



Thank you for voting.

2026/27 Deep Dive Priorities Confirmed.



Thank you to everyone who took the time to vote on our Deep Dive priorities for 2026/27. Your input is incredibly valuable and helps ensure our work focuses on the issues that matter most to local people.

Following your votes, our research and community suggestions, our **top three Deep Dive areas for 2026/27** are:

- **Diabetes, podiatry and amputations**
Exploring why Staffordshire and Stoke-on-Trent have the highest incidence of amputations in the UK.
- **Carers' experiences of care and support for older people**
Including end-of-life care and the use and understanding of ReSPECT forms.
- **Learning disabilities**
Focusing on transitions from children's to adult services, accessibility of services, and support for carers.

Over the next month we will be doing further research to confirm our lines of enquiry in these areas.

King's Fund Report – The Future of Patient Voice: Learning from Healthwatch



The King's Fund has published "The Future of Patient Voice: Learning from the Healthwatch model", reviewing more than a decade of Healthwatch's work at national and local level. The report has been published at a critical time, following the government's announcement that Healthwatch England and local Healthwatch organisations are expected to close, with their functions transferring into the NHS and local government.

The report highlights the **key strengths of the Healthwatch model**, including:

- **Independence** from government and service providers, helping to build trust with communities
- Greater reach into communities less likely to engage with statutory services
- The ability to raise difficult or overlooked issues



It also recognises the value of Healthwatch's "**hub and spoke**" model, which:

- brings together strong local insight
- connects local experiences with national influence

While acknowledging challenges such as variation in influence across the system, the report concludes that Healthwatch has played an important role in:

- identifying emerging issues early
- highlighting health inequalities
- ensuring lived experience informs decision-making

The report sets out principles for future approaches to patient and community voice, including maintaining independence, building meaningful community relationships, and ensuring feedback leads to action.

[Read the full report](#) on The King's Fund website.

Neighbourhood Health Framework Published

The framework aims to create a **neighbourhood health service**, where:

- the NHS, local authorities, social care, public health and VCSE organisations work together
- services are organised around local communities rather than organisational boundaries



The focus is on:

- improving access to services and experience of care
- coordinating care around individuals
- shifting care from hospitals to community-based settings where possible

The framework identifies **five national minimum goals**:



- improved health outcomes
- better access to general practice
- improved experiences of planned care
- improved urgent and emergency care
- higher patient and staff satisfaction

These goals will be supported by **locally developed neighbourhood health plans**, led jointly by Integrated Care Boards and local authorities through Health and Wellbeing Boards.

What this means locally

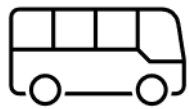
- stronger partnership working across health, care, councils and VCSE organisations
- greater opportunity to shape services around local priorities
- increased focus on prevention, early intervention and proactive care
- more support to help people stay well and independent at home



[Read the full framework](#) on GOV.UK.



Engagement Officers in the Community



Robert met members of the public while helping colleagues from Support Staffordshire on the Cancer Awareness Bus, at Cheadle, Newcastle-under-Lyme and Stone.

