00
Patient Records	8.00
Barriers to accessing repeat prescriptions for mental health needs	11.00

Optional question (3 response(s), 7 skipped)

Question type: Ranking Question

Q7 | Community Health Care Services - out of the topics below, please rank which issues matter or concern you most: (1- highest importance)

OPTIONS	AVG. RANK
Access to NHS 111	1.00
Access to transport for vulnerable patients	2.00
Access to community nursing services	3.00

Optional question (1 response(s), 9 skipped)
Question type: Ranking Question

Q8 | Urgent and Emergency Care - out of the topics below, please rank which issues matter or concern you most: (1- highest importance)

OPTIONS	AVG. RANK
Length of waiting times	2.25
Access directly to A&E	3.00
Choice	4.25
Quality of Care	4.50
Communication between staff and patients	5.00
Being Listened to	5.00
Access via NHS 111	5.50
Inappropriate signposting to A&E	6.50

Optional question (4 response(s), 6 skipped)
Question type: Ranking Question

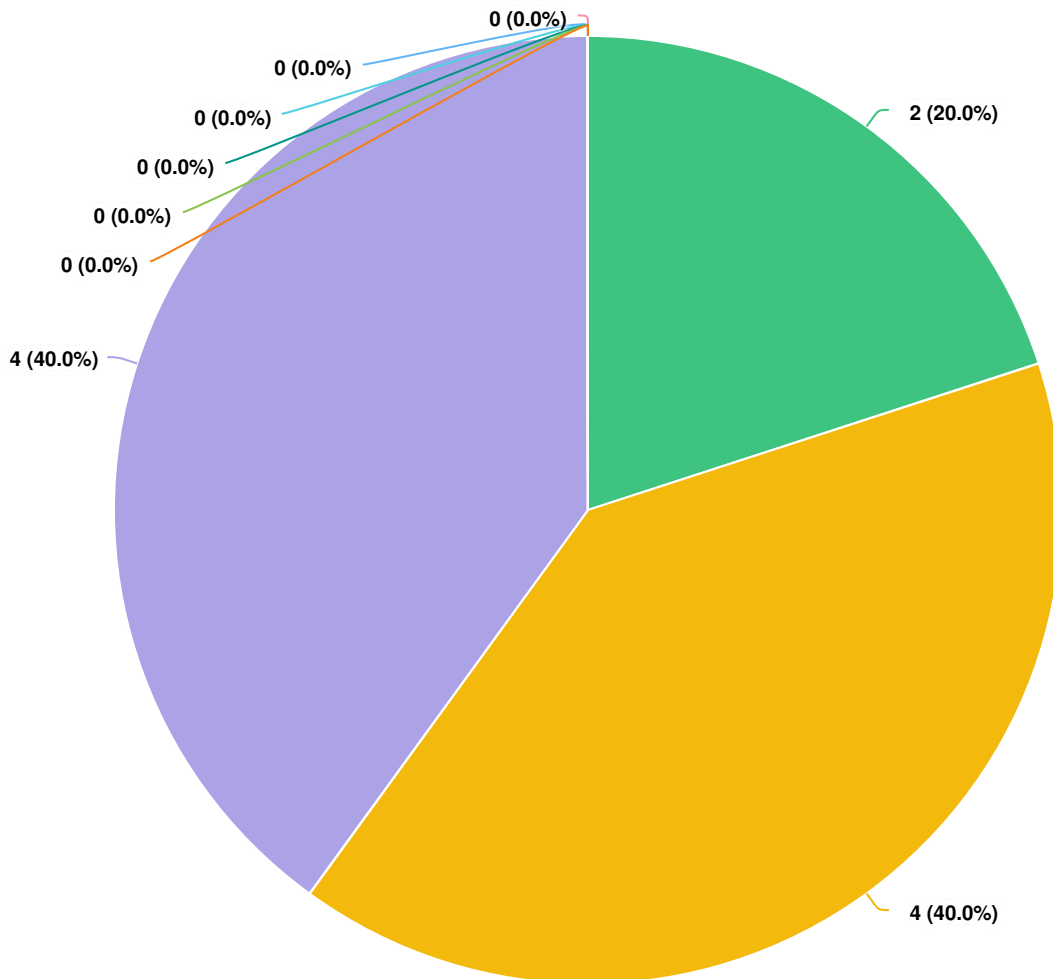
Q9 | Hospitals - out of the topics below, please rank which issues matter or concern you most: (1- highest importance)

OPTIONS	AVG. RANK
Communication between staff and patients	2.67
Quality of care	3.00
Delayed cancer treatment	3.33
Being listened to	4.00
Treatment cancellation	4.00
Appointment cancellation	4.50
Staff attitudes	4.50
Hospital discharge - Lack of care packages or support arranged at home	5.00
Access	6.00
Hospital discharge - to step down care	6.50
Hospital discharge - Notification to GPs	8.50
Hospital discharge - to home	9.00

Optional question (4 response(s), 6 skipped)

Question type: Ranking Question

Q10 What age group are you in?

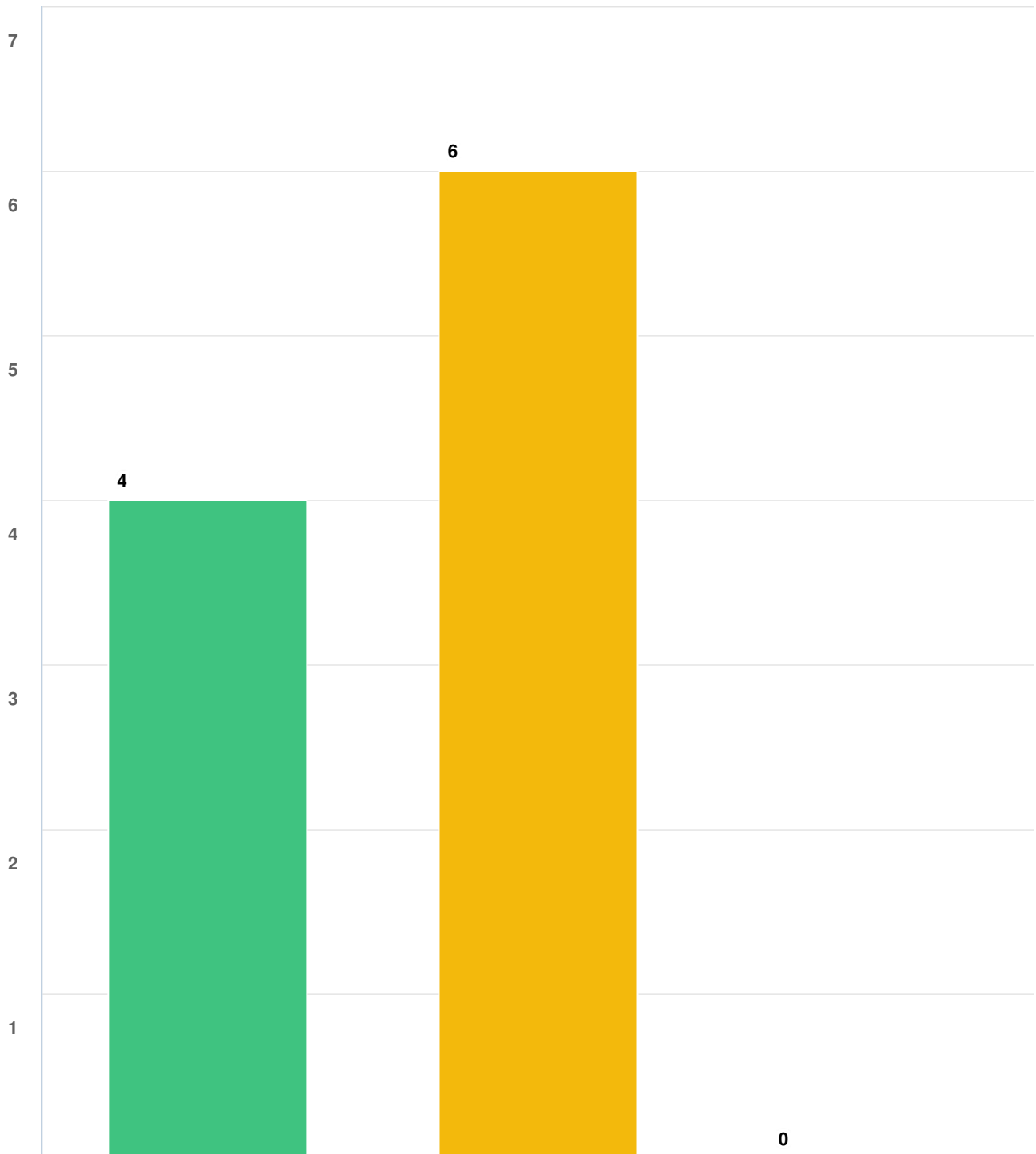


Question options

- 25 to 49 years
- 50 to 64 years
- 65 to 79 years
- 0 to 12 years
- 13 to 15 years
- 16 to 17 years
- 18 to 24 years
- 80+ years
- Prefer not to say

Optional question (10 response(s), 0 skipped)
Question type: Dropdown Question

Q11 Do you have a disability?



