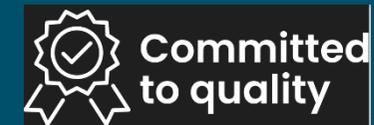


Healthwatch Brighton and Hove: Annual performance report (April 1st 2024 to March 31st 2025)



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April 2025

Annual Performance report (April 1st 2024 – March 31st 2025) – Healthwatch Brighton and Hove

This annual report should be read in conjunction with our [six-monthly report](#) which covers the period 1st April – 30th September 2024.

Performance Indicators	Evidence
<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. Engaging young people about their views on barriers to accessing services</p> <p>Children and young people were asked for their views about how substance misuse services, sexual health services and therapeutic support services could better engage with them. We commissioned Ru-ok? to support this work. Ru-ok? is a Brighton and Hove Young Persons Drug and Alcohol Team (based with the Adolescent Service) - to engage lesbian, gay, bisexual, transgender, queer (or sometimes questioning), intersex, asexual, and other young people (LGBTQIA+).</p> <p>Ru-ok? ran sessions with young people who offered suggestions and ideas for how professionals within Ru-ok? and in other services could seek to engage people from this community.</p> <p>A total of 12 group sessions took place in 2023 and 2024 in which the Ru-ok? Participations Worker, a Social Worker based in the Adolescent Service and a Youth Justice Worker engaged young people in co-producing a guide that seeks to help services better engage and serve LGBTQ young people.</p>

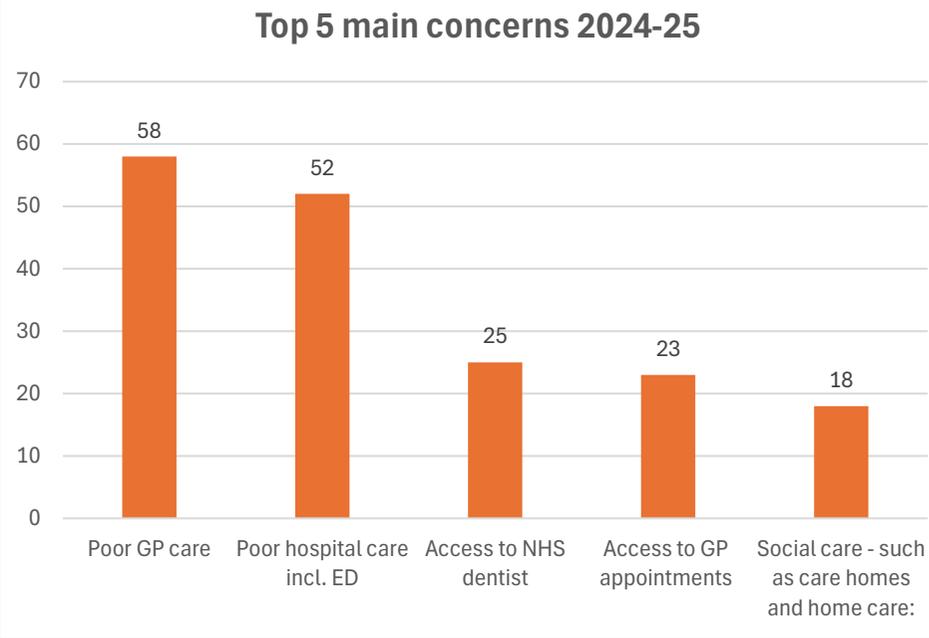
Performance Indicators	Evidence
	<p>Although the aim of the sessions was to focus on substance misuse services, sexual health services and support services, intelligence from the engagement revealed that the young people attending want professionals to understand the wider experiences of LGBTQ young people; including their views on how other services (such as mental health services) have supported them.</p> <p>As a result of this intelligence, the young people who took part have created a suite of videos and a guide (in development) for people who work with children and young people to help them find the best support. We are in the process of finalising these. The findings have been shared with the Head of Service, Adolescent Service and the Corporate Director for Families, Children & Learning Services at Brighton & Hove City Council and discussed at the city's Adolescent Board. Plans are in place to share with Social Worker trainees, school nurses, the Brighton and Sussex Medical School, and the Police.</p> <p>2. Healthwatch Brighton & Hove Enter and View visit to the fracture clinic at the Royal Sussex County Hospital</p> <p>One volunteer representative and one Healthwatch staff member conducted an Enter & view of the Fracture Clinic at the Royal Sussex County Hospital. We decided to visit after receiving feedback regarding issues with booking appointments and outpatient letters.</p> <p>The team talked with five patients and their relatives and asked for their views and experiences of the Fracture Clinic including appointment booking, imaging, communication and appointment letters, the virtual fracture clinic, and their experience overall. They were also free to discuss any aspects raised by the patients they met.</p> <p>Several positive findings were identified during their visit:</p>

Performance Indicators	Evidence
	<ul style="list-style-type: none"> • The clinical care, the efficiency of the service, and the environment (aside from signage) were praised by patients. • Patient praise for staff awareness of neurodiversity. • The environment felt calm, clean, organised, and tidy. • Different types of seating for different needs was provided. This included low softer seating and high-backed chairs with arm rests. <p>Our suggestions for improvements included:</p> <ul style="list-style-type: none"> • Improvements to the booking system. • Staff IT training to reduce the chance of mistakes on appointment letters. • Clearer signage to find the clinic. • Considerations for patients with dementia (such as clearer distinction between walls, doors, and floors). • A hearing loop at reception. <p>We shared our findings with the hospital and presented this at a meeting with staff. Many of our findings and recommendations can be easily implemented bringing benefit to hundreds of future patients and staff. Our local trust has actively welcomed and supported these visits and we are grateful to them and everyone involved for their collaboration.</p> <p>3. Experiences of treatment for earwax in Brighton and Hove</p> <p>Over the last year (2023-2024) Healthwatch Brighton and Hove have received feedback about patients experiencing increasing challenges in obtaining treatment for earwax removal.</p>

Performance Indicators	Evidence
	<p>We have heard that it is getting harder to find a GP practice that will offer earwax removal, and that patients with earwax problems are increasingly having to turn to the private sector to access treatment. Similar concerns have been raised by our Healthwatch colleagues in East Sussex, so we wanted to know what the availability of earwax removal is available in the city.</p> <p>58 people responded to our survey. Results showed the significant the impact of an earwax issue can be on a person’s life. The results also reveal a mixed picture when it comes to finding information about, and then accessing earwax removal through GP practices.</p> <p>It is positive to hear that some local people manage to access earwax removal on the NHS, and that for the majority of people the quality of their treatment once they receive it is good (whether they receive it through the NHS or private health providers).</p> <p>However, we also heard that respondents are increasingly reporting that their GP practice no longer offers earwax removal, and some people are having to resort to paying for treatment privately because they have no alternative. Of most concern, are the people who are unable to access earwax removal through the NHS and are also unable to afford private earwax removal treatment.</p> <p>The report recommends that all GP practices should provide information on their websites and in their practices, about earwax removal services; If GP practices do not provide any earwax treatments, they need to provide information to signpost patients to alternative services; the need for better information to be provided on self-care and management of earwax; and the need for provision of awareness training amongst health professionals about earwax removal services and treatment that are available within Brighton and Hove.</p>

