



**Healthwatch Reading**  
Annual Report 2016/17





# Contents

Message from our Chair.....	4
Highlights from the year.....	5
Who we are.....	6
Your views on health and care.....	8
Helping you find the answers .....	12
Making a difference together.....	16
Our plans for next year.....	22
Our finances .....	24
Contact us.....	27

Design and photographs by Phil Healy, Healthwatch Reading Digital Information Officer



# Message from our Chair

## ***Dear friends, colleagues and supporters,***

It is with great pleasure that I present this annual report. Healthwatch Reading always strives to ensure that at the heart of everything we achieve are the voices of local people being heard and delivering change. This has been especially true this year. It has been a year full of achievements in challenging circumstances.



***David Shepherd, chair of trustees***

The Healthwatch team, made up of trustees, board members, staff and volunteers have worked on a number of key projects this year, including a continued focus on primary care services in Reading, with extra support given to patients at Circuit Lane and Priory Avenue as a result of changes in management at the surgeries. We also made our first venture into pharmacy services with a public survey exploring local people's views on electronic

prescribing and finally a seven day Enter and View of the emergency department at the Royal Berkshire Hospital.

However, projects are just one element of the work of the Healthwatch Reading team. We actively take part in strategic meetings, workshops and events, presenting the information we have gathered from local people and making certain that patient voices are at the heart of service commissioning and development.

We also provide a range of information and advice and advocacy services, with the number of contacts increasing for the fourth year in a row.

As an organisation, we continue to operate at the highest level despite the ongoing financial challenge that we face. I would like to take this opportunity to thank the team for their commitment to organisation and the passion they show for campaigning for local people's voices to be heard and achieve outcomes.

Finally, I would like to thank our local community, for trusting us with your voices and challenging us to take your concerns forward. We will continue to work hard to serve our community and I hope that you will continue to work with us by always sharing your experiences, whether good or bad, by calling us, emailing us, tweeting us or just dropping in. With your continued support, we can all work to make sure services are commissioned and delivered to meet our needs.



# Highlights from the year

**313 people contacted us with individual feedback or complaints about local services**



**We engaged with more than 1,600 people for our projects**



**We supported 50 people referred by social workers, for Care Act Advocacy, through partnership working with other charities**



**Our website attracted over 3,500 visitors, who have made 13,598 page views**



**Our projects have covered experiences in A&E, electronic prescribing and primary care**



**We now have 1,761 followers on twitter**





# Who we are

We know that you want services that work for you, your friends and family. That's why we want you to share your experiences of using health and care services with us - both good and bad. We use your voice to encourage those who run services to act on what matters to you.

We are uniquely placed as a national network, with a local Healthwatch in every local authority area in England.

## ***Our mission***

Healthwatch Reading's mission is to campaign for better care for our community. We do this by:

- + advising people of their rights, giving them information, and signposting them to other services;
- + advocating on behalf of local people to raise concerns, make a complaint, or support them to have their voice heard;
- + taking action to influence decision-makers, by ensuring they hear the experiences of people, especially the most vulnerable, and involve the public in changing and improving health and care services.

## ***Our priorities***

Our priorities are based on what the community says is important to them and are driven by the Healthwatch Reading board, a committed group of local volunteers.

In 2016-17, our priorities focused on:

1. Empowering people to share feedback, complain or have their voice heard, by

working with individuals, the local voluntary and community sector, and our statutory partners. In 2016-17 we engaged with more than 1,600 local people through a range of projects, including a week-long exercise in the emergency department of Royal Berkshire Hospital, a survey in pharmacies and GP practices, on people's experiences of electronic prescribing, and ongoing evidence-gathering from some of the 17,000 patients affected by underperformance at two local GP surgeries.

2. Ensuring everyone has as equal voice by working with the diverse community of Reading to understand how they experience local services. This included understanding the needs of people with learning disabilities, mental health needs, or old age; refugees, and those in poverty by convening a roundtable of local charities who provide frontline support to the most vulnerable people in our society. We have also developed relationships with BME organisations such as Jeena.
3. People are involved in shaping services for today and the future. We have brought a public perspective as new services are developed, through our involvement in a local End of Life Care steering group, and also campaigned for better communication about transformation of services, through our seats on the Berkshire West Primary Care Commissioning Committee, Berkshire West A&E Delivery Board, and Reading Integration Board.

## ***How we make decisions***

Our board and trustees are all volunteers and members of the local community.

The trustees of Healthwatch Reading, which is a charitable incorporated organisation, are responsible for the strategic vision, governance and finances.

The board oversees our work plan and ensures we listen to our local community.

We also ask our local community to suggest issues to help decide our annual work plan. We hold regular board meetings in public, so they can see how we work and get the chance to ask questions.

