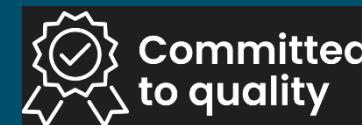


Healthwatch Brighton and Hove: Six-month performance report (April 1st 2025 to September 30th 2025)



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Performance Indicators	
1. Intelligence 3 key issues every 6 months demonstrating issues identified for needing improvement based on our information line and other engagement intelligence.	<p>1. Care Homes review:</p> <p>We became aware from Healthwatch England about their new report: 'Hearing Loss in Care Homes: A Sector-Wide Response'. The report found the following:</p> <ul style="list-style-type: none">• Widespread neglect: Many residents with hearing loss go undiagnosed and unsupported, leading to isolation, cognitive decline, and increased falls.• Low hearing aid use: Fewer than 25% of people who could benefit from hearing aids in care homes actually use them, often due to lack of staff training and maintenance protocols.• Underprepared staff: Most care workers report little or no training in managing hearing loss, resulting in ineffective or harmful communication practices.• Environments that isolate: Noise levels, poor lighting, and lack of appropriate technology often make communal areas inaccessible to those with hearing loss.• Systemic inaccessibility: Access to audiology services and earwax removal remains inadequate, despite the known risks. <p>To help care homes transform hearing loss support, the report recommends:</p> <ul style="list-style-type: none">• Hearing loss audits of physical environments.• Clear protocols for hearing aid maintenance and use.• Experiential training for all staff to understand the lived reality of hearing loss.• Hearing Loss Champions embedded within each care team.• Assistive equipment such as amplifiers made readily available.

Performance Indicators	
	<ul style="list-style-type: none"> • Improved access to hearing tests, audiology services, and earwax removal. • Better information for residents and families on hearing support tools and services. <p>In view of our work on Homecare, where we assess people's thoughts about the care they receive at home, we raised this report with the Council (Head of Quality Assurance and Contract Monitoring, Homes and Adult Social Care) who were unaware of it. They agreed to share the link to the report with the in-city providers to raise awareness.</p> <p>2. Prescriptions:</p> <p>We received the following enquiry into our helpline and approached NSH Sussex Primary Care Commissioners for a response. We continue to monitor this issue:</p> <p><i>"Hello, are GP's allowed to threaten patients by threatening refusal of repeat prescriptions if one does not attend the surgery for annual reviews?"</i></p> <p>We received the following response which we were able to share with the individual and Healthwatch colleagues:</p> <p><i>"In answer to the question, I would say that sometimes it is a question of clinical safety. Some medications require monitoring to ensure they are not causing any damage – for example to the kidneys. Patients are required to attend reviews to have appropriate indicators checked on a regular basis. If they have not attended for some time, then the GP may come to the decision that it is not safe to continue prescribing when they are essentially blind to any potential harm. The annual reviews also monitor whether the medication is having the desired effect for the patient or needs titrating/ changing to an alternative."</i></p>

Performance Indicators	
	<p><i>The GP is clinically accountable for any prescription they issue, and all prescriptions should be based on an informed clinical decision. If this is not possible because the patient refuses to attend reviews, then the GP may consider whether it is safe to continue prescribing. They would not of course suddenly stop prescribing and leave a patient without medication where that in itself could do harm without plenty of warning to enable the patient to comply."</i></p> <p>3. Enter and View to the Emergency Department at the Royal Sussex County Hospital</p> <p>On 7th April 2025, eight trained and DBS-checked Healthwatch volunteers visited the Emergency Department at the Royal Sussex Hospital, alongside five members of the Healthwatch Brighton and Hove staff team. This was done following a request by University Hospitals Sussex (UHSx), following an inspection visit made by the CQC who had raised concerns about ED corridor care. UHSX wanted an independent review of the department.</p> <p>Over six hours, the team spoke to 31 patients and their relatives and asked them for their views on their experience of the department including how quickly they had been triaged, whether they had been kept informed on waiting times, had they been able to access refreshments, whether they were comfortable and what would improve their experience.</p> <p>Our visit to the Emergency Department of the Royal Sussex County Hospital revealed an overall positive picture from the patient perspective but has identified some areas that need improvement.</p> <ul style="list-style-type: none"> • 75% of patients we spoke to were 'very satisfied' or 'satisfied' with their experience of the Emergency Department.

