Upload your reports to the National Reports Library

2023 Guidance

healthwatch

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Upload your reports
to the National
Reports Library

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About the National Reports Library

The National Reports Library is a repository of local Healthwatch and Healthwatch England reports on our website. It uses the Healthwatch England taxonomy to narrow down selection of reports by theme, service area, demographics, region etc.

You access the public version by clicking on the 'News and Reports' dropdown list on the Healthwatch England website.

healthwatch

English

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Latest news and reports

Reports Library

The National Reports Library also forms part of the National Data Store (NDS).

Until now in order to upload your reports to the National Reports Library, you have had to send them to the research team. However, we have developed a way for you to upload them yourselves, meaning that your research will be available to be accessed more quickly. We highly encourage each Healthwatch to upload their reports regularly, so that your research can be accessed in a timely way, and when it is most relevant. This guidance document will walk you through how to do this, and is accompanied by a video demonstrating the process. If you need any further guidance or advice, please contact us via research@healthwatch.co.uk, or the research helpdesk on Workplace.

Upload your reports to the National Reports Library

Creating your account

You will need an account to log in to the reports library. Please contact the research helpdesk at research@healthwatch.co.uk and we will set this up for you.

Once you have your log in details, go to https://nds.healthwatch.co.uk/

You will need to scroll to the bottom of the site page to find the log in location. Click here and enter your log in details.
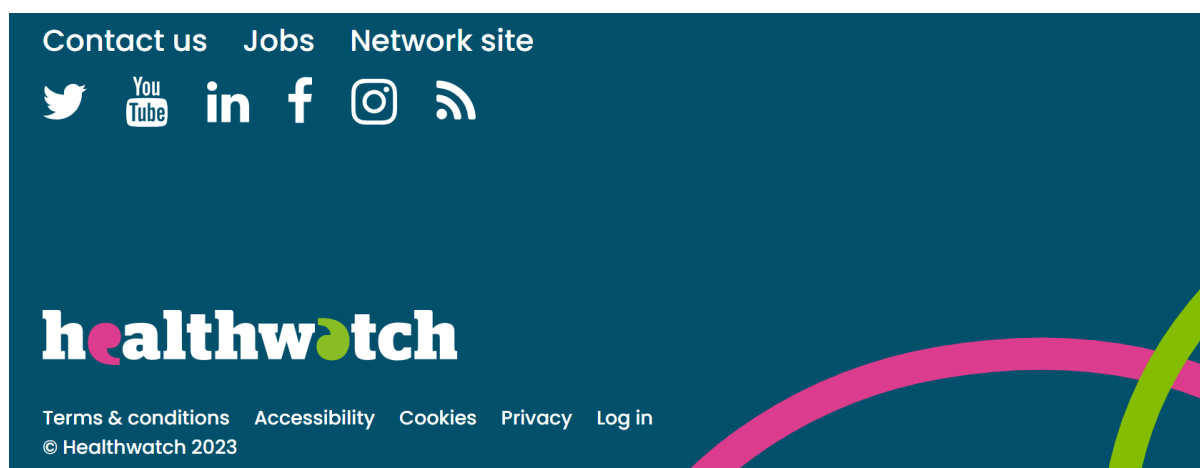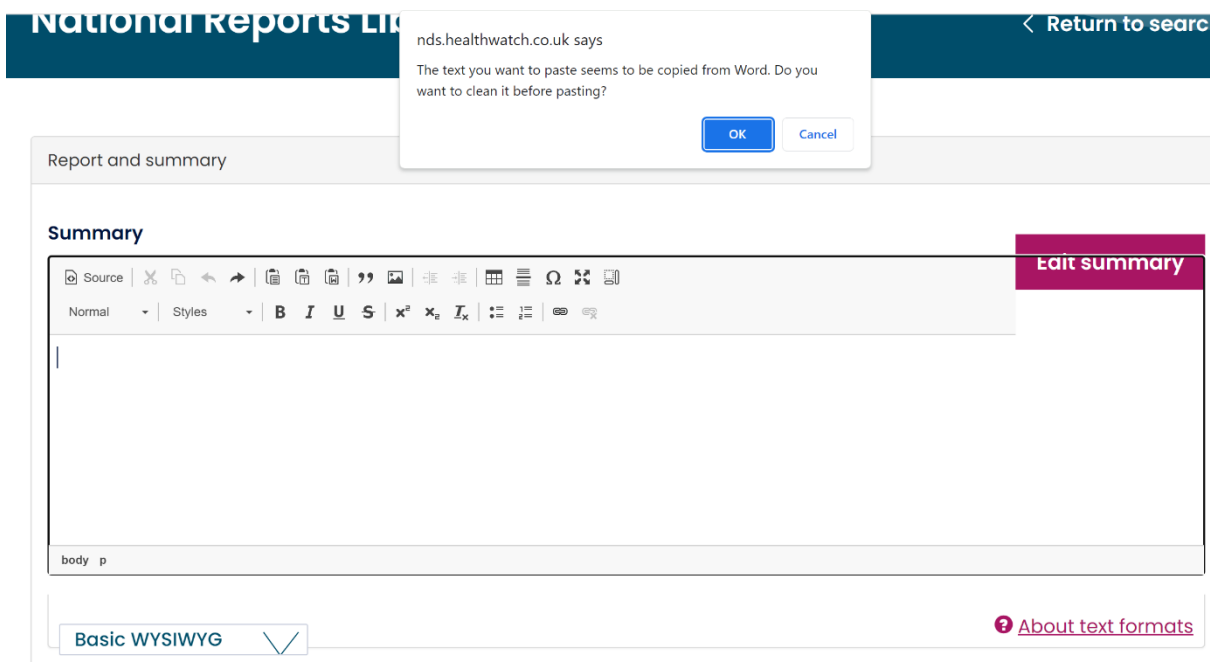