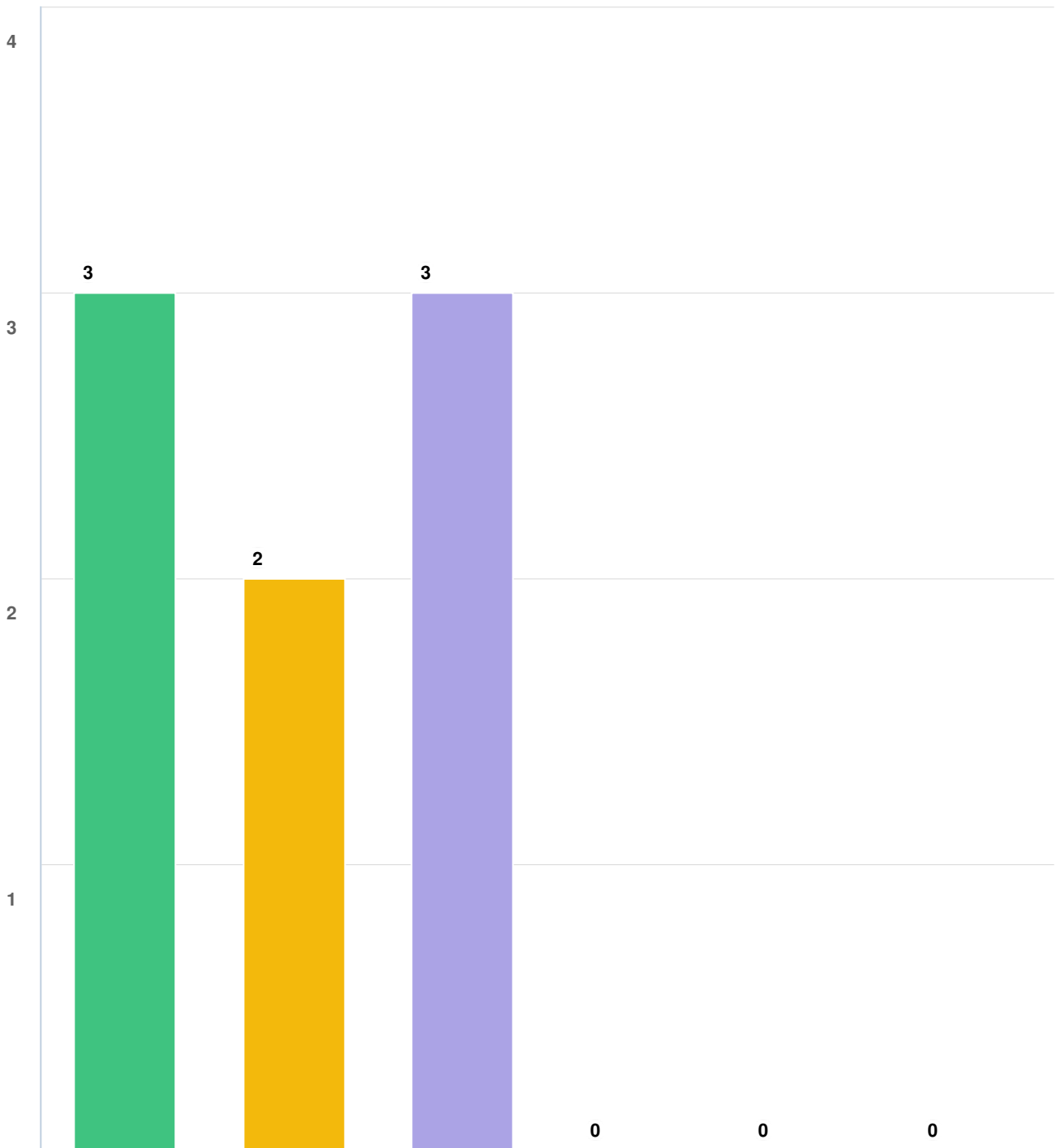
Question options

- Yes
- No
- Prefer not to say

Optional question (10 response(s), 0 skipped)

Question type: Checkbox Question

Q12 If 'Yes' what condition(s)?



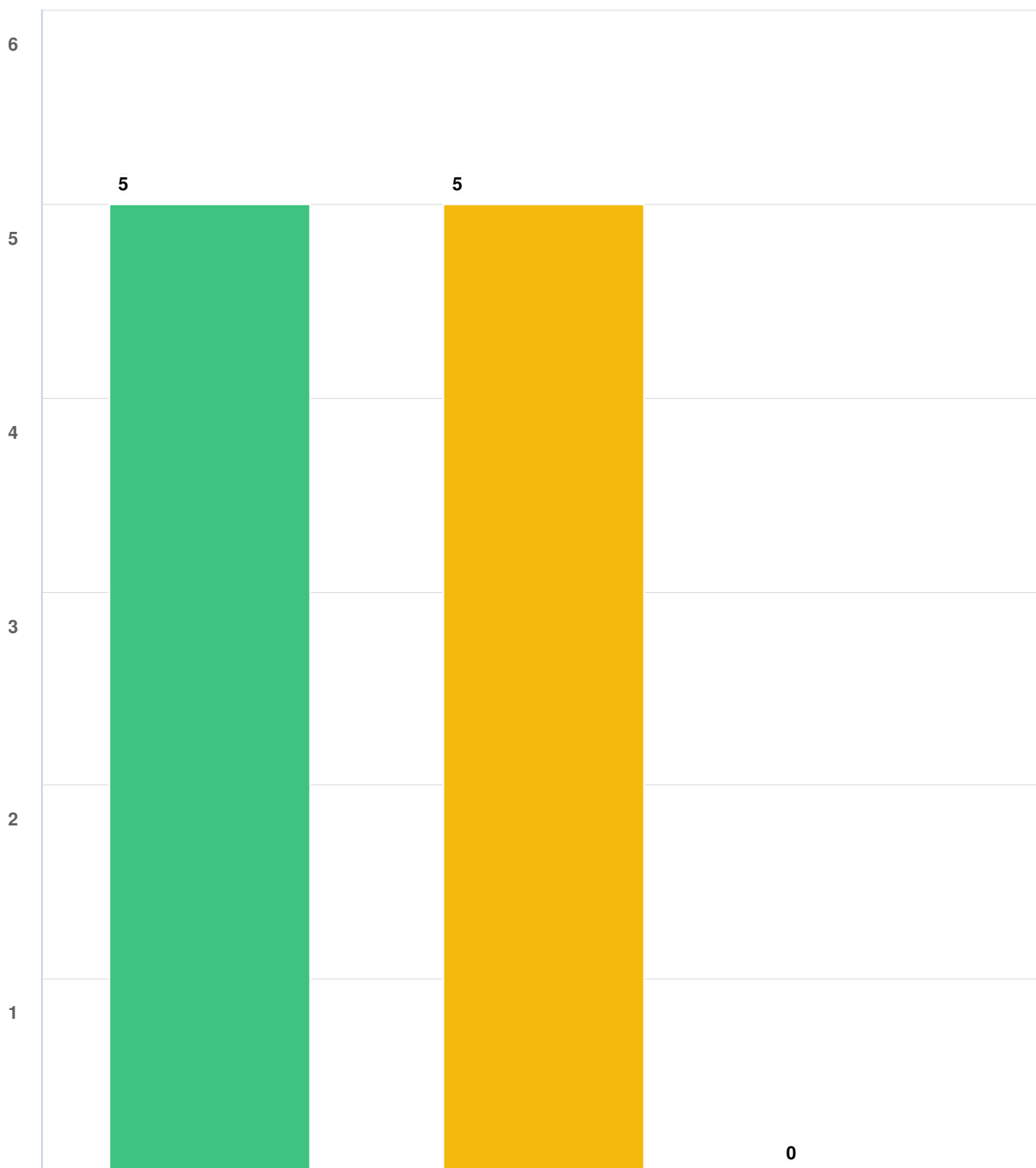
Question options

- Physical or mobility impairment
- Sensory impairment
- Long term condition
- Learning Disability
- Mental health condition
- Other (please specify)

Optional question (4 response(s), 6 skipped)

Question type: Checkbox Question

Q13 Do you have a long term condition?

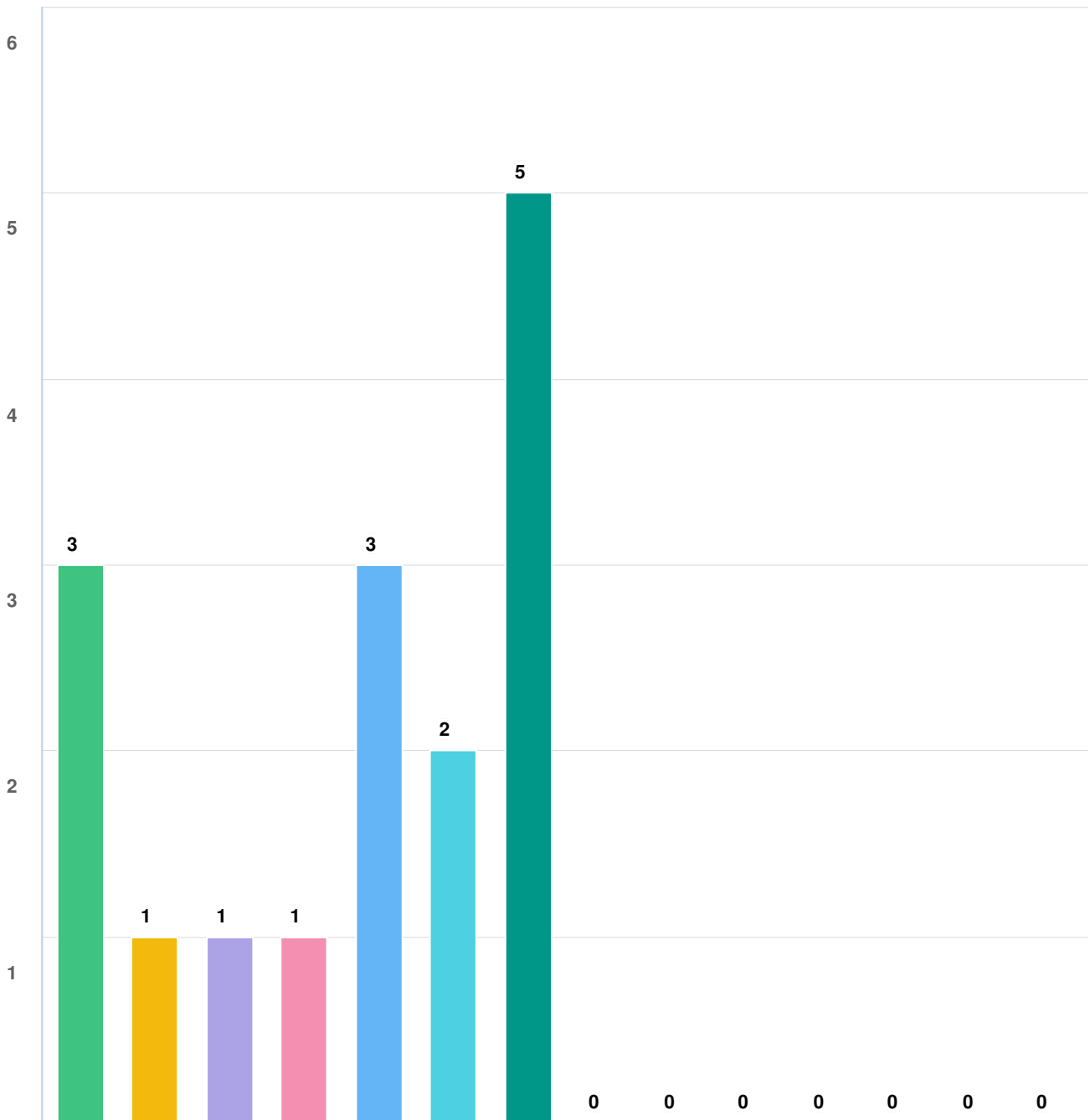


Question options

- Yes
- No
- Prefer not to say

*Optional question (10 response(s), 0 skipped)
Question type: Checkbox Question*

Q14 If 'Yes' what condition(s)?



