

## **BNSSG Healthwatch 2023 Consultation Summary Report**

The BNSSG Healthwatch 2023 consultation was open for eight weeks between 18 October 2023 and 12 December 2023.

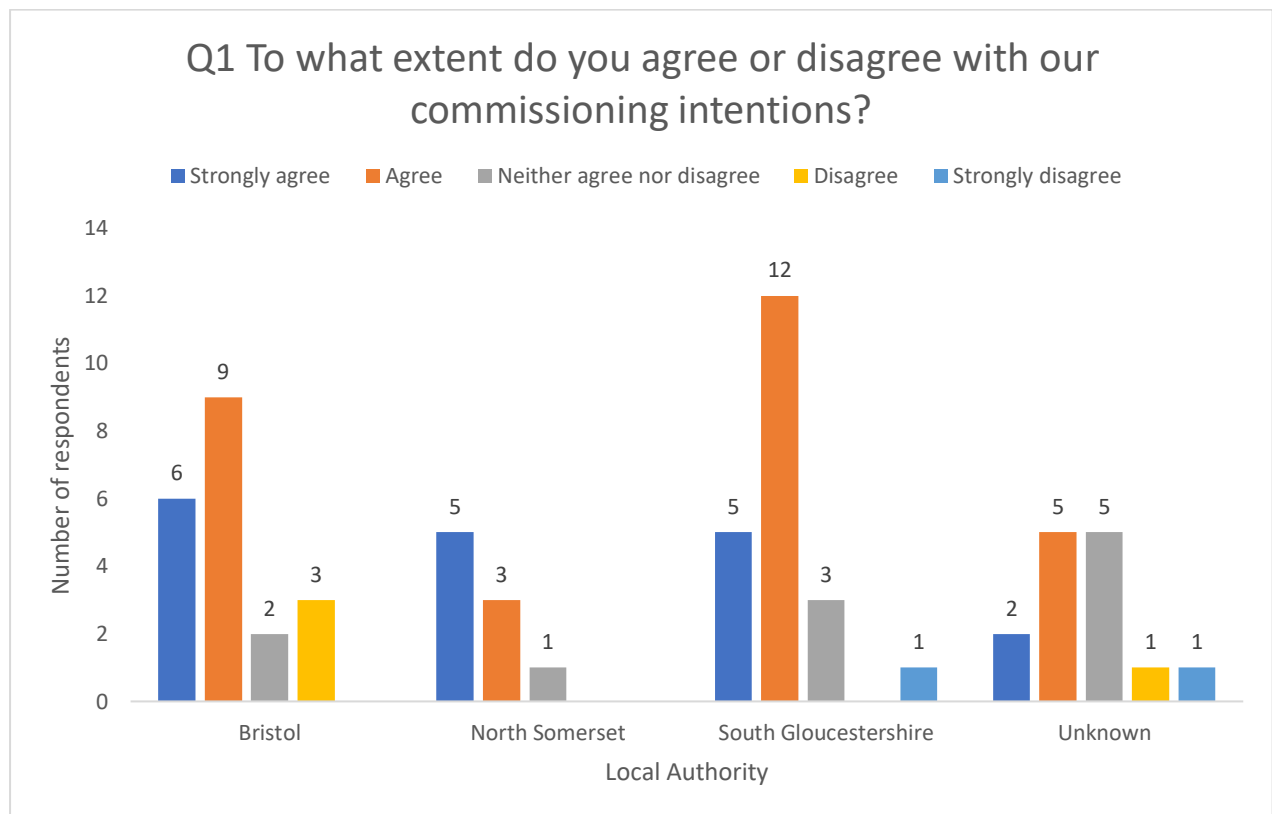
There was a total of 64 responses; 44 complete and 4 partial responses to the main survey plus 16 responses to the easy read version of the consultation.

This report summarises the main findings of the consultation.

### **Headline findings**

Most survey respondents strongly agreed or agreed with our commissioning intentions (n=47/64, 73%). Only 2 respondents strongly disagreed.

