

Healthwatch Simulation Event

24th September 2013



Background and Context

The Health and Social Care sectors have put in place a complex set of changes to the structures and processes for commissioning health and care services alongside new support for public health and wellbeing. At the heart of these changes is the principle that all decisions about care and support should be undertaken with the involvement of citizens. To support this, a national body – Healthwatch England has been established as a statutory sub-committee of the Care Quality Commission. All Local Authorities (LAs) have now commissioned local Healthwatch organisations that are independent corporate bodies carrying out statutory functions including; information and signposting health and social care services; engaging with and representing local citizens; intelligence gathering and membership on local Health and Wellbeing Boards.

While the structural proposals are clear and now largely completed both locally and nationally, questions remain and indeed choices about how Healthwatch will work as the new system moves through transition and set up to a “settled state”. These include how Healthwatch governance arrangements might work out in practice; how to engage those communities that have proved difficult to reach in the past; how LA’s can undertake performance management whilst also supporting development of Healthwatch and the tension between Healthwatch’s role “scrutinising” services that the Council provides whilst also being funded by the Council. And just what is everyone’s role in making local Healthwatch a success?

In order to explore some of these questions locally, we engaged PEA (Public Engagement Agency) to take us through a simulation event based on a national programme, the ‘Owl Project’ that was sponsored by the Department of Health (DH) and the Local Government Association (LGA) and originally developed by Loop2 consultancy. The title seemed appropriate since owls have a reputation for being both watchful and wise!

As well as clarifying how the array of arrangements for citizen involvement might work, we hoped that it will help stakeholders in the Shropshire partnership area understand how they “fit” into the new landscape and can support Healthwatch, now that it has been commissioned, to be a success.

Stakeholders (including representatives from the HWBB, HW, HOSC, CCG, LA, LAT, VCS, and Provider Organisations) from Shropshire and Telford & Wrekin gathered on September 24th to take part in the simulation and to help shape and support the development of our Local Healthwatch. Following is the report from the day.

This document includes Key Action Offers (from partners), Challenges, and Summary of the Scenarios, Learning Points, and Follow up Actions. It also includes appendices listing tweets from the day and a summary of the evaluation of the day.

Report

PEA consultancy developed three realistic (but fictitious) scenarios allowing delegates to consider how their organisation might respond to each scenario and what understanding is required across organisations to best navigate issues in the future. Over the course of the simulation partners were challenged to discuss and represent the issues from their own organisation's background and perspective. This allowed for shared understanding of perspectives and it also highlighted where joint working would be helpful, not only for the development of Local Healthwatch, but where partnership working/ understanding would actually benefit all organisations.

Delegates were also challenged/ asked what direct support they can offer Local Healthwatch to ensure it has the tools to produce good reports, below are key action offers that describe what support is available across the health economy. Also through the event challenges to how we operate were highlighted.

Key Action Offers:

1. Make appropriate links with the engagement subgroup (contact Steve Mayo) to ensure a coordinated approach to consultation and engagement. **Action owner CCG, Shropshire Together (Partnership) and all.**
2. Develop a consultation and engagement portal (via existing websites) to hold consultation details including responses and analysis for commissioners and stakeholders. **Action owner Shropshire Together (Partnership) and all to input.**
3. Healthwatch to fully engage with the VCS to ensure consistent collaboration and joint working. **Action owner, Healthwatch Shropshire, Healthwatch Telford and Wrekin**
4. Public Health to work with Healthwatch Shropshire to help build knowledge and confidence in using data. **Action owner – Public Health**
5. Media Training – **Action owner - Adrian Osborne (SaTH) offered support and other statutory partners.**
6. You Said, We Did – Commitment to support HW reflect changes in practice based on patient/ client voice – **Action owners - all stakeholders**

Identified Challenges:

- Who are the system managers? While the NHS England Local Area Teams (LAT) may hold some of this function it will be up to individual areas to work through developing a coordinated approach to services and their delivery.