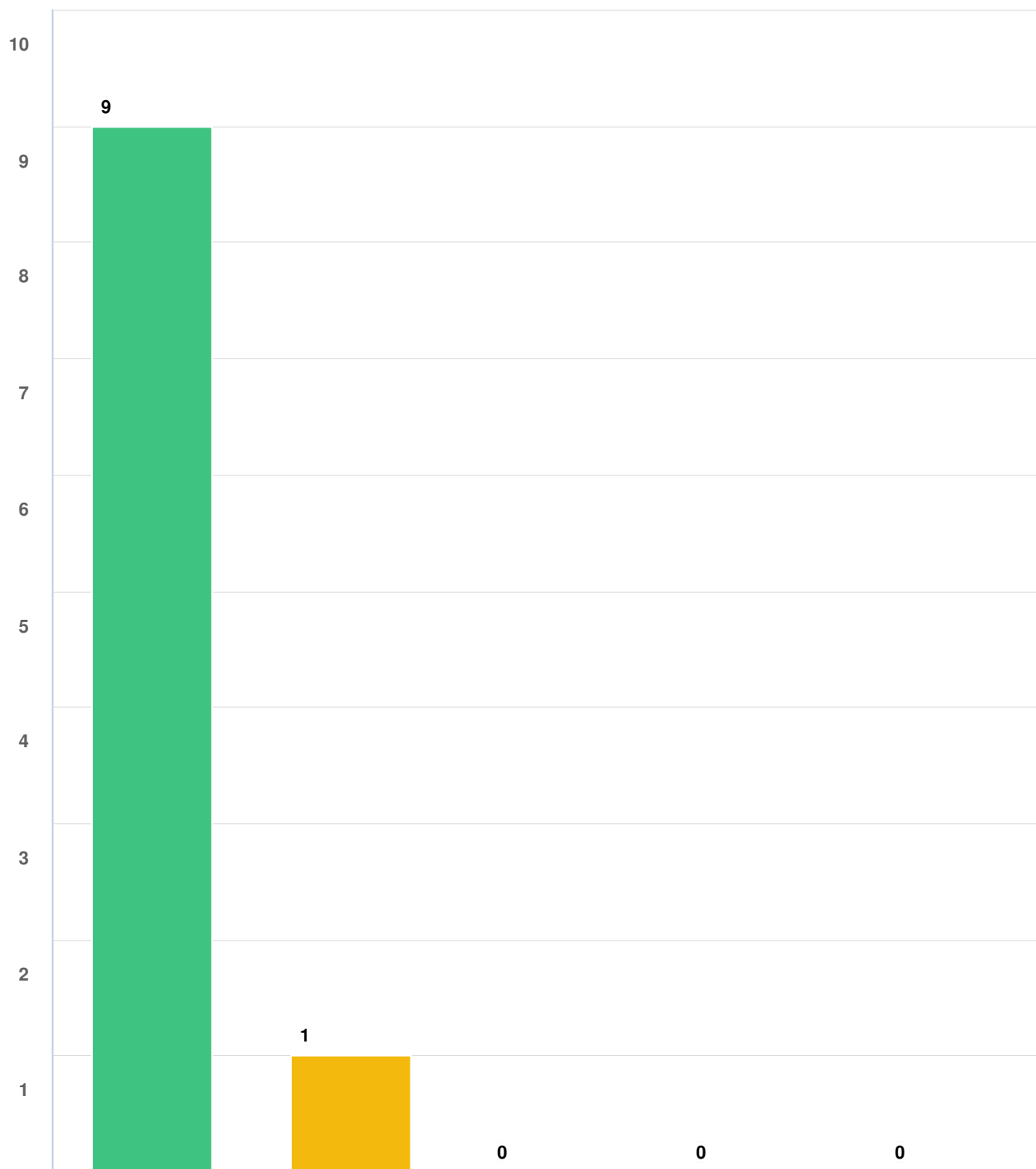
Question options

- Asthma, COPD or respiratory condition
 ● Cardiovascular condition (including stroke)
● Chronic kidney disease
- Deafness or severe hearing impairment
 ● Diabetes
● Hypertension
● Musculoskeletal condition
- Blindness or severe visual impairment
 ● Cancer
● Dementia
● Epilepsy
● Learning Disability
- Mental health condition
 ● Other (please specify)

Optional question (5 response(s), 5 skipped)

Question type: Checkbox Question

Q15 What is your gender?

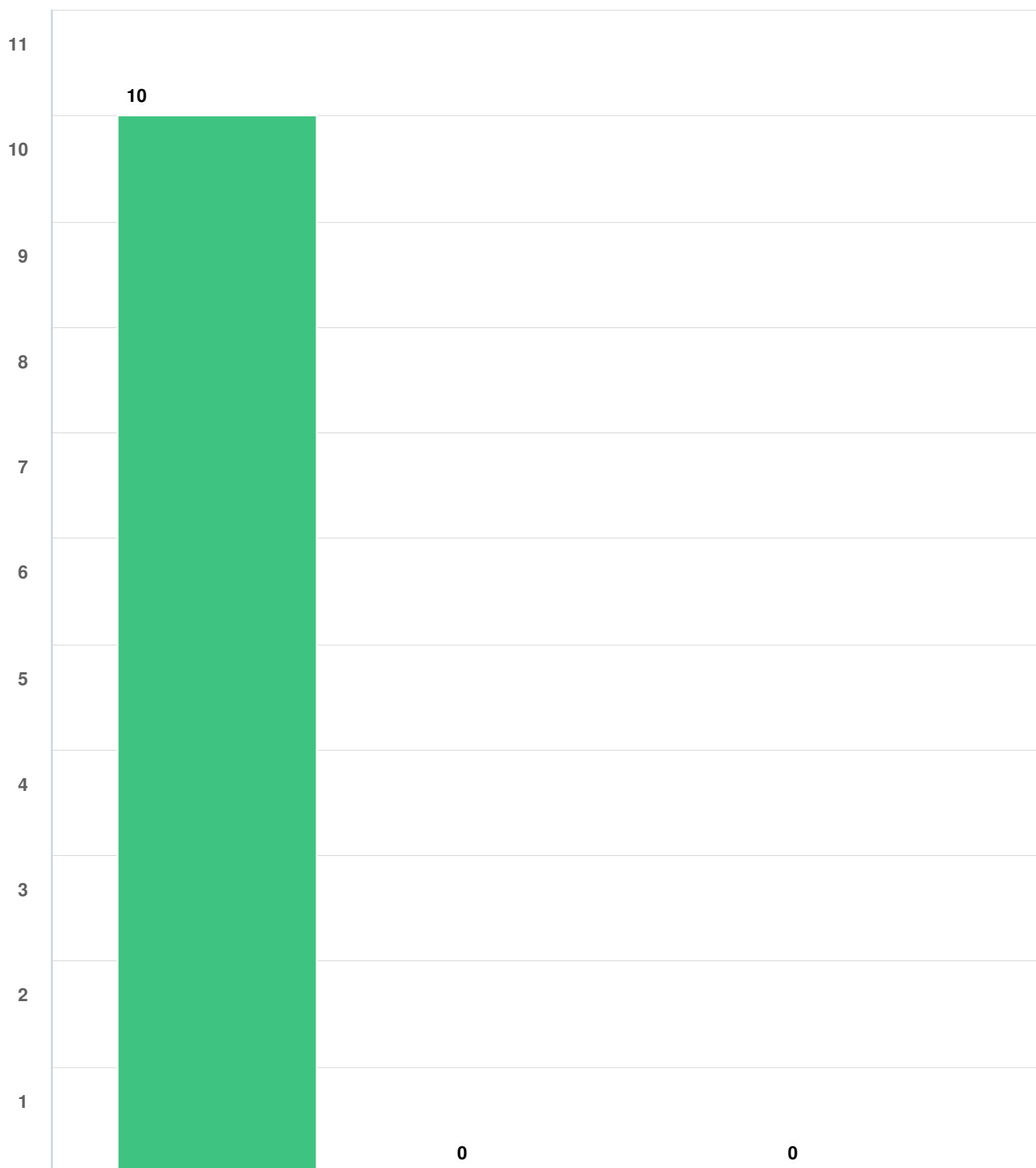


Question options

- Woman
- Man
- Non-binary
- Intersex
- Prefer to self-describe

Optional question (10 response(s), 0 skipped)
Question type: Checkbox Question

Q16 Is your gender the same as the sex you were assigned at birth?



Question options

- Yes
- No
- Prefer not say

Optional question (10 response(s), 0 skipped)

Question type: Checkbox Question

Q17 What is your sexual orientation?



