

Healthwatch Staffordshire Community Health Voice Insights Network (HWS CVIN)

Engagement Fund 2026 to 2027

We are pleased to announce that the **Healthwatch Staffordshire Engagement Fund** will be open for applications from **April 2026 to November 2026**. This fund supports local community groups, voluntary organisations, and partners who are committed to amplifying the voices of people across Staffordshire.

As part of the **Healthwatch Staffordshire Community Health Voice Insights Network (HWS-CVIN)**, the Engagement Fund plays a vital role in strengthening our mission to ensure every community is heard. The Network brings together local people, community groups, and partners to share real experiences that help shape better health and care across the county. By listening to Staffordshire's diverse communities, we aim to build a stronger, more connected understanding of what matters most to local residents. This network creates a space for collaboration, learning, and meaningful insight that supports positive change for everyone.







This year, the Engagement Fund will specifically support our upcoming **'Deep Dive' Research Projects**, which we hope to announce in April. These projects will explore key health and care themes in depth and rely on strong community involvement.

More information on how to get involved will be made available next month. You will be able to register your interest using a simple Microsoft form or through our network on Basecamp. Engagement sessions will be **bookable from May 2026**.

👉 **Don't miss out—join our Basecamp community next month and be part of shaping the future of health and care in Staffordshire.**

Pharmacy First Surveys

Robert Green has been out in the community this month, visiting Staffordshire pharmacies to collect more data together with our students Aliza Toor, Areesha Qazi and Diana Mukheisin, and our Support Staffordshire colleague Michelle Vodden. Places visited included Uttoxeter, Stone, Tunstall and Middleport. There is still time to take our survey about Pharmacy First using these links:

Pharmacy Survey		GP Survey		Patient Survey	
					

Other Work

The easy read version of our Dental Report is now available in British Sign Language!



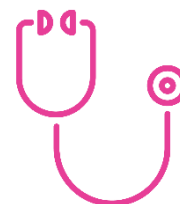
One of this year's Deep Dive research projects was to look at NHS dentistry. We have now produced a useful report called "Staffordshire NHS Dental Services Explained" which can be viewed in British sign language. The report looks at the local dental plan, how to find an NHS dentist, what to expect at your appointment and the cost of your treatment.

See the [Dental Report in BSL](#) or download [the easy read version](#).

With thanks to [dDeaflinks Staffordshire](#) for supporting us with the fantastic work on the videos.

Enter and View Visit

At the end of the month Robert Green visited the Keele Practice to conduct an Enter and View visit with Emma Ford. The GP practice is located on Keele University campus near Newcastle-under-Lyme.



Hazeldene GP Survey

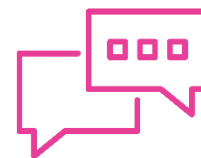
Dave Bassett met with Hazeldene GP Practice Managers and the Chair of the Patient Participation Group to discuss initial findings from the patient survey.

Online Trust Consultation

Healthwatch Staffordshire team members contributed their thoughts on the proposed [NHS Online Trust](#)

UHDB Health Inequalities Conference

Dave Bassett and student Diana Mukheisen attended the first Health Inequalities Conference held by University Hospitals of Derby and Burton Foundation Trust. It featured presentations from the Derby Director of Public Health, several medical consultants, two professors, an inner-city Derby GP, research practitioners and representatives from Derby maternity services, staff who work with the Derby deaf community and finally the VCSE in Derby.



It was clear that the traumas of treating patients through Covid had highlighted for the medics the real health inequalities in their patient populations.

ICS Collaborative Summit



This Summit on "Improving Experience, Care and Health for Residents in Our Care Homes and Nursing Homes" was attended by Healthwatch Staffordshire along with local Trusts, Social Care and providers. All were on the same page about tackling the issues to address unnecessary trips to Accident & Emergency departments and how support and training could be improved.

