healthwatch
Nottingham & Nottinghamshire

YOUR INDEPENDENT VOICE IN HEALTH AND CARE

MAKING A DIFFERENCE SINCE 2012

What happens when someone truly independent listens

Over 13 years, Healthwatch Nottingham and Nottinghamshire has turned what local people told us into real change — from hospital policies to parliamentary inquiries. These are some of those stories.

40,000+
residents supported with information and signposting

92
reports published, carrying local voices into decision-making rooms

13
years as the independent statutory champion for patients in our area

OUR IMPACT IN ACTION

Behind every number is a story. Here are five moments when independence made the difference.

MENTAL HEALTH SERVICES

We gathered the truth. A public inquiry relied on it.

> *People told us the system was far from its stated aim of 'no wrong door'. Waiting times were immense. Crisis lines went unanswered. We published what we heard.*

We gathered feedback from local people on specialist mental health services across 2022/23 and published our independent report — with eight recommendations to the Trust — in January 2024. Only days later, the Secretary of State commissioned the Care Quality Commission to carry out a rapid review of Nottinghamshire Healthcare NHS Foundation Trust (NHFT), following the Nottingham attacks of June 2023. When the CQC reported in March 2024, it drew on our report to corroborate the findings of its own review — evidence we had already gathered and published before the national review had even begun.

We also provided Rule 9 written evidence to the statutory Nottingham Inquiry, chaired by Her Honour Deborah Taylor. The Inquiry has confirmed it will publish our evidence. An independent community organisation's patient testimony — gathered because people trusted us precisely because we were outside the system — has now been formally relied on by both the national regulator and a judge-led public inquiry.

Since then, HWNN has joined NHFT's Evidence and Assurance Group and helped establish their Patient Carer Reference Group, ensuring lived experience shapes the improvement plan going forward. And we are not leaving it there: we have now launched a second phase, asking people about their experiences of specialist mental health services since January 2025 — to find out what has actually changed on the ground for patients, carers and families. Have your say on mental health services in Nottinghamshire.

WHAT CHANGED

The CQC drew on our independent evidence to corroborate its own national review, and our testimony was submitted to a judge-led public inquiry. HWNN now holds a seat on NHFT's Evidence and Assurance Group, ensuring patient voice is embedded in the trust's improvement programme — and we are now examining what has changed for people on the ground.

SOCIAL CARE — ENTER AND VIEW

A care home already providing good care. A safety risk only a visit could catch.

> *Residents spoke warmly about their care — the freedom to make their own choices and the kindness of staff were what they valued most.*
>
> **— From HWNN's Enter and View findings, May 2025**

In May 2025, our trained Enter and View volunteers visited a residential care home in Hucknall. We spoke with 31 people — more than half of the residents living there that day, alongside their loved ones and staff. What we heard was largely positive: residents valued the choices they were given and the kindness of the team, and we saw real examples of good practice, including an aviary introduced around one resident's interest.

But being physically present also let us see what no paper return ever would. Among our findings, we noticed that some emergency fall-alarm pull-cords had been tied up and left out of reach. We raised it with the manager on the spot, it was addressed immediately, and it became one of six practical recommendations in our report — all of which the home welcomed and began actioning straight away.

This is what no formal system can replicate: sitting with people who rarely get heard through other channels — care home residents, many living with dementia — and having the independence to report honestly what we find, the good alongside what could be better.

WHAT CHANGED

In a home already providing good care, an independent visit still surfaced a safety issue and six practical recommendations — all welcomed and acted on by the service. That is the value of being in the room: not to catch people out, but to see and report honestly what no survey or inspection reaches.

NHS DENTISTRY

"I extracted my own tooth." Local voices. National change.

> *Extracted my own tooth and take pain relief tablets pending being able to book an appointment.*
>
> **— A resident of Nottingham and Nottinghamshire, 2021**

In 2022, we surveyed 303 local people about their experiences of NHS dental care during the pandemic. Almost half could not get an appointment. Some had extracted their own teeth at home. Some had resorted to borrowed painkillers. People with disabilities could not find accessible practices. The findings were stark.

We published our report and fed the findings into a national study by Healthwatch England. The collective power of this evidence moved dentistry up the political agenda. NHS England announced contract changes — increased payments for complex needs, mandatory availability updates on the national directory, reallocation of resources from underperforming practices.

We then submitted written evidence to the House of Commons Health and Social Care Committee inquiry into NHS dentistry in January 2023, reinforced by 361 further conversations with local people — 61% of which still raised dental access issues, showing the problem had not improved despite the additional funding. The Committee's final report declared a crisis of access and called for fundamental reform.