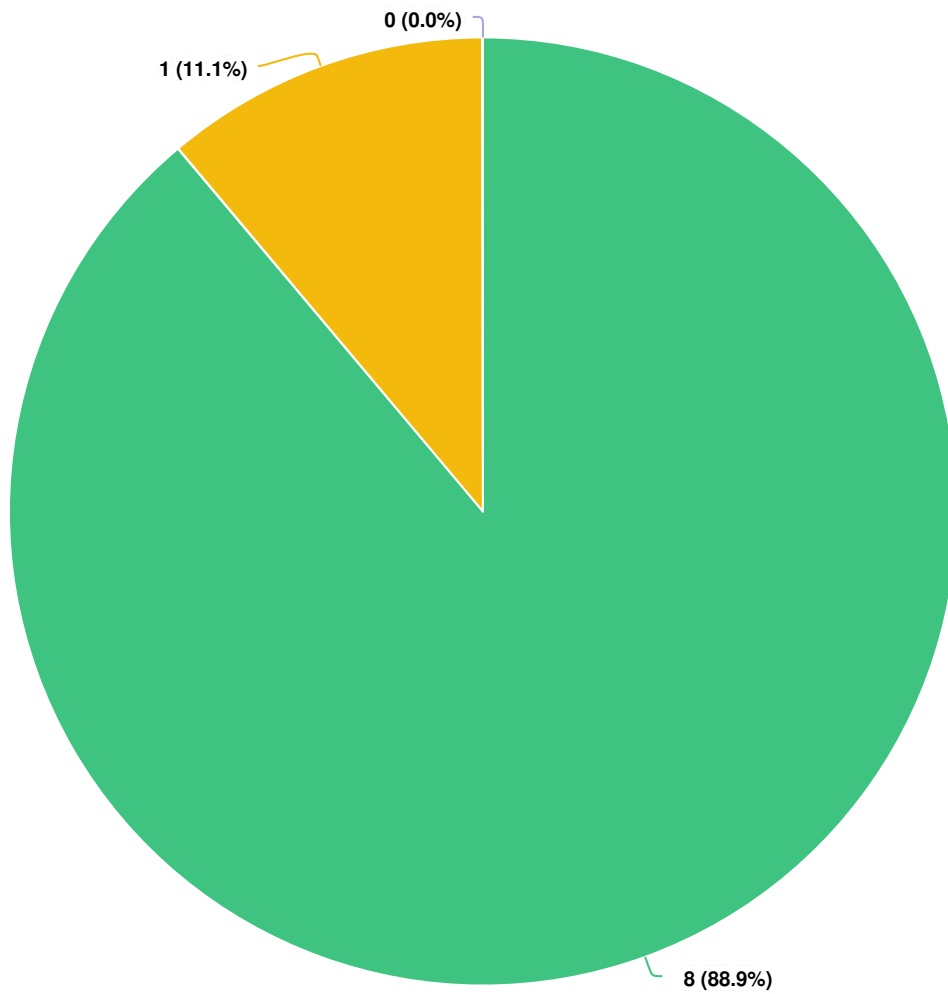
Question options

- Heterosexual / Straight
- Asexual
- Bisexual
- Gay man
- Lesbian / Gay woman
- Pansexual
- Prefer not to say
- Prefer to self-describe

Optional question (9 response(s), 1 skipped)

Question type: Checkbox Question

Q18 | Would you like to receive our regular e-bulletin?



Question options

- I already receive it
- Yes (please provide your email address and name below)
- No

*Optional question (9 response(s), 1 skipped)
Question type: Radio Button Question*

Agenda Item 7

Woodview

**Specialist Children's Services
report**

Woodview

Child Development Centre

Specialist Children's Services



Satisfaction Survey Report

April 2021

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Introduction

What we did

In 2018 Healthwatch Halton published a report on services provided from the Woodview Child Development Centre. This report highlighted concerns raised by parents of children and young people using these services. Recommendations in the report called for a range of improvement across the service.

A formal response to the report was received from Bridgewater Community NHS Healthcare FT who committed to a range of Quality Improvement Work across the service.

'Bridgewater aims to provide the highest quality care in the communities we serve and we are deeply concerned by the experiences that some families have received when using our services at Woodview Child Development Centre (Woodview CDC). We sincerely regret the frustration and upset this may have caused. The Trust's senior leadership team has already started working with staff and families to put together a robust action plan to address the issues raised by both this report and individual complaints. We will also be carrying out a full internal investigation.

Implementing a single point of contact at the centre for every family.

Refining referral processes to reduce waiting times.

Improving staff training to ensure services work together more effectively so families are only asked once for information.

Ensuring staff communicate more clearly with families about their child's care, the referral process and how to make a complaint through additional staff training.

Improving satisfaction rates by holding a joint event with Healthwatch Halton for families so they can help inform our improvement plans.

Speeding up the time it takes for children to receive a diagnosis by greatly increasing the number of panels held for clinicians to come together to discuss individual cases.

Rolling out a shared electronic patient record system across Woodview CDC so records are managed more efficiently and patient record sharing between services is improved.

We will continue to monitor the delivery of the actions until we are confident and have the required assurance that all the issues have been resolved.'

A formal response to the report was also received from NHS Halton CCG, the commissioners of Children's Specialists Services for Halton.

'We welcome the Healthwatch Halton report and have taken the findings extremely seriously. Patient experience feedback is invaluable in ensuring the quality, safety of services we commission are of a high standard.

'The issues identified are totally unacceptable and as the responsible commissioner of local health care services we are working closely with Bridgewater Community Health Care NHS Foundation Trust the provider of the service as they implement the improvement plans.'



During the past 18 months Healthwatch have been kept regularly updated as a range of quality improvement work has been carried out across the Children's Specialist Services, with all recommendations in the Trust's action plan being now being met.

In July 2020 Healthwatch Halton were approached by NHS Bridgewater Community NHS Trust to look at the possibility of carrying out a further patient engagement project on behalf of the Trust to look at patient satisfaction levels with Children's Specialist Services from Woodview Child Development Centre.

As the pandemic and lockdowns during 2020 had halted 'normal' service from the centre the decision was taken to focus the survey on families who had received appointments just prior to lockdown in February 2020.

550 letters were sent to families who had appointments during February 2020, inviting them to feedback on their experience of the service at that time through an online survey.

This initial letter was followed up over the next month with text messages encouraging people to take part and give their feedback through the survey.

In total 55 responses were received. The number of people that took part in this survey was relatively small but comparable to those received for the 2018 survey, and as such the results should be taken as a snapshot of the views and experiences of these individuals, rather than as generalised findings about the service.



What services operate from the Woodview CDC?

Children's Physiotherapy Services

Physiotherapists assess and work with children who have gross motor skills difficulties such as gait, balance, coordination. These can be children with an underlying neurological, orthopaedic, congenital or developmental condition or children with no known diagnosis. Physiotherapists assess and provide equipment for standing and walking where appropriate, along with orthotics to improve a child's quality of movement. The physiotherapy team also work with children with respiratory conditions such as cystic fibrosis and asthma. Physiotherapists work closely with the multidisciplinary team in the community and hospitals.

The service is delivered in the community, schools and at home.

Children's Occupational Therapy Service

Occupational Therapists assess and work with children who have functional difficulties related to fine motor tasks and activities of daily living. This can be children with an underlying neurological, orthopaedic or developmental condition or children with no known diagnosis. OTs also assess and advise on equipment, such as for seating or toileting, in schools and nurseries. Occupational Therapists work closely with the multidisciplinary team in the community and hospitals.

The service is delivered in the community, schools and at home.

Community Paediatric Service

Community Paediatricians are doctors specially trained and experienced in child health who see children outside a hospital. The Community Paediatrician will assess, investigate and review children and young people (CYP) for conditions including long term disability (e.g. cerebral palsy and learning disability), developmental delay with neuro-disability, neuro-developmental problems (e.g. ADHD and autism), genetic conditions and children taken into care or being fostered or adopted. The Service contributes to Education, Health and Care plan when a child is known to the service and a paediatrician provides medical leadership to the MDT pathway.

The service is delivered in various community health clinics.

Neurodevelopmental Nursing Team (NDNT)

The Neurodevelopmental Nursing Team (NDNT) works with children aged 0-19, with a diagnosis, such as Attention Deficit Hyperactivity Disorder (ADHD), Autism Spectrum Disorder (ASD), Global Developmental Delay (GDD) Cerebral Palsy and learning disabilities. Our service delivers holistic child-centred assessments to determine the level and type of support children and young people (CYP) and their families require. We offer expert support to manage behavioural issues, sleep issues and provide positive parenting strategies. The specialist nurses work closely with parents/carers and other professionals to offer advice and strategies to encourage a consistent approach to support CYP at home and in different settings. The Service facilitates ADHD and ASD workshops to provide post diagnostic information and support and is also able to provide relevant training for other professional professionals.

The service is delivered in the community, schools and at home.

Multi-Disciplinary Team

The Multi-disciplinary Team (MDT) is a group of specialists from Health and Education working with children and young people (CYP) with complex needs in the Borough of Halton.

The role of the team is to provide or review specialist multi-agency assessments for CYP presenting with suspected Autistic Spectrum Disorder (ASD); the team have developed a pathway and adhere to the NICE guidance for Autism. The Assessment Team (MDT) meets weekly to discuss children's assessments and the meetings are prepared, coordinated and chaired by a MDT Case Co-ordinator and Case Worker. The MDT Co-ordinator and Case Worker act as a first point of contact for families and professionals, and work with the



assessment team to ensure that the process is completed with minimum waiting times. Throughout the assessment process the Co-ordinator will ensure that families are updated following MDT meetings, and provide advice and signing posting to local services including other agencies if indicated. The pathway and data collection is supported by an MDT administrator.

Bridgewater Community Healthcare NHS Foundation Trust is commissioned to provide the co-ordination and administration for the MDT pathway. The Co-ordinator oversees the process to ensure that CYP receive child-centred, timely multi-agency co-ordinated services, from the point of referral to feeding back the conclusion of the multi-agency assessment.



Feedback and Findings

55 people took part in the survey.

Participants were asked to say which particular service their child's appointment was with.



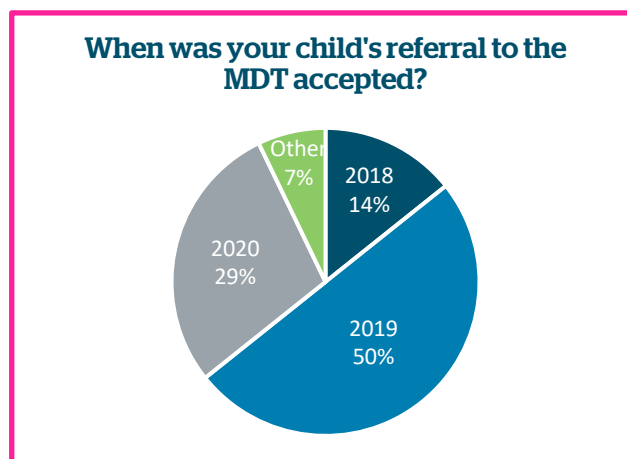
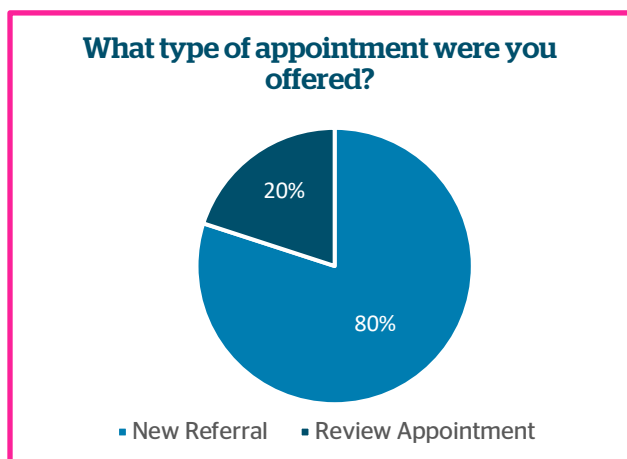
26% of respondents attended appointments with the Multi-disciplinary Assessment Team, 22% saw the Occupational Therapy service, while another 20% attended Physiotherapy appointments. 18% said their child's appointment was with the Community Paediatrics service while the remaining 15% saw the Neurodevelopmental Nursing Team.



