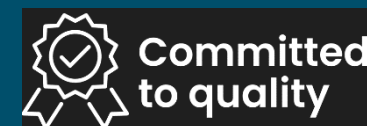


Healthwatch Brighton and Hove: Six-month performance report (April 1st 2024 to September 30th 2024)



Dr Lester Coleman

Lester@HWBH.co.uk

October 2024

Healthwatch Brighton and Hove: Six-month Performance report (April 1st 2024 – September 30th 2024)

Performance Indicators	
<p>1. Intelligence</p>	
<p>3 key issues every 6 months demonstrating issues identified for needing improvement based on our information line and other engagement intelligence.</p>	<p>1. Staying Well - Mental health Service</p> <p>From discussions with YMCA, Common Ambition, Mental Health leads at the Council (Head of Mental Health Commissioning, NHS Sussex, and Head of Programme – Mental Health Urgent & Emergency Care Transformation (SPFT), we became aware of problems accessing the out of hours Staying Well space in the city. The issues identified were:</p> <ul style="list-style-type: none"> • The interface between the out of hours Staying Well space and daytime services (e.g. drug and alcohol) might be limited, caused by the differences in opening hours (8:30am-4:30pm and 5pm-10pm). This would make it difficult for joint working and planning around service-users' needs. • Some of those using the Staying Well service may be leading chaotic lifestyles, suffer from poor mental health but may not necessarily be picked up by mental health service; or the service user may be unwilling to engage with them. The Staying Well space could therefore be a place to build relationships with mental health Services. This means that relationships between the different professionals who support potential service users is crucial. An overlap across the opening hours could provide a time to deliver joint case working / planning. • Is it hard for daytime services/providers to understand the Staying Well Space out of hours role/function? Due to the nature of their operating hours, are Staying

Performance Indicators	
	<p>Well workers facilitated to present at forums to help raise awareness? There is a need to raise awareness of the Staying Well space and how it can be promoted.</p> <ul style="list-style-type: none"> • Does the threshold (i.e. eligibility criteria) for accessing the Staying Well out of hours service act as a barrier to those most in need, but who may also present a potential threat to staff e.g. those heavily dependent on substances and/or alcohol? <p>This intelligence generated a role for HWBH to understand if and why the Staying Well service is under-used. This would include gathering insight on potential barriers to use, whether the services meet service users' needs, and where people may go as alternative to the Staying Well space. To date, we have raised our questions with Southdown who deliver the Staying Well service and who are considering our proposals to review the service.</p> <p>2. Emergency accommodation</p> <p>In June, we we're contacted by a resident of The Heathers (4-5 Lower Rock Gardens, BN2 1PG), citing several issues. It is listed as a B&B but HWBH has been advised that it provides emergency accommodation for people experiencing homelessness. Content from the letter is included below:</p> <p><i>"This place is an emergency accommodation for the street homeless, but I find it very poor accommodation. At the moment, the accommodation does not have any furniture, it is difficult to get in and out of your own personal room door, tenants are not allowed visitors, which includes carers and support, there is no access for people with</i></p>

Performance Indicators	
	<p><i>disabilities, and the maintenance to the property and each tenant's room is very poor, which includes tenants with disabilities.</i></p> <p><i>Brighton and Hove City Council has been informed of this, but they are not concerned about the situation. Tenant's that are living in this emergency accommodation are not getting any advice on how to look for or gain long term accommodation for the future, in which Brighton and Hove City Council was meant to offer. I have heard and noticed that tenants have been living in this emergency accommodation for a long time, is that physical health is getting worse, mental health is getting worse, and disabilities are getting worse. I would be very happy if you would visit this emergency accommodation and see how you feel about it."</i></p> <p>We are also aware of the recent story published in the Argus, where part of a ceiling fell onto a man who was housed in Percival Terrace, Marine Parade, which is also emergency accommodation. The man suffered a spinal injury and a minor traumatic brain injury. A similar incident happened in August last year. The ceiling in a block of flats used as emergency accommodation for homeless people in Grand Parade, Brighton, collapsed on residents as they slept during the night.</p> <p>Based on this intelligence, HWBH has escalated these issues to the Council (Head of Homelessness, Head of Temporary & Supported Accommodation and Assistant Director for Housing Needs and Supply). As a direct result of our escalation, the service was inspected and the views of residents about the accommodation were collated. This highlighted some minor issues which are being actioned.</p>

Performance Indicators	
	<p data-bbox="819 245 1995 280">3. Engaging staff at the Royal Sussex County Hospital through ‘Mystery Shops’</p> <p data-bbox="819 336 2101 544">In July, one of our volunteers took the opportunity to visit the Trust’s translation facility. Our volunteer visited the main reception area in the new building and asked where they could access health information leaflets. The receptionist had no idea such information was available. Our volunteer walked past reception to the cafe and spotted the Health Information Point which was clearly signposted with a big banner.</p> <p data-bbox="819 600 2112 855">This intelligence suggests that some training was necessary for reception staff. We have already passed this information on to Trust staff and also pointed out that it might be difficult for some patients using the search facility as terms like haematology and cardiology might prove a challenge for those less familiar with medical terms. We hope that our feedback will make the facility more useful for patients and members of the public.</p>
<p data-bbox="232 912 792 1120">Customer Relationship Manager (CRM) information line with trends. Monitor this data to help detect patterns or emerging issues that may require further investigation.</p>	<p data-bbox="819 912 2112 1032">We produced an annual review in April 2024, of activity between April 1st 2023 and March 31st 2024. We received 365 enquiries to our helpline. These were a combination of phone call messages (42), feedback through our website (142) and emails (126).</p> <p data-bbox="819 1088 2000 1208">From April 1st to September 30th 2024, we received 121 enquiries. These were a combination of phone call messages, feedback through our website, emails and feedback received through outreach work.</p> <p data-bbox="819 1264 2056 1342">The majority of people contacting the helpline were raising a concern or complaint about a health and social care service (87 people). 22 people requested information</p>

