



Healthwatch Warwickshire
2026 Conference
16 June 2026

healthwatch
Warwickshire

Agenda

HWW Chair

**Integrated Care Board
Cluster Speakers**

Enter & View

Break

**Healthwatch
Warwickshire showcase**

Lunch

**Warwick Business
School Speaker**

Transition Panels

Summary and close

Elizabeth Hancock–summary

Chair, Healthwatch Warwickshire



Conference Opening

- We're pleased to welcome colleagues from across our health and care system, including residents, patients, the voluntary sector, NHS, local government, and our staff, volunteers and Board.

Why we've called this Conference

- Last June, the announcement about the abolition of Healthwatch came as a real shock, with no prior warning.
- While we continue business as usual, working in communities, listening, and gathering evidence we are concerned about the future of the patient voice.
- Particularly for those whose voices are already frequently ignored.
- In a complex system, we must ask: how do we ensure patient and public voices continue to shape decisions?

Looking Ahead

- The proposed NHS changes create uncertainty, and we cannot afford to wait.
- This conference is the start of that conversation.
- We will be establishing Transition Panels to explore practical solutions for the future.
- We invite you to be part of that work as we build strong, sustainable ways to keep patient voice at the heart of decision-making.
- We look forward to working with you.

Simon Trickett

Chief Executive, Cluster ICB



Crishni Waring

Chair, Cluster ICB



NHS Coventry and Warwickshire
NHS Herefordshire and Worcestershire

In their newsletter (18 June 2026) the ICB said about the Healthwatch Warwickshire Conference 2026...

“Our Chair, Crishni Waring, and Chief Executive, Simon Trickett, attended as keynote speakers, sharing their perspectives on the vital role that patient insight plays in commissioning decisions and emphasising neighbourhood health as a key priority for the future.”

Sign up to the Integrated Care Roundup [here](#)

Enter and View

Robyn Dorling

Enter & View and Central Services Lead, Healthwatch Warwickshire



Robyn Dorling

Enter & View and Central Services Lead

Health & Social Care Act 2012



Health and Social Care Act 2012

Enter and View is a legal power given to Healthwatch under the Health and Social Care Act 2012.

It gives us the statutory authority to enter any premises where publicly funded health or social care is provided.

Background



Previously, Community Health Councils handled complaints and had inspection powers.

When abolished, Patient Advice and Liaison Service were set up to handle complaints & Patient and Public Involvement Forums were established without inspection powers.

Concerns were raised in Parliament about the loss of independent non-regulatory oversight. When Healthwatch was established it was given the power of Enter and View with the important distinction that it was not an inspection.

Establishing Enter and View in Warwickshire

Benefited from our CE's previous experience as Enter & View Lead at Mid Staffordshire Hospital during the time of Sir Robert Francis QC's Enquiry.

Locally developed approach and strengths

Well-trained volunteers

Unannounced Visits also encourage a culture of openness

Focus on vulnerable people for whom care is not an appointment

Core questions used to assess lived experience in care homes: Would I like to live here? Would I be happy for my relative to live here, if not, why not?

Volunteer Authorised Representatives



Jackie Prestwich



Maggie Roberson



David Alexander



Dilys Skinner



Sue Roodhouse



Sue Tulip



Susan Jenkins



Ali Raza



Megha Nivsarkar

What will be lost?

The Department of Health & social Care has no plans to replace Enter & View when Healthwatch is abolished

Loss of independent, community-led oversight's 'eyes and ears'

The gap between regulation and lived experience

Partnership working, we raise concerns with regulatory organisations

Risk of issues going unheard

Healthwatch Warwickshire Showcase

Healthwatch Warwickshire Staff



Cycle of Activity

Deborah Key

Insight & Communications Lead

Hear from the public

Listen to local and national stakeholders

Share impact with the local community

Look for themes and concerns arising

Partnership working, influence for better care

Discuss internally how best to approach an issue

Collect and interpret evidence, produce reports

Use targeted engagement, including surveys

Cycle of Activity–speakers notes

Hear from the public through various feedback channels

–We manage an Information & Signposting service, and people can contact us by phone, email, or through an online form on our website. –We undertake face to face engagement continually, at events in towns and villages across the whole county. –We listen, and where appropriate, we help. We are open to hearing all feedback on health and social care experiences from patients and the public, good and bad, although we do concede, people mostly speak to us when things haven't gone so well for them. –We seek out those who are frequently ignored and ensure that people know we are independent, and non-judgemental.

Listen to local and national stakeholders

–We attend patient groups, sit on committees & boards, collaborate, and offer expertise on steering groups. We aim to appreciate current changes in local health, care, and government systems.

Look for themes and concerns arising

–We focus on issues that are most important to the people of Warwickshire, asking ourselves, 'who else is looking at this issue?' and 'are we best placed to carry out this work?'

Discuss internally how best to approach an issue

–As a team, we share knowledge and challenge each other's understanding. Our small and mighty team are 7 part time and 1 full time staff members, 12 Volunteers, and 8 Board Directors. –We're remain willing to learn and focussed on how to improve experiences for patients.

Use targeted engagement, including surveys

–We put time and commitment into designing focussed surveys that allow us to hear from patients with recent experiences of local services. –We ensure that our surveys can be completed digitally and on paper, using all our engagement channels to raise awareness of current feedback requests. –HWW staff will shortly share some details with you, of how recent engagement has had positive and lasting impact on local people.

Collect and interpret evidence, and produce reports to amplify patient voices

–We analyse findings from our surveys internally, we include verbatim quotes in our reports, and we're committed to not giving our own opinions. –We have absolutely no intention of catching anyone out and like to discuss our intentions with local stakeholders.

Encourage partnership working to influence for better care

–Our aim is to share findings, and recommendations where appropriate, directly with providers of services.