Performance Indicators	Evidence
	<p>Section 5 (Impact) in this report shows how these recommendations are being addressed.</p>
<p>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 from our information line are posted in Smart Survey.</p> <p>In total, we received 228 enquiries between April 1st and March 31st 2025 (which is a decrease on this time last year (365)).</p> <p>We are aware that feedback levels across the Healthwatch network are less than last year. From 24th February - 2nd March 2025, Healthwatch England launched Share for Better Care week which was designed to encourage people to share their feedback to help NHS and social care professionals tailor care, understand what's working, and identify new ways to improve services. During the week we received 25 pieces of feedback which was an increase of 22 on the previous week. Our Communications Plan and Engagement Strategy describe our plans to raise greater awareness of Healthwatch and our helpline which will be a priority focus for us in 2025/26.</p> <p>To gather evidence beyond the helpline, we have also increased the number of events we attend. These provide opportunities to promote our newsletter and helpline. Between October 2024 and March 2025, we had conversations with 144 people from five different events.</p> <p>The enquiries were a combination of phone call messages, feedback through our website, emails and face-to-face engagement.</p> <p>The majority of people contacting the helpline were:</p>

Performance Indicators	Evidence												
	<ul style="list-style-type: none"> • Raising a concern or negative experiences about a service (130 people). • Requesting information (41 people). • Making compliments about a service (33 people). • Raising formal complaints (23 people). • Whistleblowing (1 person). <div data-bbox="725 507 1682 1091" style="text-align: center;"> <p>Reasons for contact 2024-25</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th>Reason for Contact</th> <th>Number of People</th> </tr> </thead> <tbody> <tr> <td>Concern - raising a concern</td> <td>130</td> </tr> <tr> <td>Request for Information</td> <td>41</td> </tr> <tr> <td>Compliment - giving positive feedback</td> <td>33</td> </tr> <tr> <td>Complaint - making a formal complaint</td> <td>23</td> </tr> <tr> <td>Whistleblowing - reporting a serious issue about your organisation</td> <td>1</td> </tr> </tbody> </table> </div> <p>The majority of people were raising concerns around poor care from GPs and at the hospital. Accessing NHS dentist services and getting GP appointments were further notable areas of concern. Accessing appointments at Woodingdean surgery was raised as a concern earlier in the year which led us to engage local service-users (see reports).</p>	Reason for Contact	Number of People	Concern - raising a concern	130	Request for Information	41	Compliment - giving positive feedback	33	Complaint - making a formal complaint	23	Whistleblowing - reporting a serious issue about your organisation	1
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Performance Indicators	Evidence												
	<p style="text-align: center;">Top 5 main concerns 2024-25</p>  <table border="1" data-bbox="728 263 1657 901"> <thead> <tr> <th>Concern</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Poor GP care</td> <td>58</td> </tr> <tr> <td>Poor hospital care incl. ED</td> <td>52</td> </tr> <tr> <td>Access to NHS dentist</td> <td>25</td> </tr> <tr> <td>Access to GP appointments</td> <td>23</td> </tr> <tr> <td>Social care - such as care homes and home care:</td> <td>18</td> </tr> </tbody> </table> <p>Compared to 2023-24, the top 4 concerns were almost identical with poor GP care and poor hospital care persisting as the main areas of concern. The main area of difference was concerns raised about social care which was more evident this past year.</p> <p>To illustrate these concerns, some comments are posted below:</p> <p>Poor GP care:</p> <p>“I want to complain about the treatment I experienced at my GP. I had been experiencing abdominal pain and contacted my GP for an appointment. When I arrived, I discovered that I</p>	Concern	Percentage	Poor GP care	58	Poor hospital care incl. ED	52	Access to NHS dentist	25	Access to GP appointments	23	Social care - such as care homes and home care:	18
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Performance Indicators	Evidence
	<p>hadn't been booked to see a GP at all but would be seen by a paramedic. I had not been advised of this. He examined me and told me it could be appendicitis, but he couldn't be sure. He could only offer me advice to go to A&E if I was worried or go home and see if things got worse. This felt entirely unsatisfactory, and I feel that the care I received fell well below the standard of good care I should expect."</p> <p>"I wanted to raise my concerns about 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."</p> <p>Difficulties accessing GP appointments:</p> <p>"Our main concern is that you can phone dead on 8.30 am to be 20 something in a queue request a call back, only to be told on the call back there are no appointments left!! How can that be it's ridiculous, so in the end you just give up and deal with pain or symptoms."</p> <p>"I rarely access the GP services, but the one in the blue moon that I need to, it is almost impossible to try and get through or to get an appointment. How can we be 21st century and we still can't book online?"</p> <p>Poor hospital care:</p> <p>"I'm in desperate need of help from the Royal Sussex County Hospital where I currently have a referral and I've been told it could take up to 60 weeks!"</p>

Performance Indicators	Evidence
	<p>“My husband has been suffering from unexplained chest pain. He was due to go in for an angioplasty but he never had the op in the end, they prepped him up and then at 5pm they told him that they shut the department then and that they had to cancel as they were too busy, so he has to get another appointment. This is appalling given that it concerns his heart, what if he has a stroke or heart attack whilst waiting? The communication was very poor, and we felt a lack of care or compassion.”</p> <p>“At the end of September, I was taken by ambulance to A&E. Dreadful experience. Nearly 25 hours on a trolley in a corridor being ignored. Many others in same situation.”</p> <p>Difficulties accessing an NHS dentist:</p> <p>“[I am] having serious problems with teeth and cannot afford private dentist fees so looking for NHS dentist. [I am] not able to find one anywhere.”</p> <p>“My dentist cancelled my appointment around the lockdowns and I haven't heard from them since.”</p> <p>It is also important to acknowledge that 33 paid compliments to the services which drew the most concerns. Compliments about GP care, hospital care including the Emergency Departments as shown below:</p> <p>“[My] doctor was amazing! I can't thank him enough. He was caring, understanding, he gave me 25 minutes of his valuable time without the slightest hint of a rush or that I was wasting his time. His advice was helpful and he has booked me a follow up appointment. It was wonderful, exactly what I would hope from a GP.”</p>

Performance Indicators	Evidence
	<p>“I was admitted to RSCH A&E and onto Acute Respiratory Unit for 6 days in November. They and NHS sometimes get terrible reviews, but I had the most wonderful support and care from everyone (with very few exceptions) who dealt with me – from nurses, healthcare support workers, doctors, catering, porters and anyone in-between. They were all so patient, kind – and jolly!”</p> <p>“I wanted to share my experience of ED last week. First off, I want to say how amazing all the staff were, from the receptionist, to the nurses and clinicians, they were all incredibly helpful and caring.”</p>
<p>Workplan updated every 6 months and reviewed continually.</p>	<p>We will be undertaking the following projects starting in April 2025:</p> <ol style="list-style-type: none"> 1. Evaluation of the Neighbourhood Mental Health Teams – a new integrated mental health support service, with engagement sought at the start of the service to inform how to improve the service prior to its full implementation in April 2026. 2. Follow-up with Woodingdean surgery – to see if people are finding it easier to book appointments compared to 6 months ago (which we measured as a as a baseline in our Woodingdean project in 2024). 3. Evaluation partner for a Climate for Communities project with the Trust for Developing Communities – the project intends to ensure that communities experiencing poverty and exclusion in Brighton and Hove are empowered to take climate action and have greater involvement and influence in the design and delivery of the city’s climate activity. Engagement will include intelligence of health and social care services.

