

This update is split into the following sections:

- (1) Your Healthwatch: news about our work and that of Healthwatch England (page 1)
- (2) [Health and social care updates](#) (page 7)
- (3) [COVID news](#) (page 13)

(1) YOUR HEALTHWATCH

(A) Healthwatch Brighton and Hove are recruiting



We are recruiting for a Project Officer to join our small, dedicated, and friendly team.

Deadline: Monday 13th December 2021 at 9am

People's views come first - especially those who find it hardest to be heard. We champion what matters to you and work with others to find ideas that work. We are independent and committed to making the biggest difference to you.

The post is funded for a year, and we hope to extend it subject to funding availability.

Salary £22,157 / Full Time 35 Hrs pw with flexible work options

To apply, please send a CV and covering letter to office@hwbh.co.uk

Your letter should describe your interest and suitability for the post, referring to the Job Description and Person Specification available on our [website](#).

We will hold interviews on Monday 20th December (or soon after), by Teams/Zoom or face-to-face, with the successful candidate notified before the festive break and hoping to start early January 2022.

(B) People's views about remote access to appointments during the Covid-19 pandemic - compilation of evidence.



Follow our 'Accessing health and care services - findings during the Coronavirus pandemic' (October 2020), we have strengthened our understanding of people's opinions towards remote consultations through a compilation of recent evidence. This review includes evidence from 28 studies since the start of the Covid-19 pandemic.

One of the main conclusions is a preference towards a hybrid system including text, phone, video, email and in-person appointments. The full report can be viewed [here](#)

(C) Have you needed to access your doctor's surgery in the last six months?

healthwatch
in Sussex

Here at Healthwatch, we believe that comparing lots of different experiences helps us and the NHS to identify patterns and learn what is or isn't working for people.

In this case we want to find out about your recent experience of accessing your doctors' surgery/GP-led Services. We're not asking you about your health/medical needs. We are interested in peoples' experience of trying to get support from doctors' surgeries.

[Please click here to take the survey](#) The survey closes on Friday 31 December 2021.

This survey should take no more than 15 minutes to complete. If you need the survey in another format, please call us on 0300 012 0122 or email helpdesk@healthwatchwestsussex.co.uk

The results of this survey will be collated and put into a report, which will be used to help shape the way services are developed. All responses will be anonymised, and no individuals will be named in the report.

(D) Waiting lists are inevitable. It's how we manage them that matters.

A record-breaking 5.7 million people are waiting for hospital care. In response, the Government is spending an extra £5.9 billion to tackle the problem. Latest research looks at how the backlog is impacting the lives of those waiting.



It is well known that COVID-19 has had a significant impact on hospital waiting times. Early in the pandemic, the NHS postponed lots of non-urgent care, freeing up beds for COVID-19 patients. As things progressed, people put off coming forward with new symptoms because they were simultaneously worried about putting extra pressure on the NHS and the risk of catching COVID-19 themselves. Most recently, the struggles of seeing a GP may mean there are even more people who need hospital care who simply cannot get referred in the first place.

All this has combined to create a huge backlog of people waiting for a diagnostic test or treatment. Even with the extra money announced by the Government, long waiting lists are here to stay. The NHS lacks the staff to see people more quickly, and doctors, nurses and other clinicians take a long time to train.

Over the last three months, Healthwatch England have heard from more than 2,500 people about their experiences, helping them to dig beneath the headlines and support the NHS to make good policy decisions on how best to manage waiting lists.

But what does this mean if you or a loved one are currently on a waiting list or think you may need hospital treatment?

[Read the full report here](#)

(E) Healthwatch learns that no local dentists are offering NHS treatment to new patients



Healthwatch Brighton and Hove recently called every dental practice in our city. We were extremely disappointed to learn that at the current time, no practices are taking on new patients for routine NHS treatment.

NHS Dentistry remains the second most common reason why people contact Healthwatch Brighton and Hove. Recently, we had been signposting people to the only dental practice in the city who we knew were actively taking on new patients for routine NHS treatment. In November, we were contacted by someone we had helped who advised us that this practice has stopped taking on new patients.

