



# On equal terms

Then and now

Healthwatch Newcastle annual report 2020—2021

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# Message from our Chair

For most of us, this has been a year like no other in living memory.

The dramatic impact on health and social care services of COVID-19 and the consequent restrictions on social contact have put an enormous strain on people and services. And it has yielded an exceptional response. Services adapted and provided great care in ways that would have seemed unthinkable before.



Healthwatch Newcastle has also had to adapt. We quickly reassessed our priorities. We turned our attention to supporting accurate timely information to help people navigate the new situation, reaching nearly 350,000 people via outreach and engagement and our social media channels. We provided direct advice and we participated in the 'Because We All Care' survey – a Healthwatch England campaign to encourage people using NHS and social care to give feedback on their experiences, to help improve services for everyone. We have continued to prepare reports on users' views of specific services as detailed in this report.

All this has been achieved whilst moving to remote working and with some significant changes in personnel. Our new Chief Executive, Siobhan O'Neil, joined us in October 2020. I'd like to thank all the staff, volunteers and Committee members for keeping the momentum of our work going and for keeping the faith in our core belief that health and social care services improve when users have effective opportunities to provide feedback on their experiences.

I joined Healthwatch Newcastle in February 2021. We at Healthwatch Newcastle are attuned to the pandemic's lasting effects and the resulting changes to service delivery. It has never been more important to listen to the experiences of health and social care service users and to use their insights to inform new ways of supporting people.

A handwritten signature in black ink that reads "P. S. Deans". The signature is written in a cursive style and is underlined with a long, horizontal stroke.

**Peter Deans**  
**Healthwatch Newcastle Chair**

# About us

## Here to make health and care better

We are the independent champion for people who use health and social care services in Newcastle. We're here to listen to what people like about services and what can be improved. We find out what matters to people and help make sure their views shape the support they need, by sharing these views with those who have the power to make change happen. We're here to encourage services to involve people in decisions that affect them.

## Helping you to find the information you need

We help people find the information they need about services in their area. This has been vital during the pandemic with the ever-changing environment and restrictions limiting people's access to health and social care services.

### Our goals



#### Supporting you to have your say

We want more people to get the information they need to take control of their health and care, make informed decisions and shape the services that support them.



#### Providing a high-quality service

We want everyone who shares their experiences or seeks advice from us to get a high-quality service and to understand the difference their views make.



#### Ensuring your views help improve health and care

We want more services to use people's views to shape the health and care support needed today and in the future.



**"Local Healthwatch have done fantastic work throughout the country during the COVID-19 pandemic, but there is more work ahead to ensure that everyone's views are heard. COVID-19 has highlighted inequalities and to tackle these unfair health differences we will need those in power to listen, to hear the experiences of those facing inequality and understand the steps that could improve people's lives."**

**Sir Robert Francis QC, Chair of Healthwatch England**

# Highlights from our year

Find out about our resources and the way we have engaged and supported people in 2020–21.

## Reaching out



We heard from

**2,393 people**

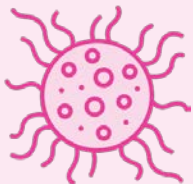
this year about their experiences of health and social care.

We provided advice and information to

**42 people**

this year.

## Responding to the pandemic



We engaged with and supported

**435**

people during the COVID-19 pandemic this year.

## Making a difference to care



We published

**6 reports**

about the improvements people would like to see with their health and social care. From this, we made 12 recommendations for improvement.

## Health and care that works for you



**7 volunteers**

helped us to carry out our work. In total, they contributed 145 hours.

**We employed 4 'full time equivalent' staff**

and all our staff worked part time. We said goodbye to and welcomed new team members during the year.

We received

**£204,033 in funding**

from our local authority in 2020-21, a small increase on the previous year.

# Then and now: PPG awards

## Then: Participation in Practice Awards and COVID-19 disruption



In September 2019 Healthwatch Newcastle and Healthwatch Gateshead launched the pilot of a 'Healthwatch Participation in Practice' award, a best practice award for GP Patient Participation Groups (PPGs). A PPG is a group of GP patients who work with their practice to improve patient services.

The award is built around the five PPG requirements in the 2015–16 General Medical Services (GMS) contract. We developed several criteria for each requirement, based on accepted best-practice for patient involvement. The criteria were designed to promote effective and autonomous PPGs and provide that crucial 'critical friend' role for practices.

Twelve GP practices and their PPGs from across Newcastle and Gateshead signed up to take part in the pilot. During 2019–20 the practices and their PPGs were supported to become more effective. We ran workshops and informal meetings, set up an information-sharing forum for circulating best practice materials and sharing experiences, and provided one-to-one support.

At the end of the pilot, Healthwatch staff planned to visit practices to assess whether they had achieved the award. The pilot was to be evaluated and, if the award found to be successful in increasing PPG effectiveness, we would consider how to make it available to all local GP practices and their PPGs.

However, in March 2020, the impact of COVID-19 meant we had to put all our face-to-face activities associated with the PPG award on hold. We decided to keep going with the pilot and continued to offer online and telephone support to those participants who wished to continue. In July 2020, Newcastle Medical Centre was the first practice to complete the award, with distinction.