- Healthwatch has reported that they will take an intelligence led approach to 'Enter and View'. What about understanding good practice and viewing and reporting on good practice within Shropshire? How will this work take place?
- Understanding the role of the Quality Surveillance group.
- Creating the right environment for HW to fully participate on the HWBB and to both scrutinise and work with LA and Health colleagues.
- Potential blockages to the successful development of HW include: culture (really listening to the patient/ client voice); Trust – how well do we trust each other; Relationship building – understanding and knowing

Glossary

[CCG – Clinical Commissioning Group](#)

[HOOSC – Health Overview & Scrutiny Committee](#)

[HW – Healthwatch Shropshire](#)

[HWBB – Health and Wellbeing Board](#)

[JHOOSC – Joint Health Overview & Scrutiny Committee](#)

[JHWS – Joint Health and Wellbeing Strategy](#)

[JSNA – Joint Strategic Needs Assessment \(health profile of Shropshire\)](#)

[LA – Local Authority](#)

[LAT – Local Area Team \(NHS England\) Covers Shropshire, T&W, Staffordshire](#)

[RI – Research & Intelligence, Shropshire Council](#)

[PH – Public Health, Shropshire Council](#)

[SC – Shropshire Council](#)

[ST – Shropshire Together \(Partnership\)](#)

[T&W – Telford and Wrekin Council](#)

[VCS – Voluntary and Community Sector](#)

[VCSA – Voluntary and Community Sector Assembly](#)

Learning Scenario One:

This story considers the shift of balance of health provision from hospitals to primary and community settings. The issue explores appropriate admissions and timely discharge. In the story Healthwatch has undertaken a review and found some concerns. Community services are overstretched and patients are not being discharged in a timely fashion. The questions ask – what do Healthwatch do with the information found in their review? – how does HW influence service improvements? – how does HW feel about challenging their commissioners? – what about cross border issues?

Simulation Response

The overall discussion from the group resulted in agreement that Healthwatch was uniquely placed to capture and understand how patients and their families feel about the services; that HW would add to the patient experience already gathered through Patient Participation Groups and other feedback mechanisms currently available. The group agreed that a joint understanding of mechanisms currently being used to understand the patient experience needs to be developed and that HW will be an important part of this.

The group also agreed that how and when HW delivers the information that is contained in their review to partners, stakeholders and the public is very important; equally, the accuracy of data collection and reporting will also be key to ensuring that HW develops credibility with all stakeholders. It was agreed that it would be useful to develop protocols around the interaction between HOSC, HW and HWBB and to develop protocols around the escalation of issues through our partners including the CQC, Healthwatch England and the LAT.

The group agreed that openness and transparency across all organisations was important and when an issue is recognised across the health economy something must be done about it. It will be the role of individual organisations and the HWBB to ensure appropriate changes are made within the health economy and it will be the role of HW to help organisations understand the impact of changes. The group also felt it was important to understand the political environment in which we live and make appropriate considerations for this as part of work planning.

Sharing information and work planning across organisations and to include Scrutiny, HWBB, Providers and across borders (including T&W CCG, Council and Healthwatch) will be vital to the success of HW, as will creating the right environment for HW to fully participate as part of the HWBB.

There was agreement across the partners in the room that it was important to shift away from the blame culture and put our energies into making improvements for the health and wellbeing of those living in or using Shropshire services.