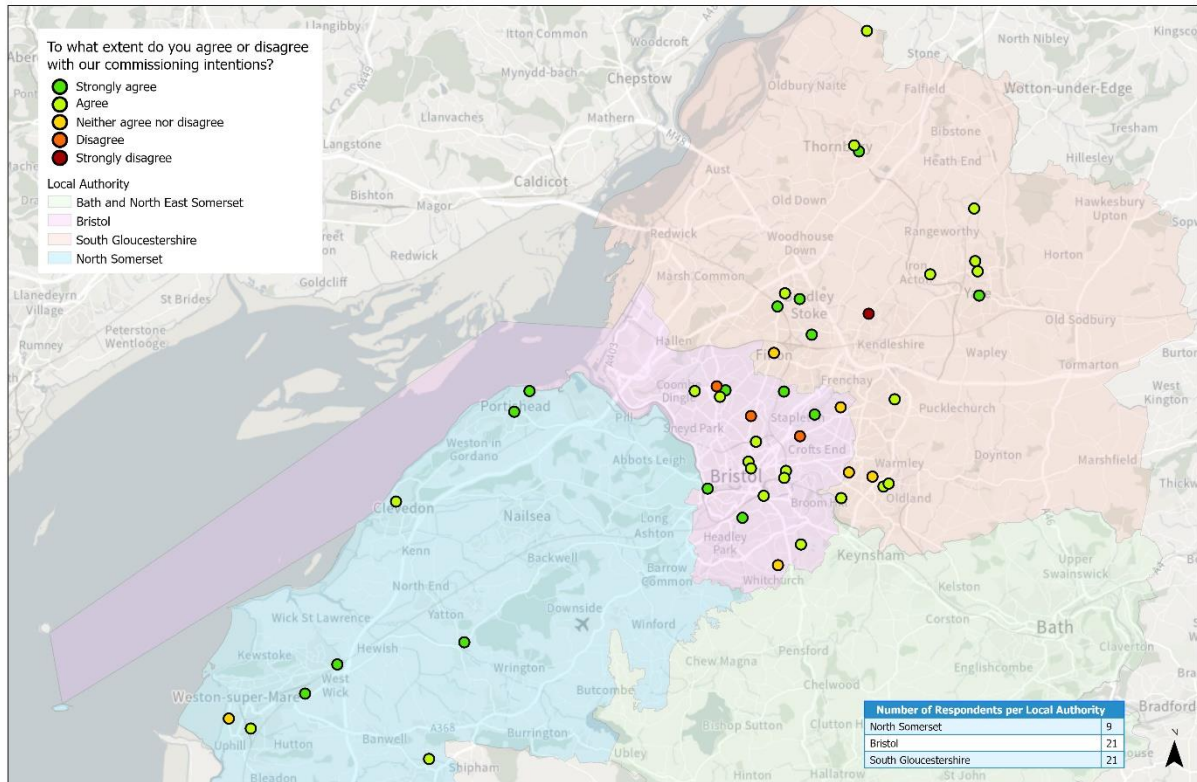
The distribution of agreement with commissioning intentions by local authority is shown in the figure below:



The following map shows where these respondents are located and whether they agreed or disagreed with our commissioning intentions:

