



**Enter and View Visit:
The Sussex Eye Hospital**

April 2026

Thank you

Healthwatch would like to express its thanks to University Hospitals Sussex NHS Trust for inviting and facilitating our visit. Particular thanks go to Jaymie Gallero, Nancy Eurecial and Cathy Offer for welcoming us into the Hospital and supporting our visit on the day.

Our sincerest thanks go, as always, to our volunteers who supported our visit: Conor, Bharti, Sue and Lynne.

Key Findings

Our visit to the Sussex Eye Hospital in the Royal Sussex County Hospital in April 2026 reveals an overall positive picture but has identified some areas that require improvements. We spoke to 41 patients for their views about the department and proposals to move some eye services into community settings.

- **78% of patients we spoke to rated their overall experience at the Sussex Eye Hospital as either 'excellent' or 'good', 16% of patients rated their experience as 'average'. Nobody rated their overall experience as poor or very poor.**
- **The impact of waiting times for eye care/ treatments was the most concerning aspect of our findings. 40% (6 people) of those who were on, or had been on waiting lists for treatment, told us that they had experienced 'considerable deterioration' in their vision whilst waiting whilst 47% (7 people) told us that they had experienced 'some deterioration' in their vision whilst waiting.**
- **Patients were generally positive about the potential move of some hospital eye services to community settings but wanted levels of care to remain at the same quality as current hospital provision, and to be delivered in a location that is convenient for them.**
- **Our Enter and View Environmental Audit identified positive aspects in all the three areas we visited. It also raised some recommendations for improvements. Our volunteers commented "*The whole department appeared extremely clean and tidy which is commendable given the challenges associated with the older building*".**

In more detail, we heard:

Overall, the areas of the Sussex Eye Hospital the respondents rated the highest were:

- The helpfulness of staff (94% rated the helpfulness of staff as 'excellent' or 'good')
- The hospital environment (84% rated the environment as 'excellent' or 'good')

- The comfort of the waiting area (67% rated the comfort of the waiting area as 'excellent' or 'good').

Respondents were least satisfied with:

- Information about waiting times (30% rated information about waiting times as 'poor' or 'very poor')
- The privacy of the reception desk (29% rated this as 'poor' or 'very poor').

In terms of moving some ophthalmology services to community settings, we heard:

- 84% of respondents told us they would use hospital eye care services provided at a High Street optician.
- Respondents told us they were least likely to use pop up community events for hospital eye care services (64% said they would use hospital eye care services if these were available at a pop-up community event).
- When asked what they thought the potential benefits of moving some hospital eye care services into the community were, patients told us, 'Less distance travelled' and 'taking pressure off hospitals' were the benefits they rated highest.
- As well as asking patients what they thought might be the advantages of moving some eye care in community settings, we also asked patients, 'If they could think of any reasons why moving away from hospitals to community settings would be a bad idea?' 36 patients responded to this question and 22 of the comments detailed concerns about the standard of care dropping

Introduction

The Sussex Eye Hospital at the Royal Sussex County Hospital (RSCH) is part of [University Hospitals Sussex NHS Trust](#) (UHSx). The Eye Hospital has a 24-hour Accident and Emergency (A&E) Department, and specialist clinics providing care covering paediatrics, oculoplastics¹, medical and surgical retina, cataract one stop clinics, contact lens clinics, external eye disease and the hospital also offers sub-speciality training and postgraduate teaching.

Healthwatch Brighton and Hove routinely monitors what is happening at the RSCH and we share our feedback with UHSx, [NHS Surrey and Sussex](#) (our Integrated Care Board) and the [Care Quality Commission](#) (CQC) to support their ongoing improvement programmes of work. You can read our 2025 report “Enter and View of RSCH emergency department” [here](#).

We were asked by UHSx to carry out an Enter and View of the Sussex Eye Hospital as the Trust is in the process of initiating a new, clinically led strategic review of ophthalmology services. In line with national goals, the Trust is reviewing hospital services to identify where care would be better provided in the community, or where it is clinically appropriate to transition inpatient care to day-case or outpatient environments. Ophthalmology is the next service to undergo this formal review, prioritised from among 50 different clinical specialties within the Trust.

UHSx is also aware of concerns over the precarious nature of the 91-year-old building that the Sussex Eye Hospital is based in. The Sussex Eye Hospital opened in 1935 and now faces critical challenges that pose an immediate risk to the services. For example, this has recently involved having to temporarily close operating theatres at the hospital to facilitate the refurbishment of a lift.

The Trust are planning to survey all patients who have used ophthalmology services over the past two years to gather evidence on patient priorities. Healthwatch Brighton and Hove and Healthwatch West Sussex agreed to schedule three Enter and View inspections of ophthalmology departments across Sussex to support this work. This report details the visit to the Sussex Eye Hospital only and separate reports will be produced by Healthwatch West Sussex for Southlands and St Richard’s Hospitals.