The ages of children attending appointments ranged from under 2 years old to over 11 years old.

20% of children were under 5 years of age, 40% were aged between 5 and 10 years old, and the remaining 40% were aged 11 years or older.





Participants who stated their appointments were with NDNT, OT, CP or Physiotherapy were asked to state what type of appointment they had been offered, either an initial appointment for a 'New Referral' or a 'Review Appointment'.

80% responded that they were attending a review appointment, with the remaining 20% attending a new referral appointment. Those participants who said their appointments were with the Mult Disciplinary Assessment Team were asked when their child's referral to the MDT was accepted. 50% of referral were accepted in 2019 with a further 29% in 2020. 14% stated their child's MDT referral had been accepted in 2018.

7 participants said they had been informed that their child's MDT assessment had been concluded.



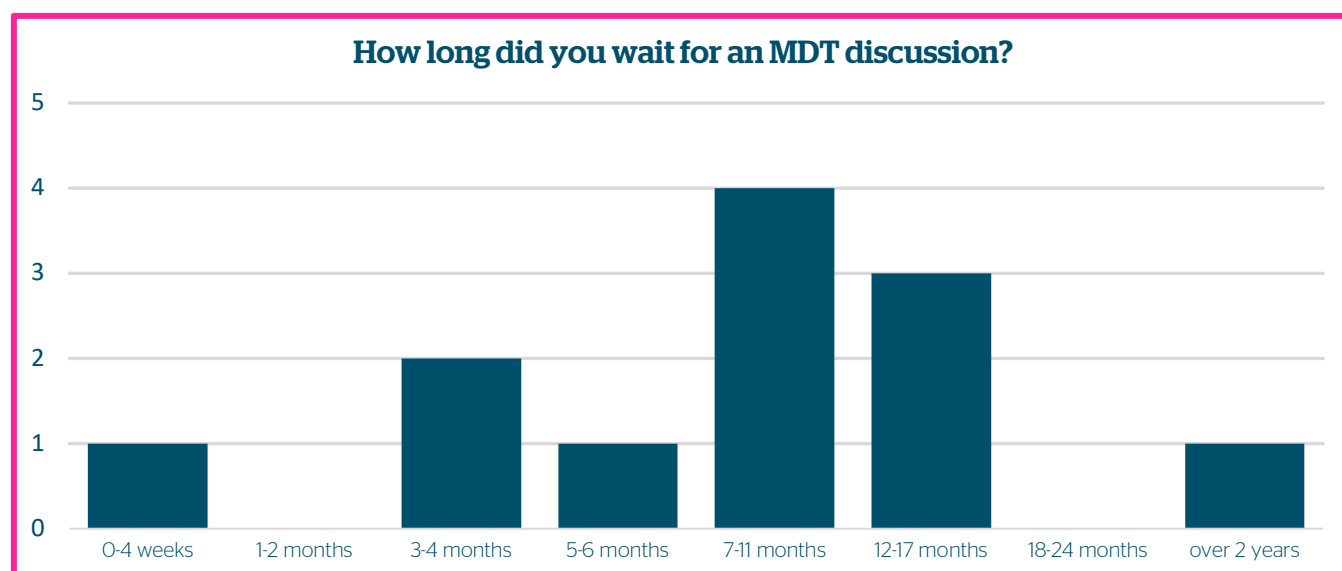
Waiting times

Parents bringing their children for a new referral or for an MDT appointment were asked to say how long they had waited for their appointments.



8 respondents had attended a new referral appointment. 5 of these had appointments with Occupational Therapy, 2 with Community Paediatrics and 1 with the Neurodevelopmental Nursing Team.

4 of the 8 appointments took place within two months of the referral, a further 3 participants waited between 3 and 6 months for their appointment, with one further participant stating they had a wait of more than 2 years for their appointment.

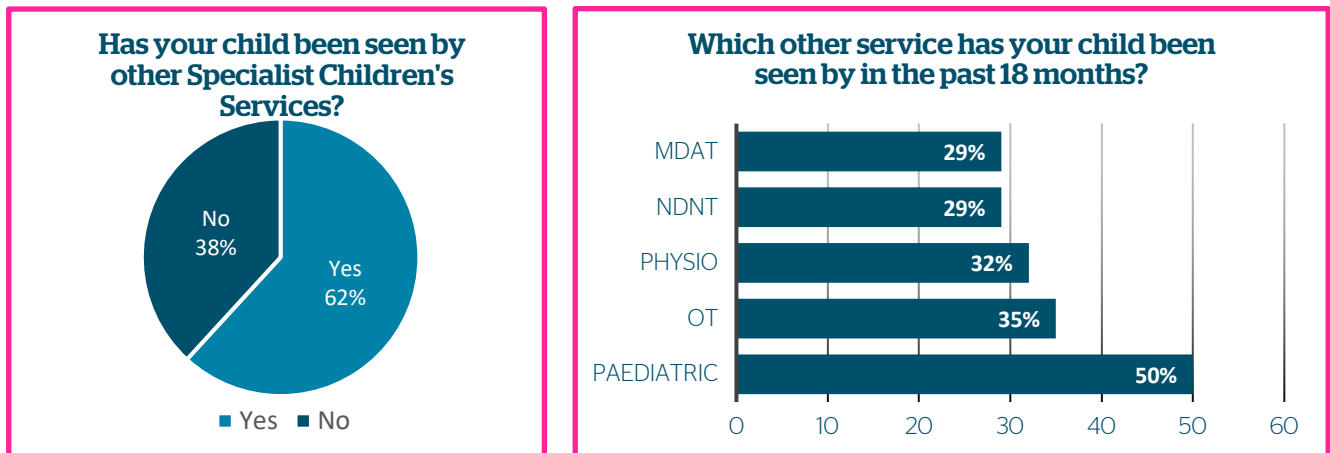


Of the 14 participants who were attending for an MDT discussion, 4 had waited up to 6 months, with a further 4 people waiting between 7 and 12 months for the appointment. 3 participants said they waited between 12 and 17 months, with one further person saying they had waited over 2 years the MDT appointment. 2 participants failed to answer the question.



Additional appointments

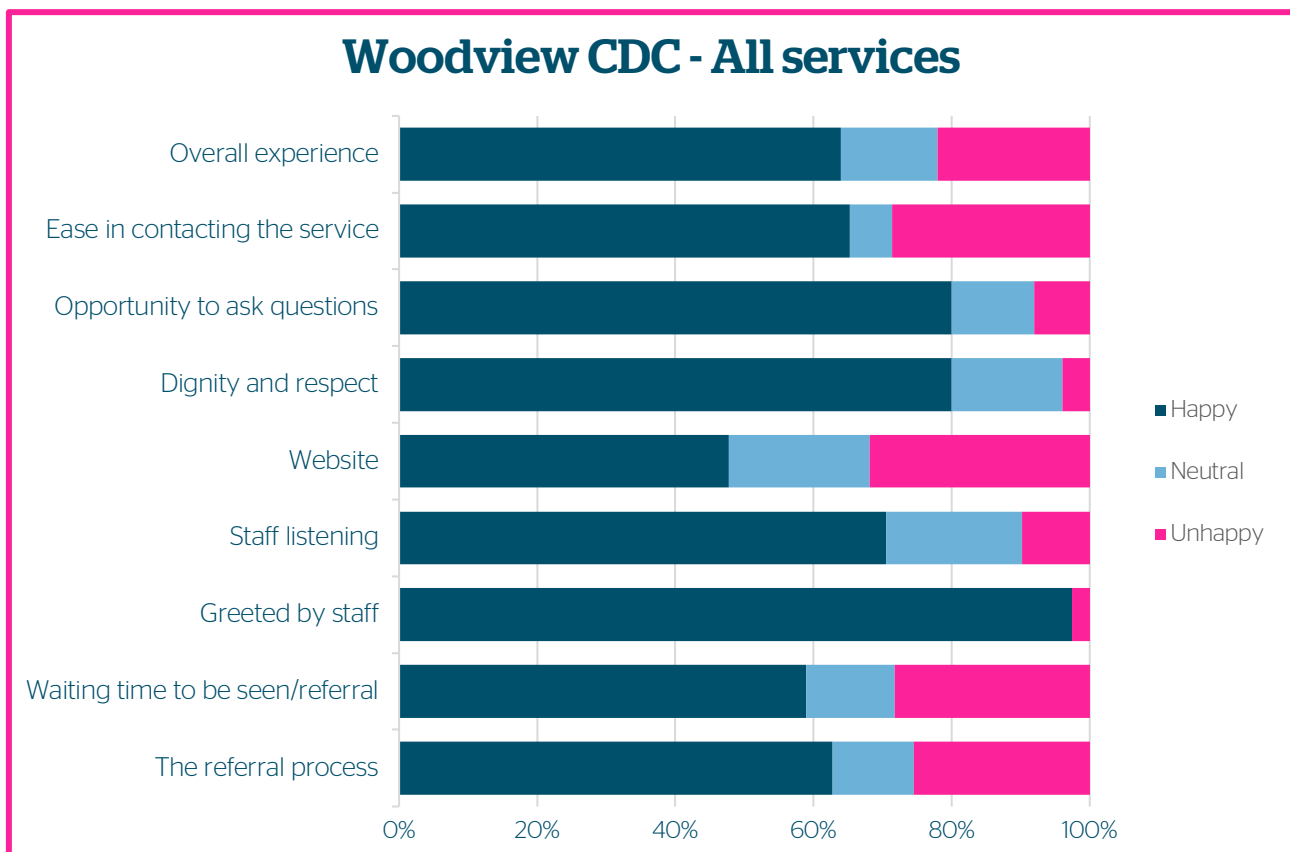
In addition to the main service seen at the appointment in 2020, 34 respondents said their children had also attended appointments with one or more of the other services at Woodview Child Development Centre during the past 18 months.



Of these, 50% told us they had attended appointments with the Community Paediatric service, while 35% had also attended Occupational Therapy appointments. 32% had attended physiotherapy appointments while 29% saw the NDNT team or the MDT team.

Patient Experience

The survey then asked participants to rate how happy they were with various aspects of the service they'd used, on a scale from 'Very Happy' through to 'Very Unhappy'.