Outpatients Transformation Programme workshop

The workshop aims to improve, standardise and digitalise outpatient pathways across our services. We focused on improving outpatient services by addressing long waits, communication issues and accessibility barriers. Feedback showed patients struggle to contact services, understand appointment information, and navigate unclear or contradictory messages. Groups identified key priorities and discussed how to better engage under-represented communities so their experiences can shape future improvements.

Engagement Events

North Staffordshire Men's Health Event

Dave Bassett went to this men's event and met with a number of stall holders including Healthwatch Stoke, Andy's Man Clubs (a new one is due to open in Knutton), UHNM Cancer Teams, South Stoke Social Prescribers and the ICB Cervical Cancer Lead. He shared Healthwatch Staffordshire details



dDeaflinks Social

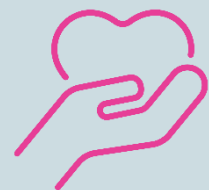
At a dDeaflinks social event in Sneyd Green, Deaf service users shared several barriers they face when accessing hospital services. The group reported being contacted by phone despite their records stating they are Deaf, receiving unclear and inconsistent appointment letters, and often having no interpreter booked for appointments. Many struggle with inaccessible reception areas, phone-based systems, gateway call-buttons, and services that only call out names in waiting rooms. Blood tests, PALS, and A&E support were also described as difficult to access. Text communication was strongly preferred over email or phone.

Suggested improvements included better flagging of communication needs, re-developing the hospital passport, adding video relay links to letters, and closer collaboration between dDeaflinks and PALS to improve Deaf awareness.



Southeast Healthy Communities Alliance meeting

The meeting was updated on our progress and asked to give suggestions for Healthwatch Staffordshire's priorities for next year. There was an excellent presentation from Tamworth Cancer and Wellbeing Centre.



Burton and Uttoxeter Carers' Groups

We attended carers' groups at the Burton Brewhouse and in Uttoxeter to update them on our work.

At Burton individual carers were spoken with and signposted to dementia and adult mental health services.

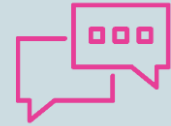


At Uttoxeter patients mentioned long waiting times for outpatient appointments at Queen’s Hospital, Burton and for specialist physiotherapy for spinal issues (20 week wait).

Uttoxeter residents discharged from hospital under Discharge to Assess (D2A) are sent to Lichfield or Tamworth, but Ashbourne is closer and would be more convenient (but funded under a different ICB).

East Staffs District PPG meeting

After an update from Healthwatch, current issues were discussed around: the planned Accident and Emergency Enter and View; Discharge to Assess (D2A) beds in the community hospitals and phlebotomy access at Queen’s Hospital, Burton.



Southeast Staffordshire and District Diabetes Network

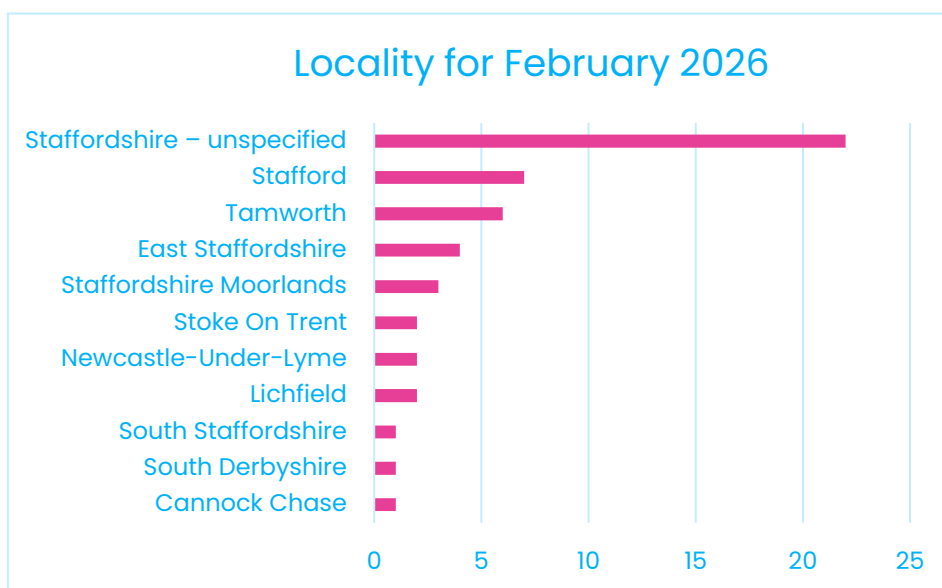
Dave Bassett attended this meeting which concentrated on foot health and prevention with the Podiatry lead for MPFT talking about redefining the way their service works to move more towards prevention rather than just treatment. Staffordshire and Stoke have the highest amputation rate in the country and tackling preventative wound care and patient education are the first things which need looking at.