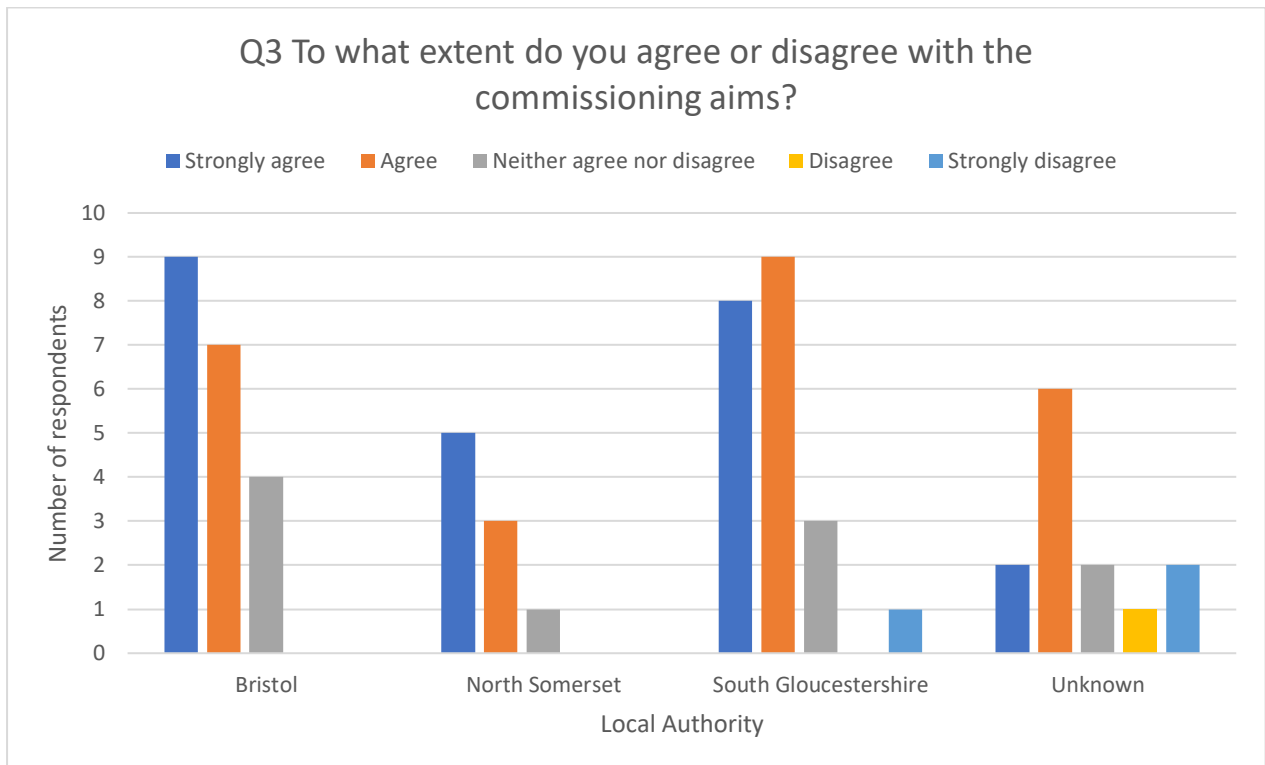


## BNSSG Healthwatch Consultation responses



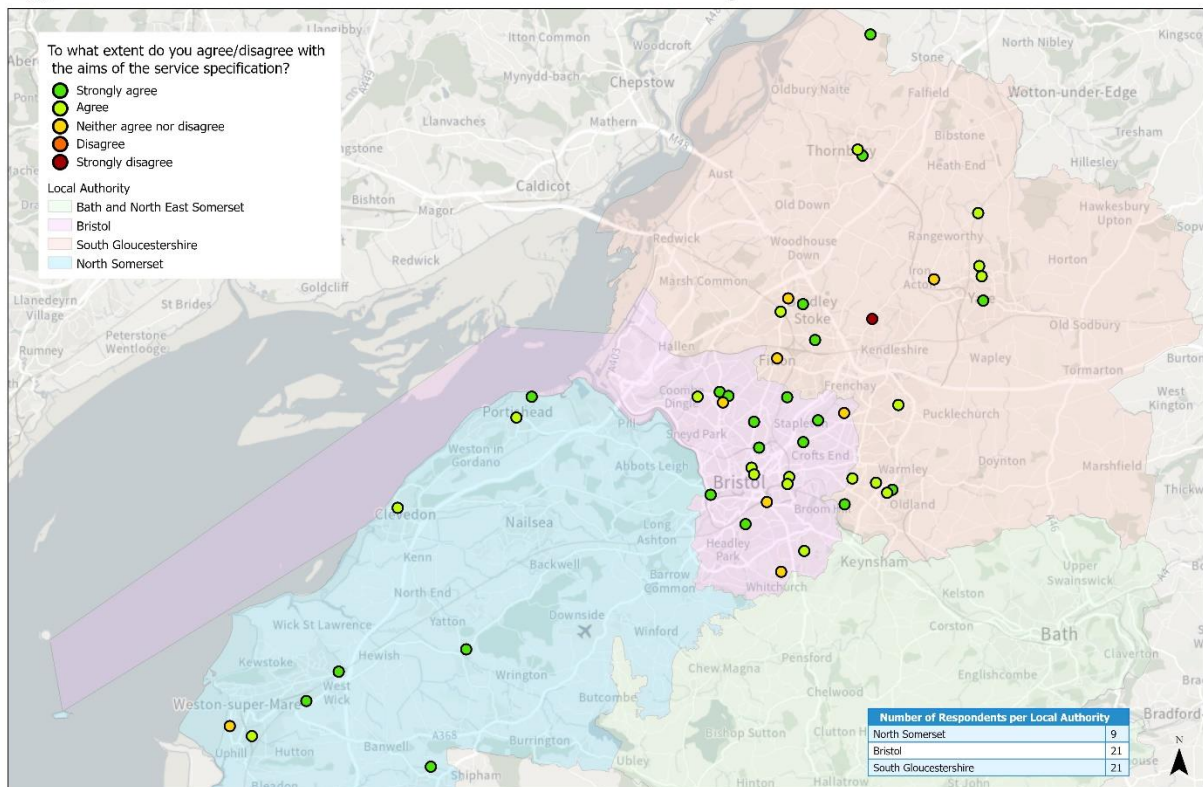
In addition, most survey respondents strongly agreed or agreed with our commissioning aims (n=49/63, 78%). 3 respondents strongly disagreed.

The distribution of agreement with commissioning aims by local authority is shown in Figure 2:





## BNSSG Healthwatch Consultation responses



The following themes arose from the free text answers in the main consultation:

The most common theme was that whilst there is, on balance, agreement with the single BNSSG provider commissioning intention, it is critical that they take a **tailored and representative approach** given the difference in geography and population of the three local authorities. *In response, we agree this is of utmost importance and we will ask about this specifically in the tender bid questions.*

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*“...as the 3 areas are very different that the winning bidder would guarantee an individualised approach to collecting user voice from those three different areas and combine the data... and not fall into the pitfall of being Bristol centric.”*

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There were comments reporting the current Healthwatch provider was **poorly visible** within the system and suggestions to engage with local news, publicity and grassroots organisations. *In response, we will assess at tender stage how the provider intends to improve their visibility, including working with community groups and local news providers.*

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*“Never heard of it, obviously not well advertised”*