–This includes through Enter & View, as you heard earlier, by sharing and presenting our written reports, and as many of you will be aware, through our CE, Chris Bain. Often, we work with local partners from the beginning of an engagement project, through to implementation of next steps.

Share our impact with the local community

–HWW use social media channels, our own website, quarterly performance reports, an e-newsletter, and an annual report to share information with the public.

–We describe what we do, why we do it, and what impact our activity has on improving patient experiences.

–We ask for public feedback on all these things, and so, continue the cycle...

Perinatal Pelvic Health

Caroline Graham, Engagement & Intelligence Lead (South Warwickshire)

healthwatch
Warwickshire

Pelvic Health Terminology Report
October 2025



Read full report on HWW website [here](#)

healthwatch
Warwickshire

Perinatal Pelvic Health—speakers notes

Last year, we were invited by our Local Maternity System and the South Warwickshire Foundation Trust's Perinatal pelvic health team. to find out how well medical terminology around and anatomy around pelvic health was understood by the public. The aim was to develop a website so people could access information on pelvic health. We spoke to people, face to face, used a survey and a focus group we heard from 57 people, 21 told us that English was not their first language.

Someone who told us English is not their first language said **“I know some of these words in my own language but not in English. When you go to hospital is it difficult to describe when I don't know words for some of the body parts. I don't always want to have to use an interpreter. It is good to learn.”** People were happy to speak to us and really appreciated learning some new words. The words we asked about are uncommonly used words and less likely to be familiar to people do not have English as a first language.

We heard from a non-binary individual: **“My partner, who is transgender, might avoid the medical terminology as it could be triggering. It is important to use gender neutral language on a web page.”** We picked up on issues for the trans community and the need for sensitivity around language and to be inclusive, so everyone can access support.

We heard from someone who identified as White British who told us: **“I had confusion between the meaning of vulva and vagina. It has been good to learn what they mean.”** We heard from many people, including native English speakers, that some words were not well known (fewer than half the people could correctly identify labia, rectum or vulva). Some people very confidently miss-identified parts of the body. People didn't know they had got it wrong and this really highlighted the need for education and for clear explanations

Perinatal Pelvic Health—speakers notes

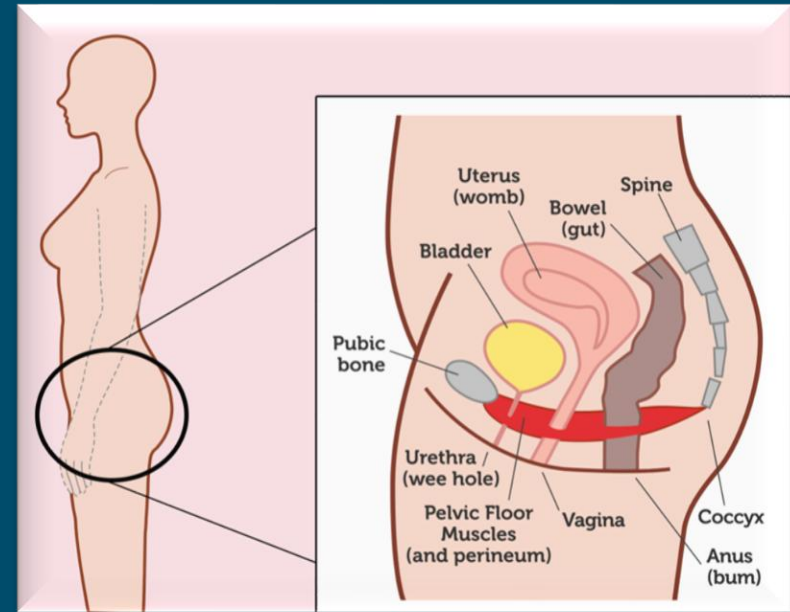
Through this engagement, we identified specific recommendations for the pelvic health webpage.

- Having a translation function so people can read in their own language.
- Use diagrams and functional descriptions to enable people to understand. During engagement we heard that not everyone knew what a urethra is, but when it is described as a 'wee hole' people understood.

This is just one example of a recent piece of work where we developed engagement for a very specific outcome. Listening to people face to face enabled us to find what was needed to ensure the website was understandable for the public. We aren't afraid of having sensitive conversations and finding answers to difficult questions.



The Impact of our work



“Your work has highlighted the need to provide clear explanations of terminology, anatomy, and function – supported by visual aids – regardless of whether readers believe they are familiar with the terms. We also recognise the additional challenges faced by those for whom English is a second language and have therefore integrated Google’s accessibility features into the website to support translation and comprehension.” Perinatal Pelvic Health Service

Frequently Ignored Groups – Transient Communities

Shabina Khalifa, Engagement & Intelligence Lead (Warwickshire North)



**Gypsy, Roma & Traveller
(GRT)**



Canal Boaters

Frequently Ignored Groups – Transient Communities- speakers notes

Shabina Khalifa, Engagement & Intelligence Lead (Warwickshire North)

When I started working with the GRT community, I was building relationships to see what positive differences we could make, to ensure the GRT community received the services they needed. I have found them to be warm, friendly, welcoming and willing to engage. This didn't happen overnight; it took time and many visits to build a trusting relationship. When I went on to the sites I didn't just ask about their health, I showed an interest in their history, their lifestyles, and their families.

We started with monthly visits to sites in a health bus. We took snacks, items of clothing, sanitary products, and baby items to encourage families to come on to the health bus and speak to us. I walked the sites with the On-site managers and the GRT Liaison Officer from Warwickshire Police. I spoke to families one by one.

A traveller told me that he struggled with his mental health. Each time I visited I made a point of going to see him and asking how he was doing. After the third visit, he voluntarily came and spoke to the mental health nurse on board the health bus.