## Now: Healthwatch Participation in Practice Awards – pilot complete, evaluation on hold

Over the past year, we have continued to support practices participating in the award. Online workshops and meetings and telephone support have replaced more traditional get-togethers, and Healthwatch staff have visited practices when restrictions allowed. Unfortunately, the ongoing challenges of the pandemic have meant that half of those who initially signed up have withdrawn from the pilot. By the end of the pilot in February 2021, six of the original 12 had achieved the award – three from Newcastle and three from Gateshead.

We intended to start the award evaluation straight after the pilot ended. However, it became clear that GP practices continue to be exceptionally busy. They need more time to embed their learning and develop their PPGs during more 'normal' circumstances, so the decision was taken to postpone the evaluation. We anticipate it will now take place in early 2022 when we hope we can better assess whether the award has helped those PPGs involved in the pilot to become more effective. The evaluation will also consider the potential for the award to provide a model of support that can be adopted locally and, possibly, regionally or nationally.

**Being a part of the Participation in Practice Awards Scheme I have gained a better understanding of why we need a Patient Participation Group and why it is important to listen and learn from the patients we are here to provide a service for. I have learned from others and have picked up ideas on how to improve on what we do as a Practice to encourage patient involvement which has resulted in a new PPG member from a younger age category than our current members who in turn, I am hoping, will encourage more new members to join us in the future.**

**Mandy Curtis, Reception Manager at Throckley Primary Care Centre**

When initially set up, we needed to limit PPG award participants to a manageable number. Several practices and PPGs were disappointed that they were unable to take part. In response, we also established the Healthwatch PPG forum, facilitated by Healthwatch Gateshead and Healthwatch Newcastle. This is for PPG members to meet, discuss issues, share information and access training. The group meets quarterly and has continued to run virtually throughout the pandemic. At our most recent meeting in February 2021, the group discussed their experiences of receiving the COVID-19 vaccination. As a consequence of issues raised at that meeting, we have included an additional question about the location of vaccination venues in our recent vaccination survey.

It remains difficult to assess the impact of the PPG award while the evaluation is on hold. However, anecdotal feedback from those involved has been very positive. Both in-person and virtual events have all been well attended and people have told us they have found them very helpful. One-to-one support has been appreciated and some practices have stated that their PPGs have already become more motivated and effective.

# Then and now: Children and young people's health access

## Then: Health access experiences for children and young people

Ensuring seldom heard groups get their voices heard, has always been a priority for Healthwatch Newcastle.

Working in partnership with Children North East, we developed a questionnaire in Spring 2020 using the 'You're Welcome' criteria and previous feedback as guidance on young people's experience of accessing health services. This was promoted to young people aged 11 to 20 and their parents through Twitter, Facebook and Instagram, and via our networks.

**"Let us have a choice on options available than leave it to our parents' decision."  
Survey respondent**

We gathered 71 experiences and the key findings of this report<sup>1</sup> related to:

- Accessibility (service access outside school/college hours, distance to travel and personal needs such as interpreters).
- Patient choice (lack of awareness including how to ask for a male/female staff member or lone appointments).
- Communication (hospital staff were most difficult to understand and tended to speak to parents rather than directly to the young people).
- Confidentiality and feedback (confidentiality was not explained and young people were not asked to give feedback).
- Improvements needed for staff attitude, communication, service environment and online information.

**"Children NE have partnered with Healthwatch on a number of occasions, the most recent being a consultation with young people and their families into the barriers that exist for them accessing health settings, particularly for those living on low incomes. Approachable and professional, Healthwatch are a joy to work with. The quality of consultation they undertook was consistently high, with relevant and appropriate detail and delivered in a timely manner."**

**Lorna Nicoll, School Research and Delivery Practitioner at Children North East**

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<sup>1</sup> Healthwatch Gateshead (2020) 'Don't box me in – young people-friendly services in Gateshead and Newcastle' <https://tinyurl.com/9mb5pshv>



## Now: Follow up on recent experiences

In January 2021, we decided to build on our previous work with young people accessing health services, to see if, and how, things may have changed. This included how easy or difficult it is for young people to access health services in Newcastle and Gateshead and if there were any financial barriers.

We decided to focus on more qualitative data, avoiding structured questions and focus on conversations around the theme of health service access with young people and their parents or carers. Unable to carry out face-to-face engagements due to COVID-19, we asked people to share their experiences via online focus groups, one-to-one phone calls, email, text and WhatsApp. We gathered 73 experiences which were analysed into themes based on service type.

The key findings of this report<sup>2</sup> related to:

- Access to services (appointment availability, travel and lack of awareness)
- Staff attitude
- Cost (parking, refreshments and dental treatments)
- Treatment and care

**“Patients are losing patience with a system that puts a barrier to patient care.”**  
**Survey respondent**

Comparing our work from 2020 with 2021, we found that location and travel to mental health services continued to be issues. This was mainly due to the transition into adult services being unclear and/or the service location being too far away. This follow-up work revealed difficulties accessing GPs and dentists due to appointment availability and booking systems. It contrasts with the previous work, where all services were considered easy for young people to access. However, both pieces of work present issues around negative staff attitude, specifically reception staff at GP practices. There are also cases present in both pieces of work where young people were treated differently because of their age.