Performance Indicators	Evidence
	<p>4. Further PLACE (Patient Led Assessments of the Care Environment) and Enter and Views – services to be confirmed, although the next planned activity will be an Enter and View at the Emergency Department at the Royal Sussex County Hospital in April.</p> <p>5. Mystery Shops – to assess the implementation of the Healthwatch Brighton and Hove informed ‘Welcome Standards’ across reception areas at University Hospitals Sussex NHS Trust (UHSx). We will visit the main hospital reception areas and those in the Emergency Departments at the Royal Sussex County Hospital (RSCH) and Royal Alexandra Children’s Hospital (RACH).</p> <p>6. Social value and Environmental Sustainability outcomes as set out in the retendering documents.</p> <p>7. Healthwatch in Sussex monthly polls – we will continue to run these Sussex-wide polls (topics TBC) with our colleagues in Healthwatch East and West Sussex. HWBH will take the lead in running four polls.</p> <p>Our Homecare project (where we collect people’s views of their care received in their own home) is ongoing for at least the next 12 months.</p> <p>Projects on vaping among children with Special Educational Needs and Disabilities and an evaluation of Hypertension testing in East and Central Brighton are also ongoing, with expected completion between May and July 2025.</p> <p>We are seeking the views from our volunteers at an April 28th event to help decide additional projects in accordance with our Decision-Making and Prioritisation Policy and our Engagement Plan. The staff have used a project matrix to identify additional projects, from which this event will inform how they are prioritised. These include gathering the health and social care views and experiences of:</p>

Performance Indicators	Evidence
	<ul style="list-style-type: none"> • Black ethnic and racially minoritised communities. • Carers, including young carers. • Women’s health. • Mental health – adults and children. • Work with individual GP practices/services where there have been specific concerns (including Enter & views). • Pharmacy First – awareness and use. <p>In this meeting, we will select from this list above 2-3 further projects to undertake and also consider other projects that the volunteers see as priority. Following this meeting we will publish our workplan for 2025-2026 and update every 6 months thereafter.</p>
2. Activity	
Number of Environmental Audits (if applicable) Number of PLACE visits conducted (if applicable).	<p>Enter and Views: Enter and View visit to the fracture clinic at the Royal Sussex County Hospital.</p> <p>PLACE - Patient Led Assessments of the Care Environment: PLACE at University Hospitals Sussex (23 areas visited across the site, including 2 food tastings). 8 HW representatives involved, including 5 volunteers.</p> <p>PLACE at Mill View hospital. 4 volunteers.</p> <p>Validation of the Welcome Standards: 'Mystery Shops': Louisa Martindale Building Main Reception - RSCH - 4 visits by 4 people (2 staff, 2 volunteers) Children's ED Reception - RACH - 3 visits by 2 staff.</p>

Performance Indicators	Evidence
<p>Brief examples of 2 joint projects undertaken with neighbouring Healthwatch East- and West Sussex.</p>	<p>Example 1 – Healthwatch in Sussex Polls</p> <p>Over the last year we have developed a series of polls run on a monthly basis, with our colleagues in East and West Sussex. Each poll is 6 questions alongside optional equalities questions. A poll is led by one Healthwatch every 3-4 months.</p> <p>Polls within the last year were: Memory assessment services (April 2024), physician associates (May), eConsult (June), Pharmacy First (July), eye care services (August), hospital discharge (September), outpatient appointment letters (October), adult social care services (November), cancer screening (December), dentistry (January 2025), neurodiversity (February 2025) and vaccinations (March 2025 and reporting April 2025). Full details are provided in the reports list (under Outputs).</p> <p>The polls serve as a ‘temperature check’ on current issues and can be used as a trigger for further investigation or used in their own right – for example, the Pharmacy poll with 53 people (483 across Sussex responses) has contributed to the Pharmaceutical Needs Assessment. The polls are also timed appropriately – for example we ran the poll on memory assessment services at time when the services were temporarily suspended. Through our polls, in total we have captured over 3,500 views, including nearly 800 from Brighton and Hove residents.</p> <p>Our polls are shared widely, including to the Director of Communications & Engagement; Deputy Head of Working with People and Communities; Deputy Director of Working with People and Communities; Children and Young People’s Strategic Involvement Lead; Lead Youth Participation Worker (Brighton & Hove Youth Council); our VCSE partners; VCSEs and our Councillors / MPs.</p>

Performance Indicators	Evidence
	<p data-bbox="723 252 1850 284">Example 2 - Bimonthly (every 2 months) intelligence reports to NHS Sussex</p> <p data-bbox="723 339 2107 595">We produce our (now) bimonthly intelligence reports, with our Healthwatch neighbours in East and West Sussex which consolidate our intelligence from the people we hear from – helpline, events, reports, polls etc. These are shared within NHS Sussex at our weekly Public Involvement meetings with the Director of Communications & Engagement, Deputy Head of Working with People and Communities and Deputy Director of Working with People and Communities. This includes a summary of evidence from all 3 Healthwatch areas, and includes:</p> <ul data-bbox="723 651 2078 1082" style="list-style-type: none"> • Questions or queries that we wish to pose to NHS Sussex or Integrated Care System partners. • Monthly numbers of helpline enquiries, concerns, complaints and compliments. • The most common themes and trends from feedback e.g. Primary care, acute care, community services and adult social care. • New themes and trends from feedback every month. • A case-study which highlights an issue received through feedback, including any actions that Healthwatch took in response. • Our latest poll findings. • Recent publication and reports with hyperlinks. <p data-bbox="723 1137 1592 1169">We have produced 8 intelligence reports over the last year.</p>

Performance Indicators	Evidence
<p>Website, Facebook page and Newsletter traffic including bulletins.</p>	<p>Social Media: Facebook posts – 147 (997 followers). Tweets – 150 (stopped using account January 2025) (1,735 followers). Bluesky – 31 (started using in place of X in January 2025) (69 followers). Instagram posts – 31 (396 followers).</p> <p>Newsletters: 10 newsletters issued – to overall mailing list. 3 volunteer newsletters.</p> <p>Website: 190 website articles. 21,181 unique users to website (individual users). 1,117 returning users to the website (initiated at least 1 previous visit). Average time on website for all users – 1 minute and 8 seconds.</p> <p>25 e-shots issued:</p> <ol style="list-style-type: none"> 1. Tell us your experiences of using Memory Assessment Services. 2. We're recruiting for a Project Coordinator. 3. Press Release: Health Counts 2024 - Calling all B&H residents aged between 18-34. 4. NHS Sussex Dermatology Workshop Invitation. 5. NHS Constitution. 6. Have you been seen by a Physician Associate? Share your experience. 7. Carers' Festival, long-term conditions, Vasectomy. 8. Share your experience of using eConsult to get advice or help from your GP.