Performance Indicators	
	<p>and 12 people left compliments about a service. The three leading areas of concern which we are closely monitoring are:</p> <ul style="list-style-type: none"> • Poor hospital care including waiting times and poor communication around appointments – 33 comments. • Poor quality of care from a GP – 24 comments. • Lack of an NHS dentist – 15 comments. <p>A few illustrative quotes follow below:</p> <p>Poor hospital care:</p> <p><i>“I’ve been messed around for years by the podiatry department at Brighton General. One minute telling me I have arthritis then saying I don’t. Getting angry with me for not following the treatment plan they gave me then admitting they never gave me one without any apology. I’m in agony a lot of the time and don’t know what to do about it. “</i></p> <p><i>“I need regular check-ups at the Brighton eye hospital for my Glaucoma. The appointments don’t come, and I always have to phone up to ask for an appointment so usually a 3-month check-up will turn into a 5 or 6-month check-up. I have had to wait for a year for a 6 month check only to be told my eye drops were not working and my eyesight had deteriorated”.</i></p>

Performance Indicators	
	<p>Poor quality of care from a GP:</p> <p><i>"I wanted to raise my concerns on this practice in Brighton [...] I had a blood test and the results were due in the same week. I found the results online, but not a single follow-up from the practice to go over the results despite trying to contact them."</i></p> <p>Lack of NHS dentists:</p> <p><i>"I have been unable to find an NHS dentist for the last 10 years. I have had to go privately."</i></p> <p>All enquiries are handled by two experienced, trained and DBS checked Healthwatch volunteers.</p>
Workplan updated every 6 months and reviewed continually.	See here for our latest workplan.
2. Activity	
Number of Environmental Audits (if applicable) Number of PLACE visits conducted (if applicable).	<p>Environmental audits – (2):</p> <ul style="list-style-type: none"> • Enter & View of the Fracture Clinic at the Royal Sussex County Hospital (report TBC) • Enter & View visit to Southlands hospital (Shoreham). <p>PLACE – 0 (visits are planned for October and November 2024).</p>
Brief examples of 2 joint projects undertaken with neighbouring	During the last 6 months we have started to run brief polls (typically 6 questions) between the three neighbouring Healthwatch. Each Healthwatch takes the lead with a

Performance Indicators	
Healthwatch East- and West Sussex.	<p>poll and, at the present time, Healthwatch Brighton and Hove have led one on Memory Assessment Services (in light of the temporary closures earlier in the year) and another on Pharmacies (based on the Pharmacy First initiative). The polls are shared with the NHS and Council and may trigger a need to conduct further work.</p> <p>1. Memory Assessment Services (MAS) poll</p> <p>53 people from across Sussex shared their views with us. We heard:</p> <ul style="list-style-type: none"> • Around one quarter (26.7%) had waited or are currently waiting over 6 months for their first appointment with the MAS. • The majority were very satisfied or satisfied (53.2%) with the information they received before their first visit to the MAS. • People had received help from a support service such as the Alzheimer's society (38.3%) and a named person they could phone or email (29.8%). However, 23.4% received no support. • In terms of the recent temporary reduction of services in some areas of Sussex (from January to end of March 2024), 21.7% said it negatively affected the support that they needed and delayed their appointment at the MAS (19.6%). However, one-third were not aware (32.6%) and 21.7% said the temporary closures had no impact.

Performance Indicators	
	<p>The feedback from this MAS poll and our previous work on dementia has been escalated to HERE (provider of MAS in Brighton and Hove), in a meeting with Brighton and Hove City Council commissioners and at the ICS Patient Experience Committee.</p> <p>2. Pharmacy services poll</p> <p>483 people from across Sussex shared their views with us. We heard:</p> <ul style="list-style-type: none"> • Many respondents were aware of the new services offered by pharmacies. For example, over 50% of respondents knew they could get a flu vaccine and a blood pressure check at a pharmacy and access support for sore throats and earaches. • Uptake of new pharmacy services by respondents was generally lower than their levels of awareness, ranging from 2-12% with flu vaccinations the highest at 28%. • If respondents had not used the services offered by pharmacies, the majority would go to either a GP (82%) or a nurse at their local surgery (38%) instead. Nearly a third (30%) would also use 111 services. • Respondents were generally very satisfied with the services offered by pharmacies. However, 62% of respondents had been affected by a lack of available medication in pharmacies and 28% by pharmacy opening hours. • Respondents told us that they want to see more convenient opening times, more staff, quicker prescription turnaround and better relationships between pharmacies and GPs.