Performance Indicators	
	<ul style="list-style-type: none"> Only 18% of patients we spoke to were either 'dissatisfied' or 'very dissatisfied'. <p>It is positive to hear that patients were complimentary about the care medical staff provided and how quickly most patients were being seen. It is also positive to note improvements in the Emergency Department environment ratings since our last Enter and View that we conducted in March 2024.</p> <p>However, we also heard that patients are concerned about issues such as:</p> <ul style="list-style-type: none"> privacy and dignity (this is especially an issue for those waiting on trolleys in corridors in the Majors Unit). noise levels. lack of information about waiting times. poor seating arrangements in waiting areas. <p>We also conducted a review of the environment, visiting the Urgent Treatment Centre, the Ambulatory Clinical Decision Unit, the Emergency Department main reception, Majors and Resus and Ward 2C (previously known as the 'Enhanced Observation Unit' for patients with mental health concerns).</p> <p>Following our visit, we scored all areas of the department highly for the environments being welcoming, safe, caring, well-organised and calm, with the scores ranging from between seven, to ten out of ten.</p> <p>Compared to our last visit in March 2024, the scores awarded to the Emergency Department Reception and Majors and Resus had improved.</p>

Performance Indicators	
	<p>Our 5 suggested areas for improvement are:</p> <ul style="list-style-type: none"> • improving signage. • installing video displays and positioning information systems to make them more accessible. • improving fire and safety. • providing clearer staff IDs and information about staff uniforms. • improving patient dignity (majors) <p>The response from the University Hospitals Sussex showed how our visit will influence future plans:</p> <p><i>"Huge thanks to the team at Healthwatch Brighton and Hove for supporting the Trust with this Enter and View, and for the insightful and professional report. As ever, Healthwatch facilitate the voice of patients, having real influence over the improvements we plan and actions are being taken in response, including supporting better information about waiting times for patients. This report will shape our next steps and will inform the Trust's strategic plans for the Emergency Department." Director of Patient Experience, Engagement & Involvement.</i></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>In July 2025 we published our annual compilation of helpline enquiries for 1st April 2024 to March 31st 2025. We received 228 enquiries to our helpline. Enquiries were mostly a combination of feedback through our website, emails, phone call messages, and at face-to-face events. Most people were raising concerns or requesting information about services.</p> <p>The five leading areas of concerns and related complaints raised, in descending</p>

Performance Indicators	
	<p>order were:</p> <ol style="list-style-type: none"> 1. Poor quality of care from a GP. 2. Poor hospital care including ambulance waiting times, treatment waiting times, A&E, and poor communication of cancelled appointments. 3. Lack of NHS dentists, including emergency dental care. 4. Poor access to a GP appointment, including waiting times for appointments. 5. Social care such as care at home and in care homes. <p>Some people took the time to make compliments about services.</p> <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>As a positive outcome from using the helpline, (64%) said it was 'somewhat helpful', 'very helpful' or 'extremely helpful' (22% 'very helpful' or 'extremely helpful') and a total of 79 people (32%) were signposted for further advice and support.</p> <p>Over the last 6 months, we have received comments from 73 people contacting our helpline. Early observations of the first 6 months of data from 2025-2026 show that concerns over GP and hospital care continue to be the most common reasons for contacting the helpline.</p> <p>As a result of these themes, we have worked closely with a local GP surgery (see Impact section) to help improve access and conducted a 6-hour Enter and View at the Emergency</p>

Performance Indicators	
	<p>Department at the RSCH and a further Enter and View of the renal department 9report awaited). We also continue to share information where NHS patients can access dental services.</p>
<p>Workplan updated every 6 months and reviewed continually.</p>	<p>Latest workplan published in July 2025.</p> <p>Areas of focus for 2025/26 include, but are not limited to:</p> <ul style="list-style-type: none"> • Primary care, including experiences of GP services amongst the trans, non-binary and intersex community. • Hospital visits and reviews. • Non-Emergency Patient Transport (NEPTS). • Refugees and asylum seekers. • Mental health and housing. • Men's health. • Climate and wellbeing. • Hypertension (high blood pressure). • Young people, including vaping amongst children with Special Educational Needs.
2. Activity	
<p>Number of Environmental Audits (if applicable)</p> <p>Number of PLACE visits conducted (if applicable).</p>	<ol style="list-style-type: none"> 1. Enter and View and an Environmental Audit at the Emergency Department at the Royal Sussex County Hospital, April 7th 2025. 2. Enter & View of the Sussex Kidney Unit, August 19th 2025 – included an environmental audit of the outpatient & dialysis waiting areas, main haemodialysis rooms x4, and the day case unit. Report forthcoming.