In response, Healthwatch Brighton and Hove called every dental practice in our city. We were extremely disappointed to learn that at the current time, no practices are taking on new patients for routine NHS treatment.

We found:

- That some practices are placing new NHS patients on a waiting list with some stating that the waiting time could be up to next year. Whilst most practices are no longer adding new patients to their waiting list due to it being too long.
- The University of Sussex Dental Surgery in Falmer are taking on new student patients but are not accepting booking from the general public.
- Lewes road Dental Surgery and Goodwood Court Dental Surgery are seeing patients on an emergency and high priority basis such as pregnant women etc, but are not taking on new patients for routine NHS treatment.

What you can do if you have Urgent need for dental care:

All dental practices have been told to prioritise seeing patients who need urgent treatment. We would encourage you to read our new guide to accessing dental treatment which can be found on our website. This provides advice to help you explain that you have an urgent need to be seen.

[Click here to access our dental guide](#)

(F) State of Care report



In October, the health and care regulator, the Care Quality Commission, published their annual review of NHS and social care support.

The report, which draws on the experiences of care people have shared with Healthwatch England, has found that health and social care services face some highly concerning challenges, including:

- A workforce drained in terms of resilience and capacity, especially in social care, where the staff vacancy rate has risen.
- A rising number of people seeking emergency care, leading to unacceptable waiting times; and
- Tackling the health inequalities that the COVID-19 pandemic has exacerbated.

The report welcomes the additional funding that the Government has allocated to help the NHS and social care address their challenges. However, CQC has called for the extra investment.

Sir Robert Francis QC, Chair of Healthwatch England said:

“During the pandemic, people have told us about the challenges they have faced. Whether this not being able to access dental care, problems using online GP services or being discharged from the hospital without the proper support. It’s great to see this report drawing so much on the experiences people have shared with us.

“We urge Government to act on this report. The health and care system upon which we all depend is facing a hard winter, but, as this report makes clear, the longer-term picture is also challenging.

“The steps the CQC are recommending, like extending the extra funding to help people leave hospital safely and ensuring there is enough dental capacity, will help give services the breathing space they need to get through this winter.

“However, come spring we need to grasp the opportunity to build a better NHS and social care system. A system that tackles health inequalities head-on, ensuring that no matter who you are or where you live, you can access high-quality care that meets your needs. A system that is sustainable, is designed round the needs of people and breaks perennial cycle of winter crises.”

[Read the CQC report](#)

(G) Louise Ansari appointed as Healthwatch England’s new National Director



[Louise joins Healthwatch England](#) with a strong background in health communications, social policy and local services. For the past five years, Louise has been Director of Communications and Influencing at the Centre for Ageing Better.

She has previously held senior leadership roles at Diabetes UK and Lambeth Council, and has also worked as a media specialist at Which? Magazine, the Food Standards Agency, and the Health Education Authority.

Louise will start work on 14 February 2022, leading our network of Healthwatch services that last year supported more than two million people to share their experience of care or to access advice and information.

She will take over from our former National Director Imelda Redmond CBE, who has stood down after five years in the role.

Carry on reading for health and social care updates!

(2) HEALTH AND SOCIAL CARE UPDATES

(A) “Preparing to say goodbye”

“Described by its publisher [Time to Talk Befriending](#), as a ‘guided conversation tool’ is an excellent booklet. Although intended to be for the benefit of those working with people at the end of their lives, I strongly recommend everyone to read it as we will all at some point in our lives need to have an intimate talk with a dying relative or friend. These can be very difficult and daunting conversations, but the advice offered here which includes suggestions about how to facilitate the dialogue by being equipped with a small number of open questions, as well as insightful guidance around the problems likely to preoccupy any person at the end of their life. The text is very well written and free from any medical or psychological jargon.

It also contains a useful guide to further reading, other resources and information about wills and funeral arrangements.