Performance Indicators	
	<p>Some comments received included:</p> <p><i>"Consultation rooms aren't private. They're often located by the tills and you can hear conversations. They also seem to be used for storage."</i></p> <p><i>"They need to advertise all of the services they offer as most are unknown by the public."</i></p> <p><i>"None - happy with my pharmacy overall, although queues are sometimes quite lengthy."</i></p> <p>Our poll results were shared with NHS Sussex who advised they are working on a performance improvement plan including some targeted communications and engagement and that our findings could inform those communications.</p> <p>The results will be discussed at the next Community Pharmacy and Public Health Forum in October and we have been told they will be very helpful when considering update to the Pharmaceutical Needs Assessment (PNA) and recommendations. HWBH were subsequently invited to join the PNA and a Community Pharmacy Group.</p>
<p>Website, Facebook page and Newsletter traffic including bulletins.</p>	<p>Social media activity:</p> <p>Facebook posts – 63</p> <p>Facebook followers – 976</p> <p>X (Twitter) posts – 82</p> <p>X (Twitter) followers – 1806</p>

Performance Indicators	
	<p>Instagram posts – 7 Instagram followers – 367 Total followers – 3,149</p> <p>Website traffic: Direct to our website – 4,773 (Visitors arrive directly on your website without having clicked on a link from another website. This can happen when users type our URL directly into their browser, click on a saved bookmark, or access your site through offline sources). Organic search (e.g. via Google) – 4,645 Organic search from social media – 272 Referral from other websites – 289 Total unique users – 10,015</p> <p>Email marketing: Audience newsletters – 4, sent to 1,348 Volunteer newsletter – 1, sent to 39 E-shots – 15, sent to 1,348</p> <p>48 ‘news’ articles 15 ‘advice and information’ articles</p>
<p>Details of issues shared with Healthwatch England such as reports and key issues.</p>	<p>We have shared all 22 HWBH reports with Healthwatch England and the Sussex Insight Bank – see Q3, Outputs, number of reports.</p>

Performance Indicators	
	<p>All our information line enquiries (121 entries) are now automatically shared with Healthwatch England.</p> <p>Additional issues shared with HWE:</p> <p>1. Cervical cancer screening – We were commissioned by HWE to interview a woman who was hesitant towards cervical screening. Our interview found the following barriers to screening were a lack of compassion from some clinicians, a mistrust of the NHS in relation to women’s health, and health anxiety (worried about receiving bad news). Interviews were also done by other Healthwatches. This contributed towards a Healthwatch England blog (January 2024) and a recent HWE report on cervical screening. The HWE report outlined findings from these interviews together with a survey of 2,400 women who were hesitant about cervical screening. They make a series of recommendations to policymakers on how to improve uptake and to help meet the target of eliminating cervical cancer by 2040.</p> <p>2. GP funding – We received a comment from a member of the public concerning funding levels for general practice. This was referred to our ICB and to HWE responded as follows:</p> <p><i>“Healthwatch England (HWE) has not set out a clear position on funding levels or on funding allocations (i.e. what % of the total budget should be spent on primary care), though they have welcomed calls to rebalance investment to this area. Where HWE do engage on questions of primary care funding, it is largely to do with policy choices relating to the GP contract. They engage nationally with the DHSC on this issue and were part of an advisory group on it last year which suggested some small tweaks.</i></p>

Performance Indicators	
	<p><i>HWE are hoping that next year there will be a bigger overhaul to the contract and more opportunities to influence policy choices. We all await decision from the new Labour administration in this."</i></p> <p>Healthwatch continue to attend the city's Primary Care Commissioning Group (PCCG) where matters such as finance are included. Our role is unique as most local Healthwatch teams are not invited to join this group. Our remit is to ask questions and seek clarification and put across any impacts on patients.</p> <p>3. Local MP and PMQs about dentistry - In May, we facilitated connection between a local MP who we had worked with before with HWE on the development of a Parliamentary question to be asked around access to NHS dentistry. This resulted in 4 further PMQs being asked on behalf of local people:</p> <p>Q1 – To ask the Secretary of State for Health and Social Care, if she will hold discussions with (a) Healthwatch England and (b) other relevant stakeholders on the potential impact of the change to the requirement for practices to update the NHS website on whether they are accepting NHS patients to include the phrase when availability allows on the accuracy of reporting of NHS dental access; and what proportion of dental practices are updating their websites in line with that requirement.</p> <p>Q2 – To ask the Secretary of State for Health and Social Care, what estimate she has made of the number of children unable to access NHS dentistry in England; and whether she has set a target date by which all children in England will be able to access an NHS dentist. Summary of reply (Andrea Leadsom) – The Dentistry Recovery Plan will make dental services faster, simpler, and fairer for patients, and will fund approximately 2.5</p>