## ***Our people:***

### **Trustees:**

David Shepherd - Chairman

Gurmit Dhendsa - financial and strategic development

Monica Collings - public health and mental health services

### **Our Board:**

Sheila Booth - physical disabilities and sensory needs

Douglas Findlay - young people and pharmaceutical services

Tony Hall - care for the elderly and GP services

Sue Pigott - learning disabilities

Reverend John Rogers - engagement with the faith community and social care

David Shepherd - commissioning of services

Helena Turner - community engagement, young people and mental health



***A Healthwatch Reading Board meeting held in public***

### **Co-opted members**

Francis Brown - North and West Reading Patient Voice

Libby Stroud - South Reading Patient Voice

### **Our staff team:**

Chief executive: Mandeep Kaur Sira

Team manager: Rebecca Norris

Advocacy services manager: Phil Murphy

Officers: Catherine Williams and Pat Bunch

Digital information officer: Phil Healy

WELCOME  
TO  
**Reading**



Twinned with

DUSSELDORF

CLONMEL



SAN FRANCISCO

RE

SPEIGHTSTOWN



Reading  
BOROUGH COUNCIL

***Your views on  
health and care***



## How we gather experiences

We believe the best way to collect people's views is to go out into the community, in order to ensure we give all sections of society, a chance to be heard.

Our A&E project, for instance, involved setting up sessions within the hospital's waiting areas, on seven consecutive days, at various times ranging from 11am- 10pm. We brought a portable, eye-catching stand (see photo, right) from which we could hand out surveys and that could be moved between the adult's and children's waiting area. We also directly collected views of under-18s (with their adult's permission), using a child-friendly survey. Our approach meant we collected the views of more than 10 per cent of the total people attending A&E that week, mainly made up of working-age adults, including people living outside of Reading.

Other methods of collecting experiences included:

- + visiting six GP surgeries and two pharmacies to ask people about prescribing, which especially captured views of people aged 65-84
- + sending our staff team en masse to address a public meeting attended by hundreds of people unhappy about their GP surgery, and to hand out and collect surveys
- + attending a public consultation event about a possible change to a mental health day centre and collating personal testimonies of service users
- + holding stands in shopping malls, and at local events including Carer's Rights Day, Older People's Day and End-of-Life Planning
- + visiting advocacy clients, who usually have learning disabilities, or are at risk of abuse, or are frail and elderly, in care homes, hospitals and supported living houses
- + holding an interactive lesson with young people at a local training provider.



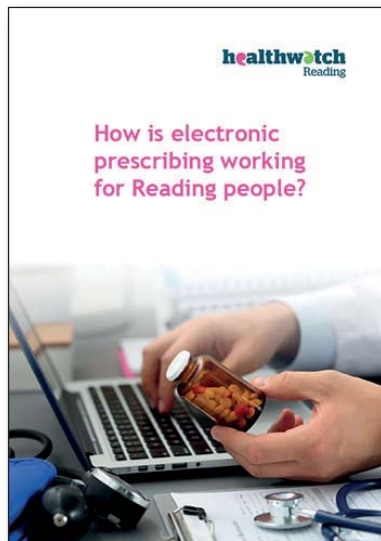
## What we've learnt from visiting services & how we've made a difference

### Electronic Prescribing Project

Our electronic prescribing project was prompted by concerns passed to us about how NHS computers 'talk' to each other about patients' medicines.

During our visits to GP surgeries and pharmacies, we discovered that public expectations were not being met as their medicines were often still not ready for them to pick up when they went to collect them.

We made five recommendations to commissioners, including asking for all pharmacies to text patients when their medicines were ready as we knew some chemists were already doing this. Local NHS England staff said they would raise the idea nationally, and also agreed to look into ensuring the public got consistent information from GPs and pharmacies.



**'The LPC [Thames Valley Local Pharmacy Committee] would like to reiterate its' thanks to Healthwatch Reading for shining a spotlight on electronic prescribing and for raising awareness across the area.'**

**Pharmacy representatives responding to our electronic prescribing report, January 2017**

### Primary Care Project

Our standing project on primary care uncovered a body of evidence from patients at two underperforming GP surgeries about unsafe services, poor access to appointments and delays in repeat prescriptions.

We collated themes and case studies and passed these to local Care Quality Commission inspectors, and also raised concerns in meetings with North and West Reading Clinical Commissioning Group. As a result, the CQC undertook visits that confirmed patients' concerns and led to 'inadequate' ratings and a local action plan with extra funding for the surgeries.

We have since carried out a re-visit to both surgeries and patients are reporting that improvements have started.