For 5 years until the COVID epidemic made it impossible for me to have access to the ward I had spent a day each week talking to patients in our local hospice and as it took me much of that time to acquire the skills described in this booklet, I can certainly confirm the accuracy and the practicality of the advice it contains.

In a situation where you might well not feel competent, and possibly lacking the confidence gained from similar experiences, this guide will certainly help you to have a meaningful and relevant conversation.”

- Duncan Stewart, Retired GP and Healthwatch Brighton and Hove volunteer

(B) NHS Drop-in Liver Clinic



Do you think you need a Liver Scan or are you worried about Hepatitis C infection?

If you are:

- Worried about your Liver?
- Feeling unwell or sick all the time?
- Feeling Tired all the time?

A Liver scan can be obtained for free at the Community Liver clinic at 33 Grand Parade, BN2 2QA.

- Book in every Thursday - via phone or email
- Emma can also test for blood borne viruses
- They can escort people to and from the appointments
- They can organise medications.

The process is and painless and can be done in minutes. Phone **01273 294026** to arrange an appointment and speak to Darren or Emma.

(B) How has the pandemic affected your gynaecological care?



The Royal College of Obstetricians and Gynaecologists (RCOG) is undertaking a project to look at the impact of the pandemic on gynaecology waiting lists.

The work will look at the size and scale of waiting lists and at the impact this is having on those who are waiting longer for diagnosis and treatment, and on the wider health service.

The College would like to hear from people whose gynaecology care has been affected by the pandemic. This might mean you have struggled to get an appointment with or a referral from your GP to see a gynaecologist, waited longer for tests or a scan to receive a diagnosis of a gynaecological condition, or waited longer for treatment or surgery.

The College wants to understand your experiences of having a suspected or diagnosed gynaecological condition that isn't cancer, as 'benign' gynaecological conditions are managed differently in the NHS. This could be for conditions such as endometriosis or fibroids, heavy periods, incontinence or recurrent urinary infections - anything you'd be referred to a gynaecologist for.

You can access the survey through the link below and the College would love if you could share it with any friends, family or networks you have to help it get as clear a picture as possible about the true impact of the pandemic on gynaecology.

[Take the survey](#)

(C) November is #PancreaticCancerAwarenessMonth



November is Pancreatic Cancer Awareness Month to encourage people to recognise the signs and symptoms of this disease so they can receive treatment sooner.

There are around 10,500 new cases of pancreatic cancer every year in the UK and nearly eight out of 10 are diagnosed at a late stage.

Risk factors for pancreatic cancer

There are some key factors which may increase the risk of developing pancreatic cancer:

- **Age:** In the UK, nearly half (47%) of people diagnosed with pancreatic cancer are aged over 75. It is uncommon in people under 40 years old.
- **Smoking:** It's estimated that smoking causes more than one in five pancreatic cancers (22%) in the UK. The risk of pancreatic cancer increases the more you smoke, and the longer you have smoked.
- **Being overweight:** Around one in eight pancreatic cancers (12%) may be linked to being overweight or obese (a Body Mass Index of 30-plus).
- **Family history of pancreatic cancer:** Pancreatic cancer may run in a family. This isn't common, equating to less than one in ten (10%) of pancreatic cancers.
- **Pancreatitis:** People with chronic pancreatitis (inflammation of the pancreas) have an increased risk of developing pancreatic cancer. About 70% of chronic pancreatitis cases are due to drinking high amounts of alcohol over a long time.
- **New onset diabetes:** At the time of diagnosis, 65% of pancreatic cancer patients have diabetes. In 15% of those cases, the diabetes is longstanding,

however, for more than half of these pancreatic cancer patients, the diabetes is new onset.

support for people with pancreatic cancer



Pancreatic Cancer UK has a free Support Line staffed by specialist nurses and is open Mon-Fri 9am-4pm, with lines open 10am-6pm on Wednesdays. [Call 0808 801 0707](tel:08088010707)

(D) New Chief Executive Officer Designate appointed for future Sussex Integrated Care Board

Sussex
Health and Care Partnership

Adam Doyle has been appointed as the new Chief Executive Officer Designate of the future Integrated Care Board (ICB) for Sussex.

