



Public engagement events

October 2024 – March 2025



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Brighton and Hove

Contents

<u>Introduction</u>	1
<u>Hospital discharge</u>	1
<u>1. North Health Forum, November 2024</u>	2
<u>2. Change NHS 10-year plan, January 2025</u>	4
<u>3. West Community Health Panel, January 2025</u>	6
<u>4. Parents' coffee group with Amaze, January 2024</u>	8
<u>5. Older People's Council, January 2025</u>	9

Introduction

Between October 2024 and March 2025, Healthwatch Brighton and Hove (HWBH) staff and volunteers attended a range of different public events. We did this to speak directly with people face-to-face to hear their views about health and care services and to raise awareness of our work. Five different events are described in this paper.

Over the last six months, we have engaged with 144 people at these events many of these people completing our engagement form to share their experiences of health and care services.

Hospital discharge

A common theme and area for concern that we heard from several events has been around hospital discharge. We discussed this with University Hospital Sussex Trust.

We learnt that the trust operates a policy for out of hours (8pm – 8am) and unplanned discharge (including self-discharge). Such discharges are not considered 'routine' and the policy recognises that good practice is to discharge during daylight hours however, the need to maintain bed availability increases the pressure to discharge patients outside "normal" hours. In some cases, night-time discharges may be appropriate where this is supported by patients and their families. Some units or wards are also considered more suitable to nighttime discharge, such as Accident & Emergency. Such discharges should only involve less complex cases and only happen when this is planned with the patient and/or carers.

The policy recognises the potential impact on vulnerable patients and discharge should only proceed once agreement that there is no risk to the patient and patient safety has been secured. Frail and elderly patients, those with cognitive impairment or learning disabilities are rarely suitable to be discharged out of hours. If appropriate transport cannot be sourced out of hours to ensure safe conveyance home, the discharge should be delayed.

Last year, the trust developed new protocols around discharge designed to involve the whole clinical team. New training for staff was also developed. Interestingly, complaints received by the trust about poor discharges are very small in number and many discharges happen each month.

None of this detracts from the concerning stories people have raised with us and there were clearly errors which impacted some discharges. The trust is keen to hear when things go wrong and Healthwatch has a direct route to escalate these and we will continue to do so.

1. North Health Forum, November 2024

HWBH were asked to attend this event to speak about our work and listen to the views of local patients and Voluntary, Community and Social Enterprises (VCSEs) in the North of the city. Katy and Jo from our team joined a meeting in November with approximately 12 people in attendance.

The November Forum theme was **Mental Health & Wellbeing** with guest, Brooke Joyce from UOK Mental Health & Wellbeing Services. The [Trust for Developing Communities](#) (TDC) chaired the meeting with representatives from the [University Hospital Sussex's](#) (UHSx) Private Sector and Community Liaison team in attendance, as well as members of The Carers Centre's Social Prescribing team.

TDC and Brooke Joyce led a discussion about linking up mental health treatment and wellbeing through community teams and collaboration with other organisations.

A highlighted concern was that local people don't know which services are available to them, or that they're unable to identify as needing these services and are therefore not accessing the requisite support.

Actions put in place to address this concern include:

- New Integrated Care Team (ICT) [Neighbourhood Mental Health teams](#) will provide a single point of access for self-referrals.
- A free mental health text-messaging support service in Sussex is available 24/7. [Text 85258](#)
- Sussex Partnership NHS Foundation Trust <https://www.sussexpartnership.nhs.uk/> (SPFT) and their [Lived Experience Advisory Groups](#) (LEAGs) are groups of local people who have lived experience of mental health services and carers. They undertake community outreach to gain feedback from people who are seldom heard.

UHSx shared their peer support Student Ambassador initiative which aims to address high instances of poor mental health amongst students renting in the private sector. This supports students to live well in the city by engaging with their neighbourhoods and wider community, possibly through volunteering.

The Forum discussed community concerns and current projects, which included:

- **Language & digital barriers to accessing health services**

TDC can accompany Arabic speakers to cervical screening appointments.