As a result of collecting experiences of young people we were able to:

- Inform local commissioners and service providers of young people's experiences of their service.
- Provide evidence to support a wider poverty-proofing health setting consultation.
- Feature our findings in 'Poverty Proofing Health Settings Report'<sup>3</sup>.
- Help inform young people more about the choices they have as patients and how services are run.

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<sup>2</sup> Healthwatch Gateshead (2021) 'Children and young people's access to health services in Gateshead and Newcastle' <https://tinyurl.com/5d4zj9ny>

<sup>3</sup> Children North East (2021) 'Poverty Proofing Health Settings Report' <https://tinyurl.com/poverty-proofing>

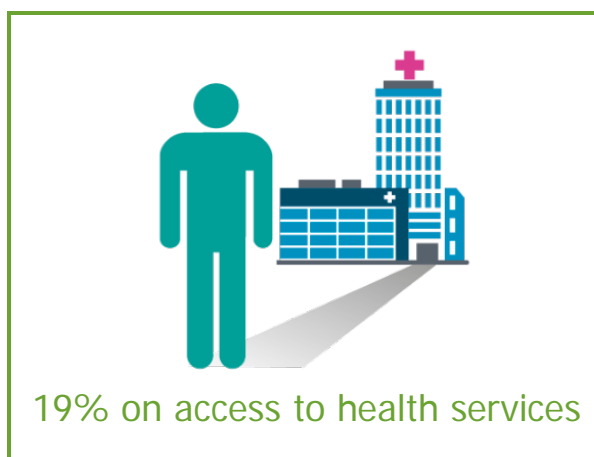
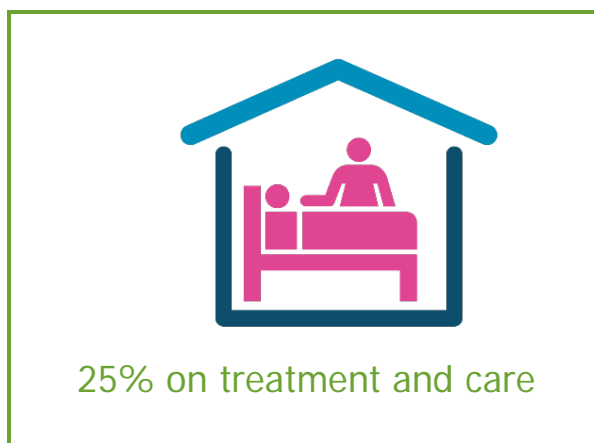
# Responding to COVID-19

Healthwatch plays an important role in helping people to get the information they need, especially through the pandemic. The insight we collect is shared with both Healthwatch England and local partners to ensure services are operating as best as possible during the pandemic.

This year we made contact with people 344,509 times via outreach and engagement, and our social media channels by:

- Providing up-to-date information and advice on the COVID-19 response locally.
- Helping people to access the services they need.
- Linking people to reliable up-to-date information.
- Supporting the vaccine roll-out.
- Supporting the community volunteer response.

Top four areas people contacted us about



## Getting the right PPE



A neighbour observed a care worker attending her neighbour's house several times and expressed concerns about the use of personal protective equipment (PPE). We contacted St Anthony of Padua home care services and Newcastle's adult social care team to inform them about these concerns.

Adult social care declared this a safeguarding case and worked with the service provider to investigate further. St Anthony of Padua kept Healthwatch Newcastle and the neighbour informed throughout the investigation. As a result of the investigation, St Anthony of Padua reminded staff of its PPE policy and processes, increased staff spot checks and sent a letter about PPE use to service users so they are aware of the correct processes.

## Dressing as an aid to inpatient recovery

Mrs S's father was an inpatient twice at the Royal Victoria Infirmary in Newcastle and remained in his pyjamas most of the time. Mrs S reached out to us as she wanted to know why patients were not being encouraged to dress when well enough to do so, because she was under the impression that staff were supposed to do this. If she had been able to visit more, Mrs S would have encouraged her father.



We contacted the hospital trust's Patient Experience Team and were informed that the trust took part in the 'End PJ Paralysis' campaign in 2018. The trust recognises that wearing nightclothes during the day can reinforce feelings of being unwell and prevent a patient's speedier recovery, therefore staff encourage patients to change into day clothes. Because Mrs S felt her father did not experience this, the team suggested she contact North of Tyne PALS to investigate her father's experience further.

We relayed this message back to Mrs S. She contacted PALS, who investigated her case and reduced any concerns about this happening in the future. The trust also discussed the matter at the Matrons' forum and Sister's meetings to remind staff that wearing nightclothes can impact recovery. This will ensure patients are encouraged to get dressed in future.



## Be our Champion

Help us make a difference in Newcastle.

