

## **How we process and allocate 'issues' that we need to follow up**

The team at Healthwatch Nottingham and Nottinghamshire receives feedback/issues or concerns from the general public or other sources.

Feedback may come to us via our website, from outreach and events we attend or host, by telephone, from community groups or leads, from stakeholder meetings, via social media or even by letters. Most of the feedback we receive is often about healthcare but we also receive feedback regarding social care.

It is not possible or desirable to have an exact definition of what amounts to an issue, as this could risk excluding some concerns from our consideration. This brief outline and accompanying flowchart are therefore intended as a general guide on what we may or may not take as an issue, both in terms of our remit and the likelihood of affecting change.

A key factor in determining if something is an issue or not is whether it is an issue that we can **do** something about and/or achieve an impact or outcome through action.

### **What is an Issue?**

It is a concern about health and social care that is brought to our attention by members of the public, partner organisations, community groups or other stakeholders, or by one of our team members. The method through which it was communicated to us has no bearing on our responsibility to consider it.

### **What is a Significant Issue?**

An issue that is important, urgent, and/or longstanding and generally impacts more than one person; it may affect one or more disadvantaged community or groups or has a geographical spread and cannot be resolved by signposting or referrals. Or put it differently, it is a concern that impacts the lives of N&N citizens in health and social care and HWNN has a role to act, influence, and/or resolve. This could be an issue that impacts the health and wellbeing of most of our population or a segment of it.

However, there are circumstances whereby an issue that has impacted **only one** person still needs action from us to raise. This will be in cases where (in our collective judgement) the level of care and service fell significantly below an expected standard of care and might have put the life or safety of the person concerned in jeopardy. Examples of this may include:

- A frail or/and ill person being discharged to their home at an inappropriate time and without all the necessary support in place.
- A pregnant woman and or her baby is exposed to unnecessary risk/neglect or potential harm.
- Any person is put in a situation where they feel exposed, vulnerable or frightened, which can also cause unnecessary levels of fear and anxiety.
- Any level of care that we would consider unacceptable in the circumstances.

**Issues affecting collective group may include:**

- Closure of GP practices

- Any discontinuation of key support for a particular patient or population group without consultation and replacement of something else.
- Changes or gaps in service that is particularly impacting those already facing health inequality and or marginalization; young people, older people, disabled groups, people impacted by particular illness or long term condition where change of care or service will impact their quality of life.
- Issues affecting minority groups ethnically or otherwise.
- Issues affecting maternity services.

These examples are not to be taken as inclusive or exhaustive but an indication of what we may consider a significant issue.

There are also other “Issues” that we may not class as “significant” but which we can consider if we can take an action on.

HWNN has an statutory role to bring those issues to the attention of those responsible for the care or service concerned, and to expect a response within 20 to 30 working days, depending on the circumstances.

**An issue is only an issue for HWNN if we can do something about it,** and the flowchart below helps us with our assessment in determining our actions.