Woodview Child Development Centre Specialist Children's Services



64% rated their overall experience as positive



65% told us it was easy to contact the service

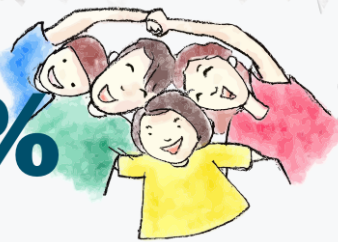


58% were happy with the length of wait for an appointment or MDT discussion

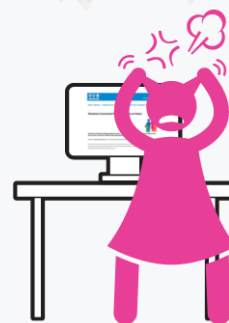


63% were happy with the referral process

98%



were happy with the way they were greeted by staff



32%

were unhappy with the service website



While there have been many positive changes and improvements made since our report in 2018, more than 1 in 5 parents are still highlighting dissatisfaction with aspects such as the referral process, waiting times and contacting the service.



What service areas were you satisfied with?

In our previous report in 2018 respondents had struggled to highlight any aspects of Woodview services they were satisfied with.

Responses to this survey have been more positive, with many participants praising the staff at the centre for their positivity. 98% of respondents were happy with the way they were greeted by staff. One parent told us, *'All of the staff are very polite, helpful and patient even when a toddler doesn't want to do anything for them'*, while another said, *'Very professional and friendly staff, helpful and listen to any issues you're having'*.

67% of respondents told us they were happy with the way that staff listened to them. One parent explaining, *'I received a great professional service and was satisfied with my telephone consultation call. All my questions were answered, and my son is happy on the medication he was prescribed'*.

Another parent told us, *'...was seen by Dr L. She is very thorough. She gives you the time to ask questions, explains everything so that you understand. She is amazing!'*

Respondents were generally positive on the opportunity they were given to ask questions, with 74% being happy, while another 11% were neutral.

'We are really grateful for the support and guidance offered for our daughter. She is progressing and we are pleased with the care she is receiving'.

For the majority of respondents, their experience of using services at the Centre was generally positive across most areas with 64% being happy with the overall experience and another 14% giving a neutral response.

One parent, whose child had been seen by a number of the services said, *'My little girl loves seeing her professionals at Woodview, she has built great relationships with her key workers especially her physio SC who is amazing!'*

Another respondent told us that services had, *'improved loads'*.

Individual services and staff received positive feedback with Physiotherapy and the Occupational Therapy team being highlighted by one parent who said: *'My son comes to clinic to see Leanne his occupational therapist, we've been having a couple of problems with his back recently, and to get in touch with Alder Hey hospital who he is under hadn't been the best to be honest. I find whenever I need to speak to Leanne, I always get a phone call from her, and problems are solved and definitely dealt with. Leanne and Gemma, my son's physiotherapists are fab, they are excellent at their job roles and I couldn't ask for better support and service. They have both been extremely helpful and supportive to me and my family, through good and bad times... They make him feel so comfortable, and always have a laugh and a giggle. Staff are great and I couldn't ask for anything more. ...I find the service to be excellent staff are fab, keep up the good work'*.

Another parent praised the physio team for a *'Really careful assessment. It didn't feel rushed, the Physio asked a lot of questions and I felt very happy that nothing was missed'*.

The NDNT team were praised by one respondent who commented, *'I was most satisfied with the neurodevelopmental team who listened and gave good advice actually getting to know my son and what is best for him'*.

Another parent spoke of their NDNT appointment saying, *'Very professional and friendly staff, helpful and listen to any issues you're having'*.



What service areas were you dissatisfied with?

Referral process and waiting times

While the majority of respondents were happy with waiting times or referral times, 25% (12) of respondents stated they were unhappy with the waiting times, with one participant explaining, *'My son had to wait nearly 12 months for his physio to begin'*. One respondent called their waiting time of more than a year for an MDT assessment *'a disgrace'*.

28% (13) of respondents also stated they were unhappy with the referral process.

There were a number of very similar comments of general dissatisfaction focussing on the assessment and referral process for MDT. One respondent told us, *'My child was referred twice as his first referral was lost in the system...hence why things took so long. He was then re-referred and the MDT assessment took about 12 months.'* Another parent made similar comments, saying, *'The referral process is horrendous. Files being lost has hindered help for a minor'*.

One parent explained said, *'I knew he had his final assessment, and it was due to go to the MDT, but expected it to be at least 6 months after but was informed by letter less than a month later, but that's how I found out, no phone call or offer of further support'*.

The sentiments in the previous two comments were echoed by another parent who stated they received, *'No updates regarding the MDT, I had to chase appointments myself. Started process when child was 3, he is nearly 7 and still no diagnosis'*.

While praising a Doctor in the Community Paediatric team, one parent said the follow up left a lot to be desired, saying, *'However since then nobody seems to know what the other hand is doing, and my son is not getting the care he needs. The occupational therapist does not listen and wrote a report that could have been for another child. My concerns are not being met nor my son's difficulties'*.

Communication and Information

While we noted much improved satisfaction levels, many participants still had issues communicating with the service. More than 1 in 5 respondents said they were very unhappy with the ease of contacting the service.

'Poor communication been told a number of times someone will call me. I'm still waiting nearly 7 months on. Told to contact certain members off staff however they are never available and don't ring back when promised. My child is still not receiving the help she needs and is still struggling daily with no help or support other than from me'.

Some respondents felt let down by a lack of communication from Woodview services, with one parent stating there were, *'months between appointment without any communication'*. Another participant said there was, *'Poor communication'* and a *'Lack of contact with parents'*.

One parent, while being unhappy with waiting times for the Multi-disciplinary Assessment Team, said, *'I wouldn't mind waiting as long as I knew he hasn't just been missed'*.

Many participants felt that services could do more to keep them informed, updated and feeling supported. One parent explained to us, *'In my personal opinion once I have been given a diagnosis that's it. You are left high and dry and basically left to 'deal' with it. Some follow up appointments or simple leaflets with advice would be helpful. My son has had a diagnosis of ASD and ADD and yes, I am having 2/3 appointments a year and my son is seeing staff from OT in school (when possible) however I don't get any information nor advice of how he is getting on. I don't know if this is in-line with his ASD or ADD and when I tell them in sessions, they have to write this down each time as if they are unaware of his diagnosis'*.

One respondent highlighted their dissatisfaction over a lack of information from the service, stating, *'When assessments were done I had no paperwork till I asked and I was given different information on separate occasions'*.



Another respondent whose child was seen by the Occupational Therapy service told us, *'When my son was first diagnosed with SPD we got lots of information and a plan in place to visit school and nursery ...this never emerged and then he was discharged'*.

Website

While more than 30% of respondents who had visited the service website stated they were unhappy with the service website the survey gained very little in the way of direct comments regarding the website, either good or bad.



What do you think could improve the service that was provided?

Participants were asked to give their views on possible improvements they would like to see at the service.

Improvements suggested by participants in this section generally relate to the main issues that participants said they were dissatisfied with.

Communication and Information

While we noted a number of positive comments in the feedback regarding improved communication between services and parents, this area also came out as one of the main bugbears for many respondents, and an issue they would like to see improvements in.

While we have seen an increase in positive feedback from participants about contacting the centre itself, there were some who highlighted the telephone system as still in need of improvement, with one parent saying, *'...better phone operation so you are able to contact the person you need'*.

For some there was a feeling of not being listened to by the service, with one parent saying, *'People actually listening to my concerns rather than being told after one appointment my child doesn't need help'*. Another participant asked that *'Families be listened to and what is said taken into consideration, irrespective of school's viewpoint'*.

Participants were concerned over a lack of communication around the assessment process, with one telling us they would like, *'Better communication and ensuring all assessments are carried out or at least let parents know if they will not be going ahead at the moment due to the current situation'*.

Some felt there was room for improvement when communicating MDT decisions, with one parent saying, *'When a decision is made, I feel you should be informed as well as a letter sent out'*, while another echoed this asking for, *'A phone call from MDT on decision reached'*. Another person described, *'a lack of communication on the process'*, saying, *'I felt like I was constantly chasing'*.

Many comments highlighted a need for *'better communication'*, keeping parents informed and updated, with one participant asking for, *'Better skills in keeping parents informed'*, while another made a plea to *'perhaps contact parents who desperately need help'*.

Another respondent offered, *'praise for the professionals I have seen to carry out assessments were wonderful'*, but added, *'just keeping me updated was slow and confusing'*.

One parent suggested improvements needed to be made with in-house communication between professionals to save time within appointments, *'More communication between paediatricians, paediatrician, OTs etc. Read the patients notes before an appointment so your appointment time is not being wasted on repeating yourself and your child's condition. Follow-ups made sooner than 3/6 months to ensure that their care/follow up treatment has taken place or in progress'*.

Waiting times /Appointments

We noted mixed results regarding waiting times for appointments and assessments. While 58% were happy with the waiting times, 28% stated they were unhappy. One parent told us there were *'...months of waiting lists'*, saying, *'This is not helping my daughter'*.

Some called for shorter waiting times and for the service to *'Speed up the processes'*. One respondent suggested, *'more in-depth observations when under the multi-disciplinary team, so that they see the child more often and even make a relationship with that child, so they are able to give the right diagnosis'*.



Location

A new location for the service.

Some participants highlighted difficulties in getting to Woodview for appointments for parents using public transport and wondered if a better location could be found. Transport difficulties are compounded for families living in some areas of Runcorn and Widnes who use public transport.

There were calls for some parents for clinics to be run for children in Runcorn as well as Widnes.

Staffing levels / Funding

Some respondents felt the service was under pressure and needing more staff, with one calling for more physiotherapy staff, *'I think there needs to be more physiotherapists if the average wait time was as long as ours.'*

Another stated, *'You are clearly underfunded and that is a shame. What should be a great service offering support often left me feeling dismayed.'*

This was echoed by another parent who told us, *'To be honest it isn't the staff. The problem is clear, it is massively underfunded.'*

Parental support

Many respondents felt the service could do more to involve and support parents and carers.

One parent, whose child had an appointment with Occupational Therapy, told us there needed to be, *'Time for the parents, I understand it is about the child, but it is us as parents who need the help to understand and the best techniques advice to help us help our children.'*

Another respondent whose child was seen by the MDAT asked for parents to be given *'a target sheet care plan of action'*

Medication

One parent explained they would like to see, *'Online services to order medication would help keep track of when the prescription was signed instead of having to keep checking with the pharmacy.'*



Patient Stories

As part of this project we contacted a number of respondents who said they'd be willing to give some additional feedback on their experiences. The names of participants have been changed.