Key Points raised	Action/ Exploration Identified	Key Stakeholders	Action Owners and Expected Time Scales
<p>Work Planning</p> <p>Robust work planning is needed across the health economy including linking with JSNA, JHWS, HOSC and the CCG (and across T&W)</p>	<p>Healthwatch to ensure that when developing work plans it does so by linking with the key stakeholders and established plans identified to the left and right</p>	<p>Health Overview & Scrutiny Committee (HOSC), Healthwatch, Health and Wellbeing Board</p>	<p>Jane Randall Smith (HW) Neil Evans (LA) Cllr Gerald Dakin (HOSC) Cllr Karen Calder (HWBB)</p> <p>On-going</p>
<p>Accuracy of reports</p>	<p>Healthwatch, with identified partners, to ensure that reports use robust data gathering mechanisms and analysis processes</p> <p>Public Health and Research Teams to assist Healthwatch develop processes and analytical ability</p>	<p>Healthwatch, Public Health</p>	<p>Catherine Pritchard (HW) Emma Sandbach (PH) Helen Harvey (RI)</p> <p>On-going</p>
<p>Information Sharing/ Escalation of Issues</p> <p>Identifying when information should become public and when it shouldn't</p>	<p>Protocols and understandings to be developed around sharing information and raising concerns. Protocols between HOSC, HWBB and HW and also with the CCG and Providers that make clear the flow of information and reports and the escalation process when issues arise.</p> <p>Protocols for the escalation of issues relating to urgent</p>	<p>All Statutory and Health Partners</p>	<p>Jane Randall-Smith (HW) Catherine Pritchard (HW) Cllr Gerald Dakin (HOSC) Cllr Calder (HWBB) Rod Thomson (PH)</p> <p>By March 2014</p>

<p>Developing Protocols</p>	<p>matters and safeguarding to be developed as part of this.</p> <p>Currently a workshop to further develop this is in the planning stages.</p> <p>CQC and LAT to be involved specifically with regard to information sharing and escalation of issues (CQC and LAT)</p>		
<p>Communication/ making public information easily available</p>	<p>Once information is available publicly it should be made easily available.</p>	<p>Healthwatch, HOSC, HWBB, Providers, VCS</p>	<p>Catherine Pritchard (HW) Penny Bason (Partnership) By March 2013</p>
<p>Information Governance and Data</p> <p>using qualitative data effectively</p>	<p>Consideration for how information is received and documented. Consideration for how questions are formed to ensure objectivity.</p> <p>Currently a subgroup meets to understand and share patient experience engagement. The right people from Healthwatch, the CCGs, Providers, and Shropshire Council need to link into this. There is room for a coordination role to ensure that decision makers receive a rich quality of information about patient/ client experience and need.</p>	<p>Healthwatch, Public Health, the Partnership, CCG Shropshire, CCG T&W, Shropshire Council, T&W Council</p>	<p>Jane Randall Smith (HW) Steve Mayo – Telford CCG Penny Bason (ST-Partnership)</p> <p>On-going</p>
<p>Data</p> <p>using quantitative data</p>	<p>Data can be interpreted and analysed in different ways. It is necessary to work across the organisations in Shropshire to ensure that we have a consistent approach.</p>	<p>Healthwatch, Public Health, NHS Advocacy provider (POWR),</p>	<p>Catherine Pritchard (HW) Emma Sandbach (PH) Helen Harvey (RI)</p>

accurately			Autumn 2013 and On-going
Contract and performance monitoring	HW Commissioner to take into account protocols and joint working across the health economy as part of the performance monitoring	LA commissioners	Neil Evans (Shropshire LA) Kim Grosvenor (T&W LA) On-going

Learning Scenario Two:

This story considers the role of HW with ‘Enter and View’ and the consideration of the local press. What happens when the effectiveness of Healthwatch is called into question? How do Statutory and Health organisations respond? The questions asked include; How will HW work with the local media? – how will HW influence public expectations about what it can and cannot do? – how would the council respond to criticisms of HW? – how will it manage HW performance? - the interface between HW, HWE and CQC.

Simulation Response

The facilitator explored issues of how HW will fulfil its duty to research appropriately; for example would HW buy in expertise/ skills? Healthwatch expressed that there was little money in the budget to buy in services; however they felt strongly that their governance arrangements, in house skills, and support from health and social care partners would ensure that HW would consistently report accurately and appropriately.