Performance Indicators	
	<p>million additional appointments, or more than 1.5 million additional courses of dental treatment.</p> <p>Q3 - To ask the Secretary of State for Health and Social Care, what recent assessment she has made of trends in levels of morale in the dental profession; and what steps her Department is taking to retain dentists. Summary of reply (Andrea Leadsom) - NHS England publishes data on dentists' working patterns, motivation, and morale, most recently on 25 April 2024.</p> <p>Q4 - To ask the Secretary of State for Health and Social Care, with reference to her policy paper entitled Faster, simpler and fairer: our plan to recover and reform NHS dentistry, published on 7 February 2024, when she intends to open her planned consultation with the dental profession on reforming the contract to make NHS work more attractive. Summary of reply (Andrea Leadsom) - As set out in Faster, simpler, fairer: our plan to recover and reform NHS dentistry, we are working on further reforms to the 2006 contract, in discussion with the dental profession, to properly reflect the care needed by different patients, and more fairly remunerate practices.</p>
<p>Number of Health and Wellbeing Boards (HWB) and Health Overview and Scrutiny Committee (HOSC) meetings attended.</p>	<p>HWB - 1 (the September 2024 meeting was cancelled) HOSC - 3</p>
<p>Total number of Board meetings attended, including Cancer Board, AEDB, SAR, Healthwatch Board, Planned Care Board (aggregated)</p>	<p>37 Board meetings.</p>

Performance Indicators	
Number of decision-making meetings attended by Board, staff and volunteers (aggregated).	177 decision-making meetings.
The number of public engagement and consultation events publicised e.g. webinars, group meetings, public panel meetings.	<p>1. We held a stall at the Woodingdean Carnival. The main purpose was to promote the survey we were running at the Woodingdean Medical Centre. We also asked people to complete our standard feedback form inviting them to share some positive and less positive experiences of health and social care. We had detailed conversations with around 30 people.</p> <p>2. We attended a Deaf Wellbeing event. There were over 100 in attendance so some opportunities to raise awareness of HWBH. We also attended a focus group discussion on Urgent and Emergency Care. Learning from this event was to ensure our website is accessible and we have uploaded a video which has BSL signing and which explains who we are and what we do. Five people completed our standard feedback form. Key issues included:</p> <ul style="list-style-type: none"> • Deaf people don't have full or equitable access to health service and digital technology is not always used. • Not all GPs offer video calls and some GPs insist on calling deaf patients which implies they do not check their records. • Not all GP's have hearing loops. • Care homes are not set up to support deaf people as they do not have staff who can sign. • All services need to use Signlive.

Performance Indicators	
	<p>3. We ran a stall at a health and wellbeing event, with free health checks at Community Base. Volunteers manned our stall. Around 30 were spoken with and 8 people completed our standard feedback form. Main issues were:</p> <ul style="list-style-type: none"> • Mental health including feelings of isolation. • Positive comments about the NHS. • Health and social care needing to be more integrated. • Waiting too long for a diagnosis. • Poor receptionist staff on occasions. <p>4. We attended a PPG event at Links Road surgery. This was an opportunity to raise awareness of Healthwatch. A group of 8 PPG members aged 70s+ were in attendance. Main observations were that they did not use digital technology, either no equipment or were not interested in using it. Two people said they'd worked with computers in their working life and could not wait to stop using them in retirement. They all felt their quality of care was good but tended to say they did not want to bother the doctor over minor issues. They did not like being triaged by the receptionists, especially if it was a personal matter and they did not trust their expertise in being triaged.</p> <p>5. People at the Black & Minority Ethnic Community Partnership (BMECP). As a means to generate interest for Black and Minoritised ethnic groups to share their views about digital technology, we spoke at the BMECP. This group consisted of around 40 people, all from minoritised ethnic groups.</p>

Performance Indicators	
	<p>The conversation consisted of raising awareness about HWBH and the project which we were interested in hearing their views on. The HWBH staff member responded to questions about HWBH and what being involved in the project would entail.</p> <p>As a result, a focus group was undertaken with six people immediately following the group conversation. This focus group became one important contribution for the final project that sought to understand people's use and attitudes towards digital technology.</p> <p>6. Disability Network, University Hospitals Sussex. HWBH were asked to attend this event to speak about our work and listen to the views of staff members who are part of this network. The Staff Network includes clinical and non-clinical staff with a range of disabilities and impairments and is one of several Staff Networks across the whole Trust. Several questions were raised by the group to HWBH, including:</p> <ul style="list-style-type: none"> • Is HWBH planning or involved in any work or research around Friends, Families and Travellers? After the meeting we able to share details of how we had acted on concerns to our helpline about the closure of public toilets, by partnering with Friends, Families and Travellers to understand the impacts on vulnerable traveller groups and successfully lobbied for the reinstatement of facilities. • The hospitals Patient Advice and Liaison Service (PALS) was mentioned, which supports people to make complaints or share feedback. It was highlighted how under resourced the team are and it was suggested that some better public communications could be issued and that HWBH could collaborate with the Trust on this. After the meeting we shared the results of our patient poll about PALS, which we ran in March 2024.