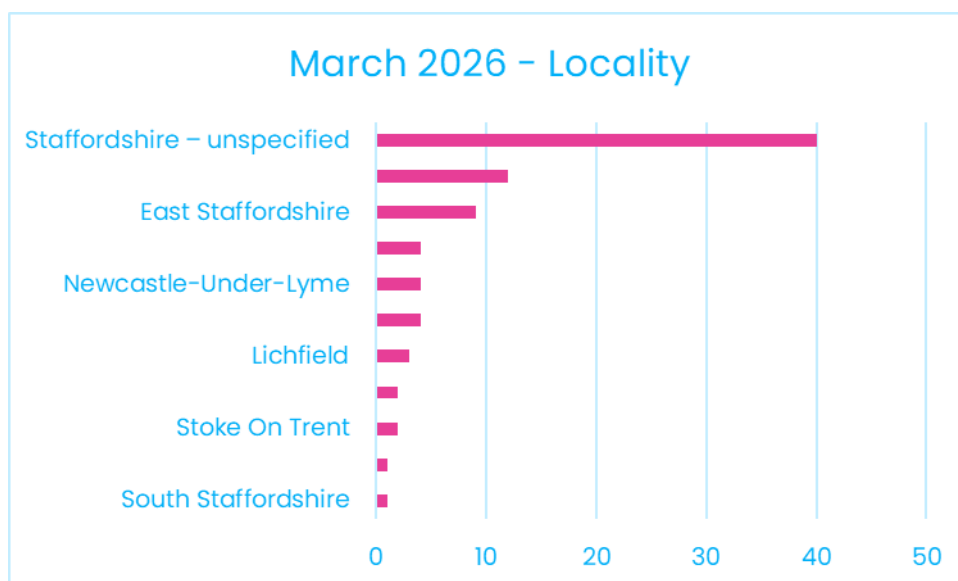
Along with representatives from Support Staffordshire, Aspire Housing and Staffordshire Police, he also met with people in a local traveller community.

In addition, he joined a Quality visit by Staffordshire and Stoke-on-Trent Integrated Care Board who met with the Community Assessment Stabilisation and Treatment Team (CASTT) at the Sutherland Centre for Adult Mental Health Services in Dresden.

Dave connected with the public at a meeting of the East Staffordshire Patient Participation Group, at an online meeting of the Patient Carer Racial Equality Framework (PCREF) Lived Experience Advisory Group (LEAG) and at a Network Event at Stotford Country Park in Tamworth.

March Feedback

82 individual 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

Autism and Mental Health

There have been a lot of responses around **autism and mental health** this month for both adults and children. Often both conditions are present together.

Adult patients with autism complain about accessibility and reasonable adjustments when using health and care services. One says, *"I find that most of them don't know how to communicate properly with me, that meets my needs, then I get stressed"*. Another reports: *"I've been called a hysterical female"*. Some

feel they are labelled difficult and may end up being excluded from their usual GP.

Another says: *"I contacted my GP regarding my mental health; all they said was to phone MIND. I struggle with phone conversations at the best of times, so I concluded there is no help available"*. One person seeking an autism/ADHD assessment explains why they wrote a letter to their GP *"I wrote the letter, because I find it extremely difficult to make my case/points verbally, the words disappear. I'm scared that I will be ignored and told I'm talking rubbish, that it will be put down as depression and anxiety, again. It isn't. I'm not either in the clinical sense."* After two weeks they have received no response. Someone else found it difficult to make NHS 111 calls for this same reason.

Provided by Staffordshire and Stoke on Trent Integrated Care Board and Support Staffordshire, practitioners may find this [guide to providing neuroinclusive care](#) useful.

A further patient who received an adult diagnosis of Autism through the Right to Choose pathway, cannot now join the five-year waiting list for Adult Autism team support and feels there is no support available to her.

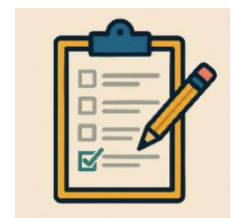
We also hear that the waiting lists for an autism assessment **in young people** are long and no help is provided during this time. Some children's services will not provide help for Mental Health and Autism at the same time.

One patient with both was passed backwards and forwards between the two teams. Being referred to community mental health services after a suicide* attempt their parent says, *"we had to chase them for an appt, assessed 11 weeks later and given a suggestion he can attend a post-diagnosis online group programme that starts in 5 months"*.

Another parent reports: *"Diagnosis of Autism was confirmed for 14-year daughter, combined with depression and self-harm*. No further support. Fighting for follow up appointments. No care plans in place. No named nurse or CPN."*

Another child is described as *"likely Autistic and/or ADHD but despite having many symptoms of this he doesn't meet thresholds to assess him. So CAMHS see him when we get into crisis (after a wait) and a few weeks later he's sent away again."*

One girl's mother explains: *"she was assessed and diagnosed Autistic ... last year and she is still on the waiting list to be seen by CAHMS for an assessment. She self-harmed* seriously recently and was seen in A&E then within 5 days at home by the intensive therapy hub workers, a safety plan was put in place, and she has been re-referred to CAHMS. I'm not holding my breath about seeing them."*



Another child has *"been 'on the waiting list' for several years with the autism team."*

*The [Harmless](#) organisation provides information around self-harm and suicide prevention on their website, for both patients and carers.