A key issue raised through this scenario was around the role of the VCS. The VCS are able to provide good intelligence and understanding of numerous issues and could be used as part of the evidence and intelligence gathering. The VCS were also very keen for Healthwatch to be a key component of helping the VCS to understand how the evidence has resulted in action across the health economy.

Another important discussion point was around understanding the media and how to navigate the media. It was expressed that it is very difficult to develop a mutually beneficial relationship with the media and organisations, including Healthwatch, must be careful. Health and Social Care partners were happy to support Healthwatch understand media relations and provide support with communications.

Providers were keen to discuss how staff must be and are encouraged to speak out (‘whistle blow’) about arising issues, or specific issues, within the health economy. Does Healthwatch have a role to work with providers to support this process or to provide an external option at which staff can explore issues?

Despite massive NHS reforms and new organisations emerging, there are no system leaders. This poses a challenge for those operating within the system, but also an opportunity to develop leadership locally.

Key Points raised	Action/ Exploration Identified	Key Stakeholders	Action Owners and Expected Time Scales
Managing the media	Established organisations including the Local Authority, the CCG and Providers provide support and guidance for managing the media	Healthwatch, LA, CCG, Providers, the public	Adrian Osborne (SaTH) LA – communication team (via Rod Thomson) Autumn 2013 and On-going
Risk Management	As part of HW processes and governance, risks must be managed	Healthwatch	Jane Randall-Smith (HW) Autumn 2013 and On-going
The role of the CQC	Further exploration of the role of the CQC is required through the development of local protocols. When should the CQC be involved and what support can they offer HW.	Healthwatch, CQC	Jane Randall – Smith (HW) Deb Holland (CQC) March 2014 and On-going
The role of the VCS, the VCSA, RCC and the SPC (Shropshire Providers Consortium)	Healthwatch to better understand how to involve VCS organisations as part of the evidence and intelligence gathering	Healthwatch, VCS (RCC and VCSA), SPC	Jane Randall-Smith (HW) Jackie Jeffrey (VCSA) Julia Baron (RCC) Pauline James and Kate MacDonald (VCSA)

			On-going
Evidence / informing the JSNA and decision making – link to scenario 1	Decision makers (including the HWBB and all partners) consider qualitative evidence from across the health economy including the Healthwatch, the VCS, PPGs, and the Stakeholder Alliance to ensure robust decision making based on understanding of patient/client need.	HWBB, Shropshire Partnership, Public Health, Healthwatch, CCG	Penny Bason (Partnership) Emma Sandbach – (PH) Jane Randall-Smith – (HW) Autumn 2013 and On-going
Whistleblowing	Does HW have a role to play with providers and whistleblowing? Whistleblowing must be a straightforward and transparent process. Action Healthwatch to make clear what they feel their role is in the event of a whistle blower contacting HW	Provider organisations and Healthwatch	Jane Randal-Smith (HW) Maggie Bayley (Community Trust) Debbie Price (SPIC) Stephen Chandler (LA) Spring 2014
Leadership	Bring in learning of other HW organisations. Invite learning and leadership from HW England, NHS England and the CQC. Develop understanding locally about good practice. Share good practice. Don't be afraid to learn from mistakes and share learning.	Healthwatch England, NHS England (LAT), Healthwatch, LA, CCG, Providers	On – going

Learning Scenario Three:

This story considers how HW deals with complaints that perhaps are more cultural in nature than specific clinical issues around primary care. The complaints centre on two surgeries and both practices are involved with leading services development as part of the CCG. The questions asked include; - how will the HW work with the CCGs to address concerns with the quality of primary care recognising that HW is independent but also needs to work in partnership; - what is the relationship between HOSC and HW in this scenario? – the links between individual complaints and wider issues across the system; the evidence that HW uses to understand problems in the round; relationships between HW and NHS England.

Simulation Response

Members from the CCG were keen to relay that while local GPs hold their contract with the LAT, the Shropshire CCG would be very interested in working with HW on any issues arising around primary care. The local CCGs have a responsibility to support the local development of primary care and would take a lead role in working through any arising issues.