Families reported family members who had recently been diagnosed with bowel cancer or breast cancer. They wanted more information about screening for their families. I arranged for the Bowel and Breast Cancer Screening Nurses to come on site to provide advice on how the screening is carried out.

One of the sites had young children, who didn't attend school. I arranged for the school nurses to come on-site; They set up a programme of activities around healthy eating and the importance of looking after your teeth.

A family needed help with booking a blood test. It is common for members of the community not to be able to read/ write, so they were struggling to do the online booking. I helped them with the booking, and they went for the test a few days later.

These are just a few examples of the ways in which we listened to the needs of the community and then delivered targeted healthcare services.

The key takeaway from this work was that the trusting relationship we built, opened the doors for other healthcare professionals to be able to come on site and offer their services too.

The work we did with our partners and the GRT community was so successful that we started to look at how we could transfer the learning to other transient communities.

Working with the GRT Community



**Mental
Health**

**Cancer
Screening**

**School
Nursing**

Phlebotomy

Engaging with the Canal Boating Community

How do they access care when they are constantly on the move?

How do they communicate with healthcare professionals?

How do they receive continuity of care?

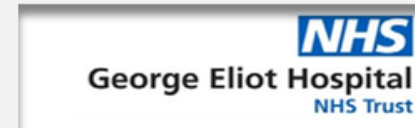
What can each healthcare partner do to make things better?

Working together to deliver changes

Read full report on HWW website [here](#)

Partnership Working

Healthcare Providers



Emergency Services



Councils



External Agencies



Frequently Ignored Groups – Transient Communities- speakers notes

Shabina Khalifa, Engagement & Intelligence Lead (Warwickshire North)

Boaters told us they use social media channels to find out what is happening in the area that they are travelling in to. They told us that the Towpath Talk magazine and the Canal and River Trust website is used widely to access key information. With our partners, Healthwatch Warwickshire created a digital survey to find out more about the boater's healthcare needs. We then targeted these communication channels to promote the survey to capture as many views as possible.

Like the GRT community, boaters told us that those who "continuously cruised" were more likely to experience issues with accessing services than those who had a permanent mooring. The biggest challenge was accessing a GP surgery when out of the area. There was a fear that if the registered GP surgery found out you lived on a boat, they were highly likely to remove you from their patient list, leaving you without access to a designated GP. The full report of our findings on the boating community can be found on the Healthwatch Warwickshire website.

Our partnership working continues to adapt and evolve. We are transferring our learning from working with these 2 communities into other frequently ignored groups such as the faith groups, the farmers, the homeless, the asylum seekers and refugees, and many more.

Identifying the needs of the Canal Boating community



**Visits to towpaths,
key junctions, and
marinas**

**Informal chats with
CRT volunteers,
individuals and
families**

**We created and
promoted a digital
survey through
community specific
magazines and
social media**

**Arranged for other
healthcare
professionals to
provide support**

Key Findings & Outcomes – Acute & Primary Care

Temporary Registrations without a postcode

- Training programme for front desk staff
- Flagging patients on clinical systems

Communication Methods

- Adapted communication to phone calls and text messaging instead of reliance on paper



Key Findings & Outcomes – Acute & Primary Care

Targeted promotion of healthcare materials and services

- On-site noticeboards
- Community specific magazines
- Social media channels

Bring care into the community

- Healthcare providers and Health Bus visiting sites
- Social prescribing teams providing support
- Healthcare event on towpaths
- Potential for a floating health clinic

Key Findings & Outcomes

Ambulance Service & NHS 111

- **Recognition of locations without a post code (What3Words)**
- **Training on needs of GRT and Boating Communities**

Emergency Services

- **Safe & Wellbeing Checks at GRT sites/ towpaths**
- **Installation of smoke alarms and fire safety advice**
- **Supply of personal alarms and advice on caravan/ boat security**

Key Findings & Outcomes

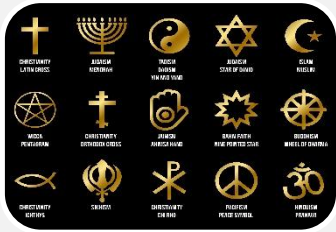
Access to shower facilities

- **Everyone Active is providing access to showers at council run leisure centres**

Healthwatch Warwickshire

- **Continues to raise patient voice with health and social care partners**
- **Rights to Access Primary Care**

Frequently Ignored Groups



Faith communities



Farmers



Asylum Seekers & Refugees



LGBTQ+



Armed Forces & Veterans



Deaf/ Hard of Hearing



Vision Support



Neurodiversity & Learning Disabilities



Homeless

and more...

Right to Access Primary Care (RAP)

Vina Fatania, Engagement & Intelligence Lead (Rugby)

Healthwatch Warwickshire RAP (Rights to Access Primary Care) cards were handed out across the county and are still in use today.



healthwatch
Warwickshire
01926 422 823

I HAVE THE RIGHT
TO ACCESS
TREATMENT AND
REGISTER WITH A
GP PRACTICE



The NHS constitution says:

- I **do not** need a fixed address
- I **do not** need identification
- My immigration status **does not** matter

If I have any issues registering or accessing a GP practice my local Healthwatch can direct me to advice

healthwatch
Warwickshire

01926 422 823

www.healthwatchwarwickshire.co.uk



Right to Access Primary Care (RAP) – speakers notes

Vina Fatania, Engagement & Intelligence Lead (Rugby)

What is RAP and why did HWW create it? I'd like to take you back to 2017, when I had just joined Healthwatch Warwickshire as one of two Engagement and Outreach Officers.