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The comments emphasise the importance of the Healthwatch provider to accurately represent the **diversity** of the population it serves and focus on reaching underserved communities and inclusion health groups to help address **health inequalities**. Specific equalities groups that were mentioned include refugees and asylum seekers, those with English as a second language, minoritised

ethnicities, the deaf and hard of hearing, and those with learning disabilities, and suggested reaching out through grassroot organisations to improve representation. *In response, we have already highlighted the need to reach underserved populations in the service specification and we will specifically ask about how the provider intends to address this in a tender bid question.*

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*“Many of the recent Healthwatch reports seem to be reporting on very low numbers of people, and the diversity is extremely low. Therefore not representative of communities, especially those who face health inequalities... and also to be more open about the limited diversity in the voices represented.”*

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Two responses mentioned ways to strengthen **collaboration** through Care Boards and the One Care GP Federation. *In response, we will include this in our service specification.*

Two responses refer to the need for a **range of services** provided by Healthwatch including support for those who are digitally disadvantaged. *In response, this is a statutory duty, and we will assess how each provider intends to meet this need through tender questions.*

There were comments stating preference that the Healthwatch provider should be a **small, local, adaptable organisation**, and that its board membership should be diverse to represent the local population. *In response, our social value tender questions will assess the impact any provider will make on local economy so this can be taken into account during procurement. We are anticipating only a small number of organisations to bid for the tender and we do not feel we can limit this by board membership.*

There were some comments asking how the impact of Healthwatch would be **evaluated**. *In response, we will review our outcomes framework to ensure this can be properly implemented through the monitoring of the new contract.*

There was feedback in the blank space comments about specific healthcare services which were performing poorly or under-resourced. *In response, unfortunately, this is not the appropriate platform to share these complaints so we would encourage those individuals to contact the current Healthwatch provider or see their website for further information on how to raise a complaint:*

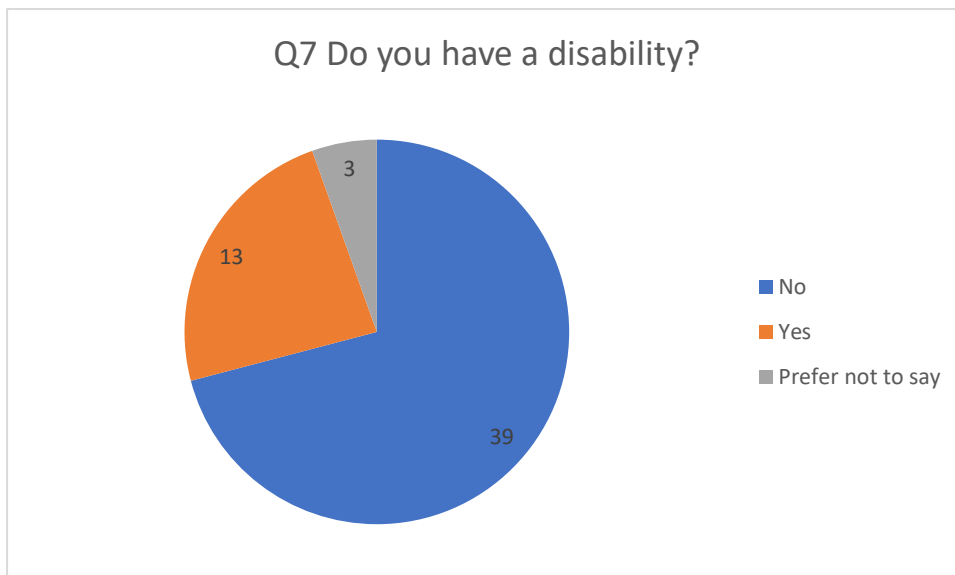
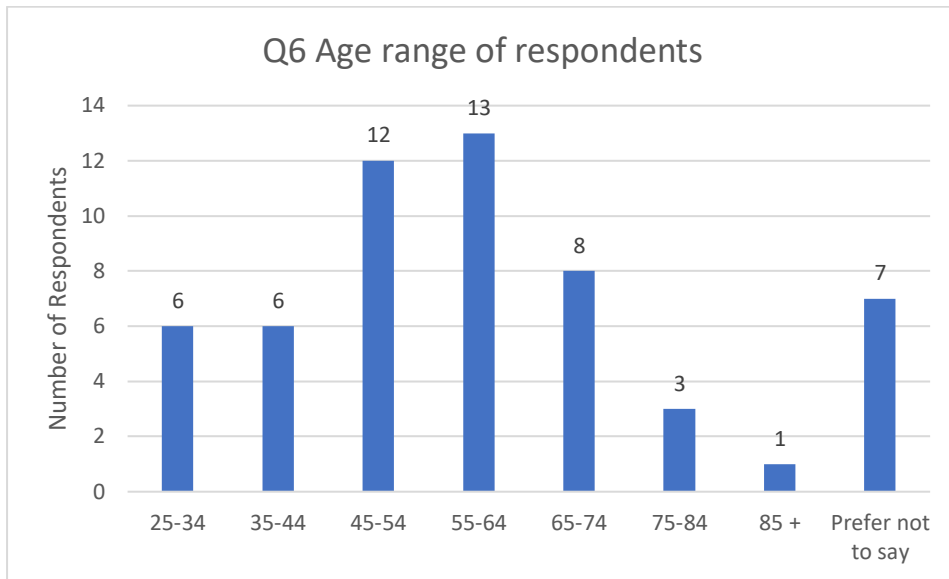
There were also some very specific comments on specific lines of the service specification which we will take into account when reviewing and finalising it.