They are working to co-produce changes to the service and are circulating a foot health questionnaire amongst their members and beyond. Take the Patient Survey on [Diabetic Footcare and Podiatry Services](#) in Staffordshire and Stoke.



February Feedback

51 responses were collected from across the County as follows:



Please note that the feedback does NOT cover Enter & View Visits nor responses to Surveys.

Key Issues

Waiting times are once again a big issue across the board: waiting to get a GP appointment and then waiting to be seen once attending, waiting for referral appointments or test results to come through, especially for mental health help and test results for prostate cancer. The times for complaints to be investigated can also be a problem. There were also complaints about GP practices who still **only provide online access to appointments**.



Once more, there has been a lot of feedback about **poor staff attitudes**. This ranges from dismissive GPs who fail to diagnose serious conditions (including cancer), to receptionists, nurses and midwives who range from unsympathetic and lacking in compassion to rude and curt. Appointment times do not always consider the patient's needs. Another person wished more support had been provided when learning they had chronic kidney disease.



People still have concerns about **who deals with them at GP practices**. They are unhappy explaining their problems to a receptionist and still like to see the GP rather than someone in a 'support' role like Physician Associate. A **lack of GP knowledge and understanding** around menopause and HRT was raised, as well as the referrals procedure for sexual health clinics. One person has **confidentiality issues** with a receptionist announcing test results in front of other patients.

At the start of the month, there were five comments about **maternity services**, mostly negative or mixed. These covered maternity care at Queen's Hospital, Burton (1 of 2 was historical), Walsall Manor Hospital and Good Hope Hospital as well as Community Midwives and GP care in Lichfield.



In-patients complained about triage (not being treated seriously), a lack of pain relief, a lack of choice with birthing positions, feeling coerced by staff, not being supported with caring for baby after surgery, or with breastfeeding, especially at night. Better awareness of tongue-tie and its effects on breastfeeding is needed. Continuity of Care from a Community Midwife in East Staffordshire was praised, but another patient would have liked more information on induction from theirs in Lichfield/Burntwood.

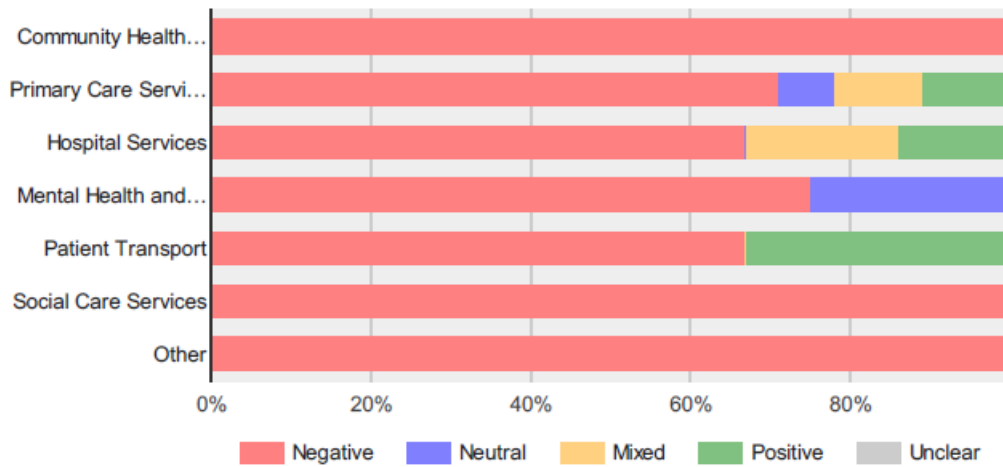
Support for the elderly in hospital was raised around help with eating and toileting and there were complaints about discharge procedures, involving family and the location of care homes used for discharge to assess. One relative reported poor in-home care provided by the Local Authority. Another found that when private care-home funding had changed to council funding (at the same home), there was a drop in the level of service provided. Difficulties **accessing medical care from within prison** was also raised.