- **Accessible Health checks in community**

TDC's [Act on Cancer Together](#) (ACT) project, in collaboration with [The Hangleton and Knoll Project](#) and the [Macmillan Horizon Centre](#), aims to facilitate earlier diagnosis of cancer in the local population, and increase access to support through accessible community health events. These events work with groups facing health inequalities.

Crossroads Care healthcare appointment service for carers – free respite care is provided for up to three hours, allowing carers to attend their own health appointments.

- **Condition-based outreach**

HWBH gave an update on our Hypertension survey asking for people's experience of blood pressure and Hypertension. At this time, the survey was being circulated via TDC who had begun community events promoting the opportunity to be interviewed by HWBH. These interviews measure the impact of the project.

This type of outreach increases the chance of people opening up about other health conditions or concerns.

In fact, measuring for blood pressure is a good way to identify other conditions aside from Hypertension. Such in-person outreach is an accessible and soft form of support which can offer signposting to specialist services.

TDC asked HWBH for further information on the uptake of cervical screenings to address inequalities, and we shared Healthwatch England's research and findings ([which can be seen here](#)). We also highlighted our Ear Wax survey which called for local people's experiences of ear wax removal services. Our report can be read [here](#).

This was a valuable opportunity to engage with other organisations; UHSx expressed interest in collaborating with HWBH on shared goals and volunteering opportunities. HWBH also scheduled a follow-up meeting with The Carers Centre to discuss possible opportunities for training and sharing resources.

2. Change NHS 10-year plan, January 2025

Our CEO attended this event together with Lynne, a HWBH volunteer.



There were approximately 60–70 people in attendance.

Last year, the government launched [Change NHS](#) to hear your views, experiences, and ideas which will shape a new 10 Year Health Plan for England. This will run until spring 2025.

What will the plan cover?

The plan will set out how we create a modern health service designed to meet the changing needs of our changing population. This will be focused on the three shifts that includes:

- moving care from hospitals to communities
- making better use of technology
- focussing on preventing sickness, not just treating it

[Read more about the three shifts](#)

Healthwatch held a stall at the event and took part in group discussions. We heard local people's views about the plan and captured six people's personal stories.

Moving care from hospitals to communities

- People spoke about liking the idea of more home-based care, but that patient's needed to feel confident about using any technology and what results might mean. They also needed assurance that someone – a health professional – would be easily contactable with any questions or concerns they might have.
- The idea of portable monitors/scanners which can be taken into people's homes, was liked.
- It was recognised that moving care into people's homes would remove the need to travel to health care settings, and that avoidable hospital admittances would remove the risk of picking up a hospital borne infection.

- People felt there should be no hard and fast rules about which conditions should be treated at home and that it should be down to the individual i.e. not all people will feel comfortable recovering at home.

Making better use of technology

As part of the discussion, we shared the findings from our public poll on [eConsult](#) and in-depth work on people's views about [digital technology](#).

People said of technology:

- That it needed to talk to each other. Having one system would stop patients having to repeat their stories.
- That all data entered must be accurate and be kept up to date.
- All systems should meet the [Accessible Information Standard](#). An example was given of how Artificial Intelligence could be used to interpret test results in a way which makes them easier to understand.
- That it must keep pace with changes/developments.
- It needed to be trustworthy.
- People suggested greater use of robotic surgery for better outcomes.

Focussing on preventing sickness, not just treating it

- People spoke about the need to prevent avoidable deaths and an example was given of the deaths of three people with learning disabilities who had died from constipation.
- Parts of the social care system uses technology called 'Nourish' which monitors when an individual is due health checks and routine screening, but the system does not yet share these details automatically with GPs.
- People said that the concept of prevention needs to start much earlier, with a focus on engaging and educating school-aged children e.g. teaching them that hospital should not be seen at the first resort. The idea of a person building up a 'health CV' from an earlier age was suggested. This could chart their health and identify any changes thus enabling appropriate care or treatment to be identified earlier on.
- It was also highlighted that Children and Young People can find medical settings intimidating and more community focused health events would be beneficial. In fact, community health checks, which offer drops where several checks can be made at the same time, were preferred.