Performance Indicators	
<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 two years we have developed a series of polls with our colleagues in East and West Sussex. Each poll is 6 questions alongside optional equalities questions. The polls are now issued every two months with each Healthwatch issuing one every 6 months.</p> <p>Polls within the last year 6 months were: (April), carers (May), nutrition (July) and changes to GP practice (poll closed end of September). The polls have been completed by 951 across Sussex (196 in Brighton and Hove).</p> <p>Further 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.</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. Additional recipients are dependent on the topic in question. Our NHS Satisfaction poll results were included in a strategy paper drafted by Primary Care colleagues.</p>

Performance Indicators			
<p>Example 2 – Bimonthly (every 2 months) intelligence reports to NHS Sussex:</p> <p>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 fortnightly 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 style="list-style-type: none"> • 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. • Any new themes and trends from feedback. • A case-study which highlights an issue received through feedback, including any actions that Healthwatch took in response. • A headline summary of the results from the last poll • Recent publications and reports (with links). <p>We have produced two intelligence reports over the last six months.</p>			
Website, Facebook page and Newsletter traffic including bulletins.	Total website traffic (unique users)	8,777	
	Total website traffic (returning users)	552	

Performance Indicators	
Average time on website for all users	1m 09s
Total articles on website	132
Total Facebook posts	64
Facebook followers (01.10.25)	994
Total Instagram posts	56
Instagram followers (01.10.25)	446
Total Bluesky posts	51
Bluesky followers (01.10.25)	96
5 total audience newsletters to our mailing list (regular).	
2 total volunteer newsletters (regular).	
3 WhatsApp messages to volunteers.	
6 mailshots (ad hoc) to our mailing list – 6:	
• Healthwatch in Sussex poll: NHS Satisfaction Poll 2025.	
• Healthwatch in Sussex poll: Challenges as a carer.	
• Get involved: mental health services, data in the NHS and women's voices.	
• HW closure press release.	
• Healthwatch in Sussex poll: your views on recent changes to GP surgeries.	
• HW closure petition press release.	

Performance Indicators	
<p>Details of issues shared with Healthwatch England such as reports and key issues.</p>	<p>Stop waiting service:</p> <p>In discussions with NHS Sussex, we became aware of the Stop Waiting service (https://www.stopwaiting.co.uk/). The Stop Waiting website reports that, for a £49 fee, a patient could get information on how to ask for a faster referral – patients do not need to be charged to contact their ICB (where they could get treated, hospital ratings, etc). Stop Waiting are charging people for the legal right to ask the NHS to offer them treatment with another provider who can start treatment sooner if they have been waiting for more than 18 weeks. Stop Waiting also offer support in getting referred to private hospitals without paying a penny for their treatment. In fact, the average NHS waiting time for patients referred to private hospitals is just 11 weeks (Independent Healthcare Provider Network, Oct 2024). They also say that this can be done without a GP referral though submitting a self-assessment which their team will review. There's no evidence that Stop Waiting is registered for tax or with companies house.</p> <p>We raised this concerning service with Healthwatch England who responded by alerting the NHS England Fraud team, Trading Standards, the HWE Regional Team, and by writing to Stop Waiting.</p> <p>Changes affecting care:</p> <p>We escalated to Healthwatch England our concerns regarding the number of system-level changes and what this meant for local Healthwatch moving forward:</p> <ul style="list-style-type: none"> - Mergers of Integrated Care Boards - 'devolution' of Local Authorities

Performance Indicators	
	<ul style="list-style-type: none"> - Mayoral elections. <p>We received the following response:</p> <p><i>"Thanks for sharing and we are hearing from other Healthwatch about similar proposals. We are working on a question Healthwatch can ask of their ICBs in relation to change. We're also collating any feedback we receive from Healthwatch to build up a picture across the country. "We have decided to change the next meeting of the ICB network to focus exclusively on hearing from Healthwatch about such changes and what this means for their local areas and open it up to all Lead Officers."</i></p> <p>Trans and non-binary engagement:</p> <p>We were one of 10 local Healthwatch who were commissioned by Healthwatch England to enhance their understanding of Trans and Non-binary experiences of GP care. We heard from 34 trans and non-binary people who responded to an online survey. Our findings were shared with Healthwatch England to contribute to a wider, nationally representative study they were conducting. The total study heard from 1,393 trans or non-binary people. The evidence was used to underpin a number of recommendations from the Healthwatch England Report including that the government should develop a new LGBT+ health strategy that presents a coherent offer to trans and non-binary people from the NHS through primary, secondary and mental health services.</p>
Number of Health and Wellbeing Boards (HWB) and Health Overview and Scrutiny	<p>3 Health and Wellbeing Boards (April, July and September).</p> <p>3 Health Overview Scrutiny Committee (April, July and September).</p>