Find out about the opportunities we have for you at

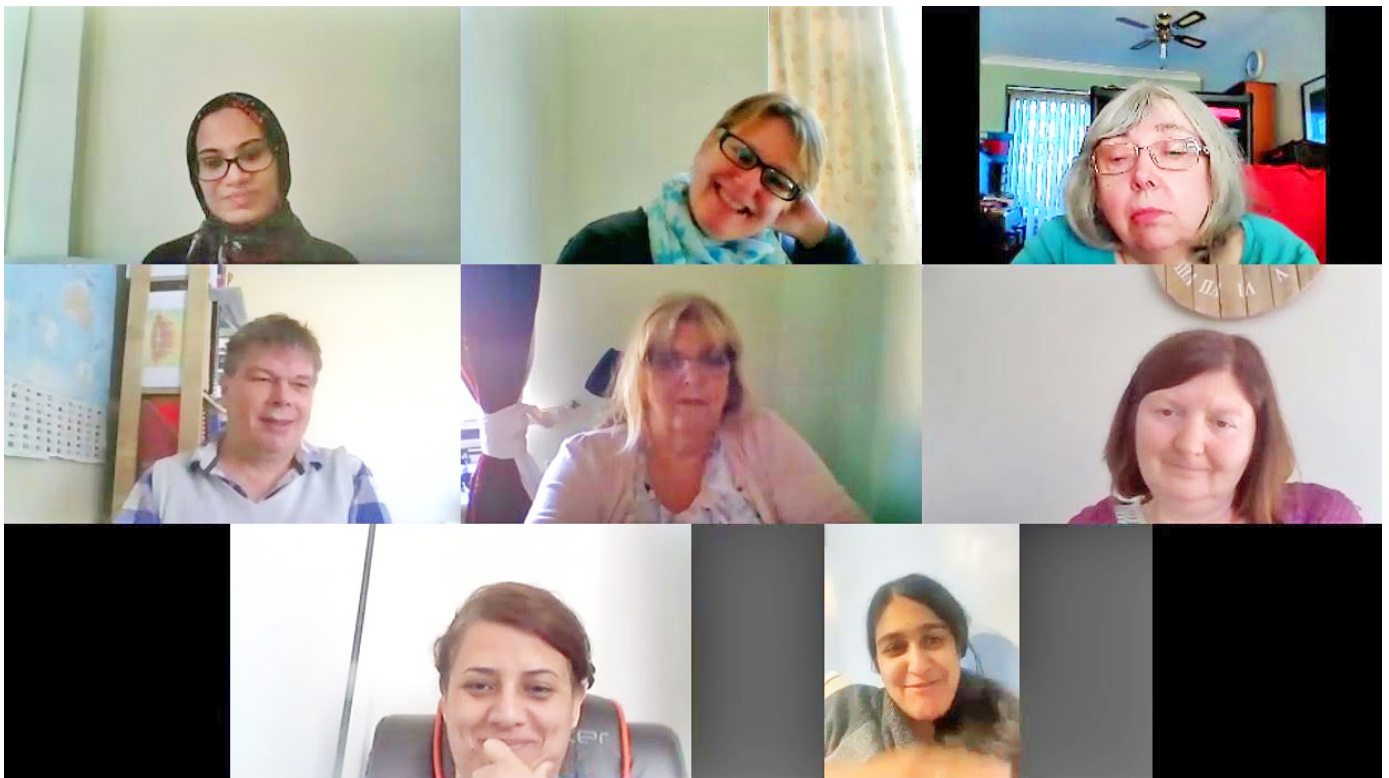
[www.healthwatchnewcastle.org.uk/volunteer-with-us](http://www.healthwatchnewcastle.org.uk/volunteer-with-us)

# Volunteers

At Healthwatch Newcastle we are supported by seven volunteers, known as Champions, to help us find out what people think is working and what improvements people would like to make to services.

## This year our volunteers:

- Helped people have their say from home, by promoting surveys to family, friends and neighbours.
- Carried out mystery shopping and surveys over the telephone.
- Supported Mental Health Concern and Age UK Gateshead to provide befriending calls for the most vulnerable.
- Carried out desk-based research and updated databases.



## Sharing and supporting our work

"I wanted to be more involved in issues related to health and services within Newcastle and also it's been an opportunity to meet new people.

I've been involved in focus groups where I had the opportunity to network with other organisations, sharing concerns and actions along with sharing information. I also share surveys for research and attend regular Healthwatch Champions' meetings."

**Nahid Din**

## Supporting people through COVID

“It has been a tremendous year of change and adaptation for Healthwatch Champions. We have had meetings via Zoom, attended courses online and tried to provide help and company to individuals who need support during the lockdowns.

At the beginning of the year no one could have foreseen the long journey we would all be on and the need to adapt to the way we all live. But somehow, we did adapt and people were keen to help each other, bring solace and provide help in many ways.



Many of the Champions have their own needs and some were vulnerable and had conditions which meant they needed to isolate but they still reached out to others via the telephone. Age UK and Healthwatch brought such help to individuals, and Healthwatch Champions did their part just by listening and speaking on a regular basis to members of the public. Many individuals, especially older people are not online, and the telephone is their lifeline to the outside world and this was put to good use during the lockdowns of 2020.”