Healthwatch has a legal responsibility to carry out an Enter and View programme, but we are not inspectors, instead, we focus on gathering the views and experiences of the people receiving care.

What we did

On 29th April 2026, between 10am–2pm, four trained and DBS-checked² Healthwatch volunteers visited Sussex Eye Hospital at the Royal Sussex Hospital,

¹ [Oculoplastics](#), also known as oculoplastic surgery, is an umbrella term for a number of surgical procedures on the eye and the surrounding structures, including the eye socket, eyelids, tear ducts, and parts of the face.

² [Disclosure and Barring Service](https://www.gov.uk/government/organisations/disclosure-and-barring-service) - <https://www.gov.uk/government/organisations/disclosure-and-barring-service>

alongside two members of the Healthwatch Brighton and Hove staff team and one member of the Healthwatch West Sussex team.

Interviews with patients and their carers

Two volunteers and two staff members focused on speaking to patients. These conversations were guided by a questionnaire and were conducted with people who were happy to have a short chat with us.

The questionnaire included questions on why patients were attending the eye hospital, their experience of the eye hospital on the day and waiting times for treatment. Patients were also asked about their opinions on moving some eye hospital services into community settings which is intended to reduce waiting lists and demands on hospital services. Notes from these conversations were recorded anonymously to maintain patient confidentiality.

Over four hours, the team spoke to 41 people. The interviewers discussed the topics listed above and were also free to discuss any aspects raised by the people they spoke with.

Environmental audit

Two volunteers and one member of staff visited the following areas of the Sussex Eye Hospital to conduct our environmental audit.

Area of Sussex Eye Hospital	Function
Accident and Emergency Department	The Sussex Eye Hospital has an Accident and Emergency Department located on the ground floor. It functions as an urgent care centre which is open 24 hours a day. Patients can self-refer to the department if they have an urgent problem with their eyes/ vision.
Outpatients' Department	The Outpatient's department is for people who have prebooked eye appointments / check-ups. The department offers services for acute eye conditions and has access to advance diagnostic equipment.
Pickford Ward	The Pickford Ward is an inpatient/ short stay unit (open 24 hours a day) within the Sussex Eye Hospital. Operations and procedures like cataract surgeries are conducted in this ward.

Our representatives recorded their views of the physical environment, and they also completed a checklist to capture positive findings, challenges, and concerns, as well as anything staff told us. Volunteers recorded their recommendations for improvements. Our findings are summarised in the next section, with more detail provided in a [separate report](#).

Results

The results of our visit will be presented across two sections:

1. Key findings from our survey of patients
2. A summary of our Environmental Audit

Conclusions will then follow on from the results.

1. Key findings from our survey of patients

Over a total of four hours (10am-2pm) on Wednesday 29th April 2026, the Healthwatch team, consisting of four volunteers and three staff members, spoke to a total of 41 patients across the Pickford Ward, the A&E waiting area and the Outpatient's waiting area. A questionnaire had been constructed in advance of the visit to complement a survey UHSx sent to all patients who had used the Sussex Eye hospital patients via text.

All respondents were asked if they would like to take part and were told that the research was confidential and that they would not be made identifiable. Respondents were free to withdraw from the research at any time.

Results from the survey will be presented by two areas – experience of attending the eye hospital, and patient's thoughts/ responses to proposals to move some ophthalmology services into community settings.

Please note that not every respondent answered every question, some patients were called away to be seen by medical professionals in the middle of the questionnaire and some people preferred not to answer some questions (for example the demographic questions, such as age and gender). As a result of this, not all results will add up to 100%.

Background of participants

Of the forty-one respondents, twelve were male and twenty-five were female. Ages ranged between 20 and 91, with the average age being 62 years old.

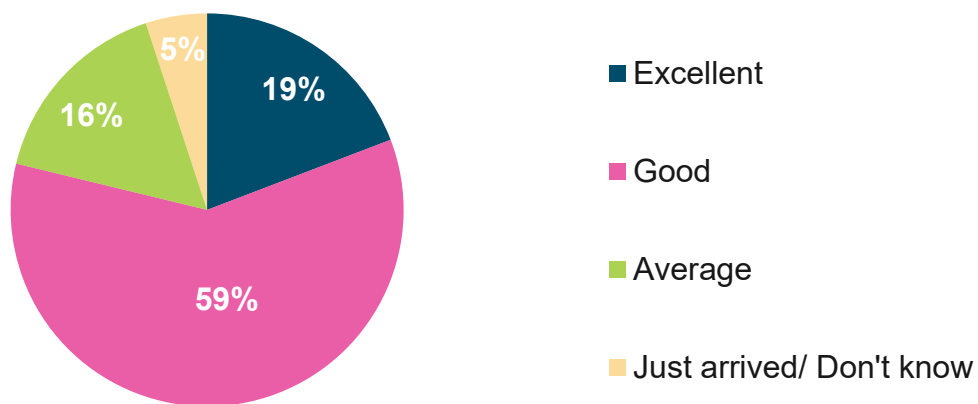
Age Range	Count
18-24	1
25-34	2
35-44	4
45-54	5
55-64	1
65-74	12