Performance Indicators	Evidence
	<ul style="list-style-type: none"> 9. We're recruiting for a Project Support Officer. 10. Share your experience of using pharmacy services. 11. No change to Worthing Hospital maternity service. 12. GPs' collective action - our response. 13. Survey: Experiences of Having Your Eyes Tested. 14. Poll: Experience of Hospital Discharge. 15. Learn more about changes to Community Mental Health Services – online sessions. 16. Poll: Experience of hospital outpatient appointment letters. 17. Let's talk about your experiences of NHS Health and Care. 18. Trans, non-binary and gender-diverse people's experience at the GP – survey. 19. Tell us your experiences of adult social care services (poll) AND ear wax survey. 20. Tell us your experiences of ear wax survey. 21. Tell us about your experiences of Vapes and Vaping. 22. Tell us your experiences of your experiences of accessing Neurodevelopmental Services. 23. Share for Better Care Week. 24. Healthwatch in Sussex poll: your experiences of vaccinations. 25. Press Release: Contract renewal and award.
<p>Details of issues shared with Healthwatch England such as reports and key issues.</p>	<p>1. Trans/non-binary experiences of GP services</p> <p>Healthwatch Brighton and Hove were one of 10 Healthwatch funded to undertake a survey of trans/non-binary experiences of GP services. Funded by Healthwatch England, they will be using this compilation of evidence to understand more about people's experiences and support improvement in care where necessary. We have shared our data with HWE and are developing a report local to Brighton and Hove.</p>

Performance Indicators	Evidence
	<p>2. Local Authority devolution – We raised the issue of what this may mean for Healthwatch commissioning. This is being monitored by HWE.</p> <p>3. Pharmacy – We shared data from a round table discussion with pharmacy leads which described the local and national pressures on services. This was fed into their national work on pharmacy and Primary Care.</p> <p>4. NHS 10-year plan – We shared outputs from a local NHS Sussex-led event which explored the government’s 10-year plan for the NHS. The community event was well attended by local people and we captured their views on the three priority areas. HWE is gathering this insight from the Healthwatch network to support their engagement with NHS England and the Department of Health.</p> <p>5. Out of area placements (social care) – We shared this with the Healthwatch network to see if this was experienced elsewhere. This matter was raised at our city’s Safeguarding Adults Board. A local care home in Brighton and Hove (subsequently found not to be CQQ registered) was providing care to 7 residents funded by other Local Authorities. Brighton and Hove City Council had not been alerted to the fact that these residents had been moved into the area. As none of the residents were being funded by Brighton and Hove City Council, their presence only came to light after a safeguarding alert was raised by a local fire safety company. Fortunately, none of the residents suffered significant harm but their care needs were not being met and safety was a significant concern (e.g. medications not stored, hazards such as mould and broken windows). The care provider is being investigated by the CQC. Local Government Association protocols intended to cover this scenario are being reviewed and a local escalation policy needs to be strengthened but there is clearly an issue around inter-Local Authority communications.</p>

Performance Indicators	Evidence
	<p>We received the following response from HWE which has been flagged with NHS Sussex and BHCC:</p> <p>“It would be interesting to know if the Safeguarding Board has received assurances that, not only is the CQC investigating the provider, but also whether CQC is investigating the local authority that made the out-of-area placement, as part of their remit to assess councils' compliance with Care Act duties (such as retaining responsibility for ensuring welfare of the people they place out of area). I'm happy to raise this example with CQC at our next regular catch-up.”</p>
<p>Number of Health and Wellbeing Boards (HWB) and Health Overview and Scrutiny Committee (HOSC) meetings attended.</p>	<p>3 Health and Wellbeing Boards and 5 Health Overview and Scrutiny Committee meetings attended.</p>
<p>Total number of Board meetings attended, including Cancer Board, AEDB, SAR, Healthwatch Board, Planned Care Board (aggregated)</p>	<p>55 Board meetings attended.</p>
<p>Number of decision-making meetings attended by Board, staff and volunteers (aggregated).</p>	<p>392 decision-making meetings attended.</p>

Performance Indicators	Evidence
<p>The number of public engagement and consultation events publicised e.g. webinars, group meetings, public panel meetings.</p>	<p>A) 4 Healthwatch events publicised:</p> <p>Four Healthwatch Board meetings.</p> <p>B) 16 External events publicised:</p> <ol style="list-style-type: none"> 1. NHS Sussex Dermatology Workshop Invitation. 2. Carers' Festival. 3. Share for Better Care Week. 4. Women's Health Event. 5. University Hospital Sussex Maternity Summit. 6. Macmillan Cancer Support Session at the East Brighton Health Hub. 7. Prostate Cancer Awareness Session. 8. Change NHS 10-year plan workshop – Brighton. 9. Speaking Up training for people with learning disabilities – SpeakOut. 10. Communication training for people with learning disabilities – SpeakOut. 11. Cancer screening resources for Gypsy, Roma and Traveller communities. 12. B&H Older People's Council Meeting - 13th August 2024. 13. New 5 week Discussion and Mindfulness group for mothers. 14. NHS Sussex: Let's Talk: Life After Stroke workshops. 15. NHS Sussex: Let's Talk: Life After Stroke workshops. 16. Free Health and Wellbeing event – Community Base, Brighton.

Performance Indicators	Evidence
<p>3. Outputs</p>	
<p>Number of reports (including service areas reviewed) and total number of people engaged in each review.</p>	<p>40 reports published. This list does not include two new strategic documents and an update to our Vision, Mission and Values in 2024 after engaging with stakeholders, staff and volunteers:</p> <p>Communications Plan, March 2024 - April 2026.</p> <p>Healthwatch Brighton and Hove Engagement Plan 2024-27.</p> <p>Vision, Mission and Values.</p> <p>For our reports, we outline the different service areas, numbers engaged, and number of recommendations (if applicable) as shown below.</p> <ol style="list-style-type: none"> 1. People affected by dementia and carers' experience of hospitals in Sussex. March 2025, 5 people, 4 suggestions for good practice. 2. Patient Communication at the Royal Sussex County and Royal Alexandra Children's Hospitals - Validation of the Welcome Standards. March 2025. 9 people, 5 recommendations. 3. Healthwatch Brighton and Hove Public Engagement Events: October 2024 - March 2025. March 2025. 144 people, no recommendations. 4. Healthwatch visits Mill View Hospital as part of the PLACE programme. March 2025. PLACE review, no recommendations.

Performance Indicators	Evidence
	<p>5. Report on experiences of treatment for earwax in Brighton and Hove. March 2025. 58 people. 4 recommendations.</p> <p>6. Your experiences of accessing Neurodevelopmental Services. March 2025. 42 people (133 across Sussex), no recommendations.</p> <p>7. Your experiences of NHS Dental services in Brighton & Hove and Sussex-wide. February 2025. 131 people¹ (595 across Sussex), no recommendations.</p> <p>8. A review of digital access to health and care 2020-2024 - Healthwatch Brighton and Hove. February 2025. Numbers N/A. Internal review, no recommendations.</p> <p>9. Insight and intelligence on Children and Young People’s (CYPs) mental health and wellbeing. February 2024. Numbers N/A. Internal review, no recommendations.</p> <p>10. Vaping and Young People with Special Educational Needs and Disabilities: Desktop review. February 2025. Scoping review, no recommendations.</p> <p>11. How your stories have helped to improve services. January 2025. Internal review, no recommendations.</p> <p>12. Your experiences of cancer screening. January 2025. 13 people (171 across Sussex). 7 recommendations.</p>

¹ Total numbers engaged from the Healthwatch in Sussex (HWIS) polls include those from Brighton and Hove as opposed to those across Sussex.