There were also some criticisms of our **consultation approach** including the technical language included in the service specification and design of the consultation questionnaire. *In response, we provided an easy read version of the commissioning intentions and survey and accept that initial communications about the consultation could have made this more visible. We have limited resource and time within the commissioning team to do more co-production on the procurement stage, but we are looking to include people with lived experience on our tender bid process.*

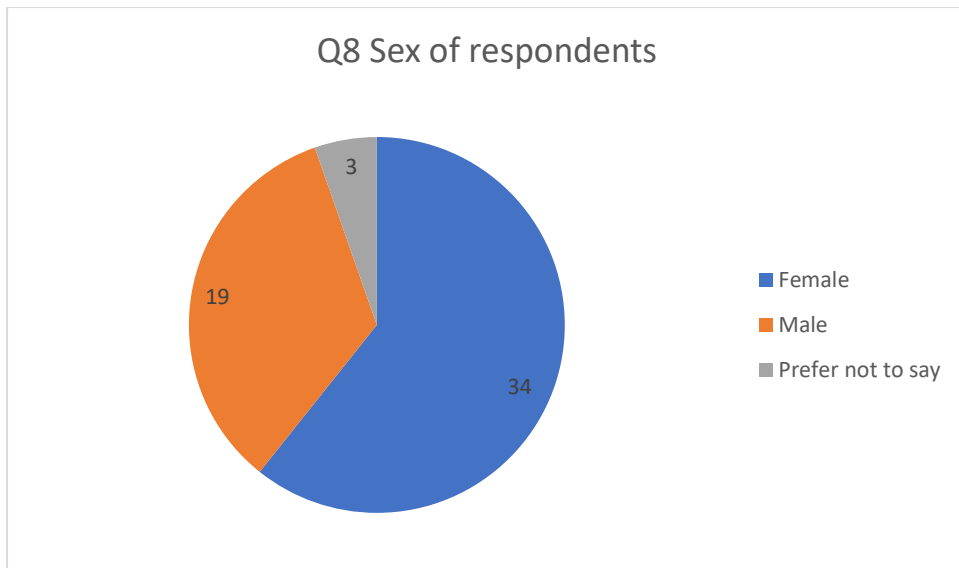
#### **Description of Survey Respondents:**

56 respondents completed at least some of the equalities questions.

Q5) 11/56 (20%) were responding on behalf of organisations and 45/56 (80%) were responding as an individual.

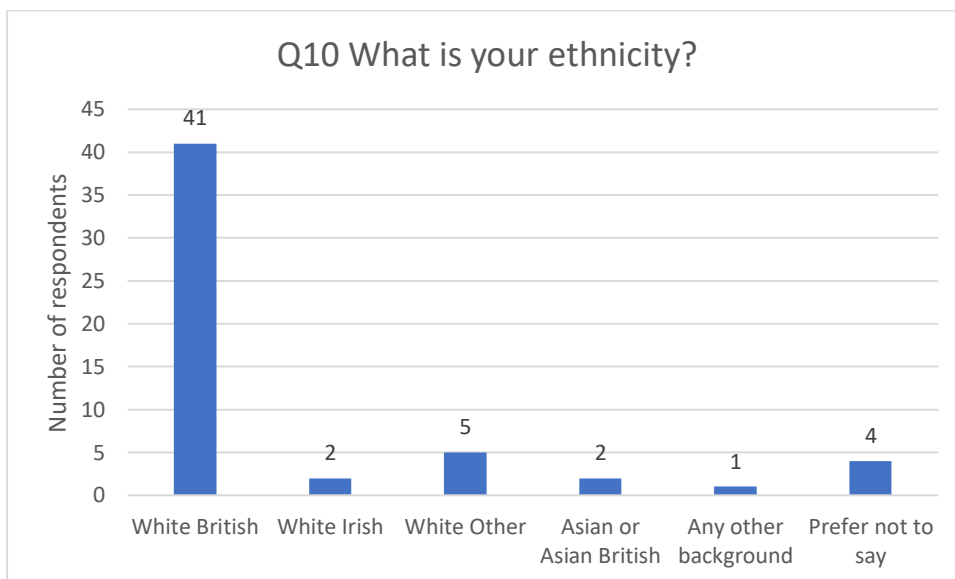


Q8) There were 34 female respondents, 19 male and 3 people who preferred not to say their sex.