75-84	5
84-95	3

1. Experience of attending the Sussex Eye Hospital

The majority of patients reported being satisfied with their overall experience at the hospital on the day we visited. 19% (or 7 people) rated their overall experience as 'excellent', 59% (or 22 people) said their overall experience was 'good' and 16% (or 6 people) said their overall experience was 'average'. No one told us their overall experiences was 'poor' or very 'poor'.

How would you rate your experience at the Sussex Eye hospital today? (n~37)



We also asked patients to rate the environment at the eye hospital, the privacy of the reception desk, information about waiting times, the comfort of the waiting and area and the helpfulness of staff.

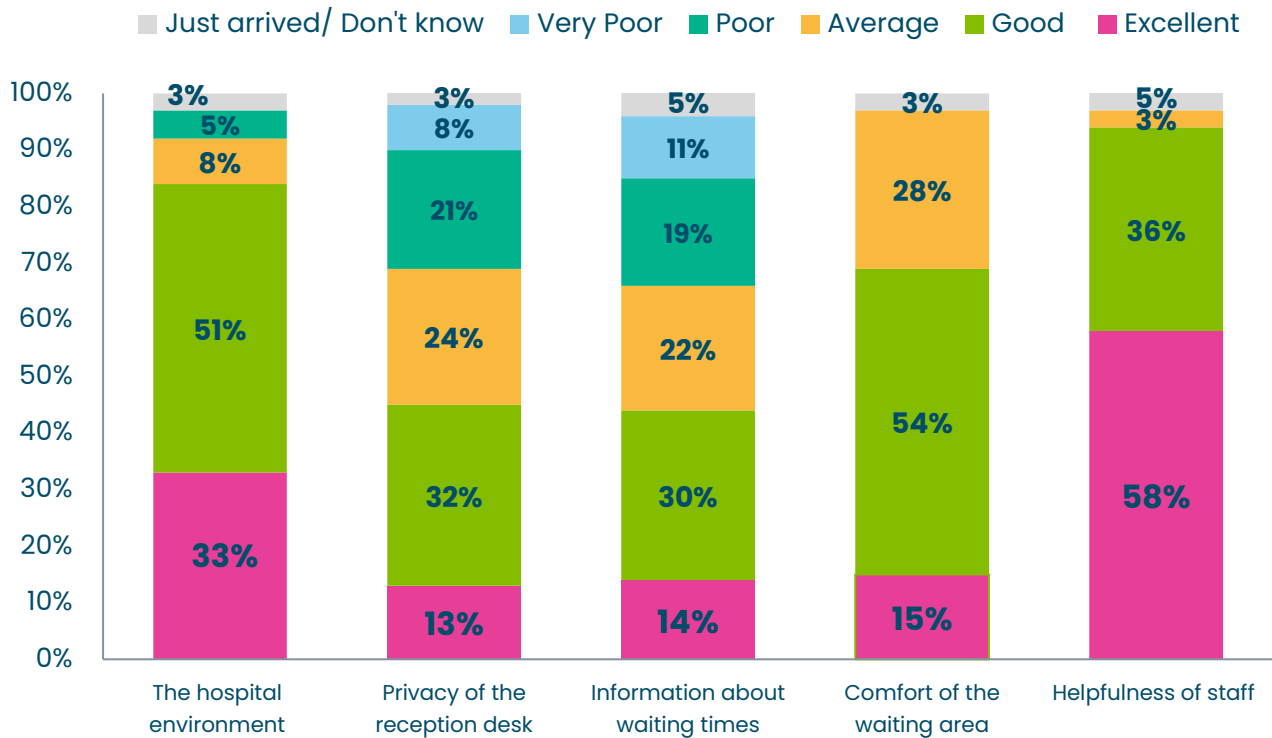
Overall, the areas the respondents rated the highest were:

- The helpfulness of staff (94% rated the helpfulness of staff as 'excellent' or 'good')
- The hospital environment (84% rated the environment as 'excellent' or 'good')
- The comfort of the waiting area (67% rated the comfort of the waiting area as 'excellent' or 'good').

Respondents told us they were least satisfied with:

- Information about waiting times (30% rated information about waiting times as 'poor' or 'very poor')
- The privacy of the reception desk (29% rated this as 'poor' or 'very poor').