Uploading a report

Once you have logged in you will be taken to a page that looks like this. Click 'Create New Report Library Content'
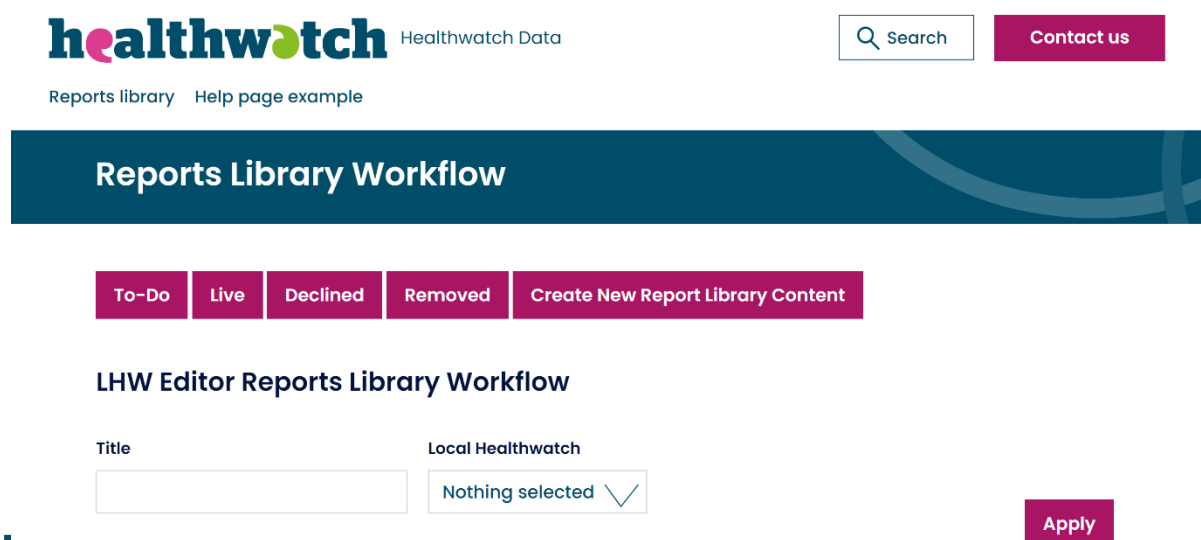
Report summary and file

You will first need to write a summary of the report you are uploading. Please refer to below for guidance on writing your summary. You can write this directly in the text box, or you can write it in Word, then copy and paste the text in. This is important so that people can know the key information contained in the report. Words included in the summary will be searchable, so it is also a key way for your report to be included in search lists.