**Violet Rook**

## A year in the life of a Committee member

“It’s been quite a busy year working as a volunteer at Healthwatch, in my case as a member of the Committee. We have a role in setting the annual priorities for Healthwatch and overseeing the work. For a brief while I filled in as ‘Acting Chair’ due to the retirement of our Chair. We concentrated on recruiting new Committee members to widen the representation and are pleased to have two new members this year, including a new Chair, and look forward to working with them in the future. I’m also an active member of the Healthwatch PPG Forum, supporting patient engagement in developing GP services at individual practices and have been supporting the pilot of our Healthwatch Practice in Participation Award (see p 4).

I acted as Project Sponsor to support the Because We All Care (BWAC) campaign, gathering local feedback on issues to inform both local action and to contribute to the national picture. Dire though 2020 was, it was reassuring to realise we were all in much the same boat. Poor availability of NHS dentists, both locally and nationally, was one of the issues raised in BWAC feedback. We carried out a telephone exercise to see which dentists locally provided NHS services. I spoke to about 12 dental practices as part of that campaign.

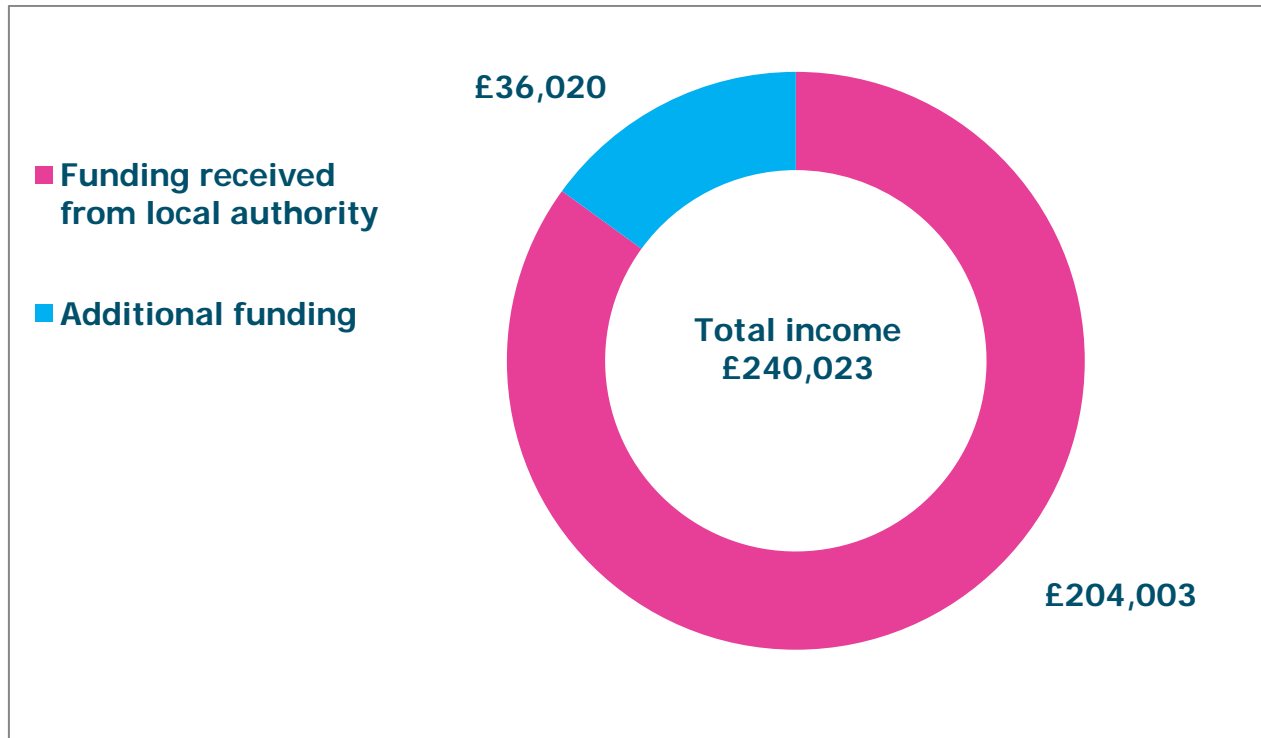
I did a brief analysis of the concerns arising this year to help inform the committee’s decisions and scoped out one possible project as part of the priority-setting exercise for 2021–2022. New work will be developed over the summer for projects to start in late summer/autumn. Now I can look forward to new challenges for the coming year and continue working for my passion – improving health and care services in Newcastle.”