Performance Indicators	
Committee (HOSC) meetings attended.	
Total number of Board meetings attended, including Cancer Board, AEDB, SAR, Healthwatch Board, Planned Care Board (aggregated)	33 Board meetings.
Number of decision-making meetings attended by Board, staff and volunteers (aggregated).	148
The number of public engagement and consultation events publicised e.g. webinars, group meetings, public panel meetings.	<p>14 events publicised:</p> <ol style="list-style-type: none"> 1. Healthwatch drop-in session at the Age UK West Sussex Brighton and Hove Walk-in Hub. 2. Healthwatch Brighton and Hove - Board Meeting April 2025. 3. Free mindfulness taster session with the Sussex Mindfulness Centre. 4. COVID-19 spring booster drop-in. 5. MSK Community Appointment Day at Brighton Racecourse. 6. Free mindfulness taster session with the Sussex Mindfulness Centre. 7. Healthwatch Brighton and Hove - Board Meeting July 2025. 8. Free mindfulness taster session with the Sussex Mindfulness Centre. 9. Bereavement by suicide action in East Sussex. 10. Energy works pop-up at Age UK WSBH. 11. Valuing the voices of women in health and care. 12. Free webinar series for people under 40 with Type 2 Diabetes. 13. Brighton & Hove Ageing Well Festival 2025.

Performance Indicators	
	14. Annual General Members Meeting – University Hospitals Sussex NHS Foundation Trust.
3. Outputs	
Number of reports (including service areas reviewed) and total number of people engaged in each review.	<p>18 reports published:</p> <ol style="list-style-type: none"> 1. Your Experiences of Vaccinations – Healthwatch in Sussex Poll, April 2025. 566 responses (84 Brighton and Hove). 2. Healthwatch Brighton and Hove Annual Performance Report 2024/25 (1st April 2024 and 31st March 2025). April 2025. 3. Our social value commitments: 2025-2030. April 2025. 4. Our climate commitments: 2025-2030. April 2025. 5. NHS Satisfaction in Brighton & Hove and Sussex-wide – Healthwatch in Sussex Poll, May 2025. 615 responses (135 Brighton and Hove). 6. Healthwatch visits to University Hospitals Sussex NHS Trust as part of the PLACE programme. May 2025. 10 areas for improvement. 7. Equality Impact Assessment 2024-2025. June 2025. Equalities data provided by 2,174 people. 3 recommendations. 8. Poll results: supporting carers to attend their own healthcare appointments. Healthwatch in Sussex Poll, June 25. 179 responses (26 Brighton and Hove). 9. Homecare Check Summary Report. June 2025. 225 people. 10. Healthwatch Brighton and Hove - Annual Report 2024-25. June 2025. 11. Patients' views about Woodingdean Medical Centre Part 2: July 2025. July 2025. 1,612 survey responses. 4 recommendations. 12. Enter and View Report: The Emergency Department at the Royal Sussex County Hospital, April 2025. July 2025. 31 people. 5 areas for improvement.

Performance Indicators	
	<p>13. Helpline enquires to Healthwatch Brighton and Hove: April 1st 2024 – March 31st 2025. July 2025. 228 people.</p> <p>14. Our workplan for 2025/26. July 2025.</p> <p>15. Report: independent review into the procurement of Whitehawk GP services. July 2025.</p> <p>16. HWiS Poll results: how do your nutritional and dietary needs affect you? – Healthwatch in Sussex Poll. August 2025. 166 responses (35 Brighton and Hove).</p> <p>17. Improving outcomes for people at risk of hypertension – Evaluation Report. September 2025. 91 people.</p> <p>18. Trans & Non-binary Experiences of GPs in Brighton & Hove. September 2025. 34 people. 4 recommendations.</p> <p>Numbers engaged – 2706 (excluding EIA report 2024-25).</p> <p>Recommendations – 11</p> <p>Areas for improvement from PLACE and Enter and Views – 15</p>
<p>4. Influence</p> <p>Two examples demonstrating impact from attending decision-making meetings – defined as 'meetings with external people across the system where Healthwatch influences or leads decisions made – includes Board meetings'.</p>	<p>Adults Safeguarding Board (SAB):</p> <p>Healthwatch are a partner of the Brighton and Hove SAB and our volunteer Chairs the Safeguarding Adults Review sub-group.</p> <p>We reviewed the SAB's draft Strategic Plan and provided a number of suggestions, many of which were adopted, strengthening the Plan overall. The response we received:</p> <p>"Based on what you have said."</p>