Performance Indicators	
	<p>A report has been published in the last 6 months that outlines these events in more detail.</p> <p>Healthwatch events publicised including E-shots (24)</p> <ul style="list-style-type: none"> • Two Healthwatch Board meetings. • Invitations to take part in Healthwatch in Sussex (HWinSx) polls, including the HWinS Memory Assessment Services, e-Consult, Physician Associates, pharmacists, eye care and hospital discharge. • Press Release: Health Counts 2024 - Calling all B&H residents aged between 18-34 • Consultation on new rights for patients. • Survey invitations for men's access to mental health in Brighton and Hove and Mental Health Rehabilitation & Supported Housing Survey (SPFT). • South-East Coast Ambulance Service looking for people to hear from the public to represent the patient voice. • Invitation to participate in a Mindfulness for Adolescents and Carers study. • A stall at Woodingdean Carnival. • An Enter and View visit to Southlands hospital (Shoreham). • Community Base Free Health and Wellbeing event • West Area Health Forum (Hangleton and Knoll project) Bowel Cancer awareness session with MacMillan • NHS Sussex: Let's Talk: Life After Stroke workshops • 5-week Discussion and Mindfulness group for mothers • B&H Older People's Council Meeting • Cancer screening resources event for Gypsy, Roma and Traveller communities

Performance Indicators	
	<ul style="list-style-type: none"> • Communication training for people with learning disabilities – SpeakOut • Speaking Up training for people with learning disabilities – SpeakOut. • NHS Sussex Dermatology Workshop Invitation. • Carers' Festival. • Living with Long-term conditions (Possability People) • Experience of a vasectomy (NHS Sussex). • Learn more about changes to Community Mental Health Services – online sessions. <p>Public, national events promoted via Facebook and X (Twitter):</p> <p>World Autism Acceptance Week - 03/04/24 Bowel Cancer Awareness Month - 10/04/24 Volunteers' Week - 04/06/24 Alcohol Awareness Week - 03/07/24 Accessing health services during Pride - 31/07/24 Stoptober - 28/08/24 World Patient Safety Day - 17/09/24 Falls Awareness Week - 24/09/24 Older Peoples' Day - 30/09/24</p>
3. Outputs	
Number of reports (including service areas reviewed) and total number of people engaged in each review.	<p>22 reports published. Different service areas, numbers engaged, and number of recommendations (if applicable) are shown below.</p> <ol style="list-style-type: none"> 1. Public engagement events, April-September 2024. September 2024. 120 people, no recommendations.

Performance Indicators	
	<ol style="list-style-type: none"> <li data-bbox="869 292 1868 363">2. Eye tests poll. September 2024. 49 people (359 across Sussex)¹, 5 recommendations. <li data-bbox="869 427 2029 499">3. Patients' views about Woodingdean Medical Centre: Final Report September 2024. 1,129 people, 8 recommendations. <li data-bbox="869 563 2040 635">4. Healthwatch Brighton and Hove Engagement Plan 2024-27. September 2024. Numbers N/A. Internal review, no recommendations. <li data-bbox="869 699 2085 770">5. Our Communications Plan, March 2024 - April 2026. September 2024. Numbers N/A. Internal review, no recommendations. <li data-bbox="869 834 1989 906">6. Our workplan for 2024/25. August 2024. Numbers N/A. Internal review, no recommendations. <li data-bbox="869 970 2018 1042">7. Your experiences of using pharmacy services. August 2024. 53 people (483 across Sussex), 4 recommendations. <li data-bbox="869 1106 2078 1177">8. Patient feedback about the Emergency department at the Royal Sussex County Hospital. July 2024. 19 case studies, no recommendations. <li data-bbox="869 1241 2074 1313">9. Your experiences of using eConsult. July 2024. 29 people (205 across Sussex), 5 recommendations.

¹ Total numbers engaged from the HWiS polls include those from Brighton and Hove as opposed to those across Sussex.

Performance Indicators	
	<p>10. Mystery shop of the translation facility at the Royal Sussex County Hospital. July 2024. No people, 1 recommendation.</p> <p>11. Healthwatch Brighton and Hove - Annual Report 2023-24. July 2024. Numbers N/A. Internal review, no recommendations.</p> <p>12. Equalities Impact Assessment 2023-2024. June 2024. Numbers N/A. Internal review, 5 recommendations.</p> <p>13. Young People share their views on barriers to accessing services. June 2024. 9 people, recommendations in a soon to be published toolkit for practitioners.</p> <p>14. Your experiences of being seen by a Physician Associate. June 2024. 19 people (65 across Sussex), 3 recommendations.</p> <p>15. Stakeholder Survey 2024. May 2024. 53 people, 6 recommendations.</p> <p>16. Understanding the use and attitudes of digital technology among ethnic minority elders in Brighton and Hove. May 2024. 22 people, 2 recommendations.</p> <p>17. Views about Memory Assessment Services (MAS). May 2024. 13 people (53 across Sussex), 3 recommendations.</p> <p>18. Enter and View Report: The Emergency Department at the Royal Sussex County Hospital March 2024. April 2024. 7 people, 3 recommendations.</p>

Performance Indicators	
	<p>19. Helpline enquiries to Healthwatch Brighton and Hove: April 1st 2023 – March 31st 2024. April 2024. 365 people, Internal review, no recommendations.</p> <p>20. Healthwatch Brighton and Hove Workplan of Projects, April 2023 – March 2024. April 2024. Numbers N/A. Internal review, no recommendations.</p> <p>21. Healthwatch Brighton and Hove Annual Performance Report 2023 (1st April 2023 to 31st March 2024). April 2024. Numbers N/A. Internal review, no recommendations.</p> <p>22. Supporting the development of our local Emergency Department - The Second Workshop. April 2024. Numbers N/A. No recommendations.</p> <p>Numbers engaged from reports = 1,874.</p> <p>Recommendations = 45. Note that recommendations are developed on SMART² principles. Where there are no recommendations, the findings and intelligence are shared widely including Brighton and Hove City Council, NHS Sussex, and Healthwatch England.</p> <p>Our reports are regularly cited in the Sussex Insight Bank. For the July updates, 2 out of 6 reports within 'what's new' included HWBH - A compilation report from Healthwatch focusing on patient feedback about the Emergency Department at the Royal Sussex</p>

² Specific, Measurable, Achievable, Relevant, and Time-bound.