If you paste in your text, a box may appear with the following message, just click OK.

National Reports Lid

nds.healthwatch.co.uk says

The text you want to paste seems to be copied from Word. Do you want to clean it before pasting?

OK   Cancel

< Return to searc

Report and summary

Summary

Edit summary

Source | Normal | Styles | B *I* U S | x² x₂ Iₓ

body   p

Basic WYSIWYG

About text formats

Writing the report summary

The summary should contain the following information, if available:

- Why your Healthwatch wrote the report?

- How many people's experiences does the report represent?

- Over what period was the data collected?

- What are the key findings?

- What are the key recommendations/what issues do the recommendations cover?

- Whether any action has been taken on the recommendations?

The summary shouldn't be longer than 400 –450 words.

Upload your reports

Reports Library

Please remember that you are writing for the Healthwatch England website, so please write "Healthwatch X" and "they/their" rather than "we" and "our".

Enter and view summaries

For enter and views reports, include the following information,

- Why the Healthwatch did the enter and view and when?

- How many people's experience does the report represent? Remember to count patients/residents, relatives and staff.

- What areas does the report cover?

- What are the key recommendations/what issues do the recommendations cover?

- Whether the provider has taken any action on the recommendations?

Summary example

"Healthwatch Hertfordshire undertook research on the impact of the cost of living on local people's lives in partnership with Hertfordshire County Council. In the period 1 December 2022 to 1 January 2023, 4,413 residents of Hertfordshire responded to their survey.

Seven in ten respondents said that the rising cost of living was affecting them a little and 23% said that it was affecting them a lot.

Nearly two in five had insufficient or just enough income to cover their basic necessities. Most had made changes in their life to manage the increase in costs, including using less energy to heat their homes, going out less or reducing the amount or quality of food that they were eating.

Three in ten said that the rising cost of living was affecting their physical health and over half said it had impacted their mental health. Over three in ten had reduced or stopped going to the dentist, over one in five had avoided or stopped going to the opticians and 17% had spent less on medications and prescriptions or hadn't purchased equipment to help them with their health or mobility.

There was good awareness of services that could help with the rising cost of living, but there was a big gap between awareness and actual use of services.

The report concludes with a spotlight on how different groups are affected, including lone parents, people with a disability, families, carers and Asian/Asian British people.
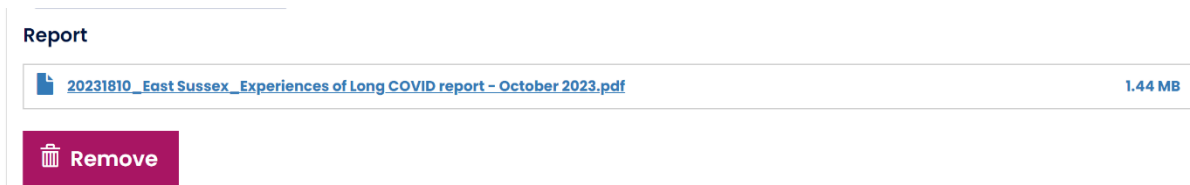
The survey results have been shared with local councils and groups that provide services to people affected by the cost of living."

Upload your reports to our Reports Library

File upload

Beneath the summary box is a box called 'Report'. This is where you upload your report file. The file must be in .pdf format, otherwise it won't upload. Click on the 'Choose file' button which will bring up File Explorer.

Choose the file you want to upload and click 'Open' on the dialog box.