**Terry Bearpark**

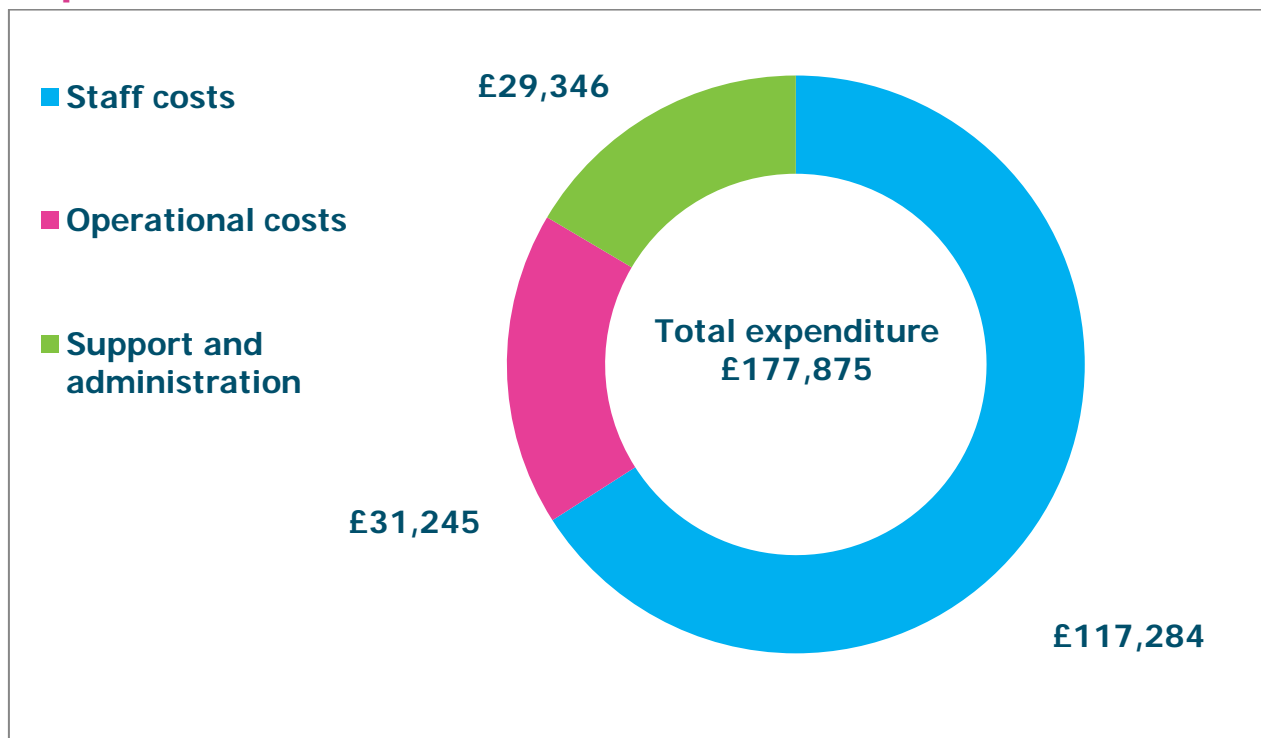
# Finances

We receive funding from our local authority under the Health and Social Care Act 2012. In 2020–2021 our budget was £204,023 and we spent £177,875.

## Income



## Expenditure



# Next steps and thank you

## Our priorities

1. In response to the Domestic Abuse Bill, which will become law in 2021 we are prioritising work on service provision for children and young people affected by domestic abuse. Through this work we seek to amplify the voices of (non-abusive) parents and their children to identify the support needed to cope and recover from the impact of domestic abuse.
2. We will look at how annual NHS health checks for people with learning disabilities work in practice to better understand: the experiences of those receiving the health check, the value they have for those people and any barriers that prevent uptake, with a view to ensuring better health outcomes for people with a learning disability.
3. In addition to the above priorities, we are exploring further how we might work to support the uptake of the COVID-19 vaccination. We have identified areas of work around access to GPs and mental health services that we will track and monitor over the coming months, reacting appropriately as themes emerge.
4. Finally, our learning from this year has taught us that we need to be flexible and agile and we have identified resources that will enable us to respond to additional issues that may arise throughout the year.

## Next steps

Looking ahead to the coming year and with the continuing impact of COVID-19 as our backdrop, our focus is as it always has been. We will continue to seek out and listen to the experiences of those using health and social care services in Newcastle. Now more than ever it is important to amplify voices and address the inequalities which the pandemic has brought more sharply into focus.

**“This is my first annual report for Healthwatch Newcastle and what a time it covers. Looking back the response from individuals, communities and organisations has been amazing. I’m proud of the response across the city and the contribution that our volunteers and staff have made.**

**Joining an organisation during a global pandemic was a scary and optimistic decision to make, I chose this because I believe in the work we do. The past year has underlined the connections between poverty and poor health and rising inequalities too often linked to where people live. Amplifying the voice and experiences of people, especially those who are marginalized and not heard, is more important than ever.**

**Our commitment to playing our part and engaging with people and communities across the city remains as strong as ever and we look forward to the coming year with a sense of optimism and determination.”**

**Siobhan O’Neil**

**Healthwatch Newcastle Chief Executive**

# Statutory statements

## About us

Healthwatch Newcastle, MEA House, Ellison Place, Newcastle upon Tyne, NE1 8XS

Organisation holding the Healthwatch Newcastle contract:

Tell Us North CIC (company number 10394966), MEA House, Ellison Place, Newcastle upon Tyne, NE1 8XS

info@tellusnorth.org.uk

Healthwatch Newcastle uses the Healthwatch Trademark when undertaking our statutory activities as covered by the licence agreement.