Performance Indicators	Evidence
	<p>13. Your experience of adult social care services. December 2024. 13 people (63 across Sussex). 3 recommendations.</p> <p>14. Healthwatch Brighton and Hove six-month Performance Report (1st April 2024 to 30th September 2024). October 2024. Numbers N/A. Internal review, no recommendations.</p> <p>15. Enter and View report: Fracture Clinic at Royal Sussex County Hospital. August 2024. 5 people. 9 recommendations.</p> <p>16. Your experience of hospital outpatient appointment letters. November 2024. 62 people (330 across Sussex). 3 recommendations.</p> <p>17. Parents and Carers of children 0 – 5 years old – views of accessing children’s healthcare in Sussex. October 2024. 136 people. 34 recommendations.</p> <p>18. Your experiences of Hospital Discharge. October 2024. 18 people (146 across Sussex). 2 recommendations.</p> <p>19. Healthwatch Brighton and Hove Public engagement events, April-September 2024. September 2024. 120 people, no recommendations.</p> <p>20. Eye tests poll. September 2024. 49 people (359 across Sussex). 5 recommendations.</p> <p>21. Patients’ views about Woodingdean Medical Centre: Final Report. September 2024. 1,129 people. 8 recommendations.</p>

Performance Indicators	Evidence
	<p>22. Healthwatch Brighton and Hove Engagement Plan 2024-27. September 2024. Numbers N/A. Internal review, no recommendations.</p> <p>23. Our Communications Plan, March 2024 – April 2026. September 2024. Numbers N/A. Internal review, no recommendations.</p> <p>24. Our workplan for 2024/25. August 2024. Numbers N/A. Internal review, no recommendations.</p> <p>25. Your experiences of using pharmacy services. August 2024. 53 people (483 across Sussex). 4 recommendations.</p> <p>26. Patient feedback about the Emergency department at the Royal Sussex County Hospital. July 2024. 19 case studies, no recommendations.</p> <p>27. Your experiences of using eConsult. July 2024. 29 people (205 across Sussex). 5 recommendations.</p> <p>28. Mystery shop of the translation facility at the Royal Sussex County Hospital. July 2024. No people. 1 recommendation.</p> <p>29. Healthwatch Brighton and Hove – Annual Report 2023-24. July 2024. Numbers N/A. Internal review, no recommendations.</p> <p>30. Equalities Impact Assessment 2023-2024. June 2024. Numbers N/A. Internal review. 5 recommendations.</p>

Performance Indicators	Evidence
	<p>31. Young People share their views on barriers to accessing services. June 2024. 9 people, recommendations in a toolkit for practitioners with soon to be published accompanying audio content.</p> <p>32. Your experiences of being seen by a Physician Associate. June 2024. 19 people (65 across Sussex). 3 recommendations.</p> <p>33. Stakeholder Survey 2024. May 2024. 53 people. 6 recommendations.</p> <p>34. Understanding the use and attitudes of digital technology among ethnic minority elders in Brighton and Hove. May 2024. 22 people. 2 recommendations.</p> <p>35. Views about Memory Assessment Services (MAS). May 2024. 13 people (53 across Sussex). 3 recommendations.</p> <p>36. Enter and View Report: The Emergency Department at the Royal Sussex County Hospital March 2024. April 2024. 7 people. 3 recommendations.</p> <p>37. Helpline enquiries to Healthwatch Brighton and Hove: April 1st 2023 – March 31st 2024. April 2024. 365 people, Internal review, no recommendations.</p> <p>38. Healthwatch Brighton and Hove Workplan of Projects, April 2023 – March 2024. April 2024. Numbers N/A. Internal review, no recommendations.</p>

Performance Indicators	Evidence
	<p>39. 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>40. Supporting the development of our local Emergency Department - The Second Workshop. April 2024. Numbers N/A, no recommendations.</p> <p>We also produce bi-monthly reports, with our Healthwatch neighbours in East and West Sussex which consolidate out intelligence which is shared with the NHS. We have produced 8 bimonthly reports over the last year.</p> <p>Numbers engaged from reports = 2,523</p> <p>Recommendations = 112 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>
4. Influence	
Two examples demonstrating impact from attending decision-making meetings - defined as 'meetings with external people across the system where Healthwatch	<p>Example 1 – Our work with children and young people at the Health and Wellbeing Board</p> <p>Healthwatch shared a summary of our intelligence and insight which were incorporated into a paper for members of The Health and Wellbeing Board (February 2025).</p>

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

Performance Indicators	Evidence
<p>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>The Health and Wellbeing Board (HWB) is established as a Committee of Brighton and Hove City Council (BHCC) pursuant to Section 194 of the Health and Social Care Act 2012 and the Local Authority (Public Health, Health and Wellbeing Board and Health Scrutiny) Regulations 2013.</p> <p>Healthwatch Brighton and Hove CIC is a non-voting, member of the HWB. We attend the Board in our independent capacity to represent the voice of residents during discussions and offer critical yet constructive challenge to providers and commissioners and Councillors.</p> <p>The February HWB had an agenda item on ‘Children & Young People’s Mental Health and Emotional Wellbeing’. To support the discussion, Healthwatch shared a summary of our intelligence and insight which were incorporated into a paper for Board members. This report included:</p> <ul style="list-style-type: none"> • Young people’s feedback on our advice and signposting helpline. • A survey exploring children and young people, with Special Educational Needs and Disabilities (SEND), views of vaping. • Work with Ru-ok? to deliver sessions that focussed on substance misuse services, sexual health services and support services and our published report “Young People share their views on barriers to accessing services”. • Young People's perceived barriers to accessing video/phone mental health appointments – a solution focused consultation. • Young People's Preferences Towards the Future of Health and Social Care Services in Sussex – Findings during the Coronavirus Pandemic.

Performance Indicators	Evidence
	<p>Example 2 – Board Assurance Committees</p> <p>Sussex has established a number of Board Assurance Committees to support the NHS Sussex Board and the Executive in fulfilling their responsibilities by reviewing the comprehensiveness, reliability and integrity of assurances. Healthwatch Brighton and Hove attends the ICS’s Quality and Patient Experience Committee (QPEC), representing the three Healthwatch teams across Sussex. We are one of two lay members. The core purpose of the Committee is to provide oversight and seek assurance that patients are receiving safe, high-quality, evidence- based, effective and timely healthcare with equal access to services and seamless handovers and integration between different parts of the Sussex health and care system. The Committee receives deep dives on a number of areas, notably on each NHS Trust within Sussex for which NHS Sussex has responsibility for.</p> <p>Healthwatch Brighton and Hove requested that the Committee also receive a deep dive on SeCAMB (999 emergency ambulance service) as NHS Sussex Integrated Care Board (ICB) is an associate commissioner for this provider (the lead is Kent and Medway ICB - for Kent and Sussex patients only). Healthwatch Brighton and Hove asked for this given concerns over long handover and response times which are affecting Sussex residents. This request was accepted by the QPEC and added to the forward planner, with a subsequent deep dive discussed at the February 2025 QPEC meeting. This ensured that performance and what this meant for patient safety was fully discussed by the assurance committee. It was noted that the Trust’s performance was improving, although further improvement is needed.</p>

Performance Indicators	Evidence
5. Impact	<p>Shortlisting for national HWE awards</p> <p>In recognition of our work, Healthwatch Brighton and Hove was shortlisted twice in the National Healthwatch Impact Award and once in the Institute of Customer Service's 'UK Customer Satisfaction Awards, 2025' in the Best Customer Service Partnership category</p> <p>Just 18 of the 152 Healthwatch teams were in the running for the national Customer Service and Healthwatch Impact Awards. Our shortlisted pieces of work were:</p> <p>a) Communication (Customer Service and Healthwatch Impact Awards) - A project recognising the importance of communication, "Putting good communications with patients at the heart of service change" led to the University Hospitals Sussex NHS Foundation Trust incorporating these principles in their Patient First workhttps://www.uhsussex.nhs.uk/about/trust/patient-first/. We worked with the NHS to develop a patient-led customer satisfaction programme bespoke for our hospitals called 'Welcome Standards'. These welcome standards have been mystery shopped across the UHSx site.</p> <p>Staff are trained in these standards to ensure that patients, carers, friends and visitors receive the same level of welcome when they first arrive (at receptions). We now mystery shop these standards in practice and provide continuous feedback to the trust and accredit those teams who are deemed to have met the standards in full. This project has been shortlisted for a separate national award - the Institute of Customer Service's 'UK Customer Satisfaction Awards, 2025' in the Best Customer Service Partnership category.</p>

