

# Speaking up for better care

Healthwatch Brighton and Hove  
Annual Report 2025/26





**Acting Chief Executive  
Healthwatch England**  
Chris McCann

“

The NHS plays a vital role in our lives, and we know it faces real challenges. Listening to people’s thoughts about their care is one of the best ways to improve services. Every comment, concern, and compliment helps health and care professionals see what works and what needs to change, so care can be safer and better for everyone.

“We want to say a heartfelt thanks to all the local people who have taken the time to share their experiences, and to the health and social care professionals who have listened and acted on that feedback. Your commitment has helped make a real difference for our community.”

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# About Us

**Healthwatch Brighton and Hove** is your local health and social care champion.

**We ensure that NHS leaders and decision-makers hear your voice and use your feedback to improve care. We can also help you find reliable and trustworthy information and advice.**



## **Our vision**

Everyone in Brighton and Hove has access to the health and social care services they need, when they need them, to live a healthy life.



## **Our mission**

To ensure that everyone in the city knows about Healthwatch and understands that by sharing their experiences with us, they are helping to continually improve health and care services and are making a positive difference for all.



## **Our values – we are:**

**Inclusive.** We make sure that everyone's voices are included when decisions about health and social care services are made.

**Collaborative.** We work together with other groups and organisations to build strong relationships and make the biggest difference possible.

**Independent.** We are separate from the NHS, Local Authority, and other organisations, enabling us to hold services to account and act as a critical friend.

**Open.** We are clear and transparent about our work, projects and priorities, explaining what we are focusing on and why.

**Compassionate.** We understand that everyone's experience is different, and we respond with humanity and kindness to each person's story.

# A message from our Chair

The Health Bill has started its progress through Parliament. The intention to abolish Healthwatch has and continues to take up much bandwidth trying to second-guess the timing and planning for consequences of our potential closure.

However, despite a threatening Sword of Damocles hanging over us, the slogan, 'Keep Calm and Carry On' has been the spirit driving forward the Healthwatch Brighton and Hove team to continue delivering. Despite the uncertainty, we have worked to fulfil our contractual obligations to be the strong, independent voice of patients and service users.

As you will read elsewhere in this report, we have continued to conduct surveys, execute Enter and View site visits and issued well-researched and well-received reports. A new Secretary of State for Health and Social Care is in place and, as the Health Bill progresses through Parliament, many national voices support the retention of local Healthwatch. News of our closure may yet prove to be premature and until the law changes, we will continue to operate as normal.

I want to thank the staff team, Board, and all our dedicated volunteers for their continued support and dedication over a particularly challenging year. Since the last annual report, Salma Ahmed has stepped down, and we thank her for her counsel. The Board has been strengthened with the recruitment of Vahsti Hale who brings a wealth of experience to the organisation.



Chair  
Geoffrey Bowden

A handwritten signature in black ink, appearing to read 'Geoffrey Bowden', positioned above the quote.

“

“Despite the uncertainty, we have worked to fulfil our contractual obligations to be the strong independent voice of patients and services users.”

# A year of making a difference

Over the year we've been listening to your stories, engaging with partners, and working to improve care in Brighton and Hove. Here are a few highlights.

## Spring

We shared patient experiences of our Emergency Department with the Hospital Trusts' senior management and Care Quality Commission, in response to corridor care concerns. We're advised that our findings will shape strategic plans.



We conducted a follow-up survey of 1,600+ patients at Woodingdean Medical Centre to monitor how our earlier recommendations about improving access had been enacted. We were glad to see some positive changes.



## Summer

We heard from 49 refugees and asylum seekers about their health experiences. Insight was shared with our Integrated Care Board to plug gaps in their understanding. Some of our recommendations are now being implemented.

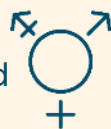


We visited our acute Trust's Kidney Unit in response to poor performance in a national survey. Our Enter and View and patient interviews empowered the Trust to improve how they will communicate with patients.



## Autumn

34 trans, non-binary and intersex people's views about GP care were included in a national report that highlighted areas of concern. We shared our findings at a national LGBT conference delivered by NHS England.



Our vaping report generated significant interest, described as "fascinating" by Public Health. It highlighted a need for accurate information for young people. The council used findings to support a Joint Strategic Needs Assessment review.



## Winter

Our research on people's attitudes to digital care, collected over five years, supported our detailed response to a government consultation about a new digital NHS. We made 14 recommendations.



Our insight about people's experiences of their home care resulted in providers committing to recruit more staff, deliver in-house training, simplify the process of openly talking with their care worker's Supervisors, and more.