Performance Indicators	
Could be decisions initiated by Healthwatch, commitments made in meeting minutes, contributions/presentations by Healthwatch.	<p>1) The mission statement and statements as to how the vision and mission statements will be achieved have both been updated to include actively understanding and learning from the experiences of those with involvement in adult safeguarding so that as you say this is focused on from the start.</p> <p>2) Links to previous versions of the Strategic Plans that are available on the BHSAB website have been added so that partners can review previous priorities and to support transparency.</p> <p>3) We believe that the wording for the priority around the informed voice of the user should not be too specific as to what form this work should take. However, we propose adding that it will be a commissioned piece of work to support this being an independent process. The addition below the mission statement states that learning will be integrated from this to reinforce that it is not just about hearing from those involved in adult safeguarding but learning and improving future arrangements.</p> <p>Thank-you again for the valuable feedback which we feel has really helped to further improve the Strategic Plan before it goes to the full board."</p> <p>NHS Sussex Quality Patient Experience Committee:</p> <p>The Quality and Patient Experience Committee (the Committee) is established by the Integrated Care Board for Sussex (known and referred to as NHS Sussex) as a Committee of its Board in accordance with the NHS Constitution. The 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 also makes recommendations on those services or places where there is the biggest opportunity</p>

Performance Indicators	
	<p>for improvement in patient safety or experience. Healthwatch is an external member of the QPEC and Healthwatch Brighton and Hove attends to represent all three Sussex teams.</p> <p>At a meeting, we received a regular paper on University Hospitals Sussex performance. Our CEO noted that similar reports were regularly discussed but little change was seen in the presented data. He expressed that the high-level overview does not spotlight problem areas in depth and suggested that we switch to a more focused report on a smaller number of priority areas allowing the QPEC to interrogate this in detail. This recommendation was accepted.</p> <p>Influence at the city's Health and Wellbeing Board:</p> <p>At the July Board, Healthwatch challenged the extent of public engagement in the development of key city-wide strategies, obtaining responses from officials to provide assurance as well as future commitments:</p> <p>In respect of the Drug and Alcohol strategy, "Alan Boyd noted that there was limited engagement with some communities in developing the strategy. Ms Vass agreed that the response from some communities, such as Black and Racially Minoritised people, was disappointing. However, these groups were specifically targeted. Ms Piccoletti noted that services are in fact getting much better at engaging with BRM communities, with engagement rates getting closer to the demographic average than they used to be. Mr Muirhead added that there are a number of exciting plans to engage with young people."</p> <p>In respect of the Pharmaceutical Needs Assessment, "Alan Boyd told the Board that he supported the aspiration for community pharmacies to be one of the ways in which people could be diverted from unnecessary attendance. However, he questioned whether this was</p>