How would you rate your experience at the Sussex Eye Hospital today:



Open comments received around positive experiences of the departments mostly focused on the **care provided by the staff**:

“All the staff have been very kind, especially the nurse who fetched me a glass of water and explained what would happen next.”

“Overall, I felt the staff were co-operative, helpful and lovely.”

“Staff have helped with navigation, comfort, process and procedures.”

“The nursing and medical teams have provided me with excellent care and treatment so far.”

However, concerns were also raised around **privacy and the hospital environment**:

“The Hospital environment is old and needs modernisation. The reception desk is not private. Information is not received in a continuous manner.”

“The environment in areas is constricted. Privacy at reception was poor and (I) felt others could hear private details.”

“With respect to comfort, as a wheelchair user I cannot use certain chairs and end up waiting in corners or end of rows of seating which can be uncomfortable.”

“Always room for improvement. More comfy chairs are needed in the waiting area.”

“Privacy at the reception desk could be better as I am providing personal details.”



Accessibility of the Sussex Eye Hospital

We also asked patients about their ability to attend the Sussex Eye Hospital. Of the 38 people who answered this question, 42% (16 people) told us they had difficulties with either parking/ lack of parking. 24% (9 people) told us they struggled with the costs of parking and 5% (2 people) told us they struggled with the costs of paying for public transport.

The majority of those who were at the Hospital for outpatient or inpatient treatment told us that they had to be dropped at the hospital by relatives or friends as they were told they would be unable to drive after treatment.

31 people left comments about getting to the Eye Hospital. People who attended by bus reported the most positive experience, however those who had to travel from outside of Brighton were the least positive as the comments below demonstrate:



“My wife drives the car in from Lindfield, but it is very difficult to find a space, so they have to allow lots of time to find a space.”

“My daughter had to drive me here today and I cannot drive home. She's at the sea life centre with my grandchildren waiting so it's not ideal.”

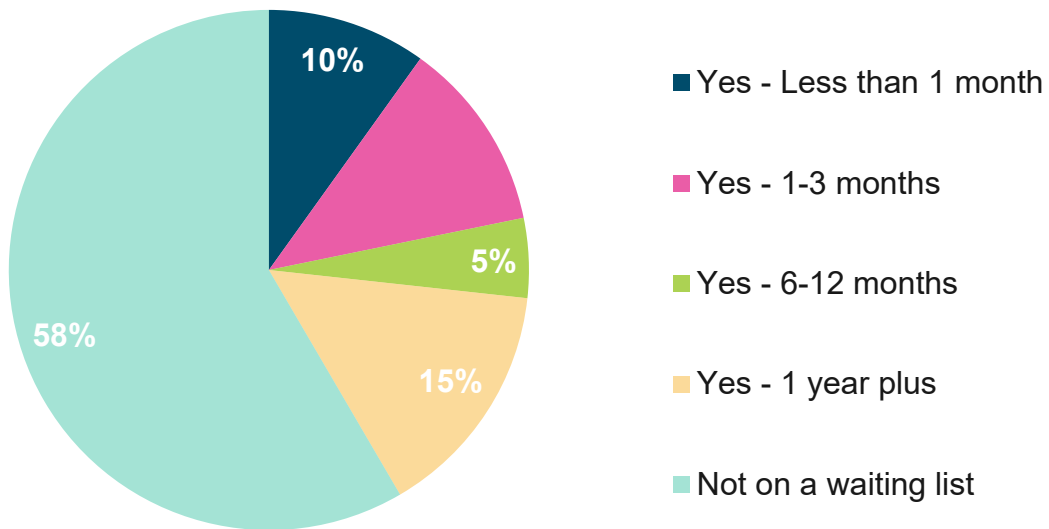


Waiting times for Hospital Eye Treatment

Patients were also asked about waiting times for treatment for eye conditions. Due to speaking to a significant number of people in the A&E outpatient waiting area who needed to access emergency treatment - 59% (24 people) told us they were not on a waiting list for hospital eye treatment.

This question was therefore most relevant for patients in the Outpatients ward and patients in the Pickford Ward. 17 patients told us they were 'currently on a wait list for Hospital Eye Care'. Of these 10% (4 people) had been waiting for less than a month, 12% (5 people) had been waiting for 1-3 months, 5% (2 people) had been waiting for 6-12 months and 15% (or 6 people) had been waiting for 1 year plus.

Are you currently on a waiting list for Hospital Eye care, and if so how long have you been waiting for?



We also asked those on waiting lists, if they had noticed any deterioration of your vision whilst waiting for treatment? Worryingly:

- 40% (6 people) told us they had experienced 'considerable deterioration'
- 47% (7 people) people told us they had experienced 'some deterioration'
- 13% (2 people) told us they had 'not experienced any deterioration'.