Rebecca's story

Rebecca explained that her child was first referred to the Woodview services by her GP and explained that her child is also under the care of Alder Hey Children's Hospital.

Rebecca talked us through her experiences of using services at Woodview. Rebecca feels that the staff she has seen at Woodview have been very supportive and she has had a very positive experience. Rebecca said, *'I would say I find the care and support at Woodview more positive than Alder Hey. As my child had been experiencing problems with his back, I decided to contact Alder Hey Hospital and was not happy with the result.'*

Rebecca told us her child was under the care of the Occupational Therapy service at Woodview. Rebecca explained that if she ever had a concern and needed to call the service her child's Therapist, Leanne would respond quickly with a follow up call as *'she is very responsive'*.

During treatment at Woodview, it was identified that Rebecca's child would need some additional equipment for school. Rebecca told us this was organised very quickly despite the lockdown saying, *'I thought it would take months but thanks to Gemma and Leanne it was all done within two weeks which was absolutely brilliant. I have found my whole experience of using the Woodview services very good.'*

Rebecca said that her experience of dealing with other staff at Woodview during appointments and telephone calls she was equally good.

Rebecca discussed the physiotherapy service and the therapy her child has been receiving. She told us, *'My child's physiotherapist is Gemma and she is equally caring and excellent at her job; in my opinion I could not have asked for better support and service, they are excellent at their job roles. They have both been extremely helpful and supportive to me and my family, through good and bad times, and they make my child feel so comfortable. The staff are great, I could not ask for anything more, I would like to say a big thank you to them all.'*



Carole's story

Carole's child was referred to Specialist Children's Services via a school referral.

Carole told us the referral process was a lot quicker than she had been led to believe by other parents she had spoken to. She stated that she was more than happy with the speedy referral. She was '*pleasantly surprised*' to be offered a personal one to one / face to face appointment at the Centre. The appointment was just for her with no child in attendance. She found this very beneficial and wanted to relay her thanks at this appointment, it gave her the opportunity to '*tell*' her child's story from her viewpoint.



Following the initial referral, they were given an appointment with a Doctor at Woodview. Carole was very complimentary about the doctor and her manner with her child.

Carole suggested that it may have helped smooth the process if she had received information as to what would or could happen at that appointment. Carole and her child were quite nervous on the day and anxious in the days leading up to this appointment.

A speech and language appointment was also offered, but Carole did not feel her child had speech and language issues, but fully understood this was part of the initial referral process.

Carole stated that her child was not initially referred for Occupational Therapy support and she struggled to understand why. She told us that as it transpired, this is what her child needed and has since benefited greatly from, with Carole sending many thanks for this service. Carole believed this additional referral request slowed down the diagnosis process and felt it would be better to apply for a referral to all departments and avoid delays.

Carole stated her child's diagnosis was only confirmed by letter. She would have liked to receive this news '*in person*' and be able to talk through the next steps rather than be informed only by letter, which she found distressing.

Carole would have also preferred her partner to be able to attend a face to face meeting where the diagnosis was discussed, allowing for her partner's personal input with a clear explanation of the diagnosis given, what the attributes may be and how best to work together as a family to support their child.

Carole contacted Woodview and was put in touch with someone who spoke with her over the phone, but she feels that this could have been handled better.

Carole would like to see the service improve the information and support available following a formal diagnosis and subsequent discharge. She mentioned a need for practical advice such as:

- details of barbers / dentists who have experience of working alongside autistic clients, recommended school supplies, things or situations to avoid, how to deal with melt downs).
- Signposting to practical support and other parent support e.g CHAPS,
- Where to get help with EHCP forms etc.

Carole stated that the staff always seemed very busy and felt that as a result some messages weren't passed on and it took a long time for people to return calls. However, she did reflect that all staff she encountered at the Centre were very polite, understanding and supportive and the issues she had encountered were not complaints but mainly notes for improvement, moving forwards.



Jane's story

Jane told us that her child had been in mainstream school and really struggling, so the school made a referral to Woodview.

Jane spoke of her dissatisfaction regarding the visits her child had received whilst they were on school premises. Jane believed the visits were too brief and didn't provide a real opportunity to assess her child for a prolonged period of time, thus not allowing the real difficulties with social skills and behaviour to manifest.

The report Jane received as a result of these visits, stated there were no concerns with her child's communication skills, which she felt highlighted that he had not been observed in depth, due to the severe defiance issues and real concerns regarding their struggle to communicate effectively. Jane said her child is unable to express how they feel, and this reflected in the way they treat peers, any adults and school staff.

Jane stated she was very pleased with the Occupational Therapy department, and gave special thanks to Sammy, Sarah and Rachel. Jane also reported that her initial wait for an appointment wasn't too long (5-6 months), but felt that the subsequent wait for additional services were too long.

Jane spoke about difficulties she has had leaving messages and voicemails with the reception staff, as these messages were either not passed on, or people do not respond. She said this was apparent when her child's physiotherapist did not attend (or send prior apologies for not attending) one of her child's EHCP reviews, this was a direct result of not being able to contact the physiotherapist, despite messages being left with reception staff.

Jane said she would like to see improvements in the handling of phone calls to the centre to *'ensure you to be able to contact the person you need'*.



Sarah's Story

Sarah told us she has a child who struggles with social communication and educational development.

Sarah was complimentary about the service received up to the point around October 2020, from which time onwards she told us she has encountered many difficulties accessing the service.

She mentioned specifically that Physiotherapy had been '*an amazing experience*', from which her child had benefitted greatly. She also commented that although the initial attempts to contact staff on phones was often problematic, once she had access to the staff, in the majority of cases they were friendly and helpful.

Sarah's main complaint is the process of trying to speak to someone at the centre. She explained that the phone is not always answered and when it is sometimes the phone cuts off part way through conversations. Sarah told us that when she left messages, often nobody would return the call.

Sarah said she had been told that she needed to contact the centre every two weeks to progress/chase the progress of her appointment and feels this is something that the service should be doing proactively to help her - rather than the onus being upon her to chase them.

Sarah said she was very frustrated with the service when a Speech and Language therapist assessed her child during a 15-minute observation in an educational setting. The therapist indicated that the child's needs were not as severe as thought, and a referral was stopped to the MDT. She indicated at this point that she wanted us to say to the service that she wished for more understanding from staff that each child is different, but also sexes are differing, both in the ways the issues present and also the way those sexes cope/mask those differences.

Sarah wanted to highlight to us that not all departments had issues.



Covid-19

While the survey questions focussed on appointments held just prior to the Covid pandemic, some respondents gave very positive feedback on accessing services during the pandemic which we believe needed to be highlighted.

- *'Hannah is brilliant- even during covid she showed my daughter her face on the drive before going back and putting all her PPE on so not to frighten her.'*
- *'With Covid it has been hard getting reply's from the paediatric Dr's, but office staff have really helped with this by solving issues and getting back to me.'*
- *'Services were great we especially at this pandemic times, the staff friendly caring and informative.'*
- *'I felt safe as everywhere was very clean.'*
- *'I am generally satisfied with the service that my child is getting in all areas but I just wish there was more support for both department and the child so neither don't suffer like they have during the covid 19 pandemic.'*
- *'There is no service that I am dissatisfied with as it is hard to do face to face consultations at the moment with COVID going on.'*



Summary and Recommendations

We'd like to thank everyone who took part in this survey for taking the time to giving us their views and experiences. We'd also like to extend our thanks to Jane Kinsella, Clinical Services Manager for Specialist Children's Services, for her willingness to engage and support the work we've undertaken on this project.

Our thoughts

In 2018 the responses received to our survey highlighted a struggling service failing to meet the needs of many young children in the borough. Both the service provider, Bridgewater Community Healthcare NHS FT, and the service commissioners, NHS Halton CCG, took on board the concerns raised by Healthwatch Halton. An action plan was developed and during the past 18 months a range of quality improvement work has been carried out.

We believe the results of our current online survey show a service that is taking positive steps forward from the position we saw in 2017/18.

While there are still aspects of the Children's Specialist Services that have plenty of room for improvement, we are pleased to see a general increase in the satisfaction levels from families using the service.

We'd now like to know what steps the Trust and the commissioners are planning to take the service forward to one that consistently provides an 'Excellent' service for children in the Halton area.

Parental support

In 2018 we suggested, as a starting point for parents that we'd like to see the service provide a guide to what to expect from services at Woodview.

'A simple promise to parents'

- Again, we'd suggest the Trust look at providing a 'parents guide', both online and printed, to parents bringing their children in to any of the services within the centre.
- What services can and can't do for their child and the timescales to expect for treatment.
- How the service can support parents to be kept involved in the care, treatment and support of their children;
- To provide information to parents on support groups and local and national organisations that can offer help or support.



In addition, in line with suggestions from survey participants, we would like to see a focus on improving:

Communication and Information

1. Website

Speak with service users to find out what information and support details they would find useful on the service's webpages.

2. Call handling

Review the current phone call handling system to find ways to improve the current patient satisfaction levels with message handling.

3. MDT communication

Review the way that MDT decisions are communicated to families. Consider asking this question early in the process.

4. Waiting times

While we are aware that the waiting times may not be outside national averages, we would encourage the provider and commissioner to review the current system and see where improvements can be made to reduce the current waiting times.

5. Staffing levels / Funding

While fully understanding that the NHS doesn't have unlimited funds and resources we would hope that NHS Halton CCG will carry out a review of the current service provision for Specialist Children's Services to ensure it has adequate funding and additional staffing if needed to meet patient needs.

6. Location

This is a more long-term recommendation. Feedback we've received in this survey and from parents who've accessed service at Woodview in the past suggests that its location, and the building it is housed in, is not necessary ideal for the service it provides across the borough. At present, using public transport for an appointment at Woodview could mean a journey time of more than 40 minutes from some areas of Widnes and more than 1 hour from areas of Runcorn.



Response to the report received from Bridgewater Community Healthcare

We wish to thank Healthwatch for their work in producing this report. We also thank the many families for giving such important feedback.

Patient satisfaction is hugely important to us at Bridgewater Community Healthcare. Where we have fallen short in this, we're very sorry for any upset this may have caused.

Although we are never complacent, we're pleased the report has found there has been great improvement in the level of parent satisfaction across Children's Specialist Services following our extensive improvement programme. We would also like acknowledge and thank the dedication of our staff many of whom have gone over and above during the pandemic.