At that time my role covered the whole county, rather than a specific area as it does now. My job was to listen to people's experiences of accessing health and social care, and to understand the most common issues in each district. I drove around the county, visiting community centres and local groups, and meet with all the Warwickshire County Council locality teams. I wanted to understand which communities were being frequently ignored.

One issue came up again and again: homelessness – both rough sleeping and hidden homelessness. It was a growing concern across every district, and it was also becoming a national conversation.

In 2018, I carried out more focused engagement with homelessness organisations, volunteers and people experiencing homelessness themselves. I wanted to understand the barriers they faced when trying to access care.

We heard: that people felt unwanted, They could not get an appointment, They were turned away from a GP surgery when they needed care/treatment, or they were told that they were unable to register with the GP surgery because they had no fixed address or in some cases no reason was even given at all.

Some people who were registered with a GP did not go because of previous negative experiences, or because they had heard about other people's negative experiences. Instead, they went to A&E or avoided seeking treatment altogether.

That told us something very clear: access to GP and primary care was a real issue, and it was contributing to avoidable pressure on A&E.

By this point, other local Healthwatch across England had produced similar rights cards, and Groundswell, a homelessness charity was also handing out the cards in London. I felt that giving someone a card was only one part of the answer. It needed to be supported by something more – something that would help people feel informed, confident and empowered to advocate for themselves, while also giving organisations the understanding and practical tools to support them.

After research and lots of discussions, I decided the project would focus on people's rights from four key sources: NHS Constitution, Equality Act 2010, Accessible Information Standard, Human Rights Act

Together, these became the foundation of the project.

The NHS Constitution sets out the rights and responsibilities of patients, staff and the public, and helps ensure the NHS operates fairly and effectively.

For RAP, we focused particularly on Principle 1 – that the NHS provides a comprehensive service available to all – and Principle 4 – that the patient should be at the heart of everything the NHS does...

Right to Access Primary Care (RAP)-speakers notes

Vina Fatania, Engagement & Intelligence Lead (Rugby)

We also looked at duty of care within the Primary Medical Care Policy and Guidance Manual. In practice, this means: General Practices are under a duty to provide emergency or immediately necessary treatment, where clinically necessary, irrespective of nationality or immigration status. The practice is required to provide 14 days of further cover following provision of immediate and necessary treatment. The project would make a clear distinction between someone's right to access treatment under duty of care, and the separate issue of registering with a GP practice when they have no fixed address.

With that aim in mind, I took the idea and developed it into a full project proposal for our Board. This included a detail budget, timescales, aims, and an 18-month delivery plan. Once it was approved, Internally, we set up a task and finish group made up of Board directors and volunteers. They helped proofread documents such as the booklet and leaflet, provided constructive criticism when needed, and supported the distribution of the rights cards. Our volunteers also carried out mystery shopping calls to GP practices across Warwickshire. They asked what process would be followed if a person experiencing homelessness tried to access care, so that we could better understand what was happening in practice.

To make sure we understood the guidance properly, we liaised with Dr Spraggett, Chair of South Warwickshire Clinical Commissioning Group. We met with him several times to talk through the Primary Medical Care Policy and Guidance Manual, as well as the Patient Registration Standard Operating Principles for Primary Medical Care. This helped us make sure the information we shared was accurate, clear and consistent. We also worked with Warwickshire County Council's homelessness officer and the homelessness strategy group. The data they shared on homelessness levels across each district helped us decide where to begin, and the order in which we would deliver the project across Warwickshire.

The delivery plan was to offer free workshops to any community, voluntary or statutory organisation supporting people experiencing homelessness, or volunteers likely to come into contact with them. The workshops would cover: Who is Healthwatch Warwickshire, What is Rights to access healthcare, NHS Constitution, What do we mean by GP duty of care, What the NHS guidelines for GP registration were. Alongside the workshops, attendees would be given credit-card-sized rights cards attached to a trifold leaflet which had six sides to providing practical information for the individual. We also planned to handout a booklet with useful information provided from the workshop and around primary care, so organisations could support individuals and future clients or service users...



Right to Access Primary Care (RAP)–speakers notes

Vina Fatania, Engagement & Intelligence Lead (Rugby)

At the heart of this project, it was about empowering people with knowledge about what their rights are

As part of the project plan, we also made sure that every GP practice in each district was contacted and sent the project information, along with a booklet made specifically for GP practices.

This helped practices understand the project and the key messages we were sharing. In South Warwickshire, the Chair of South Warwickshire CCG co-signed a letter with our Chief Executive to encourage GP practices to get involved.

The project officially launched in February 2019.

We began in Warwick District, then moved to Stratford, Rugby, Nuneaton and Bedworth, and finally Warwickshire North. We allocated three months to each district, giving us time to advertise, build relationships and deliver the workshops.

The workshops were open to everyone – from council housing teams to small voluntary groups. Sometimes one person attended; sometimes there were 25.

Every workshop provided the same core information, so the message stayed consistent wherever people attended.

At the end of each three-month period, we also held a lunch event for people experiencing homelessness linked with a homeless organisation.

As the project progressed, it became clear that every district needed a slightly different approach, and the level of engagement from GP practices varied. Unfortunately, delivery in Warwickshire North was disrupted by the pandemic lockdown.

In 2020, we wrote and distributed the project report. Here are figures showing the reach of our work:

We delivered 35 workshops, We had 234 attendees; 450 booklets were distributed out; and 1,690 cards were given out.

But the impact is best heard through people's own words.

One person told us: "Initially I was wary of registering as I was unsure about not having an address but after speaking to staff and getting a card, I felt more confident. I think the card has given people like me more confidence to get a doctor."

Where are we now?

In 2022, we reviewed provision and found that, following the pandemic, access for people experiencing homelessness had improved in some ways.