It was agreed that there was a role for scrutiny here, but exactly how and what was unclear. Scrutiny felt they would have a role to discuss concerns with practices in question, but protocols around this activity and how scrutiny would link with the CCG need to be developed (link to scenario 1 – action item). It was also agreed that as HW cannot take on individual cases, some partnership working and appropriate signposting would be required. The scenario highlighted that there are numerous ways in which patients/clients can complain about health services; it was agreed that there is a piece of work to look at this in order to make it easier for the public to understand their options. This discussion gave rise to considerations around information sharing and data collection by HW. Again this will be something to consider as part of the protocol development.

A key point raised was simply around partners (HW and statutory and VCS partners) considering other partner involvement at the outset of work planning. So for example, if the CCG is planning to undertake a review of a service that HW receive an invitation to partake from the planning stage; and if Healthwatch is planning an 'enter and view' it might invite other partners to be involved (if the circumstance was appropriate). As well the VCS organisations were very keen to be involved in work planning, signposting, and helping HW understand the whole health economy, including the important role that the VCS play.

Key Points raised	Action/ Exploration Identified	Key Stakeholders	Action Owners and Expected Time Scales
Managing complaints across the health economy	Develop and communicate a shared and agreed understanding across the health economy regarding dealing with complaints. Develop and communicate an understanding of complaints about Healthwatch	HW, Providers, CCG, RCC	Adrian Osborne – SaTH Jane Randall – Smith – HW Debbie Price – SPIC Maggie Bayley/ Vic Middlemiss – Community Trust Stephen Chandler – LA Paul Tulley – CCG Julia Baron – RCC Summer 2014
Joint visits	Linking to work plan development – investigate when planning to ‘enter and view’ if it is appropriate for any other key stakeholders to jointly visit.	Local HW, CCG, LA,	Jane Randall – Smith (HW) Kate Ballinger (HW T&W) On-going
Protocol Development (see scenario one)	Protocols between HOSC, HWBB and HW and also with the CCG and Providers that make clear the flow of information and reports and the escalation process when issues arise.	HOSC, HW, LA, CCG	Jane Randall Smith (HW) Neil Evans, (LA) Cllr Gerald Dakin (LA) Karen Calder (LA) Fiona Howe (LA)

	Protocols for the escalation of issues relating to urgent matters and safeguarding to be communicated/ developed as part of this.		On-going
Communication and work plan development	Communicating work plans across partners to ensure that partners join up when it is appropriate. For the Local Healthwatch Communications Toolkit click here!	HOSC, HWBB HW, LA, CCG	Jane Randall-Smith (HW) On- going

Overall Feedback: (See Appendix 1 for more details)

Feedback from delegates who attended this event highlighted that it was a challenging and thought provoking event that made clear the importance of relationship development. There were many positive remarks about the style and delivery of the facilitation; the following quote seems to sum up the sentiments of many; *‘Very Relevant. Well facilitated and produced interesting learning and discussion about relationships. Note of caution though – all very well in theory but might be different in practice going forward.’* With this in mind this document must be seen as an action plan to ensure that going forward our good intentions result in good progress.

Appendix 1: Evaluation Form

Evaluation Form Local Healthwatch Simulation Event, Lord Hill Hotel, 24th September 2013

Please help us to evaluate how successfully the aims of this event were achieved by completing this questionnaire, indicating how satisfied you were with our performance in each area (by circling the appropriate number, using the scale 1:5) or by writing in the boxes. The information you give on this form is confidential. It is used by the Shropshire Together (Shropshire Partnership) to measure the effectiveness of our events and to take any appropriate action to improve the quality of future ones.