# 48 volunteers, including 8 volunteer Board Members, and our staff team have...

Attended 71 Board Meetings

Attended 333 decision-making meetings

3,267 people shared their experiences of health and social care services with us, helping to raise awareness of issues and improve care.

202 people came to us for clear advice and information on topics such as GP access, mental health support, and finding an NHS dentist.



6 staff members  
= 4.5 full-time staff



We made 88 recommendations

£161,800

Funded by local government...  
but totally independent

# Making a difference in the community

We bring people's experiences to healthcare professionals and decision-makers, using their feedback to shape services and improve care over time. Here are some examples of our work in Brighton and Hove this year:



## Bringing experiences to life

**Hearing personal experiences and their impact on people's lives helps services better understand the issues people face.**

Commissioners of a relatively new Musculoskeletal (MSK) service better understand some of the barriers affecting local people after we shared one patient's experience, which resulted in a promise to follow this up directly with the person concerned. This has led to the development of a Sussex-wide poll to gather more experiences which we will share with commissioners.



## Getting services to involve the public

**By involving local people, services help improve care for everyone.**

Our city's Adult's Safeguarding three-year strategy now includes a strengthened priority to hear more from local people. Our proposal to deliver a targeted project was accepted and will capture the views of people who have recent experience of a safeguarding investigation about the process. This is the first engagement of this type for our city and will ensure that safeguarding is personal and focused on the needs of the person.



## Understanding the impact of GP changes

**We are helping commissioners and services understand the impacts of changes on patients.**

We have been actively involved in discussions with several practices affected by planned mergers to ensure patient's views are heard. As a result, we are working with the Patient Participation Groups (PPG) of two practices who have recently merged and are designing a survey to gather patients' views about the change. This will support the PPGs and practices to make service improvements. We will share results with NHS Sussex to support them with future mergers, with our survey acting as a template.

# What partners say about us

**“I have found the work of the team at Healthwatch Brighton and Hove totally invaluable. Their insight and their analysis is a fantastic resource for me and my team in the constituency and in Parliament too.”**

**Siân Berry MP**

**“Healthwatch have a critical role on the Safeguarding Adult’s Board (SAB) bringing challenge and in facilitating the resident’s voice. Partners have welcomed their work focussed on capturing people’s voices to prevent risk and harm to people. Without Healthwatch input it is unlikely that this work would have progressed in such a positive way. Thank you for all you do for safeguarding adults in the city.”**

**Seona Douglas, Chair, Safeguarding Adult’s Board**

**“As members of the Sussex Health and Care Assembly, Healthwatch play a key role in ensuring that we meet the aims set out in our ‘Improving Lives Together’ strategy. Their commitment to ensuring that the voice of people using services is always heard, is invaluable.”**

**Helen Greatorex, Chair of Sussex Assembly, Integrated Care Partnership**

**“The strong collaborative relationship between Healthwatch and the Health Overview & Scrutiny Committee has greatly supported effective scrutiny, informed decision-making and helped ensure that local people remain at the heart of service improvement and delivery.”**

**Gary Wilkinson, Chair, Health Overview & Scrutiny Committee**

**“As a critical friend, their [Healthwatch’s] independence ensures that the patient voice is heard clearly and objectively within our Trust and is acted upon to deliver tangible improvements for our patients. On behalf of everyone at University Hospitals Sussex, I thank Healthwatch and its selfless volunteers for their dedicated work on behalf of our patients and local community.”**

**Dr Andy Heeps, Chief Executive, University Hospitals Sussex**

**“The Healthwatch homecare interview process provides valuable insight into people’s lived experience of homecare services, helping to ensure that service development is informed by the voices of those who use and rely on support. By gathering consistent feedback from service users, the interview process supports evidence-based improvement, strengthens accountability, and helps commissioners and providers better understand the real impact of homecare services on day-to-day life.”**

**Jess Harper, Business Development & Engagement Manager, Homes & Adult Social care, Brighton & Hove City Council**

# Reflecting on improving care over time

Change takes time. We work behind the scenes with services to consistently raise issues and bring about change. We also work with partners to encourage them to use findings from our engagement activities to influence their strategic plans.



## Ensuring lived experiences inform the city's long-term approach to care

**Hearing personal experiences and their impact on people's lives helps our city better understand the issues people face.**

Two Healthwatch reports published in 2022 (experiences of mental health services) and 2024 (parent/carer experience of health care services for under five years of age, including those with Special Education Needs) have been recently cited in the city's Joint Strategic Needs Assessment (JSNA) review into Special Educational Needs and Disabilities (SEND), Learning Difficulties and Neurodiversity.