As the NHS begins its recovery after the Covid-19 pandemic, we remain truly committed to the young patients needing our support today and those new patients we are yet to meet in the future. There has never been such an important time for NHS community services to show their patient value, flexibility and resilience.

We will continue to work closely with the local families we care for as well our commissioners, our partners and our Healthwatch colleagues by engaging with them where we can to further drive patient quality, satisfaction and experience.

Our Patient Services Team is available to talk to if families have any further worries, questions or compliments about our Children's Specialist Services or indeed any service we provide. Please do contact them, in confidence, by calling 0800 587 0562 (9am - 5pm, Monday Friday) or by emailing bchft.patientservices@nhs.net.

Colin Scales

Chief Executive

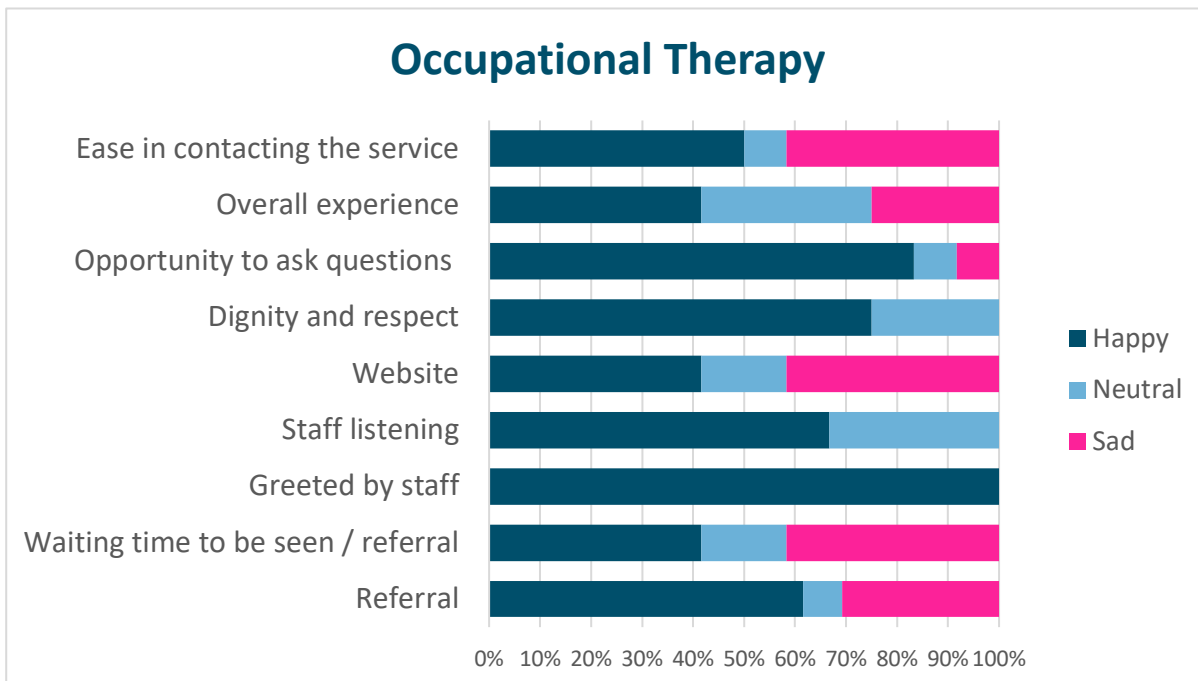
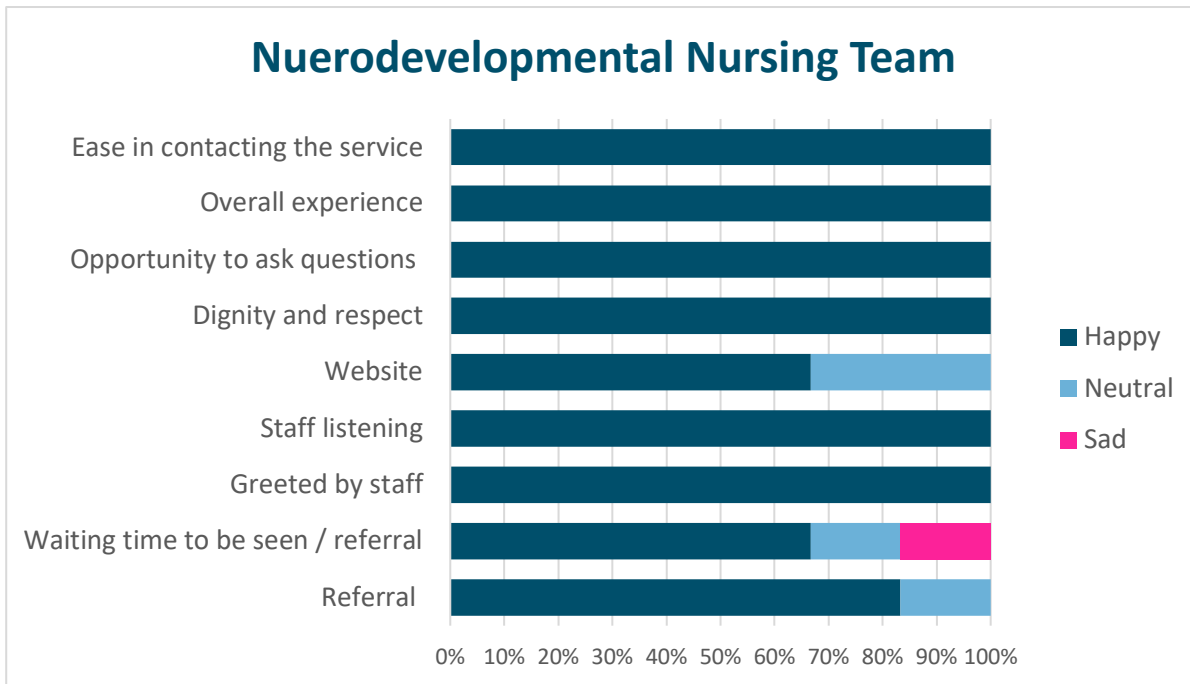
Karen Bliss

Chair

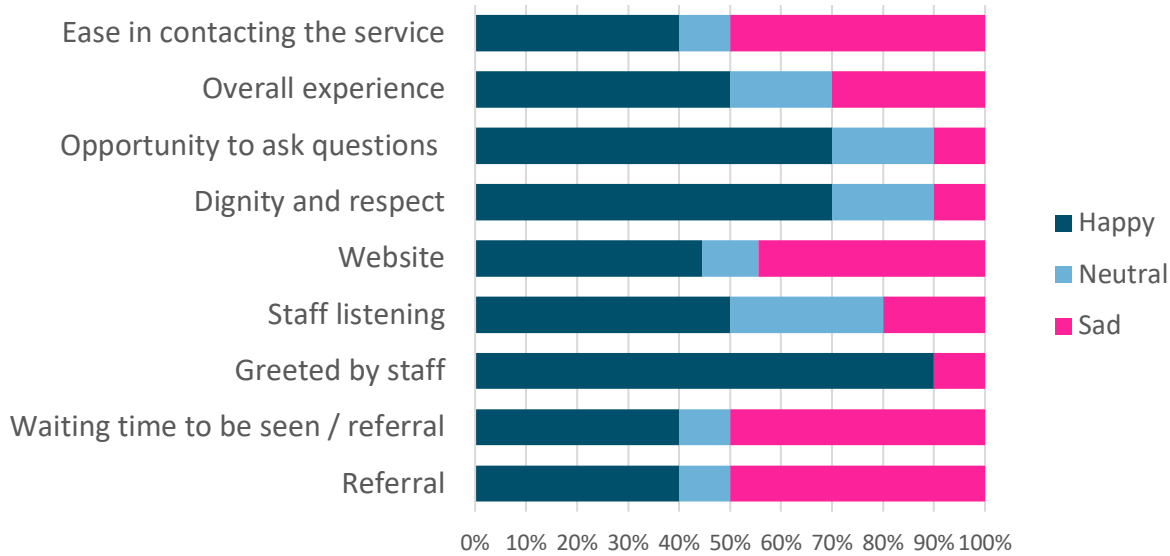


Appendix 1

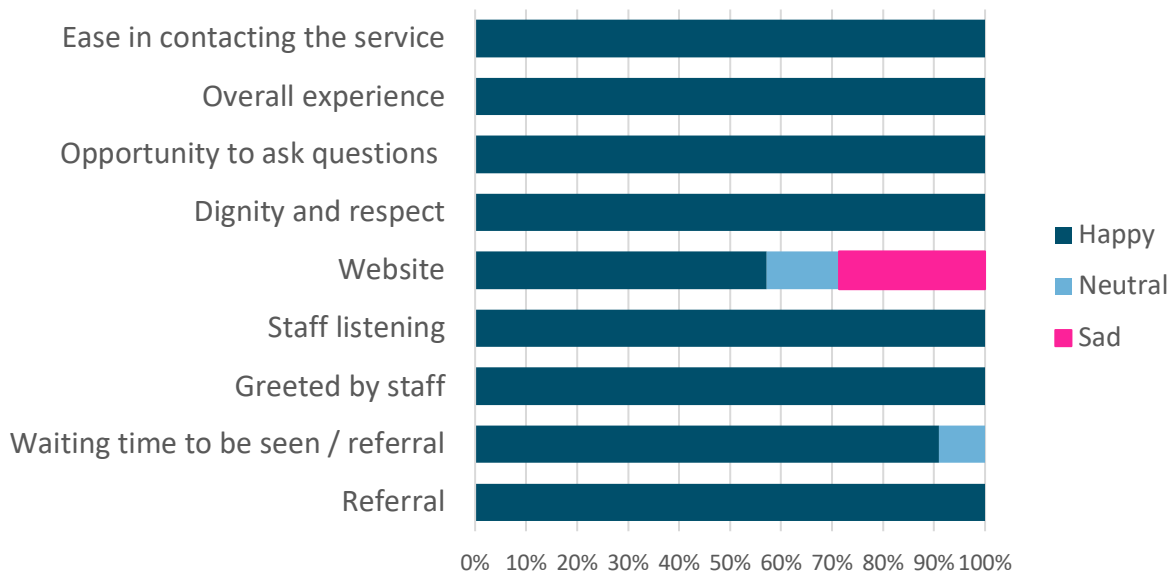
Individual service satisfaction results:



Community Paediatrics



Physiotherapy



Multi Disciplinary Assessment Team