This finding highlights the growing demand for ophthalmology services and demonstrates the reasons behind UHSx's focus on moving some services into community settings away from hospitals i.e. to ensure patients can be seen more quickly. We know that ophthalmology is the largest outpatient specialty in the NHS, with almost nine million appointments in England alone in 2023/24, an 11% annual increase. This activity is growing quicker than other specialties, as are the costs³.

³ [Position-statement-Shifting-ophthalmology-led-care-October-2025.pdf](#)

2. Patient responses to moving Ophthalmology services to community settings

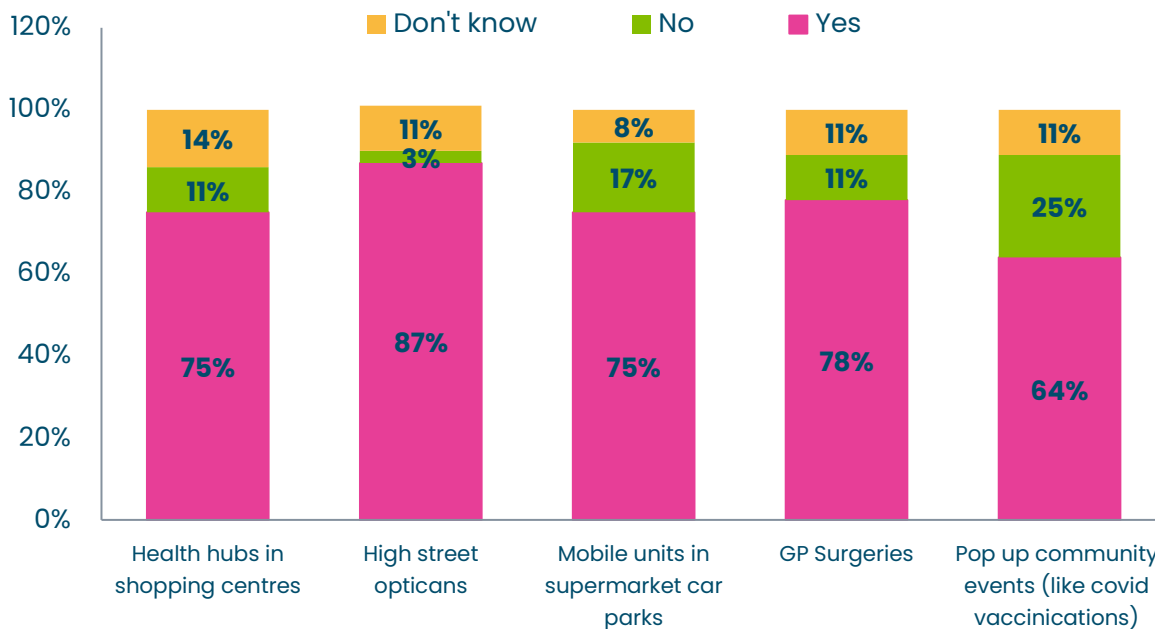
Healthwatch Brighton and Hove were asked by UHSx to speak with patients about proposals which could see some eye hospital services, which are traditionally provided at hospitals, moving into community settings.

Please note, to Healthwatch Brighton and Hove’s knowledge, there has been no decision made on the number or type of community settings where ophthalmology service/s may be located in the future. The responses below are based on obtaining feedback on preferred options in the community in a location that would be convenient.

Results to these questions were mainly positive and the majority of patients stated that they would be happy to be treated in community settings such as Health Hubs in Shopping Centres, high street options or mobile units in supermarket car parks (similar to breast screening units).

As the graph shows below, patients told us they were most likely to use eye care services provided by High Street opticians and least likely to use pop-up community events (like covid vaccination centres) as the chart shows below:

Please say if you would use hospital eye care services at the following community locations?



In the space provided for comments, most patients told us they would be happy to receive care in community setting as long as the care was of the same standard as that provided in a hospital setting. Comments received included:



"It could help make things simpler if localised, not central. Leaving hospital for complicated things. May help transport and access."

"If the community settings shortened waiting times for time taken for appointment to be completed, it would be good."

"Happy to use any of these types of treatment centres as long as they are suitably staffed with qualified medical staff."

"I feel very open to the idea of ophthalmic services being available in a variety of contexts and locations. The main thing is my confidence in the quality of service being provided no matter where that is."

"Anywhere is ok for me but would depend on the staffing. I would want to know that you would get expert eye care and to me it's all about the standard of care."