JSNA's help the city identify current and future health and wellbeing needs of local people. This means that the voices of people who we captured through our projects are now reflected in the city's longer-term plans for people with SEND.



## Improving Homecare

**Since September 2018, we have worked with the council to improve homecare services for people that need them.**

Our volunteers have conducted 1,052 interviews with residents about the home care they receive that is fully or partly paid for by the council. We have produced 54 reports on 28 different care providers, with interview data and service user comments, highlighting what people value about the service and their concerns, giving them a chance to be heard.

We have signposted 118 residents for additional services and support, requested 108 service reviews, and raised 23 safeguarding concerns.

Our work also directly shaped the contract specifications during the council's recommissioning process when recruiting the current homecare providers. It continues to provide a personal view of what people are experiencing in Brighton and Hove by highlighting the timeliness and continuity of their relationships with care workers, and how dignified people feel their care is for them.

# Working together for change

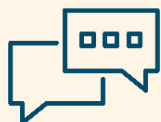
Funding from Sussex Integrated Care Board (ICB) enabled the three Sussex Healthwatch teams to combine their insight and attend key decision-making meetings, including the Sussex Health and Care Assembly and primary care boards, to independently scrutinise services and represent patient views.

**This year, by working together, we've achieved the following:**



## Bringing independent scrutiny of services to commissioners' attention

The NHS introduced 'You and Your General Practice' in late 2025. We reviewed 163 GP practice websites across Sussex, finding variations in how GPs were complying with requirements to be available to patients from 8:30am-6pm by phone, online, and in person. Information for patients was often confusing and contradictory. Commissioners for primary care agreed with our recommendations and committed to working with us and Patient Participation Groups to improve patient understanding and access.



## A big conversation

During 2025/26, the three Sussex Healthwatch teams ran seven digital polls to gather public views on hot topics. We heard from 2,360 people, including 423 from Brighton and Hove. Reports are published on our website and the Sussex Insight Bank (and listed on pages 42 – 43 of this report). Locally, we led polls on NHS satisfaction, General Practice, and weight loss treatment, sharing our insight with commissioners and providers to support their awareness of local experiences. Findings also informed our workplan and priorities for 2026/27.



## Building relationships to achieve more

Following our award-winning collaboration which influenced the contract for provision of Sussex Non-Emergency Patient Transport Service (NEPTS) in Sussex, we asked users for feedback six months after the new provider (EMED) started. We found worrying declines in satisfaction and heard stories of patients affected by delayed journeys. Our work informed a Health Overview and Scrutiny Committee review, and we met with the provider and NHS commissioners who accepted our recommendations in full and agreed to develop an action plan.