Performance Indicators	
	County Hospital in Brighton and Experiences from patients across Sussex using the eConsult system.
4. Influence	
<p>Two examples demonstrating impact from attending decision-making meetings – defined as ‘meetings with external people across the system where Healthwatch influences or leads decisions made – includes Board meetings’.</p> <p>Could be decisions initiated by Healthwatch, commitments made in meeting minutes, contributions/presentations by Healthwatch.</p>	<p>1. Whitehawk procurement Task and Finish Group</p> <p>In this meeting we highlighted a need to include a stronger reference to the city's Net Zero ambition within the Invitation to Tender. This was accepted with the new provider needing to have or develop a clear plan to help reach the 2030 targets (as the contract length will extend to 2033). We also responded to the KPIs seeking to strengthen these and to align with the City's CORE20PLUS5 groups – carers, children and young people in transition from children to adult mental health services, globally displaced communities such as refugees, and LGBTQ+. We also raised a need to increase detail on the role and means of patient feedback.</p> <p>2. Integrated Care System Patient Experience Committee</p> <p>We highlighted the additional demands being made on PALS (Patient Advice and Liaison Service) teams which extends beyond their remit. For example, supporting people at risk of suicide/self-harm. This was important context for the ICS to know about when assessing Trust performance as well as bringing to their attention to this additional intelligence and insight. We shared insight from our recent public poll on PALS services which the ICS agreed to take away and discuss with local Trusts. We also asked what learning was being taken from the SPFT PALS team which has improved its performance.</p>

Performance Indicators	
<p>5. Impact</p> <p>Example reflecting on progress made on a recommended action regarding a protected characteristic group i.e.: age, sex, gender reassignment, sexual orientation, disability, ethnicity or race, religion or belief, pregnancy and maternity, or marriage and civil partnership.</p>	<p>Views about digital technology - Older people from minority ethnic backgrounds in Brighton and Hove and recruitment of digital champions:</p> <p>The final report for this project was published in May 2024. From a small grant from the Kent, Surrey and Sussex Clinical Research Network, we explored digital exclusion among 22 older people from minority ethnic backgrounds. The work was in collaboration with Dr Khalid Ali, Reader in Geriatrics at the Brighton and Sussex Medical School.</p> <p>We worked with Sussex Interpreting Services and Bridging Change in holding three focus groups and also providing contacts for telephone conversations. Participants represented a range of different ethnicities and experience with digital technology, although with most people reported themselves as having medium to low confidence.</p> <p>There were five overarching themes:</p> <ol style="list-style-type: none"> 1. Most people, although had a mobile, were using this solely to make phone calls or text. There was a particular problem in accessing emails on a mobile. Several commented about the continual problems of passwords. Accessing GPs was a problem when booking appointments online – this was found to be particularly complex for this sample and created a source of frustration. 2. Trust – people have a sense of distrust with technology, especially when conducting financial transactions, or when sharing personal information. People spoke of being scammed.

Performance Indicators	
	<p>3. Age-related – Most people did not learn about digital technology at the time the internet was emerging. Families, friends and some professional ‘drop-ins’ have been valuable sources of advice and assistance. When learning, because of what people attributed to their age, a step-by-step approach with a slow pace, to learn only what was essential, was seen as more favourable to a ‘crash course’.</p> <p>4. Ethnicity – although faith or country of origin had no role in shaping experiences, language was considered a significant obstacle to using digital technology. Being able to read letters, messages, emails and use of the NHS App was impossible for those for whom English was not spoken or was their second or third language.</p> <p>5. Digital technology as a whole – although recognising some of the benefits and inevitability of digitisation, people commented that the world was becoming too digital. This increased the pressure on people to keep up to date with digital developments. If the option of human interaction was not possible, this was particularly frustrating. Only being able to book online GP appointments, buying car parking and purchasing travel tickets were mentioned.</p> <p>An additional purpose of this study was to attract members of the sample to be involved in further research studies led the project co-investigator, Dr Khalid Ali, Reader in Geriatrics, Brighton and Sussex Medical School. Subsequently, Dr Ali was able to identify and work with 3 champions who agreed to act as future advisors in ‘research studies related to ageing’. These research champions helped to identify key qualities they valued; the importance of establishing trust and confidence in the research team, and the benefits of engaging with younger generations. This increased the understanding of their preferences and priorities around tailoring digital technology to</p>