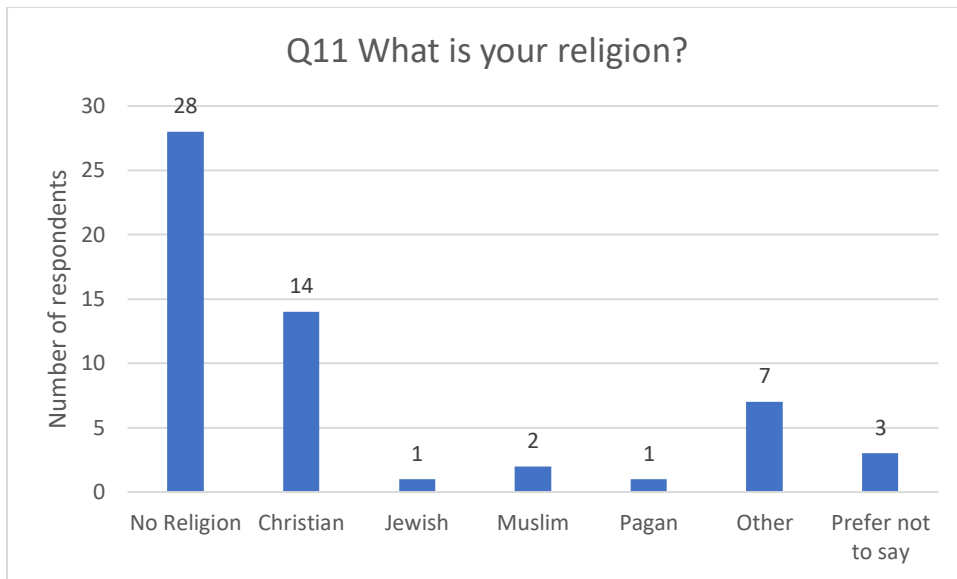


Q9) There was 1 individual who had been through gender assignment, 53 people who had not, and 2 preferred not to say.

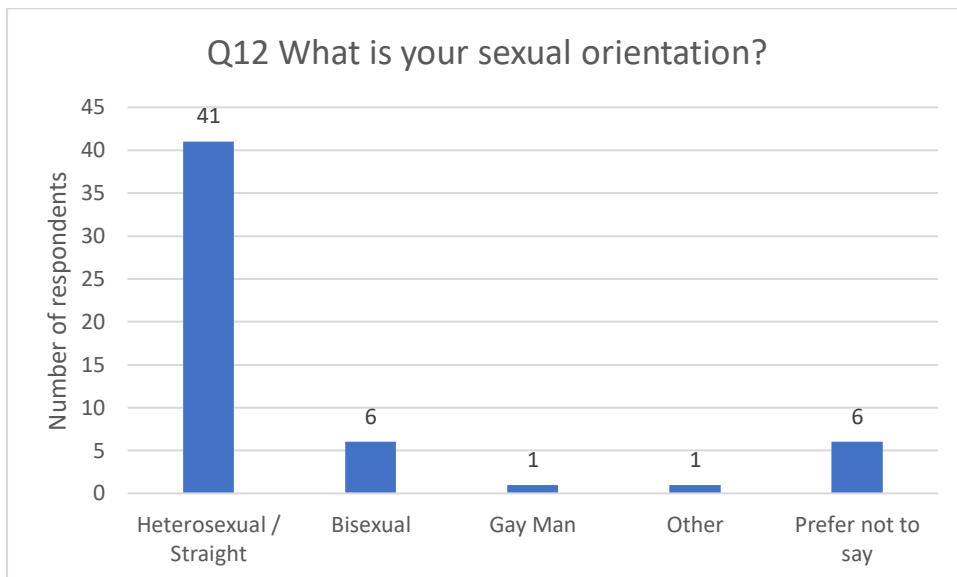
Q10) The respondents were less diverse in ethnicities than the general population. There were only 3/55 respondents who answered this question who identified as having a non-white ethnicity. One of the five respondents identifying as 'white other' was from the Gypsy Roma Traveller community.



Q11) 28 respondents reported no religion. Other religions represented are shown in chart below. Those responding 'other' included the following religions: Agnostic, Buddhist, Contemplative, Jedi, Quaker and Unitarian.



Q12) 41/55 (75%) of respondents identify as heterosexual / straight.