One person reported **poor aftercare and follow-up after surgery**. For another who had a private knee replacement there was confusion about what the fees included in terms of physiotherapy and when NHS care could be provided again.

Service Categories

Satisfaction by Service Type



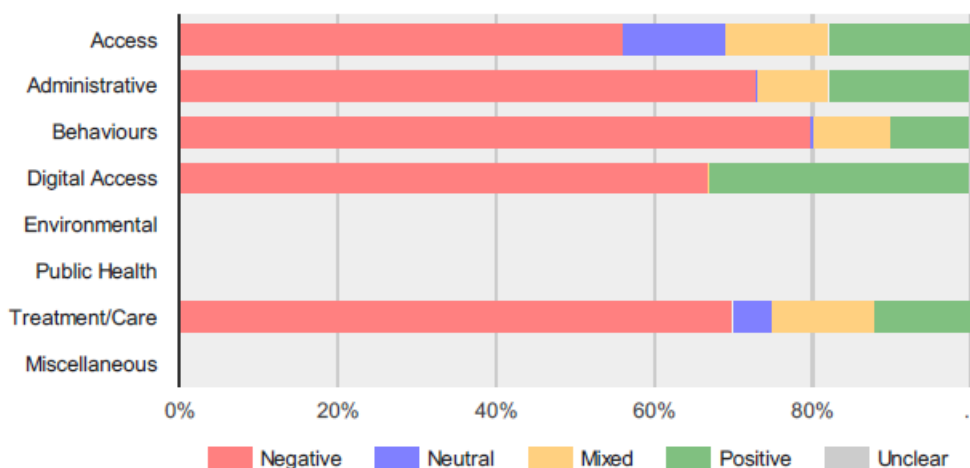
This month, there were 31 responses about Primary Care and 28 about Hospital Services. Other feedback covered Mental Health and Learning Disabilities (5), Social Care Services (5), Community Health Services (4), Patient Transport (3) and Other (1).

In **Primary Care** the responses were mainly about GP services (25) with 4 mentions of dentistry, one of out of hours care and one for phlebotomy.

Under **Hospital Services** the responses mainly covered A&E (5), Maternity (4), inpatients (3), and the orthopaedic and fracture clinic (3).

Themes

Satisfaction by Theme



Various **Treatment and Care** themes were mentioned 109 times, and within this area, the topics mentioned most often were:

- Quality of treatment (23)
- Person centred care (16)
- Caring, kindness, respect and dignity (15)
- Waiting for appointments or treatment/waiting times (10)
- Follow-on treatment and continuity of care (8)

Administration was raised 20 times with a focus on booking appointments and integration of services and communications between professionals. access to services was mentioned 16 times, staff attitudes and performance 10, and digital access 3.

Positive Feedback from February

6 services received praise in February including 2 GPs, a dentist and 3 hospitals.

Ashley Surgery: *"I have nothing but good things to say about this practice. They are always responsive, it is easy to get an appointment and all the practitioners are helpful. I have recently completed an online consultation request form and was called the same day, and referred to UHNM for further tests. No matter what method I use to contact the practice I find it easy to navigate and I am able to access my preferred appointment type. I am so glad that this is my GP practice"*.