## The way we work

### **Involvement of volunteers and laypeople in our governance and decision-making**

Our Healthwatch Committee consists of six members who work on a voluntary basis to provide direction, oversight and scrutiny to our activities. The Committee ensures that decisions about priority areas of work reflect the concerns and interests of our diverse local community. Through 2020—21 the Committee met five times and made decisions on matters such as choosing Healthwatch priorities and aligning them with Healthwatch England for the new financial year.

### **Committee members 2020—2021**

Peter Deans – Chair (joined February 2021)

Alexandros Deargies-Chantler – Chair (stepped down September 2020)

Alisdair Cameron – Committee member

Feyi Awotona – Committee member

Terry Bearpark – Committee member (interim Chair September 2020 – February 2021)

Gill Clancy – Committee member

Idah Dodzo – Committee member (joined December 2020)

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

We ensure public involvement in deciding our work priorities. An annual priority-setting exercise is held every January to April. Concerns and feedback from the public are collated from our feedback centre, signposting enquiries and outreach. Local and regional intelligence is also gathered from various sources, including voluntary and community sector organisations. Areas of interest are identified from these sources and a shortlist of potential work priorities is created.

Public and stakeholder feedback on the shortlist is gathered via an online survey, community outreach and at our annual conference. The Healthwatch Committee meets to discuss the feedback and then agrees on our priorities for the next 12 months.



Things changed so much during our priority-setting exercise in early 2020. Our efforts to gather feedback were hampered by the COVID-19 pandemic and restrictions on gatherings and movement. Our Committee decided to take a different approach for 2020–21 and it was agreed to align our priorities with those of Healthwatch England. Our priorities were:

- Information-giving — communicating key messages to the public, with a particular emphasis on how to stay safe and well during the pandemic and how to get help if and when required.
- Signposting — supporting people to get the help that they need in response to enquiries via the phone, email, website and social media.
- Troubleshooting — helping people who are not getting the response they need from services.
- Supporting the local communities — working with the voluntary and community sector, health and the local authority to support the wider community.

### **Methods and systems used across the year's work to obtain people's views and experiences**

We use a wide range of approaches to ensure that as many people as possible have the opportunity to provide us with insight into their experience of health and care services. During 2020–21 we were available by phone, email and a form on our website, as well as providing an online feedback centre rate and review system. We also attended virtual meetings of community groups and forums and provided virtual activities and engaged with the public through social media.

We are committed to taking additional steps to ensure we obtain the views of people from diverse backgrounds who are often not heard by health and social care decision-makers. This year we have done this by, for example, approaching several local organisations to ask if they would like to record an information video for us. This gives organisations an opportunity to talk about their service and referral methods. We can use these videos as part of our signposting function. The videos are also publicised on social media and allow us to engage directly with the public and ask their views on the topic covered.

In October 2020 we held a 'One collective voice' event. Using Zoom and, with the help of our volunteer Champions, invited a range of local voluntary and community sector organisations to discuss their experiences of operating during lockdown. One of the main points to come out of the event was awareness of digital exclusion. Attendees expressed worries about equal access to services and this is an issue we continue to monitor. However, all the participants made the point that the pandemic has brought people together and they valued the opportunity to attend an event of this kind.

We ensure that this annual report is made available to as many members of the public and partner organisations as possible. We publish it on our website [www.healthwatchnewcastle.org.uk/about-us/reports](http://www.healthwatchnewcastle.org.uk/about-us/reports)

## Responses to recommendations and requests

There were no issues or recommendations escalated by our Healthwatch to Healthwatch England Committee and so no resulting special reviews or investigations.

## Health and Wellbeing Board

Healthwatch Newcastle is represented on the City Futures Board (the Health and Wellbeing Board in Newcastle) by Chief Executive Siobhan O’Neil and Committee Chair Peter Deans. During 2020–21 our representatives effectively carried out this role by attending meetings and sharing information. We also attended the Health Scrutiny Committee and our Chief Executive is taking part in the Newcastle Health and Care System Leadership Development Programme. This facilitates multi-agency leadership capabilities and fosters networking and collaborative working across the broad system of health and social care.

**Collaborative Newcastle has come together to develop and implement a programme of support and innovation for care homes. Healthwatch Newcastle have been a trusted partner working with the CCG and colleagues in the Local Authority, NUTH, CNTW and Care Home Providers throughout the development of the programme and delivery through the covid pandemic. At the monthly Collaborative Newcastle Care Home Group meetings Healthwatch Newcastle have acted as a critical friend always ensuring the voice of residents and carers are represented and are at the forefront of discussions and planning of work programmes.**

**Penny Swan, Delivery Project Lead at Collaborative Newcastle**

## Share your views with us



If you have a query about a health and social care service or need help with where you can go to access further support, get in touch. Healthwatch Newcastle is here for you.

w: [www.healthwatchnewcastle.org.uk](http://www.healthwatchnewcastle.org.uk)

t: 0808 178 9282

e: [info@healthwatchnewcastle.org.uk](mailto:info@healthwatchnewcastle.org.uk)

# Glossary

## **Because We All Care**

A Healthwatch England campaign in partnership with local Healthwatch and the Care Quality Commission. To encourage people to give feedback on NHS and social care experiences during the COVID-19 pandemic and help improve services for everyone.