Performance Indicators	Evidence
	<p>Outpatient transformation (Customer Service and Healthwatch Impact Awards) - This award recognises the follow-on work we did with NHS Sussex exploring outpatient transformation and the impacts that work has achieved, which includes steps to improve patient communications. For example, the NHS App is being improved to provide patients with appointment notifications & reminders and enable patients to respond and request changes to appointment date, and maps and links to hospital websites are now being included in patient letters, to simplify and provide visual aids.</p> <p>b) Non-Emergency Patient Transport Service (Healthwatch Impact Awards) - This is a collaboration between Healthwatch Brighton and Hove, Healthwatch East Sussex and Healthwatch West Sussex, looking at the Non-Emergency Patient Transport Service (NEPTs). We collated feedback from 600 people to understand their experiences of using the service, what improvements they wanted to see and, crucially, to help us identify how to avoid past failings i.e. in 2016/7 an earlier NEPTS service collapsed, badly letting patients down. We worked closely with NHS commissioners to ensure our recommendations were integrated into the 2023 recommissioning of a new patient transport service.</p> <p>The Collaboration and Regional Manager (South) for Healthwatch England commented that:</p> <p>“I’ve checked in with our Impact Manager and we agree that this is an excellent example of Healthwatch working together to have a positive influence on the commissioning of a key local service. It’s definitely a case study to be using in all your current impact reporting, including impact pages on your websites, and we are particular excited about the prospect of you evaluating the service from a user</p>

Performance Indicators	Evidence
	<p>perspective to really understand if good commissioning has indeed led to improved experience for local people.”</p> <p>At the time of writing, we have just been informed that our work on NEPTs won the HWE Impact award!</p>  <p>Commenting on our win, Dr James Ramsay, Chief Medical Officer for NHS Sussex “This award is greatly deserved and is a testament to the insight and knowledge that Healthwatch in Sussex brings to health and care services in the county, ensuring that we hear from and involve our population in all we do. Non-emergency patient transport services are crucial to the people of Sussex, and so when we began work to design and procure a new service it was vital for us to have Healthwatch on board to ensure that feedback from patients was considered and acted upon at every stage of the process. Their contribution has been invaluable, and it has resulted in a service which will offer a range of new benefits to patients very soon.”</p> <p>More details are contained in our press release</p>

Performance Indicators	Evidence
<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>Parents' coffee group with Amaze, January 2024</p> <p>Healthwatch is actively running a survey to find out about children and young people's views on vaping. Our focus is young people who have Special Educational Needs (SEND) as our earlier report has shown that relatively little is known about this particular group. To support our work, Kate from our team, attended a coffee group run by AMAZE for parents of children with SEND. Around 12 parents and carers attended the group that met in January 2025.</p> <p>The topic was of real interest to the group. Vaping is an issue that clearly affects their children's lives and all the parents and carers at the coffee morning had some thoughts and opinions that they were keen to share and discuss.</p> <p>The parents and carers were surprised to learn that there is no current public health offering to help children and young people to stop vaping. The group was also concerned by the strength of vapes available to buy in shops and newsagents. They wanted more information about what is contained in vapes and the harms they can do to children. They also had some strong opinions about the support they felt could be offered to children and young people n with SEND around vaping. After the discussion, 15 parents and carers went on to complete our survey on vaping.</p> <p>One parent told Healthwatch Brighton and Hove that her daughter who has a number of different special educational needs enjoys collecting vapes due to the variety of attractive packing they come in. She enjoys collecting all the eye-catching designs and hides them in her room in a place she thinks her parents cannot find them.</p>

Performance Indicators	Evidence
	<p>Another parent told us they had found out that they had accidentally taken some deliveries of materials to make vapes for their neighbour. This caused the parent to be concerned over the sale of vapes in Brighton and Hove. She wondered how well regulated the vaping market was.</p>
<p>Percentage of recommendations influencing service improvement – based on % of recommendation <i>accepted</i> by NHS/CCG and % of those resulting in <i>service change</i>.</p>	<p>Recommendations = 112.</p> <p>All 112 recommendations (100%) from our reports over the last year 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 12 months, it is too early to say how many have led to service change, although being accepted is a prerequisite for this.</p> <p>There are some exceptions as follows, with 66 recommendation (59%) contributing or on the pathway to contributing to service change:</p> <p>1. Enter and Views - 12/12 of our recommendation from the Enter and View visits to the Fracture Clinic and the at Emergency Department at the Royal Sussex County Hospital have led to service change. Our recommendations were added to an 'improvement tracker' held by University Hospitals Sussex NHS Trust and assigned to a department to take forward the actions. They are then discussed and monitored at the trust's 'Patient Experience and Engagement Group'. Recommendations are RAG rated to assess the extent they have been met.</p>

Performance Indicators	Evidence
	<p>2, Woodingdean Medical Centre - 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 more 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.</p> <p>They have also introduced pre-bookable appointments up to 2 weeks ahead and are happy to extend this further (1).</p> <p>= 5/8 recommendations leading to service change.</p> <p>3. Equalities impact Assessment - There were 5 recommendations from our annual Equalities impact Assessment. To address the recommendations to engage with more young people we have involved 21 young people in our project about vaping among people with Special Educational Needs and Disabilities. We will build on our work from last year with service-users at ru-ok? We have made contact with the Brighton and Hove Youth Council where we intend to speak to young people about contributing to our projects.</p> <p>We have also included more protected characteristic data in our monthly polls and in our largest survey this year at Woodingdean Medical Centre, using standardised measures of disability and age.</p>

Performance Indicators	Evidence
	<p>We also involved a sample of 22 Black and minoritised ethnic elders' to explore their use and attitudes of digital technology.</p> <p>=5/5 recommendations – but likely to vary on an annual basis so always monitored.</p> <p>4. Black and minoritised ethnic elders – From the aforementioned 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).</p> <p>=1/2 recommendations</p> <p>5. Polls – Our monthly polls gather intelligence to support the development of our work programme, delivery of projects, and system and place-based influencing activity. We have a list of people we send the results to on a monthly basis to ensure the recommendations have influence. This includes: the Director of Communications & Engagement; Deputy Head of Working with People and Communities; Deputy Director of Working with People and Communities; Children and Young People's Strategic Involvement Lead; Lead Youth Participation Worker (Brighton & Hove Youth Council); our VCSE partners; and our Councillors / MPs.</p> <p>We shared our poll results on pharmacies to be used in the 2025 Pharmaceutical Needs Assessment.</p> <p>= 35/35</p>

Performance Indicators	Evidence
	<p>6. Stakeholder survey – This generated 6 recommendations and 3 have been progressed. One recommendation was to publicise HWBH widely and in response we have employed a dedicated communications role. A further recommendation was to publicise our work at information sharing events, such as at our attendance at a stakeholder event at Community Base. Also, we have also widened the range of service users we engage with (for example, at our the Woodingdean surgery and with two projects with the Trust for Developing Communities in East and Central Brighton). We are also planning to attend an Age UK event in Central Brighton and we are also publicising our work at a forthcoming Sanctuary on Sea (SoS) meeting which is part of the City of Sanctuary network, working to make Brighton and Hove a welcoming place for people seeking sanctuary, including refugees and asylum seekers.</p> <p>=3/6 recommendations</p> <p>7. Patient leaflets – Healthwatch volunteers reviewed patient leaflets produced by University Hospitals Sussex. These leaflets provide information on a variety of procedures and conditions. Our volunteer visited the main reception area in the new building and asked where they could access health information leaflets. We passed this information on to Trust staff 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.</p> <p>=1/1 recommendation</p> <p>8. Experience of earwax treatment in Brighton and Hove – following this survey of 58 people we shared the reports and 4 recommendations with NHS Sussex. The recommendations were that all GP practices should provide information on their websites and in their practices, about</p>