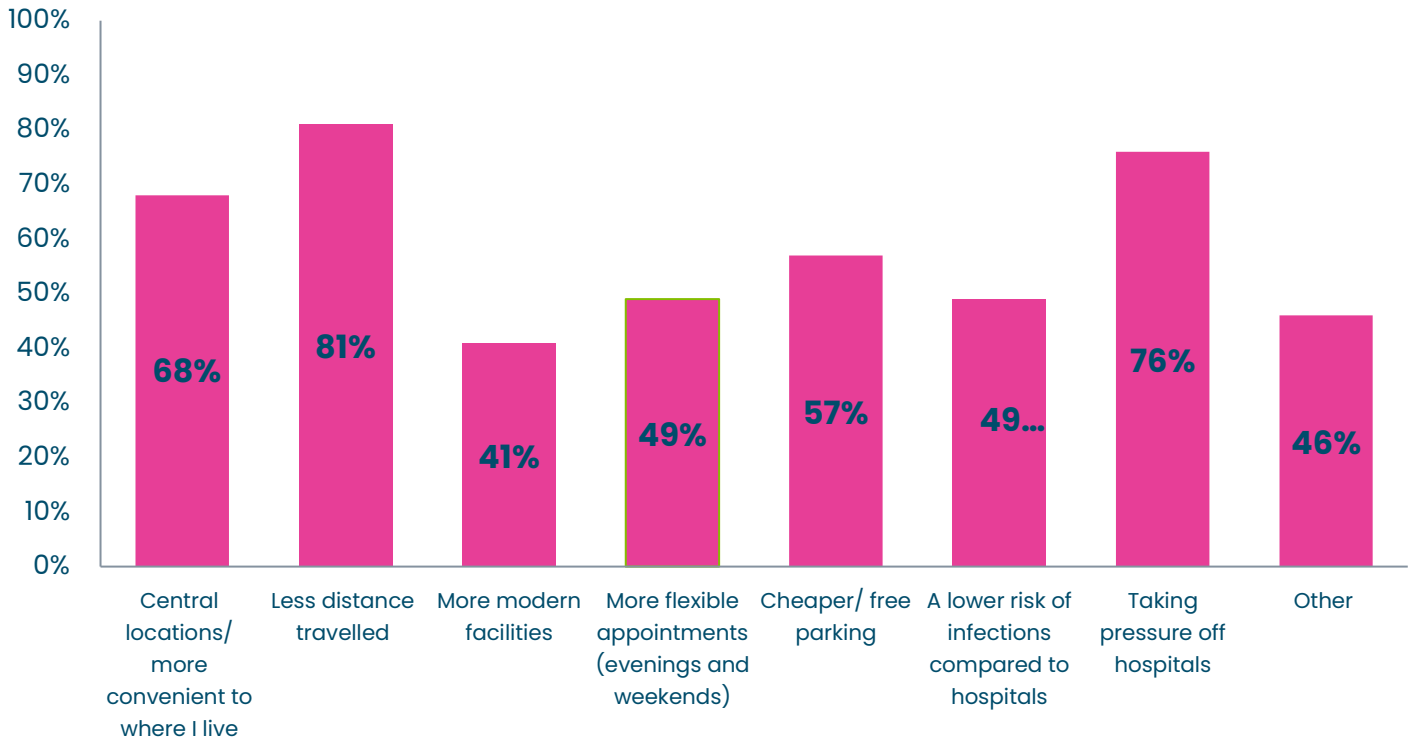


We also asked patients, 'When would you like appointments to be available in the community?' The majority wanted appointments available:

- In the daytime (94%, or 33 people)
- At weekends (54%, or 19 people)
- During early mornings (40%, or 14 people)
- In the Evenings (43%, or 15 people).

When patients were asked about the potential benefits of moving more hospital eye care services into the community, 'Less distance travelled' and 'taking pressure off hospitals' were the benefits they rated the highest:

What would you see as the benefits of moving more hospital eye care services into the community (Please tick all that apply)



Perceived disadvantages of moving eye care into community settings

As well as asking patients what they thought might be the advantages of moving some eye care in community settings, we also asked patients, 'If they could think of any reasons why moving away from hospitals to community settings would be a bad idea?'

36 patients responded to this question and 22 of the comments detailed concerns about the standard of care dropping if some hospital eye services were to be moved to community settings:

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 "Quality control of staff and their expertise. If there are more roles/hours to be filled across several sites (hospital and different community settings) might it affect the quality?"

"Would have concerns around the qualifications of staff. Would want to be reassured that the people I would be treated by are as qualified as those in hospitals."

"Level of care! Standard of equipment, staff, facilities etc, would need to be as good as the hospital."

"Would be concerned re: levels of care that are provided in community settings."

"Levels of care would be an issue - RSCH is very good!"

"Treatment might not be as comprehensive as at the hospital. The staff would need to be trained and the equipment as good."

Concerns about access to eye services if services were moved to community setting was also raised by several patients. Six respondents told us that they wanted high quality services in a location that was convenient for them to access:

"I wouldn't mind where I got treatment if it wasn't a longer journey than the one had today."

"I don't drive so happy to go anywhere that you can reach by public transport and would be great if it was nearer to where I live."