Performance Indicators	
	<p>their health conditions, social and cultural backgrounds and digital knowledge and skills.</p>
<p>Percentage of recommendations influencing service improvement – based on % of recommendation accepted by NHS/CCG and % of those resulting in service change.</p>	<p>All 45 recommendations (100%) from our reports over the last 6 months have been accepted by the commissioning or partner body, mostly by the NHS Sussex Integrated Care Partnership or Brighton and Hove City Council.</p> <p>As many of these recommendations were generated within the last 6 months, it is too early to say how many have led to service change, although being accepted is a prerequisite for this.</p> <p>From projects completed over the 6 months, 14 recommendations (out of 45 or 31%) have led or are leading to service change from the following projects:</p> <ol style="list-style-type: none"> 1. From the survey of Woodingdean Medical Centre, where people were having difficulties getting an appointment, there were 8 recommendations made. Most of these were regarding information on the website which has been updated, with improved navigation (1 recommendation), clearer ways to join the practice PPG (1), more opportunities to use e-consult (1) and phone appointments (1). Further changes to their website include: how to book an appointment and the different types of health care professional you can see; additional information about long term condition management and the way we can help patients; and information about help for patients outside the practice including the Enhanced Access Service and appointments provided by Brighton and Hove Federation.

Performance Indicators	
	<p>The surgery have also introduced pre-bookable appointments up to two weeks ahead and are happy to extend this further (1). An important recommendation demonstrating service change will be assessed in 6 months-time when we intend to repeat the question of whether making an appointment has become easier or more difficult in the previous 6 months.</p> <p>= 5/8 recommendations leading to service change.</p> <p>2. The Woodingdean project is an example of where 2 further recommendations are implemented from the e-consult poll: Increased and more consistent operating hours for eConsult (1) and greater promotion of eConsult (1).</p> <p>= 2/5 recommendations leading to service change.</p> <p>3. There were 5 recommendations from our annual Equalities impact Assessment. To address the recommendation to engage with more young people, we have spoken to service-users at Ru-ok? and also made contact with the Youth Council, where we intend to speak to young people about contributing to our projects (1). We have also utilised census data to standardise the way we ask protected characteristics in surveys and within our CRM (1). We have also used more measures of protected characteristics in our latest surveys (1).</p> <p>=3/5</p> <p>4. Our Stakeholder survey generated 6 recommendations and 3 have been progressed. One recommendation was to publicise HWBH widely and in response we</p>

Performance Indicators	
	<p>have employed a dedicated communications role (1). A further recommendation was to publicise our work at information sharing events, such as at our attendance at a stakeholder event at Community Base and the Woodingdean carnival (1). We have also widened the range of service users we engage with (for example, at our recent Woodingdean surgery and recently commenced work with the Trust for Developing Communities in East and Central Brighton) (1).</p> <p>=3/6</p> <p>5. From the project looking at Black and minoritised ethnic elders' use and attitudes of digital technology, a recommendation was to recruit a sub sample to participate in future studies. Since the study ended, three people have joined a research group led by Dr Khalid Ali (Reader in Geriatrics, Brighton and Sussex Medical School) (1).</p> <p>=1/2</p>
<p>3 examples of studies with long term change (beyond 6-month project lifespan).</p>	<p>1. Healthwatch in Sussex (HWiS) Poll on Patients and Advice Liaison Service (PALS)</p> <p>PALS provides a point of contact for patients, their families and their carers. They offer confidential advice, support and information on health-related matters. From one of our HWiS polls we found that:</p> <ul style="list-style-type: none"> • 36.2% told us PALS made little difference to their experiences of managing their health, 33.0% found it made it easier/better and 10.1% harder/worse. • The feature of PALS most identified as Excellent (30.9%) was 'Delivering the outcome you were seeking'. However, this was also the aspect most identified as Poor (33.0%).

Performance Indicators	
	<ul style="list-style-type: none"> • More than a quarter of respondents rated PALS as Poor for ease of access, being kept informed, quality of information and delivering outcomes. • PALS were most identified as Not at all helpful in: resolving problems, signposting outside the NHS, explaining complaints advocacy and listening to feedback. <p>The results from this poll have led to wider discussions at ICB level. We have escalated issues with timescales for responses with the ICB and also suggested that our system could look to develop a complaints charter. HWBH has been in contact with other local Healthwatches who have shared a charter example and we met with the ICB to discuss and this formed part of a paper that went to PEC (“Patient Experience and Working with People and Communities update Q1 2024/25”):</p> <p><i>“Insight to Action: A first draft of a regular insight report has been produced, drawing on information from the ICB complaints/Contact Us/Members of Parliament (MP) enquiries, Healthwatch, community engagement, and Voluntary, Community and Social Enterprise (VCSE) partners. The report outlines a number of areas where action is required and provides the opportunity to note progress; the report will be shared with the ICB Senior Leadership Team regularly and more widely, as appropriate. Recommendations and actions as a result of the Q4 public involvement exercise have been progressed through internal teams and external partners, as appropriate.”</i></p> <p><i>“Priorities for Q2: In Q2, work will progress to review to understand attitudes to making complaints, with a focus on our diverse communities, through joint work with Healthwatch, and a review of our existing complaints practices across the local health system with the view to develop a system Complaints Framework. In addition, we will</i></p>