Performance Indicators	Evidence
	<p>earwax removal services; If GP practices do not provide any earwax treatments, they need to provide information to signpost patients to alternative services; the need for better information to be provided on self-care and management of earwax; and the need for provision of awareness training amongst health professionals about earwax removal services and treatment that are available within Brighton and Hove.</p> <p>NHS Sussex responded as <i>“We plan to implement the recommendations of this report, alongside other recommendations we have received about primary care audiology services, by working closely with GP practices and Primary Care Networks to improve knowledge of, and access to, audiology services among primary care staff and patients alike.”</i></p> <p>=4/4 recommendations</p> <p>8. Parents and carers of children – it is difficult to estimate the recommendations leading to service change for the 34 generated from the parents and carers of children 0–5 years old (funded by the CQC). This is because it informed a much wider piece of work. We received information that this work had informed their State of Care report, which is an annual assessment of the state of health and adult social care in England and looks at the quality of care over the past year. Going forward, they are intending to share the reports on their public participation platform Go Vocal (previously CitizenLab).</p>

Performance Indicators	Evidence
<p>3 examples of studies with long term change (beyond 6-month project lifespan).</p>	<p>Example 1. Homecare – assessment of the care provided to people in their own home</p> <p>Our Homecare Check service is run in partnership with the local Council. Our volunteers regularly visit and interview local residents who have home care services provided by independent companies, but paid for, either fully or partly, by the council.</p> <p>Since September 2018, 25 Healthwatch volunteers have interviewed 732 service users about their care from 18 different providers. Healthwatch have produced 40 (monthly) reports. Over the last year, 24 people were signposted to GP or community support (203 since 2018). There have also been 88 reviews about whether the care needs to change according to people’s needs (since 2018).</p> <p>These monthly findings to the Council have been used them to hold conversations with care providers to assess the quality and safety of services provided and deliver continual improvements. They have been used to support the Council’s work in appointing new providers.</p> <p>Each provider, based on the homecare assessment, is given a ‘right to reply’ which can lead to long term change based on service-user opinion. The ‘right to reply’ is based on the feedback per provider. For example, one anonymous provider was asked to respond to a series of questions including:</p> <ul style="list-style-type: none"> • Do you receive a rota of times and carers? 32% of respondents replied that they do not. Following this feedback, please advise on what measures you will put in place to ensure that service users are aware of the rota and which staff will be providing support.

Performance Indicators	Evidence
	<ul style="list-style-type: none"> • Do carers arrive on time? Only 21% stated that usually/sometimes. Please advise how you ensure timeliness and how this is monitored for improvements following this feedback. • How much do you feel your carers are: competent, do specified tasks and spend their allocated time. This question provided mixed feedback. Please advise what actions you will now take following this feedback. • Do you have the opportunity to talk to your supervisor frankly about your care and anything that might be bothering you? Feedback indicates that 54% felt they did not have the opportunity to discuss their care with their supervisor and to ensure that wishes are taken into account. Please advise of what actions you will now take following this feedback and how you will monitor its effectiveness. • To what extent do you agree or disagree that your wishes are considered when your care provider makes decisions about your care? Feedback indicates that 42% did not agree or strongly disagreed. Following this feedback, what measures will you now implement to ensure improvements in this area? • Complaint Outcomes: feedback indicates that only 47% of those that made a complaint were satisfied with the outcome. Following this feedback, please advise what measures you will be put in place to ensure increased satisfaction. • Do you feel that the care package you are provided with meets your needs? 17.9% stated no. Following this feedback, what improvements will you now implement and how will you monitor for improvements?

Performance Indicators	Evidence
	<p>Example 2. Understanding the use and attitudes of digital technology among ethnic minority elders in Brighton and Hove</p> <p>With funding from the Kent, Surrey and Sussex Clinical Research Engagement Network, we explored digital exclusion among older people from Black and Minoritised Ethnic backgrounds. 22 people aged 65 or older were recruited with help from Bridging Change and Sussex Interpreting Services.</p> <p>We found that:</p> <ul style="list-style-type: none"> • 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. • People have a sense of distrust with technology, especially when conducting financial transactions or when sharing personal information. • 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’. • 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>In terms of long-term change we:</p> <ul style="list-style-type: none"> • Produced a one-page summary of the report which was offered to all research participants.

Performance Indicators	Evidence
	<ul style="list-style-type: none"> • Planned follow-up with Bridging Change about how best to reduce digital exclusion within this community based on the project findings. • Identified 3 champions who agreed to act as future advisors in 'research studies related to ageing' - this will further the representation of Black and Minoritised ethnic people in research. • Presented findings at the British Geriatric Society Conference (2024). • For those Black and Minoritised people recruited via Sussex Interpreting Services (SIS), there was some positive feedback about the way that SIS only offers interpreting sessions to one linguist at a time (rather than offering to all on a first come first serve basis), and that was important to keep doing when implementing any new booking system in future. <p>Example 3. Woodingdean Medical Centre</p> <p>In July and August 2024, Healthwatch Brighton and Hove conducted a survey for patients registered with Woodingdean Medical Centre. As a result of patients raising concerns over making GP appointments, Healthwatch Brighton and Hove spoke to local Commissioners of primary care services (which includes GPs), the Care Quality Commission (who regulate services) and we met with the Practice Manager. With their full support we undertook a patient survey.</p> <p>Our survey explored awareness and opinion about changes the practice had already made and to test the appetite for new options, such as preferences for more phone appointments or more appointments offered in the future as opposed to the same day. 1,129 patients responded (a 20% response rate).</p>

Performance Indicators	Evidence
	<p>We found that:</p> <ul style="list-style-type: none"> • Less than one-half of patients were aware of the majority of changes the practice had already made. • Awareness was low for being able to book appointments with a Social Prescriber Practitioner, or Clinical Pharmacist, and Enhanced Access appointments. • Few people knew about where to find the tips ‘to make the most of your appointment’ published on the practice’s website; how to use the eConsult function on the website; how to subscribe to ‘Practice news’ via email; or how to raise a comment about the practice. • People showed strong preference for phone appointments and to extend the period of appointments bookable in advance from 2 to 4 weeks. • Nearly one-half wanted more service updates from the Practice keeping them informed about the changes that may help them access care more easily. • Around four in ten people were interested in video appointments. <p>We recommended to the practice, to:</p> <ul style="list-style-type: none"> • Increase patient awareness about the new initiatives and information available at the practice. We suggested that a review of the website may help with this. • Raise awareness of the Patient Participation Group and its role to patients and try to broaden its demographic profile. • Offer appointments both in advance and on the same day as well as more phone and video appointments. • Raise awareness of eConsult and have this open on the website for longer.