How did you hear about the event? Email invite

How satisfied were you:	Out of 29 completed forms the following results were;				
	Very satisfied		Very dissatisfied		
	☺		☹		☹
With the booking process and pre-event organisation?	15	9	5		
With the organisation on the day?	15	14			
With the venue and facilities?	7	10	10	2	
With the arrangements and quality of the catering?	7	10	8	3	1
With the relevance of the scenarios and learning section?	17	11	1		
With the presentations that were delivered at the venue?	14	12	3		
With the time keeping at the event?	18	11			
With the access at the venue (technical, physical or other)?	7	8	8	6	

Did you think the scenarios were relevant and did they produce the expected learning and relationship building? Please explain in some detail below.

- Yes very interesting and challenging.
- Yes.
- Very relevant. Well facilitated. Produced interesting learning and discussion about relationships. Note of caution though – all very well in theory but might be different in practice going forward.
- Yes relevant.
- Yes.
- Health scrutiny arrangements were explained with Healthwatch, this was expanded to good effect. Better understanding and food for thought.
- Very relevant – simulation in ‘safe’ environment great idea.
- Yes it felt a very safe environment in which to discuss and they brought out honest discussions.
- Yes – would have been useful to hear more about how relationships would work in practice.
- Yes but.....what became clear was that most of those partners present were already particularly aware of what HWS has done far. And that OUR (i.e. HVRs) issues/its possibilities.
- Some of the scenarios were quite high level. Maybe have one that is around signposting within Healthwatch as that will be part of the PALs.
- I felt that they would have given Healthwatch a large amount of learning and work.
- Yes, brought out common purpose.
- Challenging but safe environment to express views of contrary position.
- Very relevant and encouraged interesting debates which expanded out wider learning.
- Yes the scenarios were excellent – very thought provoking and identified key challenges and areas for development and actions for support.
- First two maybe better than the third but that might be because the third was truncated.
- Yes very much so. Very helpful to have engagement of stakeholders in same room discussing how we can work together.
- Yes – Pleasantly surprised at positivity towards relationship working - offers of help etc.
- Yes, they seem similar to real life situations, and therefore very helpful.
- Thought giving scenarios worked very well. Good facilitation.
- The scenarios were realistic, but the different responses in the room indicated there is still a lot of misunderstanding/various expectations of the

role of Healthwatch.

- Good examples well facilitated, appropriate challenge encouraged.
- Interesting to understand other organisations positions. Identify gaps in joining up working.
- Very thought provoking and stimulating. Definitely assisted with the unravelling of some of the complexities around the system.
- Yes helped to develop relationships between Healthwatch and the various stakeholders.

Do you have any further comments or suggestions that would improve the event?

- Repts from missing organisations (HW Eng, CQC, NHS England, GPs, SSFT, WMAS).
- Hard copies of materials on each table would have been helpful.
- Initially I found the facilitation style quite confrontational. Although I enjoyed and followed the discussion, I was too intimidated to talk and have a mic shoved at me. Having said that, I do think it was a good event. Thank you.
- Attendance from Healthwatch England and other key partners.
- This was one of the best facilitated events I have ever attended. Would like to use PEA again.
- Not particularly – it was useful having a facilitator, few HW present. Pity that Sian Huszak couldn't make it.
- Very thought provoking.
- Good energy kept up throughout the day.
- It would be useful to see an action plan emerge from the event.
- Selling importance of attendance to those not in attendance today.
- Even though people were targeted, everyone got the chance to speak and give opinions. Very good interesting day. Everyone in the same place easy to confer
- Both facilitators excellent and moved the process on and kept people engaged.
- I am unclear about how the collective learning from today was captured for future use by all the other organisations in Shropshire.
- Amount of parking facilities could have been better.