"Access to mobile units would be a problem if not planned well and would work for the able bodied but not those with disabilities. The hub in community setting should not take longer than currently to travel to."

"Would rather go to places where you can park easily"

"[Would it great if it] could be nearer home and less problem with parking for my wife".

Other concerns raised included the need to have clear referral pathways if urgent issues were raised in community settings:

"If it's a smaller unit, will there be enough qualified people? At a hospital, if you have other queries, there are more professionals with different skills you can refer to."

"Would have to be reassured that referrals from a community setting would work quickly. If say a scan at a community setting picked up a need for urgent treatment, the community setting would have to have great links to hospitals/ consultants, as you do not want to have any delays with eye problems. It could cause serious problems if referrals were missed."

Issues around privacy were also a concern for a few patients:



"Privacy would also be a concern, and this would need to be in mind when people are designing the new services."

"Think mobile units, size, number of patients in a given time slot would be difficult especially with privacy. Appointments sometimes take three hours or more. How will the amenities and facilities be organised for comfort and not overcrowding?"



Our last question took the form of an open question to allow patients the space to make any other comments either about their experience at the Sussex Eye Hospital, or about the proposed move to community settings. 25 people shared comments.

10 comments were positive comments about the care they received at the Sussex Eye Hospital. 9 were negative comments about their experiences and 6 people reiterated their concerns about the safety aspects of moving some hospital eye care services into the community.

Positive comments focused on the treatment and care received at the hospital. For example:



"Feel very lucky to have Sussex Eye Hospital so close. Have always had good experiences here."

"I am really impressed by how quickly I have been seen, and the nurses have been great. It's also good to see trainee nurses being taught and involved in my eye care."

"The care was amazing. It started at Reception where the person on duty was extremely helpful and even recognised me on the next day when I arrived. I liked the Artwork on the walls and noticed that the white boards had all been updated from the previous day."

"I have good faith in the NHS services generally and I am grateful for the responsive care that I have received so far."

"Had laser treatment last year which only took two minutes and was an instant relief! Sight immediately returned."

"Staff have been helpful, going through assessment and checks. Awaiting consultation."



Negative comments were more mixed and included comments on poor care and waiting times, both in the hospital for A&E and outpatient appointments and treatment generally:



"The ED doctor yesterday was [not good]. He didn't know that I was allergic to penicillin and his treatment meant that I was worried that I could lose my eye. We were sat waiting for 1.5 hours - unbelievable! My friend even had to correct the doctor's notes as saw that he had written the wrong eye as the one which was swollen."

"This is my 9th appointment! Previously had cataract surgery which didn't go as it should have, so I have since been back and forth between here, Haywards Heath, and Eastbourne. Hopefully this is the final appointment."

"Once you get in the system it all seems to work well. It's getting into the system which is the problem. I had to wait ten weeks for my 'urgent' referral."

"Just been quite a bit of waiting today in the A&E but suppose that is to be expected."



One of the Healthwatch Volunteers noticed that some people we spoke with in the Outpatients Ward were attending long appointments (three hours plus). These appointments involved assessments, tests and consultations. When speaking to a member of the staffing team we learnt that the imaging department often causes these bottlenecks. If such appointments are held in community settings, the community environments and facilities would have to be designed with patient waiting times in mind.

3. Summary of the Environmental Audit

Two trained, DBS-checked Enter and View volunteer lay assessors and a member of staff from Healthwatch West Sussex visited the A&E Department, the Outpatients Department and the Pickford Ward as part of Healthwatch Brighton and Hove's Environmental Audit. A member of the nursing team kindly showed our representatives around the department before allowing them to conduct the visit.

Our representatives observed the environment in the three areas and they recorded their views of the physical environment. They also completed a checklist to capture positive findings, challenges, and concerns, as well as anything staff told us and our recommendations.

All areas of the three departments scored highly for the environments being welcoming, safe, caring, well-organised and calm, with the scores ranging from between eight out of ten, to ten out of ten.

Full details of our audit are contained in a separate [report](#).

Results of the environmental audit

Healthwatch asks its volunteers to give a score out of 10 for each area as a simple way to assess various aspects. The scores represent the subjective views of our trained volunteers and are not part of a national scoring system. Healthwatch considers that:

- 9 or 10 indicates that the ward or unit is performing strongly with little or no room for improvement and areas of excellence have been observed.
- 7 or 8 suggests there are a number of areas which require attention in order to improve the environment, but overall, things are good.
- a score of 6 or less indicates that significant changes may be needed to improve the environment.

Each department was awarded an overall score; the results follow below.

Checklist area:	Emergency Department	Outpatients Department	Pickford Ward
<i>Welcoming</i>	8	9	9
<i>Safe</i>	8	10	9
<i>Caring</i>	8	10	9
<i>Well-organised</i>	8	9	10

The Accident and Emergency Department: The A&E department scored the lowest but still achieved a good overall score of 8/10. Positives included a clean and well organised waiting area, attractive wall mosaics most likely contributing

to patients' sense of wellbeing, and very responsive and friendly reception, nursing and medical staff (noted from direct observation and informal patient feedback).