**'We received patient feedback including information from very concerned patients via local Healthwatch.'**

**The Care Quality Commission explains how it heard about patient concerns, in one of the inspection reports published about a local GP practice, on 17 February 2017.**

**'We take patient feedback very seriously and we are working closely with the practices' patient participation groups and Healthwatch Reading to keep patients informed of progress and listen to their feedback.'**

**North and West Reading CCG, 27 February 2017**

## Accident and Emergency Department Project

We launched our A&E project to try and understand why so many people were turning up to the Royal Berkshire Hospital's emergency department in record numbers.

Rather than 'misusing' A&E, our visits to the hospital revealed that more than half of people had already sought help from other NHS services, and of these, eight in ten people said the other service had advised them to go to A&E. People also gave feedback about the check-in and waiting area experience; such as inaccurate waiting time signs, and clinicians not speaking loud enough to call patients in to be seen.



We prepared an extensive discussion document that we presented to the Berkshire West A&E Delivery Board. This board responded with a number of actions, including a GP project to review the care of their patients who attend A&E frequently, and hospital-led changes to the department.

The findings will also inform local work to implement nationally-mandated changes to urgent care services, such as all hospitals having a GP in their emergency department, and the launch of an improved 111 helpline advice.

'There was different advice at different services. 111 said to go to walk-in centre for minor injuries, but walk-in centre can't do X-rays so advised to go to A&E, rang 111 to check this was okay, 111 said no food or drink, water or pain relief. A&E said always okay to give pain relief.'

'GP said come to A&E if still feeling pain after a few days.'

**Some of the feedback people gave us about their decision to go to A&E**

'The document includes a large amount of valuable information regarding the experience of patients attending the emergency department. The information is being used to support discussions with partner organisations across the health and social care systems as part of our ongoing work to improve the quality of services we commission.'

**Berkshire West Clinical Commissioning Groups, October 2016**



# Helping you find the answers

follow us on [twitter](#)  
@yellow\_buses

yellow  
26

Download our new... app  
Google Play

WESTERN  
UNION



One of our key roles is to provide advice and information to the public about how to find services, how to resolve concerns, people's rights when using NHS or social care, and which other organisations might be able to help them.

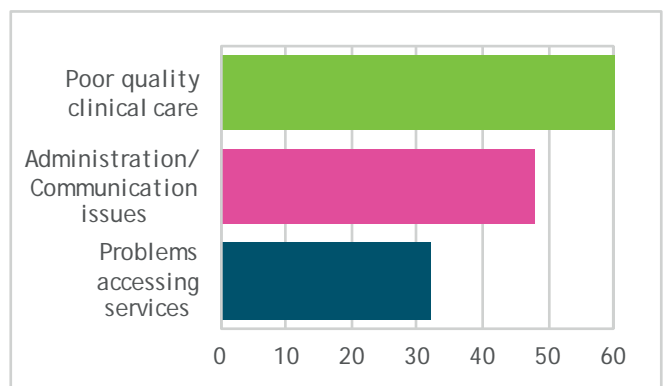
The number of individuals who sought help from Healthwatch Reading with specific issues, totalled 391 in 2016-17, up from 223 in 2015-16. Of these 313 were from the public and 78 were requests from social services to provide advocates for vulnerable people under the Reading Voice service that Healthwatch Reading co-ordinates (see page 18 for more detail)

Most people contacted us for information or help with poor quality clinical care, administration or communication issues related to their care, or problems accessing services. (see chart, right)

The service people most contacted us about was their GP surgery (see chart below). This is not surprising given that around 80 per cent of the public's contact with the NHS is with