Appendix 2: TWEETS from the day: #HWSIM



Karen Higgins @karenellaB

24 Sep

Healthwatch simulation event. Oooh exciting I hear you say. Actually it was brilliant, useful & needed. Well done all involved @ShropPship

Expand



Adrian Osborne @sathAdrianO

24 Sep

Here's the engagement cycle developed by the NHS Institute focusing on co-design engagementcycle.org #hwsim

Expand



Karen Higgins @karenellaB

24 Sep

@citizenengage I would never talk about 'established processes' engagement is fluid & ever changing as are people #hwsim

Favorited by Citizen Engagement

View conversation



Healthwatch Telford @HealthwatchT_W

15m

Fascinating discussions this morning - how do we deliver best value for the people of @TelfordWrekin? Send us your thoughts #HWSIM

Followed by HealthWatchMcr and 26 others

Expand



Charlotte & Andrea @UKCareAdvice

17h

Interesting event today with Healthwatch Shropshire. I am keen to see how they develop and enhance health & social care. #hwsim

Expand



Citizen Engagement @citizenengage

24 Sep

@karenellaB #hwsim youtube.com/watch?v=4Woa2r...

Retweeted by Pauline James and 1 other

View media



Charlotte @LottieCaddie

24 Sep

Do our systems empower people to get their views across? #HWSim

Expand




Live life your way @LiveLifeYourWay

24 Sep


Excellent challenges being made about how we ensure user voices are heard in everything we do at Healthwatch Simulation event. #hwsim


Retweeted 2 times


Expand

 **Charlotte** @LottieCaddie 24 Sep
Engagement with the VCS and local citizens is essential #HWSim
Expand

 **HealthWatch Shrops** @HWSHropshire 24 Sep
Great turn out at #HWSim -looking forward to some good discussions!
Expand

 **Adrian Osborne** @sathAdrianO 24 Sep
Ok, shameless break-time plug to everyone at #hwsim - it is @shropsbakeoff this weekend raising funds and awareness for @ShropshireCarer
Retweeted by Shropshire Carers and 1 other
Expand

 **Karen Higgins** @karenellaB 24 Sep
"@sathAdrianO: ..animation describing the complexity ow.ly/p9Fua #hwsim #personatthecentre" » helpful explanation of NHS structure
Expand

 **Karen Higgins** @karenellaB 24 Sep
@citizenengage 'stories' seems to be a fashionable word but the value & importance of them is not fully understood yet #hwsim
View conversation

 **Citizen Engagement** @citizenengage 24 Sep
#hwsim :the importance of feedback to people & communities
Expand

 **Shropshire Together** @ShropPship 24 Sep
Jane Randall-smith @HWSHropshire 'obtaining views of local people is crucial' #hwsim pic.twitter.com/T8Wtq3s6SR
Retweeted by HealthWatch Shrops and 1 other
Expand



 **Stephen Chandler** @54035oom 24 Sep
The success of Healthwatch is everybody's responsibility ? Does everybody recognise and agree with that, if so what are you doing ? #hwsim
Expand

 **Adrian Osborne** @sathAdrianO 24 Sep
Joining Healthwatch Simulation event today #hwsim - let's make sure these new arrangements really work for people & communities :-)
Expand



Stephen Chandler @54035com

24 Sep

The success of Healthwatch is everybody's responsibility ?
Does everybody recognise and agree with that, if so what are you
doing ? #hwsim

Expand



Adrian Osborne @sathAdrianO

24 Sep

Joining Healthwatch Simulation event today #hwsim - let's
make sure these new arrangements really work for people &
communities :-)

Expand



Healthwatch Telford @HealthwatchT_W

24 Sep

Attending OWL event in Shropshire today with commissioners
and providers - all about working together #HWSIM

Expand



Charlotte @LottieCaddie

24 Sep

Facilitating at Healthwatch event, Shrewsbury. Busy day with
lots to get through! #HWSim

Expand



Stephen Chandler @54035com

24 Sep

Awaiting the start of the Healthwatch simulation event here in
Shrewsbury, hoping for an interesting and challenging event #hwsim

Expand



Shropshire Together @ShropPship

24 Sep

Healthwatch Shropshire simulation event about to start. The #
is #hwsim pic.twitter.com/ylyU3WSdh8

 View photo