Suggested areas for improvement included:

- improving privacy at the reception desk – with a suggestion of a 'private' check in booth being suitable for some patients
- improving bariatric chairs in the waiting area in addition to standard seating
- Providing some complimentary USB charging points in the waiting area
- Installing dementia friendly clocks and ensuring dementia friendly signage is displayed for all rooms – not just bathrooms
- Replacing out of date posters (some had old trust ID and details of a charity that no longer exists)
- Ensuring hand gel dispensers are kept topped up.
- The TV screen in A&E was not working, and this needs fixing.

The Pickford Ward: The ward achieved high scores. Positives included plentiful and welcoming signage, staff being extremely courteous and friendly and the whole department appearing extremely clean and tidy which was commendable given the challenges associated with the older building. Suggested areas for improvement included:

- Ensuring consistency of dementia friendly signage throughout the Ward
- Provision of a dementia friendly clock
- The TV in the dayroom needs to be checked and we were told the remote control had been stolen and not replaced
- The shower curtain in the shower room needs replacing.

The Outpatients Department: The ward achieved high scores. Positives included seating in the waiting area being plentiful and there appeared to be no capacity issues on the day we attended, the waiting area was also tidy and uncluttered and a 'positivity corner' notice board provided uplifting messages for patients and staff regarding the quality of treatment and care. Recommendations for improvement were limited but included:

- Needing to avoid storage of ambulatory equipment (wheelchairs and walking frames) in accessible toilets
- Providing some bariatric chairs in the waiting area in addition to standard seating
- Providing some complimentary USB charging ports in the waiting area
- Posting all notices within a framed area and ensuring these are appropriately positioned.

Conclusion

Healthwatch Brighton and Hove's Enter and View visit to the Sussex Eye Hospital in April 2026 found that the majority of people we spoke to reported a positive experience on the day of their visit. Across the three areas visited (Emergency Department waiting area, Outpatients waiting area and Pickford Ward), 78% of patients rated their overall experience as 'excellent' or 'good', and 16% rated their experience as 'average'. No one rated their overall experience as 'poor' or 'very poor'.

Feedback and observations gathered during our visit highlight how much patients value the compassionate, helpful staff and the quality of clinical care they receive. However, the most consistent concerns related to communication about waiting times and the impact of delays on people's sight.

Among those who were on, or had recently been on, a waiting list for treatment, many reported a deterioration in their vision while waiting. Patients also raised practical issues affecting dignity and comfort, including privacy at the reception desk and accessibility/comfort of seating, alongside environmental issues linked to the challenges of an older building.

There was broad support for proposals to move some ophthalmology care into community settings if this helps reduce delays, but patients were clear that any changes must maintain hospital-level standards, with appropriately trained staff, suitable equipment, clear pathways for urgent escalation and attention to privacy.

The recommendations in this report focus on improvements that would strengthen patient experience and safety in the current service, while also addressing patient priorities for any future redesign.

Based on patient feedback and our environmental audit, the following recommendations would help strengthen patient experience and support safe, dignified care:

Recommendations

For improvements at the Sussex Eye hospital, we recommend:

- **Improving communication about waiting times**, including clearer information at reception and in waiting areas (e.g., regular verbal updates and visible boards/screens where feasible).
- **Increasing privacy at reception**, exploring options such as a private check-in booth/space for sensitive conversations.
- **Improving seating options across waiting areas**, including the provision of bariatric chairs alongside standard seating and ensuring accessible spaces for wheelchair users.
- **Further supporting patient comfort during waits** by providing complimentary USB charging points/ports in waiting areas where possible.

- **Strengthening dementia-friendly environments** by installing dementia-friendly clocks and ensuring consistent dementia-friendly signage across all areas (not only in bathrooms).
- **Maintaining clear, current information displays** by replacing out-of-date posters and positioning notices in a consistent, framed area.
- **Ensuring infection prevention facilities are reliable** by keeping hand gel dispensers topped up and easy to access.
- **Addressing basic environmental issues promptly** (e.g., fix non-functioning TVs in waiting/day rooms; replace missing/stolen remote controls; replace worn shower curtains).
- **Keeping accessible toilets available for patients** by avoiding storage of wheelchairs/walking frames and other ambulatory equipment in accessible toilet spaces.

In terms of moving some ophthalmology services into community settings we recommend that:

- As ophthalmology services are reviewed for community delivery, commissioners need to ensure that **clear referral/escalation pathways are in place**.
- Patients will also need to be reassured about standards of staffing, equipment and clinical oversight in any community setting.



healthwatch

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