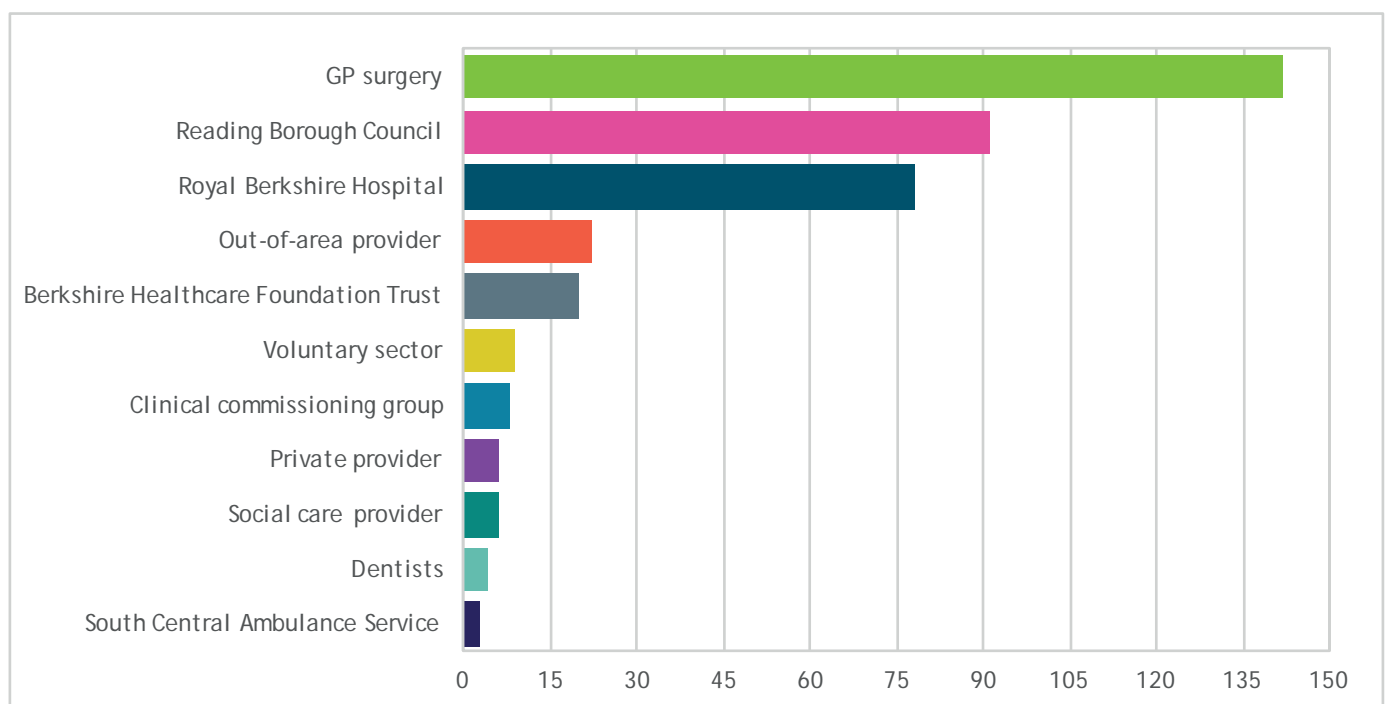
their local doctor's surgery. However our data showed a major spike between October 2016 and March 2017, with the majority of these people giving negative feedback about two GP surgeries that had been taken over by a new provider.

**Top themes reported to us**



We provide information and advice on a staffed helpline, Monday-Friday 9am- 5pm, and also through our website, and at our central Reading office. We also make home visits to people with mobility issues, and arrange interpreters for conversations with non-English speakers or others who need help communicating.

**A breakdown of the services that related to people's reasons for contacting us**



### **When people contact us, we have three main ways of helping them:**

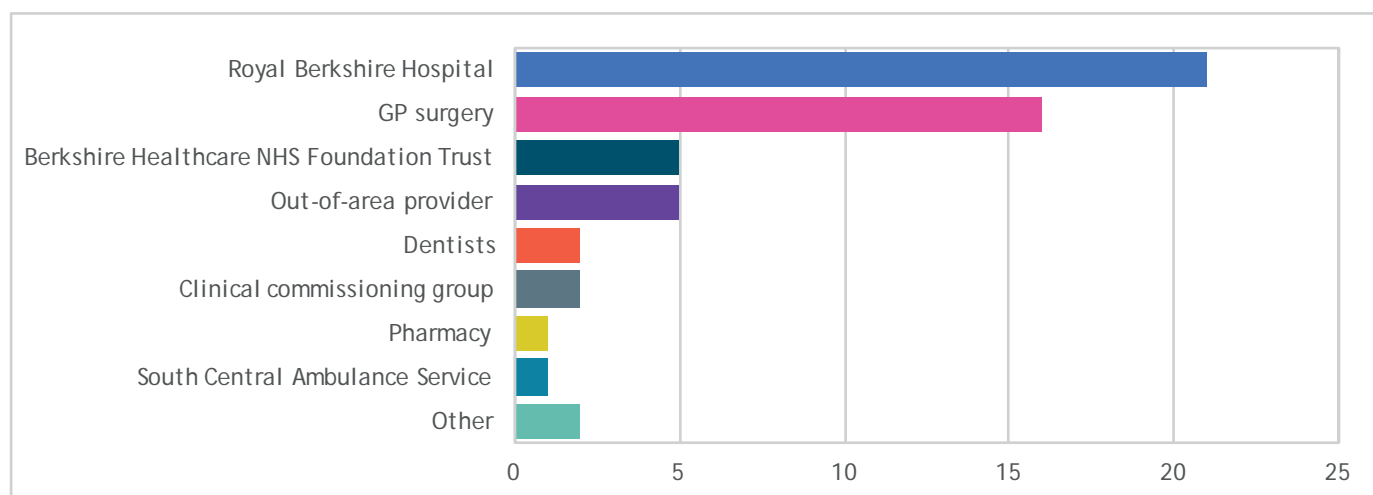
1. We can tell them about other organisations best placed to help them – for example, telling them how they can self-refer to NHS services like Talking Therapies, get expert support with a relative’s illness, such as the Reading branch of a national charity or how to find social and lunch clubs run by organisations like Age UK Reading.
2. We can give them information about their rights under the NHS Constitution and other legal guidelines covering their care and treatment and how this applies to local situations – so we have been able to advise people wanting to change GP practices because of concerns about their current care, that they have the right to do so, but we can also advise which GP practices have temporarily closed their doors to switching patients due to not having enough doctors. We can also inform people of national guidelines on waiting times, how to contact the hospital’s dedicated department for patient queries, how to contact the council’s complaints department, and other national organisations involving in checking standards of healthcare professionals and services.