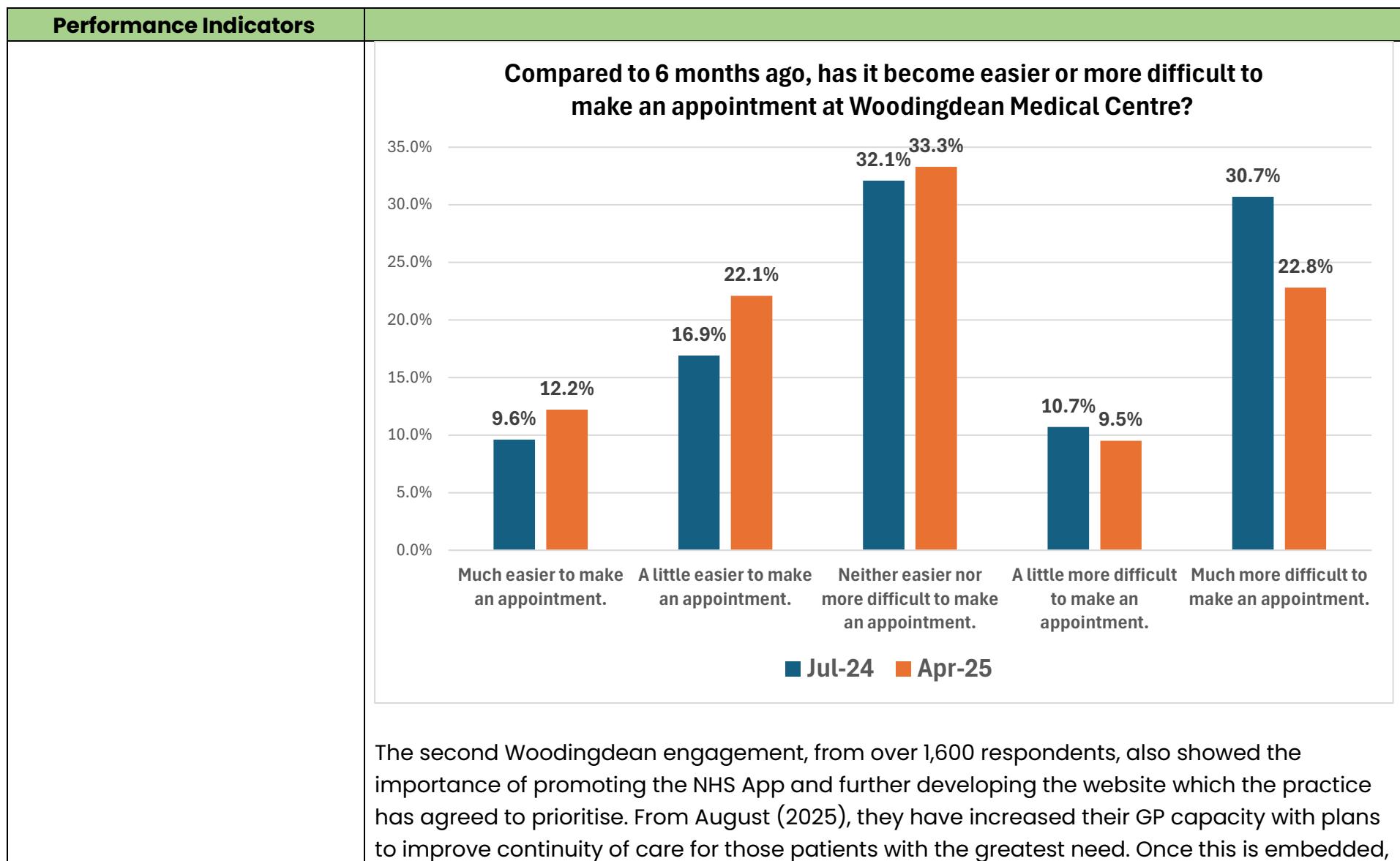
Performance Indicators	
	<p>compatible with city pharmacies having limited opening hours at weekends and out of hours. Ms Harker acknowledged that limited opening hours will impact on the effectiveness of pharmacies as an alternative to A&E. Unfortunately, it is very expensive to subsidise pharmacies to open out of hours. This is something that is used to guarantee some level of service on Christmas Day and there is the potential to review if necessary.</p> <p>"In response to a question from Mr Boyd on the work undertaken to reach all city communities with the PNA consultation, Ms Harker assured Board members that extensive steps had been taken, including making hard copies of the public engagement survey to the digitally excluded and attending a number of community group meetings and then a further 60-day consultation period."</p>
<p>5. Impact</p> <p>Example reflecting on progress made on a recommended action regarding a protected characteristic group i.e.: age, sex, gender reassignment, sexual orientation, disability, ethnicity or race, religion or belief, pregnancy and maternity, or marriage and civil partnership.</p>	<p>Refugees and Asylum Seekers:</p> <p>We partnered with Sanctuary on Sea on a successful application for a Sussex Inclusion Health Grant. The project intends to understand the health care characteristics and needs of refugees, migrants and asylum seekers. This is the first time Healthwatch has heard exclusively from this inclusion group.</p> <p>We held our first focus group in September, and this will be followed by a face-to-face survey led by a team of peer researchers (in a range of languages) and concluded with a final focus group in early October.</p> <p>The first focus group has shown that many of the widely understood issues around GP access are shared by refugees and asylum seekers. However, access issues are compounded among</p>