Penkridge Medical Practice, Stafford: *"I used consult online appoint submitted form at 8pm and was contacted by surgery next morning and given an appointment that day and immediately referred to dermatology imaging specialist and appoint with them after 10 days so very pleased with all steps of process"*

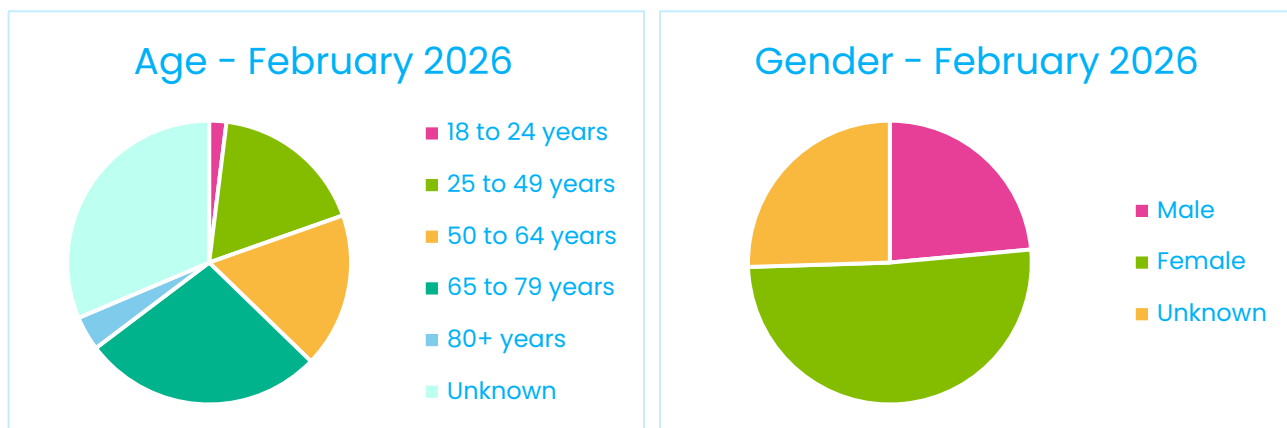
Dentist at Meir Heath: *"We've had a new dentist and hygienist absolutely brilliant"*.

Hospital care: *"Broke my ankle went to Samuel Johnson was treated quickly by friendly staff referred onto Queens Burton for further treatment. Every appointment was timely and staff friendly. Further physio at Samuel Johnson also quick referral."*

"Excellent nurse and experience with Nurse called Catherine Elms on Ward 3 Burton's Queen Hospital."

Royal Stoke Hospital *"Everything from 999 call for ambulance to it arriving, going to A&E. Then going to ward. All staff involved were excellent."*

Demographics



We reached 8 carers and 3 members of the LGBTIA+ community. Under ethnicity all who specified were White British.

There were 5 respondents who said they had a disability and 5 who said they had an unspecified long-term condition. Specified conditions included: cancer (6 – including skin, pancreatic, lymphoma, prostate and breast (Female)); childbirth (5); mental health (4); autism (3). Other mentioned learning disabilities, high blood pressure, stroke, menopause, Parkinson's, a sleep disorder, ticks, knee replacement, spinal surgery, a fall, musculoskeletal problems, an atrophied thyroid, chronic kidney disease, and an abscess.

Healthwatch England News

Our colleagues at Healthwatch England have been busy and released the following blogs and articles during February.

Corridor care and long waits: what are people experiencing in A&E?

[Healthwatch England's insight](#) into A&E experiences during a busy winter period found long waits and care in unsuitable spaces left people suffering an emotional and physical toll. Or read about [Shelley's 26-hour ordeal](#).

Refugee and asylum seekers' experiences of using the NHS

Refugees and people seeking asylum are entitled to NHS care. This includes GP services, A&E, and maternity care. However, Healthwatch England's feedback suggests that [many face barriers to getting the care that they need](#). They have also heard that when they can access health care, it can sometimes be culturally inappropriate or insensitive.

What's the difference between refugees and asylum seekers?

Refugees are people who have been granted permission to stay in the UK for at least a minimum of five years, while people seeking asylum are awaiting their claim to stay to be processed by the Home Office.