3. We can act on behalf of people who are unable to resolve their concerns on their own. We do this through informal advocacy (trying to nip a problem in the bud with a quick, satisfactory solution), or supporting a person to make a formal NHS complaint. Examples of this type of support are outlined in case studies on page 15.

In 2016-17 we supported 56 people with making a formal NHS complaint (see table below). These types of complaints require organisations to investigate a person’s concerns and provide a response, which might include an explanation, an apology, different care for the patient, or general changes or improvements for the whole organisation.

Our NHS complaints advocacy service is free, independent and confidential. We received complaints ranging from concerns about administration mistakes, poor or disrespectful communication, inaccurate or disputed details in medical records, delays in diagnosis and/or treatment, lack of joined-up working between different services, denial of NHS funding for certain treatments, alleged assault by NHS staff, or patient deaths.

### **Breakdown of formal NHS Complaints we supported people with, by organisations**



## Case studies:

### Giving Mrs Smith information about how to get care concerns investigated

Mrs Smith rang to say she was concerned about the welfare of one of her relatives, who had disclosed they were being mistreated by a staff member at a care home.

Mrs Smith's relative was worried that speaking up about their concerns would lead to their care getting worse. Mrs Smith was not confident the care home would properly

investigate the complaint and wanted to know who else she could report this too.

Healthwatch Reading was able to share its knowledge of local safeguarding procedures - overseen by Reading Borough Council - and what the process would involve, and who Mrs Smith could call.

As a result, Mrs Smith felt confident enough to discuss the issue further with their relative and contact the safeguarding team, who began an investigation.

### Giving Mrs Patel informal support with her GP care

Mrs Patel contacted Healthwatch Reading in some distress as she had been feeling unwell for more than a year but had been repeatedly told there was nothing wrong with her.

Healthwatch Reading advised her to make an appointment with her GP and talk through her concerns, and also gave her some suggested questions she could ask about her symptoms. Mrs Patel attempted to do this but was told there were no appointments available with her doctor, and rang back, still upset.

Healthwatch Reading then offered 'informal advocacy', and rung Mrs Patel's GP surgery to outline the concerns and ask what could be done. The practice responded by offering a double appointment - which meant Mrs Patel could discuss her symptoms in more detail, and as a result she received a referral to look into her health issues in more detail.

Mrs Patel phoned back to say how positive she was feeling now that her concerns were being investigated and thankful for the support we had given.

### Helping Mr Jones with his NHS complaint

Mr Jones has a serious health condition and periodically experiences severe chest pain. One night he woke up feeling ill and dialled 999. He was told that that he could not have an ambulance and should get a taxi. He was admitted to hospital for treatment soon after he arrived at A&E. He wanted to know why he had not been allowed an ambulance, especially as he lives alone.

He explains: "I was looking for advice about how and where to make a complaint, My GP had met a Healthwatch Reading team member during an Enter and View visit to my GP surgery, and recommended that I get in touch."

A Healthwatch Reading complaints advocate met Mr Jones and listened to his experience,

and outlined his options on getting the case resolved. Mr Jones decided to request a meeting with the ambulance service, and the advocate helped arrange this. The meeting took place in a non-NHS venue, which was more accessible for Mr Jones.

Mr Jones says: "At the meeting, I got some understanding of what had happened and why. First, as a direct result of the meeting, my name was put on a special list to make sure that I get treated as a priority case because of my medical condition. Second, during the meeting, they realised that my medical condition was much more complex than they had realised. They weren't able to answer every question, but they did show some sympathy, understanding and regret for what had happened. This was all as a direct result of Healthwatch Reading being involved."