Performance Indicators	Evidence
	<p>In terms of long-term change:</p> <p>a) The practice will be implementing changes based on our research. The practice responded by stating:</p> <p>“We always want to give priority to face to face appointments as we believe this is better for patient care however patients can always request their telephone appointments as an alternative. We have responded to feedback and introduced pre-bookable appointments up to 2 weeks ahead and are happy to extend this further. We continue to work on our website to help patients and we acknowledge that further work is needed to make navigation to information easier.”</p> <p>b) We have shared our report with NHS Sussex commissioners and the Care Quality Commission (CQC).</p> <p>c) We are repeating the question about whether making an appointment has become easier or more difficult to see whether patient’s experiences of booking appointments has improved.</p>
<p>Annual performance as regards the Economic, Environmental and Social Value of the work undertaken – delivered within 30 days after the end of the relevant year</p>	<p>Economic:</p> <ul style="list-style-type: none"> • By closing our offices and working remotely we have reduced our overheads and are subsequently able to apply this resource to conduct more engagement work with the public. • By working remotely, we have become more agile and flexible in engaging with people and patients outside of traditional office hours.

Performance Indicators	Evidence
<p>end. See annual performance report.</p>	<ul style="list-style-type: none"> • In 2024/25, our team of volunteers have contributed an estimated 4000 hours of work supporting the role of Healthwatch Brighton and Hove (mostly face-to-face). • At the time of writing, we have 40 active volunteers. We also have a team of student placements. • By securing funds outside of our regular income, we have been able to employ a part time staff members to extend the work of Healthwatch Brighton and Hove (particularly in our communications and volunteer support). <p>Environmental Sustainability and Social Value:</p> <p>As part of our retendering process (August to November 2024), we developed new plans for our Environmental Sustainability and Social Value, which we will deliver over the next 3 years. Next year’s annual performance report will include updates on how these plans are being met.</p> <p>Over the last year, we have:</p> <ul style="list-style-type: none"> • Attended a “Net Zero 360: Free sustainability course for businesses in Brighton and Hove” and learning shared (completed). • Produce our first Net Zero Plan (completed). • Update our Environmental policy (completed). • Provided financial support (as a taxable ‘Benefit in Kind’) for staff (in April 2024) which has encouraged greater use of public transport and walking to work (completed). • Signed up to BHCC’s newsletter to receive regular updates about the carbon neutral 2030 programme (completed). • Met with the Council’s Healthwatch Commissioner to agree HWBH’s environmental plans, KPIs and reporting template (completed).

Performance Indicators	Evidence
	<ul style="list-style-type: none"> Secured funding for a climate change project with the Trust for Developing Communities (project start April 1st 2025).
6. Support	
Number of safeguarding referrals and case escalations undertaken	<p>From Homecare, for the total year to 31/03/2025, we have:</p> <ul style="list-style-type: none"> 5 referred to HASC Access Point for Info & Advice. 20 referred to HASC Review - not safeguarding, but concerns that the package should be reviewed. 2 referred to HASC Safeguarding. <p>1 person was referred to a Social Worker at the (Hospital) Discharge Assessment Response Team (DART) following a Facebook message.</p> <p>From the helpline, 2 people were reported as safeguarding concerns.</p>
Number of referrals to PALS and NHS complaints including POHWER.	<p>Patient Advice & Liaison Service (PALS) – 2 people</p> <p>NHS Complaints Advocacy Service (PoHwer) – 6 people</p>
Annual report / stakeholder report with strategic partner satisfaction.	<p>Our Annual report for 2023/24 was published in June 2024.</p>
Annual 360 review providing performance feedback from neighbouring HW and HWE on impact.	<p>We ran a biannual stakeholder survey in 2024 to provide performance feedback. We plan to repeat this in January 2026. We will see whether we have progressed on the recommendations from our last survey, some of which are in progress:</p> <ul style="list-style-type: none"> Review our brand, our values and publicise these widely, increasing awareness of our role. Publicise our work at information sharing events, such as at Community Base.

Performance Indicators	Evidence
	<ul style="list-style-type: none"> • Create new collaborations with NHS, Local Authority including Councillors, VCSEs, researchers, and stakeholders, ensuring anyone we collaborate with understands what we do ahead of working together so that expectations are realistic. • Increase our presence and therefore influence with providers and commissioners, making this role transparent to the general public. • Widen the range of service users we engage with, increasing the diversity (age, gender, ethnicity etc.) of our engagement. • Encourage GP practices to provide signposting for Healthwatch through their websites. <p>In addition, the three Healthwatch teams meet weekly and attend the South-East Healthwatch networks which meet quarterly. As shown previously under 'Activity', we have worked with HWE and shared reports with them.</p>
<p>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.</p>	<p>Example 1 – Evaluating the Neighbourhood Mental Health Teams:</p> <p>Healthwatch earlier in the year held conversations about evaluating Neighbourhood Mental Health Teams (NHMTs) with the Head of Mental Health Commissioning and a Senior Mental Health Commissioner. This has progressed to working with the Senior Commissioning Manager of Adult Mental Health and suggesting an approach to the evaluation. Healthwatch has developed a plan that was approved by a lived experience group and at the Mental Health Community Transformation Partnership Group.</p> <p>The proposed approach is to use a short questionnaire to allow service users to volunteer for phone/online conversation. The data recorded in the questionnaire will allow a varied sample of people to converse with (from all those that volunteer). In consideration of the phased roll-out of the NMHTs, we will interview in three phases: May-July 2025, October-December 2025,</p>

Performance Indicators	Evidence
	<p>and March–May 2026. The conversations will enquire about awareness of NHMTs, service experience, suggested improvements, and ongoing support. We will speak to 10–12 people per time phase. We are also developing supporting documents: Participation information Sheet and a Consent Form. We have also offered advice on their service provider questionnaire.</p> <p>Example 2 – Hypertension testing in East and Central Brighton</p> <p>The ICB commissioned the Deans and Central Brighton Primary Care Network to raise blood pressure testing rates in the local area. The contract was won by the Trust for Developing Communities (TDC). TDC ran several events in local community groups in the vicinity to offer blood pressure testing and raise literacy around hypertension. Healthwatch Brighton and Hove designed and implemented the evaluation of the programme. We lent our expertise in three main ways:</p> <p>The questionnaire method of evaluation – we presented a list of possible questions to TDC and a representative of the PCN. For each question, we included a justification assessment to examine why a question was needed. This process led to some superfluous questions being omitted, creating a concise questionnaire that included the essential means of evaluating the project.</p> <p>Designing the evaluation – the questionnaire offered people to share more about their experience through a phone or online conversation after the event. We did not offer an interview to all those that volunteered but, using their questionnaire responses, we were able to select a varied sample of interviewees. This included the interesting group of those who were tested and revealed unexpected hypertension, and also those who were being tested for the first time. The interviews allowed us to explore the experience of being tested for the first</p>

Performance Indicators	Evidence
	<p>time and how the community setting influenced this – crucial information for the ultimate goal to raise blood pressure testing in the local area.</p> <p>Analysing and reporting the data – as the evaluation partner, we worked closely with TDC throughout and produced an interim report to inform them of the evaluation progress. We are approaching our target to speak to 20 people and will create a report based on the key themes arising from the interviews (due to completed by end of May 2025).</p>
Update and review HW Decision making policy.	This was updated in July 2024 and can be accessed here . The next update will be July 2026.

Local voluntary and community groups we have worked, or joined up with, to deliver our projects and work:



The Brighton and Hove Older
People's Council (OPC)



University of Brighton



Other partners we have worked, or partnered with, to deliver our projects and work:



Sussex Partnership
NHS Foundation Trust

Sussex
Health&Care



Sussex Community
NHS Foundation Trust



**South East Coast
Ambulance Service**
NHS Foundation Trust



University Hospitals Sussex
NHS Foundation Trust



**Brighton & Hove
City Council**



Woodingdean Medical Centre

East Sussex Brighton & Hove
Local Dental Committee

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