## **Care Quality Commission (CQC)**

The independent regulator of all health and social care services in England.

## **CIC**

A CIC (Community Interest Company) is a special type of limited company which exists to benefit the community rather than private shareholders. Any profit is used to grow and develop the business and benefit the community.

## **Clinical Commissioning Group (CCG)**

A group of medical professionals that collectively plan and buy services in the local area, including mental health services, urgent and emergency care, elective hospital services and community care. NHS Newcastle Gateshead CCG is responsible for this in Newcastle.

## **Collaborative Newcastle**

A partnership that aims to transform the health, wealth and wellbeing of everyone in Newcastle. The partnership includes Newcastle upon Tyne Hospitals NHS Foundation Trust; Newcastle City Council; NHS Newcastle Gateshead CCG; Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust; local GP practices and the VCS.

## **Commissioning**

This is the process for planning, agreeing, paying for and monitoring services.

## **Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (CNTW)**

Provides mental health, learning disability and neurological care across the north of England.

## **Health and Social Care Act 2012**

The Health and Social Care Act created the most wide-ranging reforms to the NHS since it was founded in 1948. It included the creation of a Wellbeing for Life Board and Healthwatch in each local authority area and CCGs in England.

## **Healthwatch England**

An independent organisation whose main legal functions are to provide leadership, guidance, support and advice to local Healthwatch organisations and escalate concerns about health and social care services raised by local Healthwatch to the CQC.

## **Newcastle upon Tyne Hospitals NHS Foundation Trust (NUTH)**

Provides hospital and community health services in Newcastle and across the North East.

## **NHS Health Check**

A free health check-up for adults in England aged 40 to 74 every five years. It is designed to spot early signs of stroke, kidney disease, heart disease, type 2 diabetes or dementia.

Anyone aged 14 or over and on their GP's learning disability register can also have a health check once a year.

## **One collective voice**

'One collective voice' is an information-sharing protocol, developed by Healthwatch Newcastle in collaboration with the VCS in Newcastle upon Tyne. We hold 'One collective voice' events on an ad hoc basis where VCS organisations are invited to share their experiences and expertise on a particular theme.

## **Provider**

This refers to an organisation directly delivering health or social care services.

## **Health Scrutiny Committee**

This committee is responsible for carrying out all scrutiny activities concerning health, public health and social care. This includes scrutiny of the commissioning and delivery of NHS-funded services in Newcastle.

## **North of Tyne PALS**

The Patient Advice and Liaison Service (PALS) offers confidential advice, support and information on NHS services and health-related matters in the North of Tyne area. PALS provides a point of contact for patients, their families and their carers.

## **Patient Participation Group (PPG)**

A group of GP patients who meet regularly (in person or virtually) and work in partnership with their practice to improve patient services. From April 2016, it has been a contractual requirement for all English GP practices to form a PPG.

## **Voluntary and community sector (VCS)**

This sector is independent of the government and private sectors. It is very diverse and covers everything from local playgroups to national and international charities. They are non-profit, self-governing organisations and include registered charities and CICs.

## **Wellbeing for Life Board (City Futures Board)**

The Wellbeing for Life Board is known as the City Futures Board in Newcastle. The Board is responsible for making strategic decisions and overseeing improvements in health and social care services in Newcastle. Board members include local councillors and representatives from Children's and Adult's Social Care, Newcastle Gateshead CCG, Public Health, the VCS and Healthwatch Newcastle.

# Thank you

Thank you to everyone who is helping us put people at the heart of care, including:

- Members of the public who shared their views and experience with us
- All our amazing staff and volunteers
- The organisations that have contributed to our work:
  - Age UK Gateshead
  - Children North East
  - Collaborative Newcastle
  - Connected Voice
  - Diabetes UK
  - Haref
  - Josephine and Jack Project
  - Making Changes NE
  - MEARS
  - Men's Pie Club
  - Mental Health Concern
  - Moving On Tyne & Wear
  - Newcastle City Council
  - NHS Newcastle Gateshead CCG and its long-term conditions group
  - Northern Cancer Alliance
  - Northumbria Blood Bikes
  - Northumbria University
  - Parkinson's UK
  - Tyneside Mind
  - Unfolding Theatre
  - Veterans at Ease
  - Ways to Wellness

**"The partnership with Healthwatch Newcastle has been invaluable to the work of the Northern Cancer Alliance. In particular, our recent 'Help Us Help You' campaign that aims to increase the rate of urgent cancer referrals back to pre-pandemic levels across all tumour sites. This has involved Healthwatch promoting and sharing symptoms awareness messages and communications resources across the Healthwatch network in our region and into the wider community. Without the support of the team we definitely would not have had the reach we have been able to achieve across our communities."**

**Jo Mackintosh, Delivery Manager at Northern Cancer Alliance**

# Contact us



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