Performance Indicators	
	<p>this community where there are language barriers and where there are complex processes to register for a GP. There is also a sense that GPs are unable to provide the necessary care with a distrust about whether the GP will improve their health issue. Consequently, seeing a GP was often viewed as the 'last resort' when accessing health care. Similar concerns were raised about hospital care.</p> <p>The support for mental health, often more enhanced for refugees and asylum seekers, is not available or suited to their often traumatic backgrounds. The cultural issues of understanding mental health and not always acknowledging it as a condition compounds the difficulties in accessing support. With these difficulties and common reluctance to attend GPs, many refugees and asylum seekers benefit from local community support where advice can be shared about how to access support and help to overcome any language or literacy barriers where applicable.</p> <p>We will explore these areas in further detail in the survey among a larger sample of refugees and asylum seekers. This questionnaire will use some questions from the 2025 GP patient survey and a local NHS Sussex survey so comparisons to local and national data can be made.</p>
Percentage of recommendations influencing service improvement – based on % of recommendation accepted by NHS/CCG and % of those resulting in service change.	<p>Our reports during this period made 16 recommendations, including 5 'areas for improvement' from PLACE and Enter and Views.</p> <p>Three (from the 16) of these are from the Equalities Impact Assessment and are making progress in terms of our reaching a greater proportion of men, younger people and Black and Racially Minoritised groups than last year. However, progress is still required to align to census proportions. We are developing a project specifically on men and people who are refugees and asylum seekers to boost these proportions.</p>

Performance Indicators	
	<p>The review of Woodingdean Medical Centre made 4 recommendations of which 2 were met according to the response of the Practice Manager – improving navigation and information on the practice website and allowing more appointments to be booked online.</p> <p>The Trans & Non-binary Experiences of GPs in Brighton & Hove report made 4 recommendations. The first 2 of these (clear guidelines and training for GP staff and other health workers and gender markers being amended to include non-binary) have been supported through the publication of a Guide for professionals working with young LGBTQ people in association with ru-ok? Reducing waits be seen by a gender specialist, and records including 'body indicator' (a marker that reflects the patient's physical anatomy relevant to clinical screening) will take longer to be achieved.</p> <p>The Emergency Department Enter and View made 5 'areas for improvement'. We have since received notification, from the Director of Patient Experience, Engagement & Involvement, that they have a new information screen up in the waiting room which shows the waiting times, the corridor has been massively reduced and is mostly empty, and the nursing team have undergone awareness raising with their staff about introducing themselves (meeting 3 out of the 5 areas for improvement).</p> <p>Of the 16 recommendations, 7 have been met, equating to 44%.</p> <p>PLACE visits made 10 areas for improvement' and although accepted by the NHS there has not been sufficient time after the visits to check progress.</p>

Performance Indicators	
3 examples of studies with long term change (beyond 6-month project lifespan).	<p>1. Enter and View at the Emergency Department at the Royal Sussex County Hospital, April 2025:</p> <p>We spoke with 31 people and also undertook an environmental audit of the Emergency Department at the Royal Sussex County Hospital.</p> <p>Our visit to the Emergency Department of the Royal Sussex County Hospital revealed an overall positive picture from the patient perspective but has identified some areas that need improvement, such as overall satisfaction. However, there were some concerns relating to privacy and dignity, noise levels, lack of information about waiting times, and poor seating arrangements in waiting areas.</p> <p>The environment was found to be welcoming, safe, caring, well-organised and calm. However, improvements were proposed including clearer signage, installing video displays and positioning information systems to make them more accessible, improving fire and safety, providing clearer staff IDs and information about staff uniforms and improving patient dignity.</p> <p>The long terms impact of this Enter and View has led to us hearing that they have a new information screen up in the waiting room which shows the waiting times. Also, the corridor has been massively reduced and is mostly empty, and the nursing team have undergone awareness raising with their staff about introducing themselves. The Department are also monitoring the data monthly so they can intervene early if there are emerging issues. Furthermore, the visit and recommendations will influence long-term change by informing the Trust's strategic plans for the Emergency Department.</p>