Adam has been appointed following a nationally competitive recruitment process, ahead of the ICB becoming fully functional from April 2022, subject to Parliamentary approval of the current plans. ICBs are part of the new legislative proposals set out in the Health and Care Bill 2021, which are currently at the committee stage of the Parliamentary process, receiving a detailed examination following its second reading. The ICB for Sussex will be responsible for a health budget of over £2bn and will oversee the commissioning, performance, financial management and transformation of the local NHS, as part of the Sussex Integrated Care System (ICS).

Adam will officially take up his new role when the ICB is expected to be fully operational from April 2022, subject to Parliament confirmation. The legislative proposals that will create ICBs as new statutory bodies as part of the Health and Care Bill is currently being agreed through the Parliamentary process and is at the committee stage, receiving a detailed examination following its second reading.

(E) Mouth Cancer Action Month

Although mouth cancer can affect anybody, around 91% of all diagnoses are linked to lifestyle. This means that by amending our lifestyle choices, we can help cut the chances of developing mouth cancer

When checking for mouth cancer early detection is crucial, look out for:

- non healing ulcers
- red and white patches
- unusual lumps or swelling



Mouth cancer risk factors: Tobacco, alcohol, diet, HPV (The Human Papillomavirus), chewing or smokeless tobacco and environment

[Download Mouth Cancer Action Month Digital Toolkit](#)

(F) Failing social care system reflected in relentless rise in upheld complaints



The Local Government and Social Care Ombudsmen published their annual review of adult social care complaints for 2020-21. Over the past year, their adult social care investigations have shown a system that is increasingly failing some of those who need it most.

The faults they find are not usually one-off mistakes - they are more frequently being caused by measures taken to balance the books in a system under immense funding pressures, and they see the human impact of this in the complaints coming to them.

However, the past year has not been all 'doom and gloom' for the sector - their evidence shows it responded well to COVID-19 and the majority of staff working in social care are doing an excellent job in spite of the pressures they are under. They also used the evidence from their casework over the past 12 months to respond to care regulator the Care Quality Commission (CQC)'s annual review of complaints.

Ombudsman, Michael King said:

"All too often, people who use adult social care services don't have the freedom to shop around for their care or change their circumstances once they are in the system. Without that choice, service failings have an impact on the health and wellbeing of people in care and their families."

[Read their review](#)

Carry on reading for COVID updates!

(3) COVID NEWS

(A) Sussex passes 3 million COVID-19 vaccination milestone



More than 3 million first, second and booster COVID-19 vaccinations have now been delivered across Sussex.

This is the result of a real collective effort from everyone involved in the programme, and is testament to the amazing commitment and dedication of our vaccination teams. This means that over 82% of the eligible population in Sussex have had their first dose, and over 76% have had their second dose and around 70% have had their booster.

The COVID-19 vaccination programme started in December last year, and since then vaccinations have been provided in hospital hubs, vaccination centres, vaccination services and mobile vaccination teams. Across Sussex there have been more than 40 vaccination sites, with thousands of people involved in the programme, from vaccinators, to administrators, to volunteers, to community partners including transport providers. At the same time, flu vaccinations are also underway at GP practices, pharmacies and some COVID-19 vaccination sites. To date, more than 450,000 people have had their flu vaccination across Sussex.

If you are eligible and you have not yet received your vaccination, visit [Book a coronavirus vaccination - NHS \(www.nhs.uk\)](https://www.nhs.uk) or call 119 to arrange your appointment.