***Making a  
difference  
together***

READY  
BIKE

www.readybike.com

READY  
BIKE

READY  
BIKE

READY  
BIKE

READY  
BIKE

READY  
BIKE



## ***Working with other organisations***

Healthwatch Reading is committed to a collaborative approach with service providers, commissioners, regulators and other local system leaders to bring about change.

As we outlined earlier in this report, on pages 10-11, we have presented the experiences of local people and our recommendations for change, to a number of local decision-making boards and committees, including the Berkshire West A&E Delivery Board, and the Berkshire West Primary Care Commissioning Committee.

All of our reports are also presented to the Reading Health and Wellbeing Board, of which we are a member, either by our representative (chairman of trustees David Shepherd) or staff who have led particular projects.

We also share intelligence with local Care Quality Commission inspectors before their visits to local services. This proved particularly effective when we shared patient concerns about two GP surgeries, ahead of inspections that confirmed serious safety and quality issues. We also worked with North and West Clinical Commissioning Group (which oversees primary care) to ensure a letter was sent out to all patients apologising for the issues and telling them what action was being taken to address these.

Another way we work with others is through escalating issues to Healthwatch England (HWE). In 2016-17, this included raising an issue about Syrian refugees not being able to access urgent dental treatment. This was despite entitlements to NHS dental care under the terms of the government's Syrian resettlement programme. Our evidence featured along similar concerns raised by other local Healthwatch in a HWE national report on NHS dentistry.

During the year we also sat on a HWE group looking at how the public were being involved and consulted on, new sustainability and transformation plans (STPs) in 44 areas of England (ours being the Buckinghamshire, Oxfordshire and Berkshire (BOB) STP). We are now sharing responsibility with our local Healthwatch colleagues in the BOB area, to attend regular BOB STP communication and engagement group meetings to champion greater public involvement in service changes.

We have also developed strong relationships with voluntary sector colleagues, by working together to provide services (see case study page 18).

Here are some other highlights of partnership working during the year:

- + Working with RBC staff to ensure people using a day centre were kept fully informed on the centre's move to a permanent new venue, through a dedicated and regular newsletter we suggested
- + Providing advice to a local GP surgery on tried and trusted methods for informing and involving patients about an upcoming major merger with another practice affecting 30,000 patients in total
- + Co-designing an experience survey for users of a new 24/7 palliative care telephone helpline as part of our involvement on an end-of-life steering group.

## Case study: Working with voluntary sector colleagues to deliver advocacy

We continued our effective partnership with Reading Mencap, Age UK and Talkback, to deliver the second year of the new Care Act Advocacy service, which provides a vital service to some of the most vulnerable people in our community.



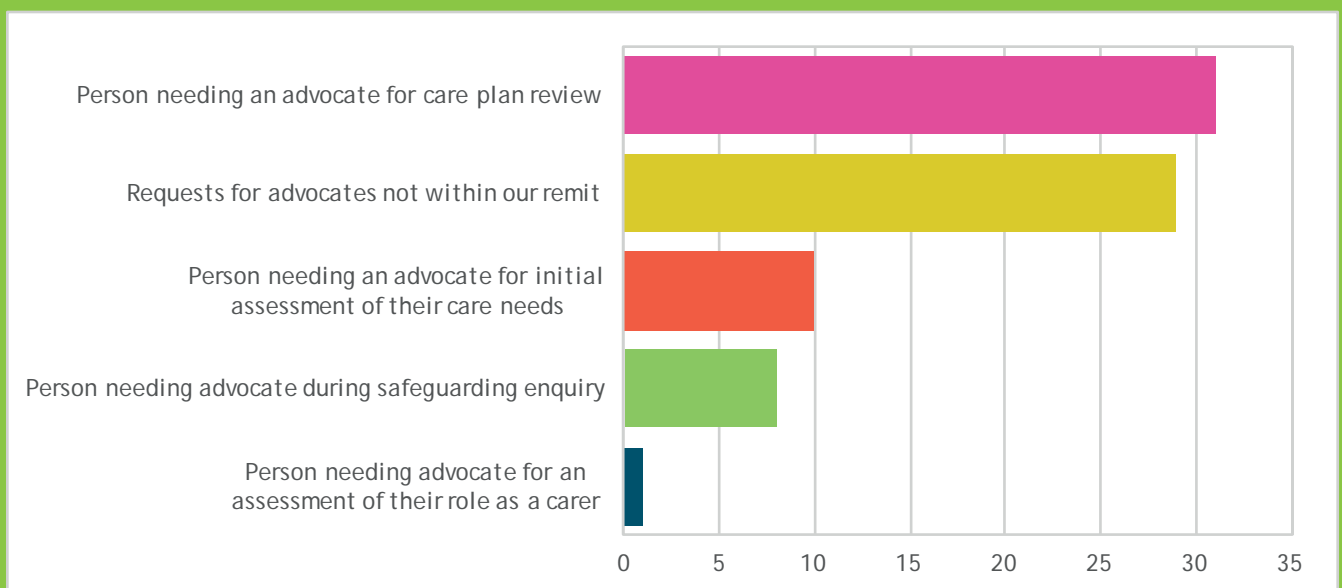
Known as Reading Voice, the service matches people who have a statutory entitlement to Care Act advocacy with the most suitable independent advocate from a local pool. These advocates help people who have learning disabilities, dementia, or other communication needs, to express their views about how they want to live their lives and receive care, during social services care assessments, reviews, or safeguarding investigations.