Performance Indicators	
	<p><i>develop our PALS processes and procedures and ensure alignment with both complaints and wider insight capture.”</i></p> <p>2. Mystery shops and communications</p> <p>HWBH have started a series of Mystery Shops. Our most recent one was at the RSCH main reception area in the Louisa Martindale Atrium. The findings suggested improved signage to information leaflets and more user-friendly language. In the future, we will visit the reception areas in the Royal Alex, ED and general outpatients.</p> <p>These mystery shops are borne out of our earlier project on patient communications regarding outpatients’ appointments. This report showcased the core standards that patients themselves recommend should be applied to all the communications.</p> <p>Healthwatch pursued our findings with University Hospitals Sussex NHS Trust who have taken our recommendation to create a patient charter on communications and incorporated this into their Patient First work. Communication is now one of three key themes which form part of their Patient Experience strategy for 2022-25 but it also forms part of their new self-evaluation toolkit, ‘Welcome Standards: Excellence in Patient Services Self Evaluation framework’. This now means that the voice of the patient is directly reflected in how the Trust will assess ‘good patient experience’.</p> <p>In September 2023, the Trust asked Healthwatch to conduct a validation exercise of their new ‘Welcome Standards’ in the form of Mystery Shopping to see how they are being implemented by staff at receptions across the hospital to ensure that patients are receiving a positive experience. We have started these in early 2024 with the help of</p>

Performance Indicators	
	<p>our dedicated volunteers.</p> <p>3. Woodingdean Medical Centre and changing practice</p> <p>We completed a survey among patients registered with Woodingdean Medical Centre (WMC). This was in response to concerns raised through our helpline about the difficulties in making an appointment. 41.4% found this a 'little more difficult' or 'much more difficult' to make an appointment compared to 6 months ago. As an example:</p> <p><i>"Can't get appointment at Woodingdean medical centre phoned 8.30 and by 8.33 all appointments had gone for the day or you are 30 in queue and then all appointments are gone."</i></p> <p>With the assistance of the Practice, we asked people's views about various options to improve the situation. We had 1,129 responses. We made a series of recommendations to the Practice based on the findings. The Practice are implementing the following changes which will achieve long-term change:</p> <ul style="list-style-type: none"> • Patients can request a telephone appointment as an alternative (to face-to-face). • Introduced pre-bookable appointments up to 2 weeks ahead and considering extending this further. • Continue to work on the practice website to help patients and improve navigation. • Monitor how recent information on the website is taking effect:

Performance Indicators	
	<ul style="list-style-type: none"> ➤ How to book an appointment and the different types of health care professional you can see. ➤ Additional information about long term condition management and the way we can help patients. ➤ Information about help for patients outside the practice including the Enhanced Access Service and appointments provided by Brighton and Hove Federation. ➤ Enhanced profile of eConsult on the website. <p>HWBH intend to monitor whether the making an appointment has become easier in 6-months' time, using the existing finding asked in this survey as a baseline.</p>
<p><u>Annual</u> performance as regards the Economic, Environmental and Social Value of the work undertaken – delivered within 30 days after the end of the relevant year end. <u>See annual performance report.</u></p>	<p>N/A</p>
<p>6. Support</p>	
<p>Number of safeguarding referrals and case escalations undertaken</p>	<p>7 referred to HASC review, 1 referred to HASC access point.</p>
<p>Number of referrals to PALS and NHS complaints including POHWER.</p>	<p>19 referrals to PALS and 6 to POHWER.</p>
<p>Annual report / stakeholder report with strategic partner satisfaction.</p>	<p>Our Annual report for 2023/24 was published in June 2024.</p>

Performance Indicators	
	<p>We ran a Stakeholder Survey published in May 2024, with 53 responses from partners working across the ICS, Council, local NHS trusts, primary care colleagues and VCSE partners.</p> <p>Overall, the results from the stakeholder survey were generally complimentary about the work Healthwatch produces – our ability to speak to patients and share the intelligence with service providers. There was awareness about our unique role, for example in being ‘independent of the NHS’ (96% were aware), ‘that we speak to patients about their views of the healthcare system’ (100%) and that ‘we share patients’ views with decision-makers who commission or design services’ (92%). The least level of awareness was that ‘we can recommend investigation or special review of services via Healthwatch England or directly to the Care Quality Commission’ (65%).</p> <p>In terms of the quality of our work, there were generally high levels of agreement about our contribution – for example, ‘Healthwatch provides insight which positively impacts your organisation’ (89% either agreed or completely agreed), ‘Healthwatch provides a useful information and signposting service for service users’ (82%), and ‘Healthwatch makes a positive contribution to meetings in which your organisation and Healthwatch attends’ (80%). Also, 46% described the relationship between Healthwatch and a person’s organisation as ‘strong’ with a further 35% saying ‘very strong’.</p> <p>In terms of our role, the greatest response to where we could improve was ‘Our ability to influence those who deliver and design health and care services’, noted by 29% of respondents.</p>
Annual 360 review providing performance feedback from	N/A

Performance Indicators	
neighbouring HW and HWE on impact. <u>See annual performance report.</u>	
Provide advice on best practice for public and patient involvement to commissioners and service providers of health and social care services – 2 examples for annual report. <u>See annual performance report.</u>	N/A
Update and review HW Decision making policy.	Updated here .