You should then see that the report is uploaded.

Report

📄 20231810_East Sussex_Experiences of Long COVID report – October 2023.pdf	1.44 MB

🗑 **Remove**

Report status

The next set of fields are about the report status. Please click 'annotations complete' for it to appear on the Healthwatch England 'to-do list'. This is necessary in order to approve the report for uploading.

It is important to check this section if your report is declined, as the declined message will have details of what to fix. Please refer to the "important next steps" section of this guidance for more information on what to do if this happens.

General details section

Write the name of your report in the 'Report Title' field.

Enter the date of publication (this can be the date you are uploading the report). This is a mandatory field.

Enter the dates you started and finished the research into 'Date evidence capture began' and 'Date evidence capture finished', if they are available. Approximate dates are fine. For example, if the report says that data was collected between May and September 2022, it's fine to assume that data capture started on 1 May and ended on 30 September. If there is no information in the report, leave these fields blank.

Key themes

You must enter at least one theme to each report. These are useful ways of being able to identify reports on particular topics on the reports library or the NDS. See appendix 1 for a list of themes and how to use them. Tick as many themes as are relevant for the report. Don't tick any of the boxes under =v= DO NOT USE below options for reports.

☐ =v= DO NOT USE below options for reports =v=

☐ Administration

☐ Admission

☐ Information providing

☐ Medication

☐ Prescription

☐ Service Closure

☐ Staff Levels

☐ Staff Training

☐ Support

☐ Waiting Times and lists for treatment

☐ Waiting time to be seen once arrived at appointment

☐ Devolution of services

☐ Digitalisation of services

☐ Integration of services

Local Healthwatch

This is a mandatory field. Put your cursor in the field and start typing the name of your Healthwatch(s). The name should appear. If more than one Healthwatch has authored the report, click the "Add another item" button to add their name.

Methodology and approach

The first two fields are about whether the report was written in partnership with another organisation, and if so, the names of the organisations involved. The next fields are about the methodology – there is a series of tick boxes to indicate which methodology/ies were used. Tick all that apply. The next box is about enter and view reports. You can indicate whether it was an announced or unannounced enter and view visit. If it isn't an enter and view report, tick N/A.

Details of Health and Care services included in the report

If the report is about health or social care services, tick all the relevant box(es). Again, this is a useful way for Healthwatch England to identify relevant reports via the reports library or NDS if when we are undertaking a project. For you this will be a useful way to search for other research that has been carried out on a certain service or area.

Name of the service provider

If the report is about a specific service provider, put the name of the service provider in this box. Otherwise leave it blank. This should be the legal name of the provider ie the hospital trust, GP surgery provider, company that owns the care home etc.

Details of people who shared their views

There are a number of boxes in this section.

Upload your reports

reports library

Number of people who shared their views. Add up the number of people whose views are included in the report. For an enter and view report, this will include not just the residents/patients, but also carers, family and staff.

Standard demographic categories. You can use the drop-down menus to select relevant categories. If you hold down the control key whilst selecting categories, you can add multiple entries in each category. These comprise:

- Age

- Gender

- gender identity

- ethnicity

- sexual orientation

- Marital and civil partnership status

- Religion or belief

- Pregnancy/maternity

- Types of disability

- Types of long-term condition

- Does this report feature carers?

Only use these categories if the report contains relevant findings rather than just report that you've received data from these groups. For example, tick relevant boxes if you've analysed survey findings by demographics or have looked at the impact of the issue on a particular group or groups.

Seldom heard groups. This is a drop-down list. Use it to denote if the report covers issues about the following types of people:

- Homeless people

- People in stigmatised occupations

- People who are geographically isolated

- People on low incomes

- People with limited family or social networks

- People with or recovering from addictions

- Refugees or asylum seekers

- Members of the armed forces or veterans

- Prisoners and ex-offenders

- Victims of domestic abuse

Upload your reports to add to the Healthwatch Reports Library

You can use the drop-down menu to select relevant entries. If you hold down the control key whilst selecting categories, you can add multiple entries in each category.