During 2016-17, Reading Voice advocates worked with 50 people who were referred by social services for help in having their say. As our figures show (see chart below), we were also contacted many times by professionals seeking advocacy outside the scope of what we are contracted to provide.

We believe that professionals are turning to us to request all types of advocates because of our growing and trusted reputation as a responsive provider. We used these requests as educational opportunities to explain the criteria for, and the role of, various advocates, and also to signpost professionals to other organisations better placed to help. We have also successfully used this evidence to influence commissioners' thinking about the need for a Reading 'one-stop-shop' advocacy model for adults, and we now await details of a tender specification for such a service.

We have also made representations about the need to address advocacy gaps for adults with learning disabilities in legal proceedings about the care of their children.

*Care Act Advocacy referrals in 2016-17*



## **Championing the role of public involvement**

One of our key roles at the various forums we attend, is to remind decision-makers of their responsibilities to involve the public in shaping current and future services.

We point out that a Healthwatch presence on a committee or working group is about facilitating public involvement, rather than acting as a sole representative of all the views of the Reading public.

So, if Healthwatch Reading has not already gathered evidence from local people on a topic, then we can act as a bridge between commissioners and different communities or service users by suggesting who should be listened to, and how to communicate and collect these views. This might mean suggesting that consultation events be held within accessible community settings, using language or images that are easy to understand, or providing interpreters where necessary.

If commissioners are uncertain of their obligations, then we can point them to statutory and other national guidance, including:

- + ***Patient and public participation in commissioning health and care: Statutory guidance for clinical commissioning groups and NHS England (2017)***
- + ***Involving people in their own health and care: Statutory guidance for clinical commissioning groups and NHS England (2017)***
- + ***New Conversations: Local Government Association guide to engagement (2017)***
- + ***The NHS Constitution (2015)***
- + ***The Accessible Information Standard (2015)***
- + ***The Health and Social Care Act (2012)***
- + ***The Equality Act (2010)***



## The principles of participation

NHS England has developed 10 principles of participation based on a review of research, best practice reports and the views of stakeholders.

- 1 Reach out to people rather than expecting them to come to you and ask them how they want to be involved, avoiding assumptions.
- 2 Promote equality and diversity and encourage and respect different beliefs and opinions.
- 3 Proactively seek participation from people who experience health inequalities and poor health outcomes.
- 4 Value people's lived experience and use all the strengths and talents that people bring to the table, working towards shared goals and aiming for constructive and productive conversations.
- 5 Provide clear and easy to understand information and seek to facilitate involvement by all, recognising that everyone has different needs. This includes working with advocacy services and other partners where necessary.
- 6 Take time to plan and budget for participation and start involving people as early as possible.
- 7 Be open, honest and transparent in the way you work; tell people about the evidence base for decisions, and be clear about resource limitations and other relevant constraints. Where information has to be kept confidential, explain why.
- 8 Invest in partnerships, have an ongoing dialogue and avoid tokenism; provide information, support, training and the right kind of leadership so everyone can work, learn and improve together.
- 9 Review experience (positive and negative) and learn from it to continuously improve how people are involved.
- 10 Recognise, record and celebrate people's contributions and give feedback on the results of involvement; show people how they are valued.

## ***Involving local people in our work***

We involved local people through four main approaches:

### 1. Informing people

We hold special events to help the public understand major changes to local services. This included a session at our annual general meeting held in July 2016, at which the public could hear a physician associate, a prescribing pharmacist and an advanced nurse practitioner, talk about what they can offer patients at GP surgeries, as these roles are increasingly used to take less complex work from GPs at a time when there is a local, and national GP recruitment crisis.

In 2016-17 we also re-designed our monthly newsletter with more images, graphics and shorter items, to make it more accessible. We include details of our own staff activities, latest news on changes or innovations to local services, latest quality reports from the national inspection body, the Care Quality Commission, about Reading GP surgeries, hospitals, care homes and others, how people can have their say in official consultations, and upcoming events.