The agenda has kept moving since. In February 2025 the government announced 700,000 extra urgent dental appointments for England, rolling out from April, targeted at the areas of greatest need. But this is widely regarded as a first step against a far larger problem — the British Dental Association estimates unmet need at around 13 million adults — and our more recent local conversations show that, for many people here, getting an NHS dental appointment remains as hard as ever. The case we helped build is not yet closed.

WHAT CHANGED

NHS England changed three elements of the dental contract, and the Health and Social Care Committee declared a national access crisis and called for fundamental reform. By February 2025 the government had announced 700,000 extra urgent appointments for England. But access remains a daily problem for many local people — which is exactly why we keep gathering and reporting their experiences until it genuinely improves.

PATIENT SAFETY & HOSPITAL POLICY

One patient's fear. A new hospital policy for everyone.

> *It's scary to go into hospital and suddenly not be in control of something you rely on to keep you alive.*
>
> **— A patient with diabetes, speaking to HWNN**

Patients with diabetes told us how distressing and disempowering it felt to lose control of their insulin management when admitted to hospital. For people who have managed their condition independently for years, being suddenly unable to administer their own medication felt frightening — not just inconvenient.

We raised this directly with the largest local hospital trust. The result was a new trust-wide policy allowing patients to continue self-managing their insulin during an inpatient stay, unless clinically unsafe to do so. A policy change that now applies to every diabetic patient admitted to that hospital.

This is HWNN at its most direct: one group of patients share an experience, we amplify it, a system changes. The kind of change that requires someone independent enough to raise it on patients' behalf, and persistent enough to see it through.

WHAT CHANGED

A new hospital policy was introduced allowing all diabetic inpatients to self-manage their insulin unless clinically contraindicated. One patient's experience, raised through an independent voice, became better care for everyone.

MATERNITY SERVICES

We kept pressing when a provider didn't want to listen. We were right to.

> *We raised concerns that the trust's response was largely 'top down' and that the voices of parents — including bereaved parents — were not at the heart of it.*
>
> **— HWNN, raising concerns at Nottingham City Health Scrutiny Committee, July 2021**

When NUH maternity services were rated inadequate by the CQC in December 2020, we did not accept reassurances at face value. We met with local leaders, challenged the trust's response as too top-down, amplified bereaved parents' calls for independent investigation, and raised specific concerns about engagement with ethnic minority communities and the lack of transparency with families.

At the time, the trust was defensive. Our concerns were not welcomed. But we were outside the system, so we could keep raising them publicly and on behalf of families, without fear of the consequences that would face an internal voice.

The seriousness of those concerns has since been borne out. Nottingham University Hospitals maternity services are now the subject of the national Ockenden Review. The hospital issued a public apology in 2022. What HWNN raised in 2021 — and earlier — was confirmed by the national inquiry process.

WHAT CHANGED

The hospital issued a public apology in 2022. NUH maternity services are now subject to a national independent review. HWNN's concerns — raised publicly and persistently when the trust was resistant — have been validated by events. This is the case for an independent voice that cannot be silenced from within.

WHY INDEPENDENCE MATTERS

People speak honestly when they trust you're not part of the system

Every story above has something in common: it happened because people were willing to tell us things they would not tell the NHS. Because we sit outside the system, we can report what we hear without filtering it. We can keep pressing when a provider is defensive. We can be in a room with a care home resident when no other independent person is.

Our NHS complaints survey found that three in four local people were dissatisfied with NHS care in the past two years — yet only about one in three made a formal complaint. They were afraid it would affect their care. They didn't know how. They didn't trust the process. But they talked to us.

That gap between what people experience and what services hear is exactly what HWNN exists to close. You cannot close it from inside the organisations being scrutinised.

LOCAL VOICES. NATIONAL REACH.

From Nottingham to Parliament

House of Lords Select Committee

HWNN's documentation of an elderly patient's eight-hour ambulance wait following a dislocated hip replacement was submitted by Healthwatch England to the House of Lords Public Services Committee and directly cited in oral evidence by William Pett, April 2026.

All-Party Parliamentary Group on Pharmacy

HWNN's community pharmacy findings fed into the APPG's November 2025 report, *The Future of Community Pharmacy in England*, which made seven recommendations to government — including expanding Pharmacy First and reducing regional service variability.

NHS Dental Contract Reform

HWNN's evidence contributed to Healthwatch England's submission to the House of Commons Health and Social Care Committee inquiry into NHS dentistry, whose final report called for fundamental reform and helped drive changes to NHS dental contracts.

Health Bill — Public Bill Committee

In June 2026, HWNN submitted written evidence to the Health Bill Public Bill Committee, drawing on our local cases to argue that independence cannot be replaced by a function located within the bodies being scrutinised.

Your experience matters to us

Every story starts with someone being willing to share what happened to them. Tell us yours.

Share your experience

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