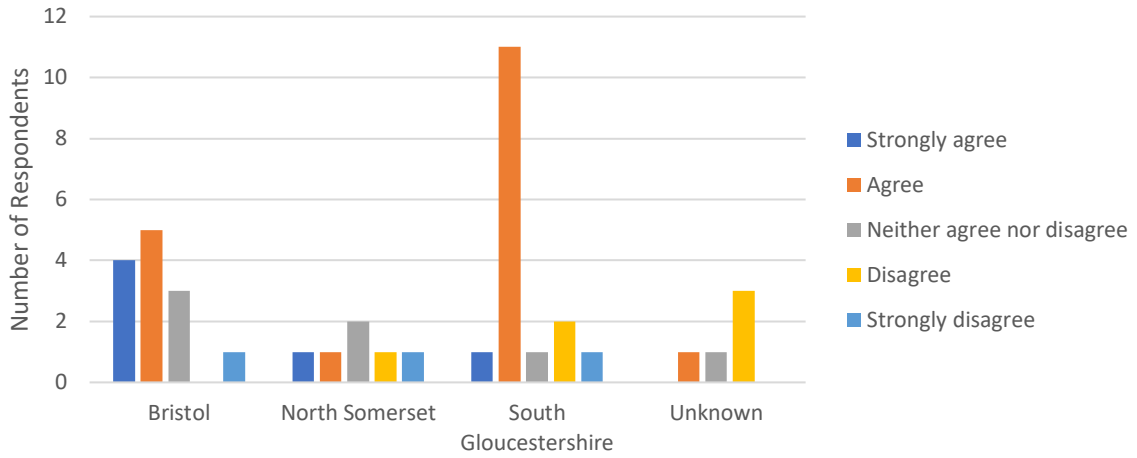
Q13) 1/55 respondents is pregnant or has given birth in the last 26 weeks. 1 preferred not to say and remaining 53 who answered the question were not.

Q14) 53/56 respondents were not asylum seekers or refugees. The remaining 3 who answered the question preferred not to say.

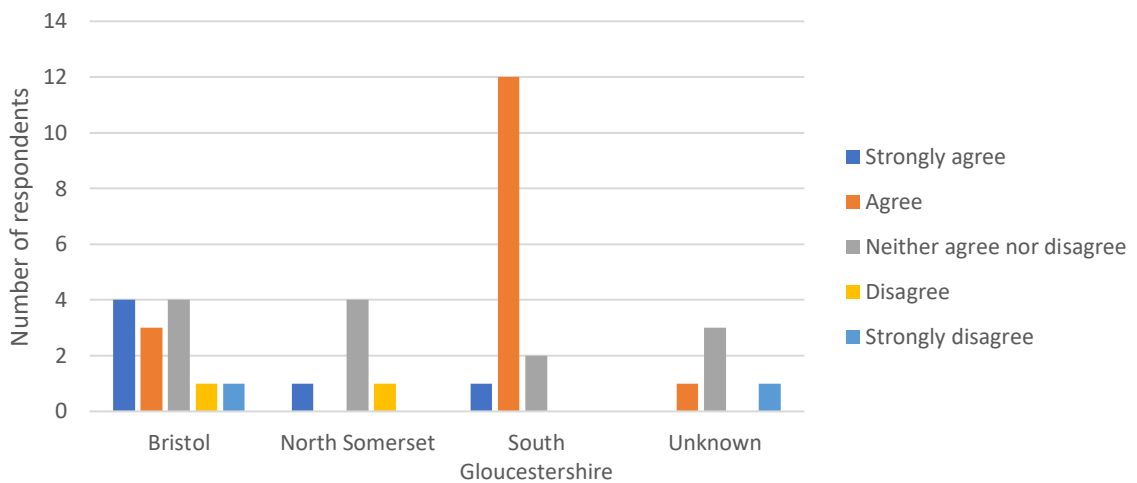
#### **Feedback on quality of the survey**

The following figures show level of agreement and disagreement with three statements referring to the consultation process:

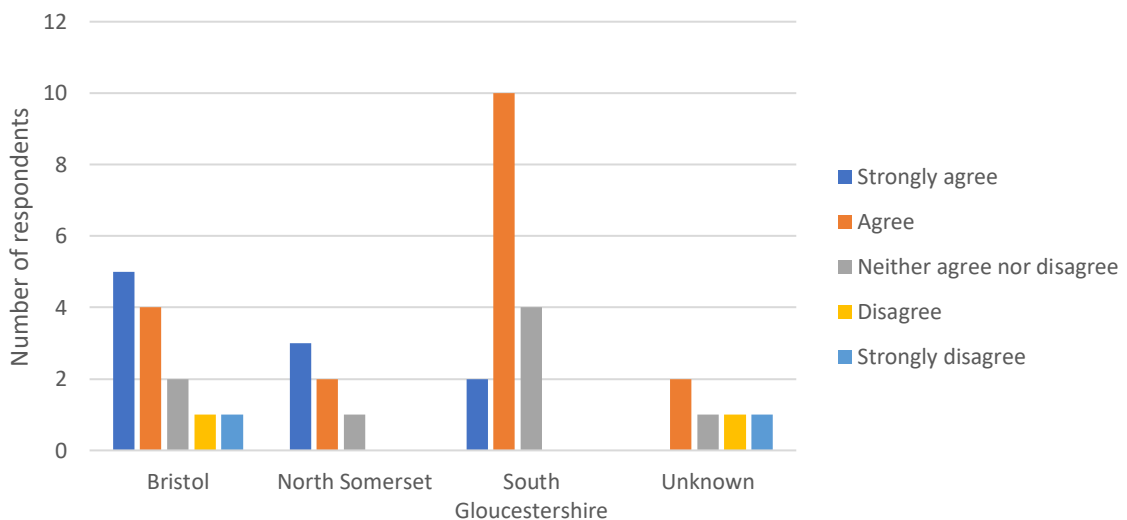
### "There is enough information for me to answer the questions"