One parent praised the mental health support offered to her daughter, but unfortunately, the young person refused to engage with it.

Other comments were: no counselling is available for people with more complex mental health conditions such as PTSD, which do not respond to CBT. Mental health support is usually only available in working hours. The duration of NHS therapy services is too short.

Parking Issues



This month we also had a lot of comments about difficulties **finding parking** for appointments both at GP surgeries and hospitals. This is particularly a problem for patients with heart and respiratory issues. *“On each visit I have had to park my car on an off-site car park as far from my destination as possible. I have had to walk about 800 yards, partially uphill, in cold weather, carefully trying to avoid provoking angina and resting when necessary. The Heart and Lung Centre’s car park is nearly always full.”*

GPs

The 39 comments about GPs included one from a mother who struggled to get contraceptive help for her 16-year-old daughter from her GP, instead they had to attend a sexual health clinic for this. The clinic was *“caring and compassionate”*.

Other GP complaints were about choosing to have a face-to-face or telephone appointment (requests for both ignored), the eight o’clock rush and preferring to see a doctor rather than another medical practitioner.

In contrast, a patient at Beaconside Medical Practice in Stafford was very happy with their GP practice. *“I emailed the surgery to ask if I could take up the suggestion that a GP had made to me a couple of weeks earlier to increase the dose of one of my medicines. I got a phone call back from the duty doctor later that morning who listened and checked it was safe for me to do so and sorted a prescription.”*

Hospitals

Regarding Hospitals we hear about long waits for appointments, (repeated) cancellations of urgent surgery and poor communication between GPs and hospital consultants. One response states: *“The waiting time in A & E is still too long. When you’re worried or unwell, to wait 4 - 5 hours to be seen is just unreasonable.”*

However, another A&E visitor reported they were: *“Seen in a timely fashion, taken through to a bay and looked after by a lovely nurse and doctor”*

Social Care

We received comments about one Care Home, and two people received care at home. One person remarked *“Social care I have found extremely disappointing in that they focus entirely on personal care such as hygiene and no focus on other areas of an individual’s life such as social, emotional, hobbies, community, LGBTQ needs.”*

Other

We also heard about a lack of dignity at wheelchair services, difficulties accessing funding for NHS hearing aids, excellent dental care and a refusal to fund a continuous glucose monitoring system for a particular patient.

Service Categories

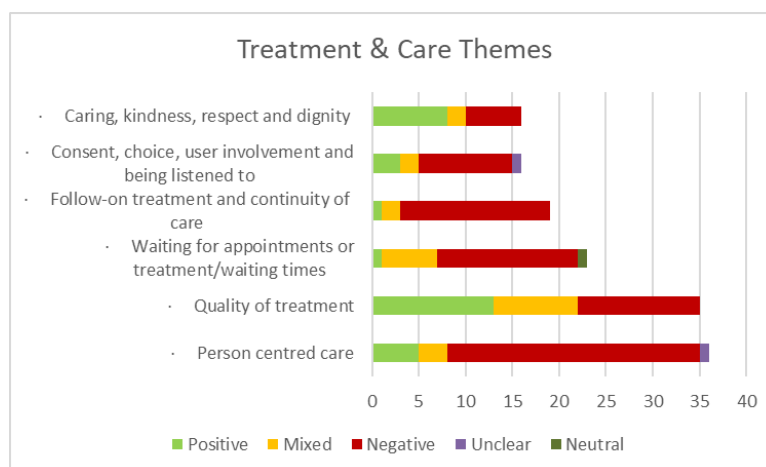
This month, there were 47 responses mentioning Primary Care and 39 about Hospital Services. Other feedback covered Mental Health and Learning Disabilities (17), Social Care Services (10), Community Health Services (5), Patient Transport (4) and Other (4).