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- That ‘health MOT’s’ need to happen more routinely. An example was given of a 50-year-old man who wanted to have a well-man check performed by his GP, but this had not happened. He wanted to understand his current health better and what future health issues he might face and what actions he could start taking now.
- People talked about there being too much information available about prevention and what was needed was a ‘one-stop shop’.

3. West Community Health Panel, January 2025



HWBH were asked to attend this event to speak about our work and listen to the views of local representatives who sit or Chair Patient Participation Groups. Our CEO joined a meeting in January.

The panel involves members who represent local GP practices in the west of the city and the Hangleton and Knoll project. Practices represented include Wish Park, Well BN, Hove Medical, Portslade Medical Centre and Links Road. 10 people were in attendance.

We heard that priorities for this community include children and young people’s mental health, adult isolation, overcoming digital barriers as well as barriers facing people for whom English is their second language. A key priority for the group was hospital discharge after twelve people shared personal stories that highlighted poor experiences. They shared the following patient examples:



Two elderly men over 75 who had been discharged from hospital at midnight or 1am in the morning. They had to find their own way home with one man telling staff he had no money to get home.



An elderly man with dementia who had been discharged at 2am in the morning to his home even though he was not living there anymore and was living in a care home.



A family member who had come to collect his family member had to go up the ward three times before he was finally admitted onto the ward. He has asked reception to call up.

We also heard story about a patient having to wait two weeks to obtain a prescription for essential heart medications:



The patient's husband is on various medications for a heart condition. Usually, his pharmacist arranged his repeat prescription but this service was stopped and he was advised to order these via the NHS App. He tried to do this but was blocked from doing so. He called the practice and was told to put his request in writing. He chased this after hearing nothing and was told that he needed a blood test. He saw on the NHS App that the results had been returned a few days later but had still heard nothing about his medications. He chased again by which time he had run out of his essential medications. Eventually (after 2 weeks) he was issued with a prescription. The patient was concerned about being without medication for BP and cholesterol for such a long period. He will be raising this directly with the practice

Healthwatch raised these concerns with University Hospitals Sussex and NHS Sussex

4. Parents' coffee group with Amaze, January 2024

HWBH ran a survey to find out about children and young people's views on vaping. Our focus was young people who have Special Educational Needs (SEND) as our [earlier report](#) had 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.

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.

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 young people and children with SEND around vaping. A great discussion was had and 15 parents and carers went on to complete our survey on vaping.

Patient stories

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.

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.

5. Older People's Council, January 2025

Dr Khalid Ali, Healthwatch Director and Reader in Geriatrics at Brighton and Sussex Medical School attended the Older People's meeting. Around 40 people were in attendance.

Dr Ali gave a presentation on his 12-year research project developing protocols to safeguard elderly patients discharged from hospital having been prescribed multiple medications. The purpose of his research is to reduce the number of patients readmitted to hospital who are on a polypharmacy regime and to avoid fatalities.

Patient concerns were about hospital discharge and medications:

1. Rushed discharges from hospital without explanation of medications regime and what side effects / adverse reactions might happen.
2. Not enough communication happens with patients' families at the point of discharge around medications
3. No direction to sources of help and support if problems with medicines arise after discharge.
4. No awareness of the role of community pharmacies and how they can help.
5. Challenges around getting an appointment to discuss medications with GP.
6. The number of medications older people take for years without knowing whether they are still required.

Following the event, we shared several research articles with OPC members:

[Incidence and cost of medication harm in older adults following hospital discharge: a multicentre prospective study in the UK - Parekh - 2018 - British Journal of Clinical Pharmacology - Wiley Online Library](#)

[Medication-related harm in older adults following hospital discharge: development and validation of a prediction tool | BMJ Quality & Safety](#)

[Implementation of a medicine management plan \(MMP\) to reduce medication-related harm \(MRH\) in older people post-hospital discharge: a randomised controlled trial | BMC Geriatrics | Full Text](#)

'They must help if the doctor gives them to you': a qualitative study of the older person's lived experience of medication-related problems | Age and Ageing | Oxford Academic

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