However, over the last couple years we have continued to receive requests for RAP cards and rights information. At the end of 2025, we offered to carry out further engagement across Warwickshire to feed into the People Experiencing Homelessness Strategy Group. We spoke again with homelessness organisations to understand whether new barriers had emerged.

From that mini engagement we heard that new barriers had emerged— with the online triage forms at GP practices and telephone call-back appointments. So, we are now looking at how RAP can adapt, so that people experiencing homelessness continue to know their rights and are supported to access the healthcare they need.



PICTURE SUPPLIED

Ambitious project provides advice

Homeless people in Rugby enjoyed a tasty fish and chip meal to mark the first year of an ambitious health project. Local Patient Voice Service, Healthwatch Warwickshire, held the lunch to mark the 'Rights to Access Healthcare' project, and free fish and chips were given out at Hope4, a drop in service in Rugby. Vina Fatania, who leads on the project at Healthwatch Warwickshire, said: "It's about empowering those who use services, and informing those who provide services, by giving out information about people's rights to access primary care, such as GPs." Visit www.healthwatchwarwickshire.co.uk for more information.

Read full report on HWW website [here](#)

Dentistry- speakers notes

Vina Fatania, Engagement & Intelligence Lead (Rugby)

As we all know, Covid-19 had a huge impact on NHS and social care services. Dentistry, like many other services, had to make major adjustments, and there was a lot of publicity around limited access across England.

To begin understanding what the impact looked like here in Warwickshire, our volunteers carried out mystery shop phone calls to dental practices in June 2021.

We wanted to find out:

- whether practices were taking on new NHS patients,
- whether there was a waiting list to register,
- how often practices updated the NHS website,
- what arrangements were in place for emergency treatment, and
- whether they still had the same number of dentists as before the pandemic.

In total, we telephoned 53 practices, and 42 spoke to us.

What this illustrated for us, was that across Warwickshire, there appeared to be a real issue with NHS patients accessing dentistry. The situation was particularly difficult in Rugby, where we found no NHS dentists taking on new patients.

Between 2021 and 2022, we continued to receive a high level of negative feedback from people who were struggling to access dentistry, especially NHS patients.

So, in July 2022, we carried out a countywide survey asking people about their thoughts and experiences of dentistry in Warwickshire.

The survey ran for three months, and we gathered feedback from 264 people across Warwickshire.

From this survey, we heard that:

- people had difficulty accessing dental care, especially if they had left a dental practice or had not kept up regular appointments;
- people who did attend regular check-ups were more likely to keep their place at a dentist and access NHS treatment; and
- many people had to pay for private dental care because they could not access NHS dentistry, and many were worried about the cost.

As a result of these two pieces of work, and the concerns we had, we reached out to the dental commissioning team within the ICB and started to build a relationship.

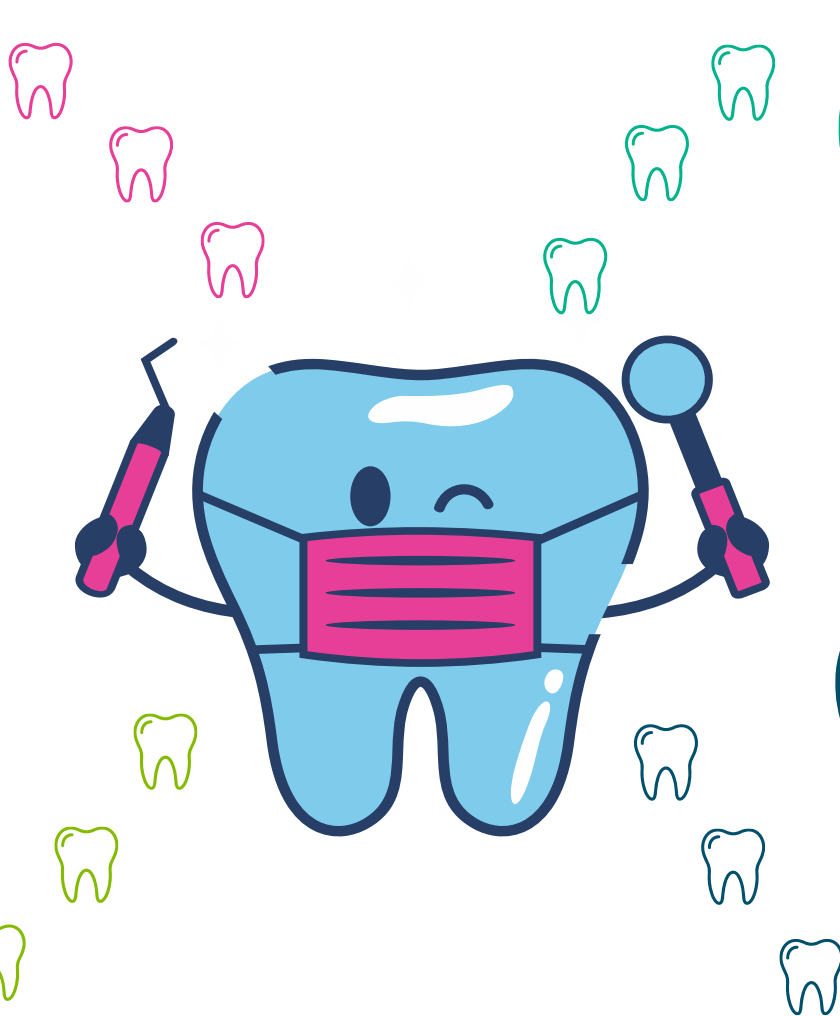
We held regular meetings where we could share the concerns we were hearing, and the dental commissioning team could update us on the additional support and provision being put in place across Warwickshire.