At the bottom of the page, there are two buttons – 'Save' and 'Cancel'. Click on '**Save'** to ensure that the report goes on the Healthwatch England to-do list.

What Healthwatch England does

We will review our to-do list at least once a week to look at reports you've uploaded. We will review your report to make sure all the correct data is entered.

If all is correct, we will approve the report and it will appear in the National Reports Library.

If we need to make significant changes to your report upload, we will decline it. We will email you to notify you if a report has been declined. You also need to regularly check the 'Declined' button on your home screen.

Your report may be declined if:

- You have written your summary in the first person. This should be written in third person, for example: "Healthwatch Bolton carried out 10 interviews." Rather than "We carried out 10 interviews."

- Your summary does not include the key information we have asked for.

- If you have uploaded your report attachment in a format **other than** a PDF.

- You have submitted multiple uploads for one report/ project. If you have multiple documents relating to the same report, you **must** put them all into one document.

- You have uploaded summaries of work Healthwatch England has done – we will upload this ourselves.

- You have uploaded a leaflet/ newsletter. This is for reports of work Healthwatch have done only.

- Your summary does not match the report you have uploaded.

- You haven't uploaded the main report. If you would like to include reports in a different language or easy-read format for example, please include a link to your own website in the summary, leading people there. Unfortunately, you cannot upload multiple documents.

We will tell you in the in the email and in the Reports Library 'declined message' (see below) what changes you need to make in your report entry.
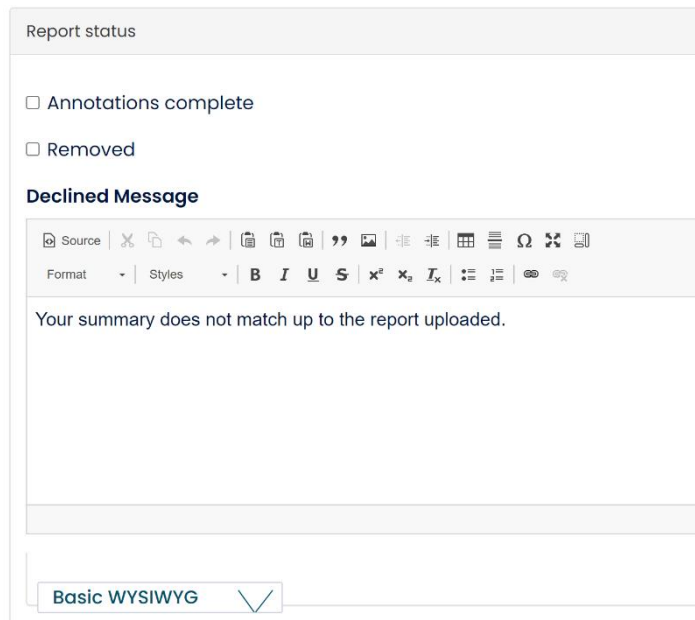
If your report is declined

If any of your reports have been declined they will appear in this declined list here.

You must click on the declined report, and click 'edit' in the bar towards the top of the screen. You will be able to scroll down and read the 'Declined' message.

Make the edits required and click 'save' towards the end of the screen. This puts the report back on the Healthwatch England to-do list.

We will review the changes and will approve the report at this stage as long as all the changes we have asked for have been made.

Report status

☐ Annotations complete

☐ Removed

Declined Message

Source | ✂ ▢ ↶ ↷ | ▤ ▤ ▤ | 99 ▣ | ⊣ ⊢ | ▦ ▤ Ω ✕ ▨

Format ▾ | Styles ▾ | **B** *I* U S | x² x₂ *I*ₓ | ⦂ ⦂ | ⊕ ⊗

Your summary does not match up to the report uploaded.