A series of changes have been announced by the government, amid concerns about the new COVID variant, Omicron. These have yet to be implemented:

- 18- to 39-year-olds will be offered booster jabs
- Boosters will be prioritised according to age and for at risk groups

- The minimum gap between receiving a second Covid vaccine dose and booster will be halved to three months
- Children aged 12 to 15 will be offered a second dose, three months after the first
- Severely immunosuppressed people will be offered a fourth dose of the vaccine, as a booster
- The booster will either be the Pfizer or Moderna vaccine

(B) COVID boosters



Scientists have already shown that protection from two does starts to wane after six months and a booster will raise your protection levels from 40-60% to over 90%. So, come forward for yours as soon as you are eligible.

You are eligible for your booster now if you are:

- aged 40 and over
- aged 16 and over with a health condition that puts you at high risk from COVID-19

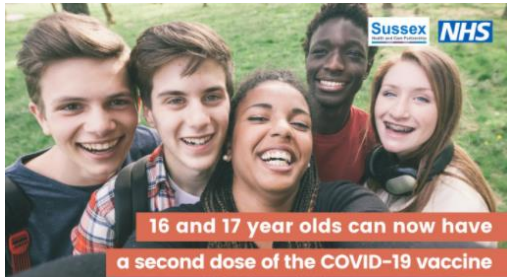
You are eligible for a COVID-19 booster when you reach six months (182 days) from the date of your second vaccination. You can attend a walk in clinic or book an appointment using the links above.

However, a series of changes have recently been announced by the government, amid concerns about the new COVID variant, Omicron. These have yet to be implemented so do please keep looking out for updates:

- 18- to 39-year-olds will be offered booster jabs
- Boosters will be prioritised according to age and for at risk groups
- The minimum gap between receiving a second Covid vaccine dose and booster will be halved to three months
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(C) 16 and 17 year olds recommended to have a second dose



The Joint Committee on Vaccination and Immunisation (JCVI) has advised that all 16 to 17 year olds who are not in an at-risk group should be offered a second dose of the Pfizer vaccine.

For those in this age group who have had COVID-19 infection, the second vaccine dose should be given 12 weeks or more following the first vaccine dose, or 12 weeks following a positive COVID-19 test result - whichever is later.

This advice is in addition to the existing offer of 2 doses of vaccine to 16 to 17 year olds who are in 'at-risk' groups.

The decision to advise the second dose is based on a review of the latest evidence of the benefits of the vaccine programme, compared to the risks of any side effects. A second vaccine dose increases the level of protection and is important for extending the duration of protection. As protection from the first dose will eventually start to decline, the benefits from the second vaccine dose will become more important over time. A second dose may also offer a reduction in the risk of hospitalisation and onward transmission to vulnerable close contacts.

(D) Other news

Omicron - The [Prime Minister has announced](#) new measures in response to the Omicron variant, including face coverings in shops and on public transport, PCR tests on or before day 2 for all international arrivals and self-isolation for contacts of Omicron cases, including for those who are fully-vaccinated.

From 29 November, face coverings should be worn in communal areas in all education settings by staff, visitors and pupils, or students in year 7 and above, unless they are exempt. Pupils or students in year 7 or above should continue to wear face coverings on public and school transport, unless they are exempt.

It's not yet known whether current [vaccines work as effectively against the new variant](#). However, when faced with other Covid variants, such as Delta, the vaccines have still been able to reduce the risk of severe illness. If necessary, pharmaceutical companies say they could update vaccines to match the Omicron variant in around 100 days.

Long COVID - You can access support for long COVID here <https://longcovid.org>

Testing for COVID-19 - find out how to get tested, what your test result means and how to report your result. [Or visit the Brighton and Hove Council website](#).

Weekly statement by the Public Health team based on COVID-19 cases across Brighton and Hove, 25 November 2021

In the 7 days up to 19 November (based on data published on 24 November) we had 1,339 confirmed new cases of COVID-19 in Brighton & Hove. This is:

- up 25% on the previous 7 days
- equivalent to a weekly rate of 459 per 100,000 residents
- lower than the South East which was 517 per 100,000
- higher than the rate for England, which was 424 per 100,000

Translated COVID-19 weekly statements - [Find COVID-19 weekly statements in your language](#). We usually update these every Friday.



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