We were also invited to Local Dental Network meetings, where we could share both positive and negative feedback from the public. That working relationship helped us with our information and signposting function, and it helped us create a myth-busting webpage to address some of the misunderstandings people had about NHS dentistry, particularly around what it means to be an NHS patient.

We also introduced oral health questions into our Enter and View visits, and we were able to take part in training on poor oral health provided by WCC and the ICB.

**Countywide
engagement**

**Procurement,
Speaker**



**Relationships
created**

**Targeted work
in Rugby and
Warwick**

Dentistry- speakers notes

Vina Fatania, Engagement & Intelligence Lead (Rugby)

In early 2023, the dental commissioning team asked us to carry out targeted work in Rugby, as it was the district in Warwickshire facing the greatest challenges with access to dentistry. We ran a survey for six weeks during May and June and received 436 responses. When the report was published, the Commissioning Team said they welcomed the survey report. They said it would help improve the quality of services delivered to patients who needed dental treatment, and that they would continue to work with providers to improve dental services.

Then, in spring 2024, a Consultant in Dental Public Health from NHS England Midlands asked us to look at children's oral health. The dental epidemiology survey, which is carried out nationally each year, gives an estimate of oral health by geography. Findings from the 2021 to 2022 survey suggested that dental decay was higher than both the national and West Midlands averages in parts of Warwickshire. So, we carried out a targeted survey looking at children's oral health in three specific wards in Leamington and Warwick. We were also asked by the dental commissioning team to be involved in the procurement process for minor oral surgery within Warwickshire.

And at one of our Young People's Health and Wellbeing Network events we invited the Special Care Dental Service to be a guest speaker. This gave organisations working with young people the chance to learn more about the service available, and how the referral system works.

As a result of all the feedback we gathered through surveys, engagement, and our info box, we were able to collate what people were telling us and share it with Healthwatch England.

Healthwatch England brought together data from local Healthwatch organisations across the country and used it to support the #FixNHS Dentistry campaign in Parliament.

Locally, the information we shared helped inform the NHS England Midlands Region Dental Strategy 2022 to 2024.

And nationally, following Healthwatch's high-profile campaigning, NHS England announced some dental contract changes in 2022. This included a new contractual duty for NHS dental contractors to regularly update their NHS availability on the NHS website.

In 2023, a national and local Healthwatch representative gave evidence in person to an inquiry held by the House of Commons Health and Social Care Committee

The final report concluded that there was an access crisis and said: "Everyone should be able to access an NHS dentist when they need one, wherever they live."

Healthwatch England returned to give evidence to MPs in March 2024. They described how people living in areas with no NHS dental provision were being driven to desperate DIY measures.

In one case, a person had overdosed on borrowed painkillers because of untreated dental problems.

Work is still ongoing around NHS dentistry, but I hope this gives you a small snapshot of how the work we do at Healthwatch Warwickshire can make a difference locally and also contribute to national change.



**#fixNHSdentistry
campaign**



**NHS England Midlands
Region Dental Strategy**



**NHS Dental contract
changes**



**Evidence to Health and
Social Care Committee**



**Healthwatch
England and
Government**

Read full reports on HWW website [here](#)

Dr Emily Rowe

Assistant Professor, Warwick Business School





Coventry and Warwickshire
Integrated Care System

For the
Change
Makers

Healthwatch Warwickshire
16th Annual Conference

Involvement & Engagement in Coventry & Warwickshire: Insights from the CONCORD Study

ICB Sponsor: Rose Uwins

CONCORD Research Team:

Dr. Emily Rowe, Dr. Rosie Oswick & Professor Graeme Currie

CONCORD Study (What was planned?)

Background

- Significant knowledge of best practice for involvement and engagement within VCFSE & ICS organisations, about what good involvement looks like; but it is fragmented and held by individuals or projects, rather than understood as organisations or system.

Aims

- Understand how involvement is being done across the system,
- Develop a system-wide understanding of involvement across Coventry & Warwickshire consolidating fragmented knowledge on community involvement across the system and establish local principles for good involvement,
- Create a framework to support involvement in service planning, delivery, and evaluation, strengthening decision-making using local expertise and best practice.

Outputs

- Produce resources & guidance to:
 - Provide support those who do involvement & organisational teams with principles, guidelines and best practice to support meaningful and impactful outcomes.
 - Assess “what good looks like” informed by VCFSE, public contributor and public sector perspectives.
 - Support decision-making informed by community insight.

CONCORD Study Activities (What we did?)

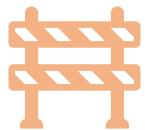


1. Examine the current involvement practices and governance of ICS partner organisations, as it relates to including and acting on community voice across the ICB and ICS structures (with ICS Representatives).



2. Determine community views, preferences and expectations of involvement within the ICB and ICS structures (with VCFSE Representatives & Public Contributors).

- Interviews: Over 40 with representatives from NHS & VCFSE Organisations, Local Authorities & Healthwatch
- Workshops 1 & 2
 - Meaningful and Impactful Community Involvement
 - Practice & Expectations – What matters most



3. Develop an evidence-based framework and guiding principles for involvement to support the delivery of involvement within the ICB and ICS structures (with Stakeholders from activities 1 & 2).

- Workshop 3 (May 2026): Framework Elements, Development Feedback

Summary Findings (What we found?)



- Local intelligence is essential for identifying who to involve.
- Engagement is ongoing relational work & Pre-engagement relationship-building matters.
- Involvement must be reciprocal and mutually-beneficial.
- Across the system, there is shared aspiration for and commitment to doing meaningful and impactful involvement.
- Agree on the need for common principles (not standardised methods), but what matters most is acting on those principles, not only agreeing on them and producing a document.
- Most public contributors highly motivated and willing to support sustained involvement.
- Shared understanding that feedback and transparency matter and that involvement needs to be tailored to the context, purpose and audience.
- Shared desire to improve coordination and collaboration for involvement within the system.
- Improving & Sustaining engagement needs resources, coordination and continuity
- Mixture of evaluative metrics are being utilised to assess the quality and impact of involvement (combination of qualitative and quantitatively evidence).