### "The questions make it easy for me to give my views"



### "The survey meets my accessibility needs"



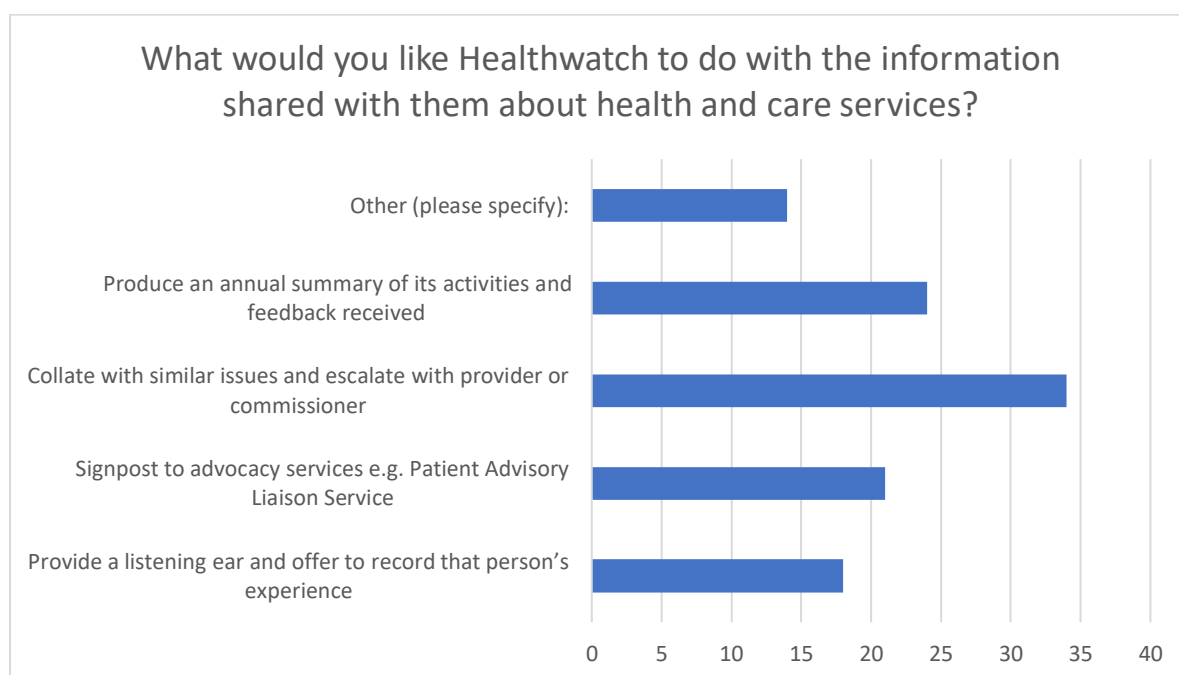
## Supplementary Questions

The supplementary questions explored more areas about Healthwatch service. 31/64 of the main survey respondents and all 16 easy read respondents answered these questions.

Just over half of the respondents (25/47 - 53%) had heard of Healthwatch prior to this consultation.

45 respondents answered the question about how they would prioritise sharing their experience of health and care services with Healthwatch – see table:

Item	Total Score <sup>1</sup>	Overall Rank
Email	376	1
via website	337	2
In-person at accessible premises	300	3
Phone	291	4
Face to face at pop up events	260	5
Online meetings or events	245	6
Face to face planned forums	224	7
Through other organisations that support you	204	8
Social Media	142	9
Local media eg radio, newspapers, tv	96	10



Some of the free text responses to this question, where people have selected 'other', include:

- Publicise on social media and encourage others to report on similar problems
- Feedback to the public what Healthwatch have done and whether it has led to any change
- Engage with locality partnerships
- Escalate through other routes where services are not commissioned locally.

There were limitations with the questions asked about the importance of different health and care services, and different aspects of their quality, which did not allow people to select more than one (easy read) and only ranking them rather than selecting all those that were important (main survey) so the detailed responses will not be reported here.

**Safe, timely, effective** and **accessible** health and care services were the most important aspects that were highlighted in both survey responses. Free text responses highlight the need for co-production and empowerment of patients to design health and care services and the need for good communication. Specific services mentioned as requiring improvement included counselling, healthcare for asylum seekers, social care, dementia services, stoma care, dental services, physiotherapy, mental health, dietary advice, sexual health services, disability support services and occupational therapy assessments for housing adaptations.