We also use social media and our website, and go out to regular meetings such as North and West Reading Patient Voice, South Reading Patient Voice, and the Older People's Working Group, to share information and listen to experiences.

### 2. Being transparent

We hold regular board meetings in public, at Reading Central Library, including guest speakers, so local people can see how we decide our priorities and get a chance to ask questions about local services.

### 3. Listening to our peers

We convened a roundtable of local charities in February 2017 to hear them speak up on behalf of vulnerable people they support, often in crisis situations. These include people with learning disabilities, people experiencing poverty, isolation or mental health problems, or refugees and asylum seekers. We collated their concerns about gaps in statutory services and cuts to the voluntary sector, and have presented a series of recommendations to the Reading Health and Wellbeing Board on their behalf.

### 4. Involving volunteers

Volunteers continue to be crucial to helping us carry out our project work. In 2016-17 we were indebted to volunteers from North and West Reading and South Reading Patient Voice Groups for coming with us for seven consecutive days to the emergency department of Royal Berkshire Hospital to help survey patients. Volunteers also assisted in promoting and handing out surveys as part of our electronic prescribing project.

*Our annual meetings bring together topical speakers and a diverse mix of the public and NHS and health social decision makers*





***Our plans for  
next year***

## What next?

Going into 2017-18, which will be our fifth year of operation, we plan to:

- + Continue ensuring 'seldom heard' people are given an equal chance to have their say about local health or social care services voice. We will publish a report on focus groups with people who have experienced homelessness in Reading. We will also complete a film we have made of people with enduring mental health needs, talking about their views on a public consultation that is deciding on the future of the council-run care home where they live.
- + Train more Care Act Advocates to work in our Reading Voice partnership to increase the number of people we support to have their say about how they want to live their lives and be cared for
- + Work with commissioners to ensure they are involving and informing the public every step in the way under local NHS transformation plans, including:
  - + a new 111 helpline service launching in September 2017, that aims to give access to more clinical experts;
  - + a redesign of the emergency department at the Royal Berkshire Hospital due to take effect from October 2017;
  - + plans to shift more hospital care into the community;
  - + GP services increasingly being provided in large hubs where surgeries have merged or are working more closely together;
  - + Smoother hospital discharge for patients who need ongoing care in the community, under better working between NHS and social services.
- + We also will continue to monitor the impact that any local authority budget cuts have on meeting the needs of vulnerable people
- + Revisit GP surgeries in 'special measures' to see if patient experience is improving
- + Work in partnership with the Reading Advice Network to produce a themed report on mental health needs of people seeking advice from local charities
- + Undertake commissioned work on behalf of organisations or agencies, including a public health project surveying 150 people in Reading about their awareness of TB (tuberculosis), and another project recruiting volunteers to act as community first responders, car drivers or charity supporters, for the South Central Ambulance Charity.
- + Discover, on 6 July 2017, whether we are winners in the 'Engagement in Service Change' category of the annual Healthwatch England awards. We are proud to have been shortlisted, as these awards attracted more than 150 entries.

The image shows a close-up of a stone archway on a building facade. The arch is made of grey stone blocks with a decorative, ribbed pattern. Below the arch, the word "BANK" is partially visible in gold, raised lettering. A large, semi-transparent green circle is overlaid on the left side of the image, and a large, semi-transparent orange circle is overlaid on the bottom right. The text "Our finances" is written in white, italicized font within the green circle.

***Our finances***



<b>Income</b>	<b>£</b>
Funding received from local authority to deliver local Healthwatch statutory activities	110,550
Additional Income	65,835
<b>Total income</b>	<b>176,386</b>
<b>Expenditure</b>	<b>£</b>
Operational costs	9,337.73
Staffing costs	106,454.57
Office costs	13,440.70
<b>Total expenditure</b>	<b>129,233.00</b>
<b>Balance brought forward</b>	<b>47,153.00</b>





# Contact us

## ***Get in touch***

Address:

Healthwatch Reading  
3rd Floor, Reading Central Library  
Abbey Square, Reading RG1 3BQ

Phone number: 0118 937 2295

Email: [info@healthwatchreading.co.uk](mailto:info@healthwatchreading.co.uk)

Website: [www.healthwatchreading.co.uk](http://www.healthwatchreading.co.uk)

Twitter: [@HealthwatchRdg](https://twitter.com/HealthwatchRdg)

---

We will be making this annual report publicly available on 30 June 2017 by publishing it on our website and sharing it with Healthwatch England, The Care Quality Commission, NHS England, North and West Reading and South Reading Clinical Commissioning Groups, and our local authority, Reading Borough Council.

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

If you require this report in an alternative format please contact us at the address above.

© Copyright (Healthwatch Reading 2017)