Summary Findings (What we found?)



Tensions & Challenges

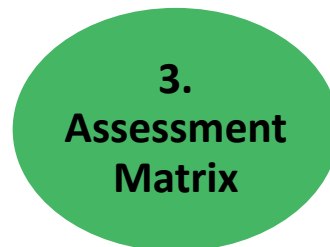
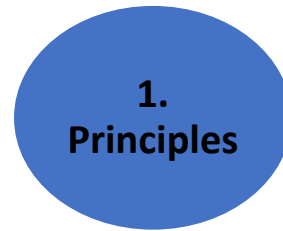


- Differing views on what “counts” as engagement, when to engage, who to engage, how to “manage” community relationships, what should be measured and assessed
- Perspectives on the purpose of involvement varies: Relational contribution vs Decision influence, Ongoing community support vs Expectations of change.
- Setting & Managing Expectations with communities and having clarity about influence and scope before engaging.
- Coordination and collaboration influenced by the system context and resourcing, which enables (or limits) joint involvement activities and practices.
- How to effectively address duplication and engaging the same community groups repeatedly.
- Unclear who uses insight for decision-making, difficulty in associating changes linked to engagement activities & community insights
- Feedback loops are inconsistent & Providing feedback is difficult as timelines differ between individuals doing involvement and decision-makers.
- Weak feedback loops, traceability and time-horizon challenges make it difficult to attribute the impact of engagement, leading to reliance on proxy indicators and under-recognition of relational work.

Involvement on a Spectrum (What we found?)

	Involvement as Activity-based (transactional) interactions	Involvement as an Ongoing (relational) process
	Formal (Coordinated for a specific purpose)	Informal (Meeting someone at an event, on the street, in a clinic)
	Organised	Ad-Hoc & Opportunistic
Approach & Format	Targeted & Project-based	General or Targeted
	Discrete & Clearly Defined	Continuous & Open-ended
Community Insight	Pre-defined, Project & Outcome Driven	Problem Search – Question Driven Orientation
Community Participation	High degree of participation	Lower degree of participation
Relationship	Pre-established Relationship Required	Beneficial but no established relationship required
Community Relationship	Pre-engagement relational work is expected to gain community insight	No pre-engagement relational work expected to gain community insight
Resource Requirements	One off cost and coordination requirement to organise and deliver activities	Lower co-ordination requirements, on-going long-term cost
Compensation	Expected to be paid for time, insights, tasks	No expectation for payment
Feedback Mechanisms	Feedback Possible (but difficult) – Able to close the loop but generally not timely	No Clear Feedback Mechanisms
Decision-making	More direct path to evidence insight in decision-making	Less direct path to evidence insight in decision-making

Involvement Assessment Framework (What is next?)



The Involvement Assessment Framework is a system-wide set of **principles and guidance to support high-quality involvement** across Coventry & Warwickshire. It brings together standards for good practice, practical tools to support planning and delivery, and an assessment matrix to evaluate the quality, impact, and influence of involvement.

System-Wide Principles, to set the standards, commitments and expectations of involvement in Coventry & Warwickshire. It comprises **eight core principles** and **four key enablers** that support good involvement practice. (*What Good looks like? What the system commits to?*)

Best-Practice Toolkit, to be developed from the principles to support practical planning and delivery of involvement. This will comprise tools outlining key activities and considerations at each stage of involvement. (*What happens before, during & after?*)

Assessment Matrix, a tool to assess the quality of involvement activity, the short- and longer-term impact, and the influence on decision-making. (*How to evaluate & evidence quality and impact of involvement?*)

Thank you.
**If you have any questions,
comments or feedback please
share with:**

Emily.rowe@wbs.ac.uk



Introducing Transition Panels

Caroline Graham

Engagement and Intelligence Lead (South Warwickshire)



Read more on HWW website [here](#)

**Overview of the
functions
of Healthwatch
Warwickshire**

**Risks to the Health
and Care System**

**Next steps to hear
Patient and Public
voice**

Functions of Healthwatch Warwickshire

- **Gather the views and experiences of patients and the public**



- **Make these views known, both locally and nationally**





Functions of Healthwatch Warwickshire

- **Provide advice and information about access to services and support for making informed choices**



- **Provide an Enter and View function that is reactive to local health and social care intelligence**



Loss of an Independent organisation for public feedback

- **People talk to us because they know their feedback will not affect their care**
- **We hear and report on what communities need, not what the NHS or care services want to know**
- **We hear from those with problems of access, not just those receiving care**

Risks

- **Loss of feedback from those who no longer trust the health or care system**
- **Services 'marking their own homework'**
- **Missing early warning signs**

Loss of face-to-face community engagement

- **People share their experiences because they have met us in their community.**
- **We hear from those without access to the internet, due to cost, lack of reception, disability, lack of skills**
- **We provide support, signposting and build trust between communities and health and care services**

Risks

- **Loss of relationships with the voluntary sector supporting the disadvantaged and frequently ignored groups.**
- **Loss of feedback from the digitally excluded and frequently ignored groups.**

Loss of a Cross-System Organisation

- **People have complex situations and may need support from health services, social care and the voluntary sector**
- **We have a right to Enter and View any NHS or Social Care premises to listen to feedback and report on findings**

Risks

- **Loss of Enter and View across health and care services**
- **No single service raising issues or providing support across primary care, secondary care, mental health, social care and the voluntary sector**

Next Steps

We propose coming together to find solutions to these challenges and ways to overcome these risks