Performance Indicators	
	<p>2. Woodingdean Medical Centre:</p> <p>Out first engagement with Woodingdean Medical Centre raised the issue of patients having difficulty accessing appointments. As a result of the survey, Woodingdean Medical Centre enhanced the information on their website about 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 they can help patients, information about help for patients outside the practice including the Enhanced Access Service and appointments provided by Brighton and Hove Federation, and an enhanced the profile of eConsult on the website. They also responded to feedback and introduced pre-bookable appointments up to 2 weeks ahead.</p> <p>In terms of long-term change, a follow-up survey (6 months later) repeated a question about ease of making appointments. This repeated question showed a slight improvement in accessing appointments. The 2024 survey showed that 26.5% of patients had found it either 'much easier' (9.6%) or a 'little easier' (16.9%) to make an appointment (among those who had made an appointment at WMC within the last 6 months). In comparison, the 2025 survey shows a slight improvement as 34.3% who found it 'much easier' (12.2%) or a 'little easier' (22.1%) to make an appointment. Nonetheless, 33.3% found this a 'little more difficult' or 'much more difficult' to make an appointment compared to 32.1% 6 months ago.</p>



Performance Indicators	
	<p>they are hopeful this will go some way to address the concerns over access. These findings have also been shared with the CQC.</p> <p>3. <u>Improving outcomes for people at risk of hypertension:</u></p> <p>The Trust for Developing Communities (TDC) in partnership with Bridging Change, Brighton Unemployed Families Centre Project, and Switchboard delivered a community outreach programme to improve outcomes for those most at risk of hypertension inequalities. Hypertension (high blood pressure) is one of the leading risk factors for cardiovascular disease and premature deaths, yet it remains significantly underdiagnosed and poorly managed across many communities.</p> <p>The intervention involved blood pressure checks and knowledge-sharing about heart health and hypertension in community spaces such as food banks and Black and Racially Minoritised (BRM) community groups.</p> <p>Healthwatch Brighton and Hove (Healthwatch) led the evaluation of this project by surveying 91 people to select 21 people to interview in receipt of the community intervention.</p> <p>Overall, the project had a clear positive impact on communities that are at higher risk for hypertension inequalities.</p> <p>Most of the survey respondents (64%) believed they knew more about what can cause high blood pressure after the session. Similarly, most interviewees (62%) said they learned something new.</p>

Performance Indicators	
	<p>Of the 21 interviewees, 16 took new action (e.g. sought GP appointments; started monitoring blood pressure; made lifestyle changes) and the remaining 5 said they would continue monitoring and/or engaging with their GP.</p> <p>The key enabling factors for regular checks identified were convenience; peer support; familiarity of outreach workers and building trust; feeling more relaxed and comfortable in a community space compared to a medical setting; and more accurate readings in community spaces.</p> <p>The key enabling factors for improving blood pressure identified were access to in person knowledge sharing and peer support; and access to communal exercising.</p> <p>This project contributed to a larger NHS Sussex initiative through support from a NHSE health inequalities fund, that involved a sample of 1500 patients. Indicative of long-term change, the wider project showed:</p> <ul style="list-style-type: none"> • Blood Pressure treatment to target up by 2.9%. • Blood Pressure monitoring up by 1.96%. • Lipid Lowering Therapy prescribing up by 5.22%. <p>Moreover, support for patients was improved by providing:</p> <ul style="list-style-type: none"> • An assertive, empowering and persistent approach to engaging patients. • Accessible communication in a range of formats. • Longer appointments at different times (including out of hours). • Blood pressure monitor loan and support to complete home monitoring.

Performance Indicators	
	<ul style="list-style-type: none"> Community-based interventions to increase patient knowledge and confidence.
<u>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 end. See annual performance report.</u>	See annual performance report which includes a new section on our social value and net zero work.
6. Support	
Number of safeguarding referrals and case escalations undertaken	3 safeguarding concerns raised. 1 case escalated to HASC (Health and Adult Social Care), (Brighton and Hove Community Housing) and BHCC.
Number of referrals to PALS and NHS complaints including POhWER/Advocacy People.	PALS – 6 POhWER advocacy people – 7 NHS directly – 7 Complaints to practice of Service Manager – 11 Dental council – 4
Annual report / stakeholder report with strategic partner satisfaction.	See annual performance report.

Performance Indicators	
Annual 360 review providing performance feedback from neighbouring HW and HWE on impact. See annual performance report.	See annual performance report.
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. See annual performance report.	See annual performance report.
Update and review HW Decision making policy.	Current decision-making policy last reviewed in July 2024, with next update due July 2026.