In **Primary Care** the responses were mainly about GP services (38) with 4 mentions of dentistry, two of diagnostic services, one of out of hours care and one for phlebotomy.

Under **Hospital Services** the responses mainly covered outpatients (12), A&E (10), inpatients (6), respiratory services (3), Cardiology (3), inpatient psychiatric treatment (3) and general surgery (2).

Themes

Various **Treatment and Care** themes were mentioned 83 times. The chart below shows the themes mentioned most.

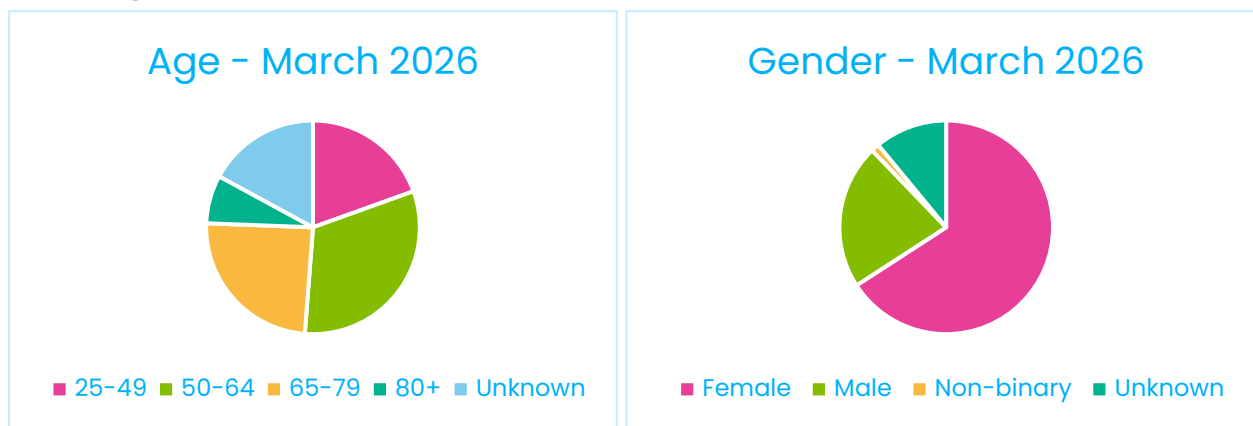


Administration was raised 41 times with a focus on integration of services and communications between professionals (10), referrals (9) and booking appointments (8) – none of this feedback was positive.

Access to services was mentioned 44 times (mostly negative or mixed), staff attitudes and performance 9, and digital access 1.



Demographics



We reached 18 carers and 7 members of the LGBTIA+ community. Under ethnicity most of those who specified were White British with 2 Mixed/multiple ethnic groups, 2 White Other and 1 White Irish.

There were 2 respondents who said they had a disability, 12 who said they had an unspecified long-term condition and a further 7 who suffered from both. Specified conditions included: autism (8), mental health (7 including 1 PTSD), dementia (3), diabetes (3), ADHD (2) and mobility issues (2). Others mentioned heart failure, stroke, pneumonia, allergies, HRT, adrenal insufficiency and contraception.

Healthwatch England News

Our colleagues at Healthwatch England have released the following articles during March.

The state of health and social care in 2026

“What does care truly feel like for those receiving it?” HW England aim to answer in their comprehensive new report: [The public’s perspective The state of health and social care](#). The report reflects much of what we hear locally and is well worth a read.

The [BBC](#) and [the Independent](#) both reported on the findings in the report about growing numbers of patients turning to private healthcare.

Share for Better Care Week

During the last week in March, Healthwatch England, The Care Quality Commission and local Healthwatch promoted the ‘Share for Better Care’ week, encouraging more people to [give us their feedback](#) on health and social care services across the country.



Speaking up for better care

In Healthwatch England’s [most recent annual report](#), they explain how listening to the public led to change and highlighted concerns.