Both groups have the same rights to the NHS as British citizens.

How will the new GP contract improve the experience at your local practice?

Healthwatch England have contributed to work reviewing the GP contract.

In their [article](#), they explain six key changes patients can expect as a result of the new GP contract, why they are happening and how your feedback helped shape them.

6 changes you can expect from the new GP contract:

1. You should not be told to call back tomorrow
2. Urgent requests get a same-day response
3. Online systems should not cap requests
4. Practices must show how and when you can contact them
5. Advice and guidance will be used more often
6. Registration will go online

Social Media Catch-up

Highlights you may have missed:

Following last year's success, the Cancer Awareness Bus is once again touring Staffordshire during March and April. To mark [World Cancer Day](#) on February 4th the bus visited Cannock Market Place. Find out about [future dates here](#) – and remember “Knowing what to look for can save your life.”

Starting in January Staffordshire County Council have been encouraging local people to 'Just Add Veg' to their meals, to improve their health. Sign up to the free scheme [here](#) to receive recipes and tips by email.



Weight Management Survey

The Staffordshire and Stoke on Trent Integrated Care Board are running a survey about [how people with Learning Disabilities or Autism \(and their carers\) manage their weight](#). This is open until Sunday 22nd of March.

Awareness campaigns with useful links:

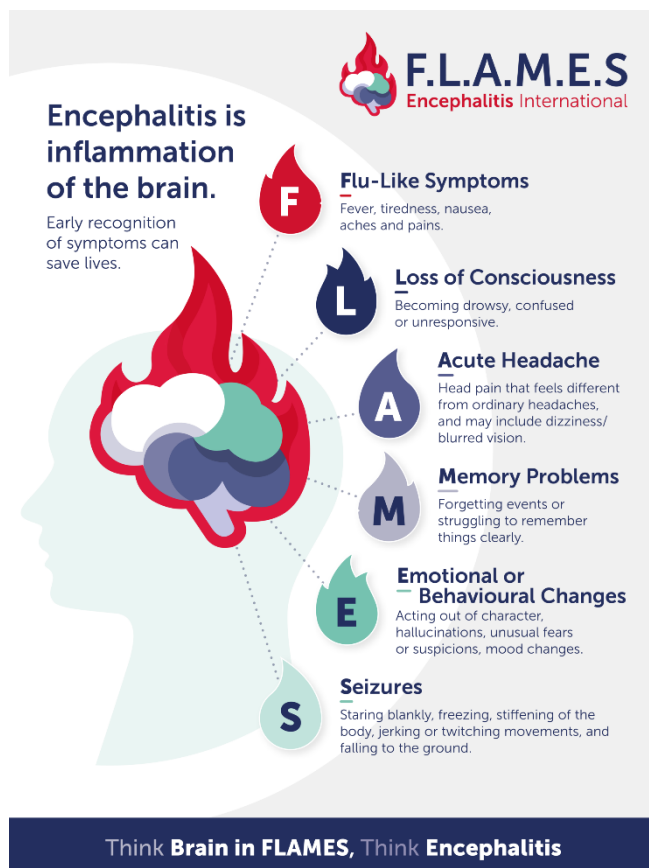
In [Eating Disorders Awareness Week](#) BEAT shared information and resources to share the power of community in beating eating disorders.

HIV Prevention England used [National HIV Testing Week](#) to promote the findings from UKHSA's *Understanding HIV testing in England: 2025* report.

On World Encephalitis Day, Encephalitis International [shared information on F.L.A.M.E.S.](#) – an acronym to help identify the urgent neurological signs to be aware of to help recognise encephalitis (inflammation of the brain) earlier.

On Rare Diseases Day, the British Liver Trust launched awareness materials for [Noone Left Behind](#) including a [risk checking tool for liver disease](#).

Other schemes raised awareness of [Raynaud's Disease](#), [Tinnitus](#), [Children's Mental Health](#) and [Sexual Violence](#).



Get in touch

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