Transition Panels

Our aim is to bring together stakeholders from across the health and social care system to create a framework ensuring robust arrangements for patient and public voice remain at the heart of planning, development, delivery, and evaluation of health and care services

We don't have the answers, but we want to work with you over the next year to see what is possible

Read more on HWW website [here](#)



**Transition Panel
South
Warwickshire**

**Mon 13th July 2026
10-11am**

**Transition Panel
Rugby
Borough**

**Thu 16th July 2026
10.30 – 11.30am**

**Transition Panel
Warwickshire
North**

**Mon 13th July 2026
1-2pm**

Contact

**info@Healthwatchwarwickshire.co.uk
for more information and to sign up**

For Discussion:



- **What functions of Healthwatch can we support to continue?**
- **How do we gather 'unsolicited' feedback, on health or care, to identify issues from the community?**
- **How do we create safe independent spaces for people to share feedback?**
- **How do we hear feedback from those who cannot access services?**
- **How do we use face-to-face engagement, to ensure listening to the digitally excluded and frequently ignored groups?**
- **How can we collaborate with system partners to share intelligence and provide cross-system support for individuals?**

Summary and Close

Chris Bain, Chief Executive, Healthwatch Warwickshire



Chris Bain – Summary and Close

Chief Executive, Healthwatch Warwickshire

Speaker's notes:

For 12 years I've been welcoming people to our Conferences

It is strange indeed to think this will be the last time I will do so

Healthwatch Warwickshire has been on a journey of discovery and change

And as I look around, I see many people in the room have been with us for all or part of that journey

We have built strong and enduring relationships, and we have worked together over the years to

improve things for patients, carers and the public

It has been very clear that real change and real improvements come from strong trusting relationships

– not just from structures, lines of accountability and responsibility

I have been working in a range of patient voice initiatives for more than 30 years, from Community

Health Councils to PPI to Links

I can hand on heart say that Healthwatch has been more impactful than previous iterations of patient

voice functions – by a country mile – and it has continued to improve over time

People ask why it has been so much more successful

Perhaps it is our way of working?

We have always striven, from the outset to be Independent and fair

Our focus has always been on building relationships not lines of accountability or responsibility

We have always relied upon evidence not opinions

We have always been very clear that we have no interest in trying to catch anyone out

We have a shared goal of service improvement with those who provide and commission services

Our reporting is balanced and fair

We take our role as a critical friend to system partners very seriously

Our primary accountability is always to patients and carers in Warwickshire, and we take that very

seriously as well.

But our fate is not in our own hands. The Health Select Committee is meeting today (16th June)...

Chris Bain – Summary and Close

Chief Executive, Healthwatch Warwickshire

We know that David Croisdale Appleby (Healthwatch England Chair) will be giving evidence

No Local Healthwatch are giving evidence

The fate of Healthwatch Warwickshire is being decided down in London

By people we don't know, who have never been here, and don't know what we do or how we work

It would be easy in those circumstances to give in to a counsel of despair, to feel helpless in the face of events happening far away

BUT We still have agency

We can still have a large say in determining the ways in which patient voice and patient experience can be heard in Warwickshire

That is why I set up this conference today

I wanted to bring together those working with communities and individuals so that together we can find and develop the new ways of working that we need

I also brought together some key speakers from our system

We heard from Crishni Waring (Chair of the Cluster ICB) and from Simon Trickett (Chief Executive of the Cluster ICB)

They have identified Neighbourhood Health as their top priority

They are committed to working together to shape the future

They fully recognise the importance of having an independent voice for patients, carers and public

Some form of Healthwatch perhaps?

Also made a very important point – that you cannot improve population health by service provision alone

We then heard from Dr Emily Rowe from Warwick University.

Dr Rowe set out the intention to develop an Involvement Assessment Framework to support engagement by the end of July. The emphasis was on meaningful and impactful engagement, recognising the tensions and challenges. Dr Rowe also touched on what good engagement looks like and on ideas around co-production...

Chris Bain – Summary and Close

Chief Executive, Healthwatch Warwickshire

Healthwatch staff also described the range depth and quality of the work they have consistently been delivering

We also heard about the development of Transition Panels and the role that they will have going forward

I am in no doubt that this is the best staff group I have ever worked with in my career

So, I hope you have found today's conference useful and worthwhile.

We have much to work on, and much to do

I cannot close the Conference without a few thanks

To the staff at Wolston for looking after us

Thanks to our keynote speakers for their huge contribution to this day

To Healthwatch staff for their work in getting this event together

Particularly Robyn for her leading role in planning this day

I also want to thank the staff for their commitment to patient voice and to Healthwatch over many years

Thanks to our amazing volunteers, without them there would be no Healthwatch

To our Board of Directors and our Chair for their support and guidance

To our friends and partners in the room here today.

Thank you for all that you have done

I hope that we will continue to work together

On practical solutions to the challenges we face

To build on the commitment and the hard work that is already being evident across the system

Hopefully by joining our Transition Panels, or in any other way that works for you and your organisation

This has to be just the start of a dialogue not the end

Finally, and most important of all – my thanks to the patients and public of Warwickshire for putting your faith and trust in us for so many years

Our first accountability is to you.

And our promise to you is that we will continue to do all we can for as long as we can



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for more information and to sign up

A close-up photograph of a wooden surface with several light-colored wooden letters. The letters 'C', 'H', 'A', 'N', and 'G' are arranged in a row, spelling out 'CHANG'. A hand with a pink nail is pointing to the letter 'G'. Other letters like 'C' and 'E' are visible in the background.

**Thank you for your time
today, we look forward
to working with you.**

healthwatch
Warwickshire

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Let's stay connected:

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 **Bluesky:** @healthwatch-warwks.bsky.social