HW England Position on GP access

More than a million people have an appointment with their general practice every day, and most are satisfied with the quality of care they receive. But there is still [much to do](#) to improve public satisfaction with accessing help from their local surgery.

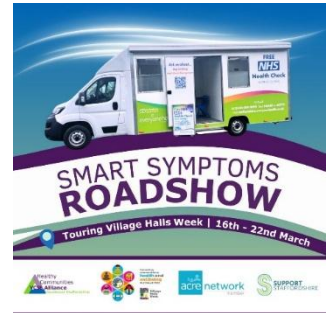
Social Media Catch-up

Highlights you may have missed:

Village Halls Week

Village Halls Week began on Monday 16th March, celebrating the vital role of village halls in connecting communities and promoting health and wellbeing.

To mark this, our Support Staffordshire colleagues arranged for the Smart Symptoms Roadshow to visit local village halls in Staffordshire with FREE NHS Health Checks available from Everyone Health.



Healthy Lifestyles

You can use the [NHS Healthy Choices Quiz](#) to find out how healthy your lifestyle is. You'll get NHS apps and advice to show you how to make changes where they matter most.

Vaccinations

Measles cases are rising. The best protection against measles is the [MMRV vaccine](#). Parents and carers in Staffordshire and Stoke-on-Trent are urged to check their children's MMR/MMRV records and book any missed jabs. **Respiratory Syncytial Virus** - around 2 in 5 eligible people in Staffordshire and Stoke-on-Trent are still to receive their [RSV vaccine](#).

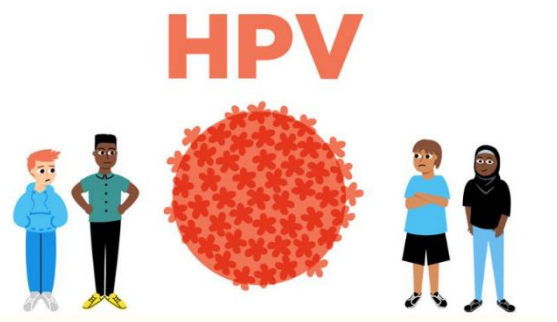
Meningitis

In light of the cases of invasive meningococcal disease confirmed in Kent we would like to share this link about the [signs of symptoms of meningitis and septicaemia](#).

Awareness campaigns with useful links:

For HPV Awareness Day we shared [this video](#) from [HPV Inform](#) which provides information for young people about HPV and the immune system. Other HPV information is available [here](#).

For Dyscalculia Awareness Day we promoted training from [the Dyslexia Association of Staffordshire Ltd](#) and the Staffordshire Parent Carer Forum (PCF).



Follow the [Staffordshire PCF on Facebook](#) to keep informed of upcoming sessions! Find out more about Dyscalculia [here](#).

We also shared resources for quitting smoking for **No Smoking Day**, including a [Personal Quit Plan](#), the [NHS Quit Smoking App](#) and local support available from [Everyone Health - Staffordshire](#).

On **Social Prescribing Day** we celebrated [these professionals](#) who help people improve their health and wellbeing by connecting them with non-medical support in their communities. To find out more about the incredible work of social prescribers in the Cannock Day District watch this [video](#).

Information on **Ovarian Cancer** is available on the [Eve Appeal website](#).

March was **Endometriosis Action Month**, and this year's theme was 'Endometriosis Doesn't Wait'. [Endometriosis UK](#) calls for improvements in diagnosis, treatment, and support for the 1 in 10 women and those assigned female at birth who live with endometriosis in the UK. More information on the condition can be found on [their website](#).

On **Delirium Awareness Day** we shared this Virtual Reality [training video](#) from North Staffordshire Combined Health Trust. A [Welsh language version](#) has also been launched in partnership with Health Education and Improvement Wales (HEIW). You can watch the videos through a VR headset (such as Apple Vision Pro or Oculus Quest) or in a normal web browser, using drag and move to experience the 360-degree effect.

Get in touch

Healthwatch Staffordshire

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