Basic WYSIWYG ⌄

Appendix 1 – themes taxonomy

Options	How to use
Access to services	Use for access to services; eg NHS dentistry, as well registering with a GP/deregistration; services picking up the phone.
Accessibility and reasonable adjustments	Use for all accessibility issues, including access to BSL and foreign language interpreters, easy read, braille etc.
Administration (records, letters, results)	Use for all administration issues, including the time it takes for letters to be sent; results communicated; whether patient records can be found or are kept up-to-date.
Booking appointments	Use for the ease or means of booking appointments, including changing the date and time.
Building, décor and facilities, including health and safety	Use for issues about the building that the health or social care service is situated in, e.g. suitability for

Options	How to use
	purpose, and facilities, e.g. access to water in A&E, health and safety issues like trip hazards.
Cancellation	Use for cancelled appointments/procedures/operations.
Caring, kindness, respect and dignity	Use for all quality of care issues and staff attitude, whether positive or negative.
Cleanliness, hygiene and infection control	Use for all issues related to keeping venues clean and hygienic, including hand sanitiser, mask wearing, and general cleanliness.
Complaints	Use for all complaints issues.
Communication with patients; treatment explanation; verbal advice	Use for all verbal explanations by staff to patients e.g. treatment.
Consent, choice, user involvement and being listened to	Use for all issues about consent, including DNACPR, whether patients are involved in choices about their care and their lived experience is listened to.
Cost and funding of services	Use for all cost and funding issues, e.g. social care, NHS charges or having to pay for private dental/hospital care.
Diagnosis	Use for perceptions of the quality of diagnosis.
Discharge	Use for all issues about the hospital discharge process.
Follow-on treatment and continuity of care	Use for issues where people get/don't get the same healthcare professional every time; or have to explain themselves afresh every time they have an appointment with a different healthcare professional on an issue.
Food, nutrition and catering	Use for all issues about food, hydration and catering; e.g. quality of food served in hospitals/care homes; whether people's preferences and special diets are met.
Health inequality	Use to denote different groups' access to healthcare; or treatment by healthcare professionals; e.g. homeless people finding it difficult to register with a GP. Also use for whether people's cultural differences are accounted for e.g. in dietary advice.
Integration of services and communication between professionals	Use for the integration of health care services; or where someone experiences/doesn't experience a joined-up health care service.
Lifestyle and wellbeing; wider determinants of health	Use for issues about lifestyle and wellbeing in general.
Medication, prescriptions and dispensing	Use for all issues about medication and prescriptions, including accuracy of dispensing, efficacy and availability
Not applicable	Do not use.

Options	How to use
Not recorded	Do not use.
Other	Use for all other issues
Parking and transport	Use for all parking and transport issues, including ease of getting to appointments by private or public transport.
Patient/resident safety	Use for safeguarding issues.
Prevention of diseases, including vaccination, screening and public hygiene	Use for all health prevention issues.
Privacy and confidentiality	Use for data protection issues and privacy issues e.g. whether pharmacies provide a private area to discuss issues of concern.
Public consultation and engagement	Use where the service is consulting or engaging with the public about how or where they deliver the service.
Quality of treatment	Use for issues about people's perceptions of the efficacy of treatment they have received.
Referrals	Use for all issues about referrals, including admin and making the case for a referral.
Remote appointments and digital services	Use for all issues about remote (telephone or video) appointments and apps to book appointments/order medication/as a means of mental health support.
Service organisation, delivery, change and closure	Use for how services are delivered and staffed, including any changes to the service.
Staffing - levels and training	Use for adequacy of staffing e.g. number of nurses on wards or where people talk about staff having/not having the training to deal with particular situations.
Triage and admissions	Use for all issues of triage including e-consult and admission issues.
Waiting for appointments or treatment; waiting lists.	Use for waiting times and lists to get treatment, e.g. for elective care or NHS dental care.
Waiting times- punctuality and queuing on arrival	Use for the length of waiting time on arrival to the service before being seen and treated by a healthcare professional.
Written information, guidance and publicity	Use for public information, e.g. quality of information on websites, social media, leaflets and posters.

Upload your reports to your online reports Library

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