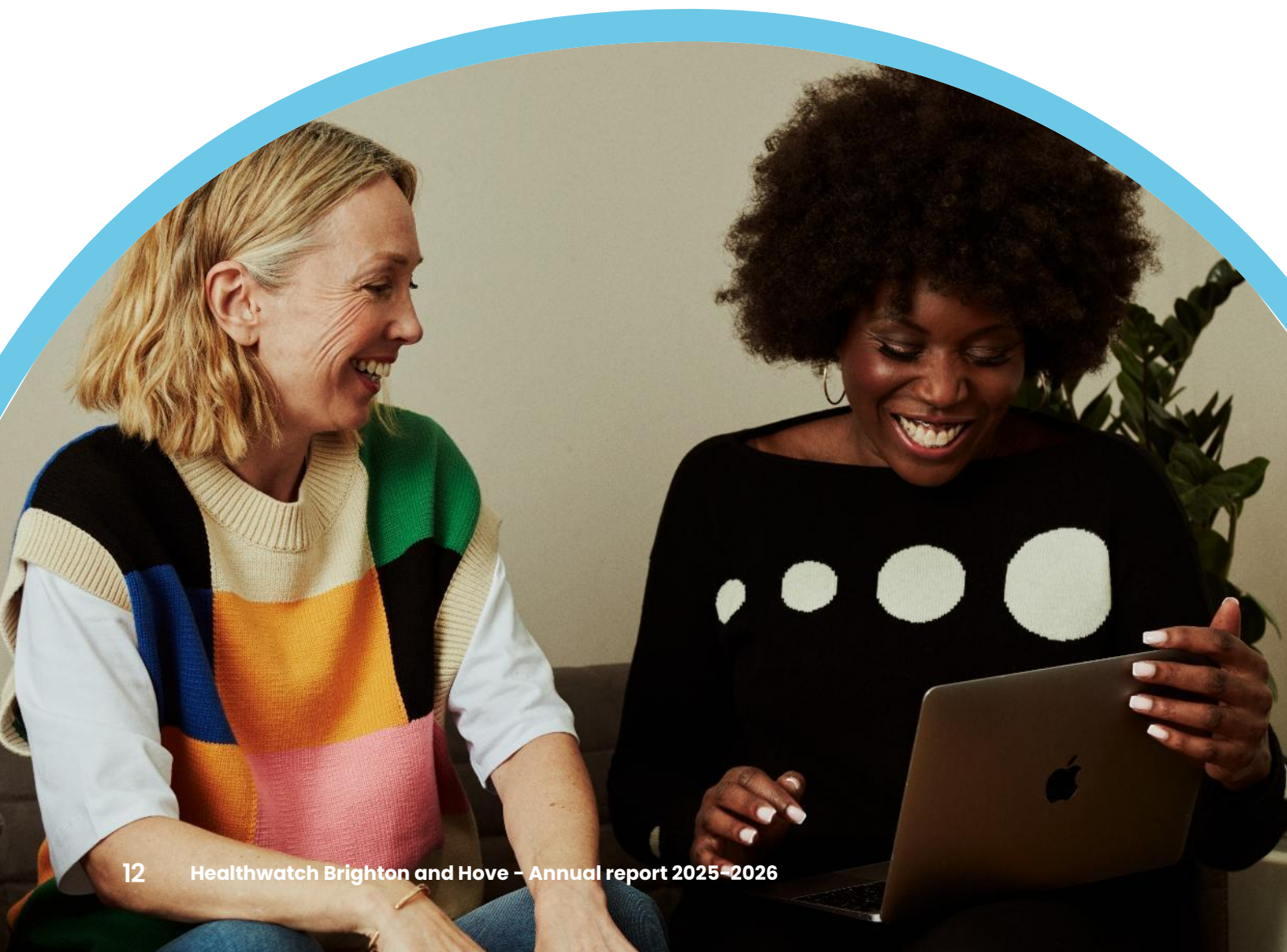
# Listening to your experiences

Services can't improve if they don't know what's wrong. Your experiences shine a light on issues that may otherwise go unnoticed.

This year, we've listened to feedback from all areas of our community. People sharing their experiences of care help us know what's working and what isn't, so we can give feedback on services and help them to improve.

Our helpline provides a picture of what concerns people, with residents reaching out to discuss hospital care (including waiting times for appointments), access to GP support and NHS dental treatment, and enquiries around social care support.

As a positive outcome from using the helpline, 78% said it was helpful - extremely, very and somewhat - and 82 people were signposted for further advice and support this year.



# Young Healthwatch – action on vaping after young people speak out

**Our study shows that children and young people – and their parents – need more education and information about vaping, including risk factors.**

Our earlier desktop report revealed that children and young people with Special Educational Needs and Disabilities (SEND), specifically ADHD, are more likely to vape. However, little is known about their experiences. To help us learn more, we worked with two local charity groups ([AMAZE](#) and [The Parent Carers' Council \(PaCC\)](#)) to co-create a survey and carry out interviews. We heard from 21 children and young people (CYP) with SEND and 31 parents and carers.

## Key things we heard:

65%

of CYP reported vaping or trying to vape.

69%

of CYP who vape told us it helps with their mental health and/or relieves stress.

75%

of CYP said advertising encourages them to vape.

81%

of parents/carers and 70% of CYP thought vaping was unsafe.



“Vaping can make me a little less stressed, but I vape because I like it. I think vaping is worse than cigarettes. I’ve no idea where I would go for help to give up.” **Young Person**

“It’s hard to argue when your child states they need to vape for their mental health, particularly when they have a history of self-harm.” **Parent**

## What difference did this make?

Our research identified ways to support CYP with SEND to stop vaping and made five recommendations. We shared our report with Public Health who said, “it begs the need for more research into this area”, describing our findings as “fascinating”. Our report was shared with the Schools Advisory Service, with teachers, with the Schools Mental Health Service, and the Drug, Alcohol and Sexual Health team.

**Read our [Desktop Review](#) and [Vaping in Young People with Special Educational Needs Report](#)**

# Sharing people's views about a new Online NHS Trust

**Only 28% of respondents to our survey were aware of the new Online NHS Trust. Local people's views were divided, with some welcoming its creation and the possibility of reduced waiting times. For others it raised concerns around digital security and access for those who struggle with technology.**

159 people shared their views with us about the new virtual hospital that is being set up by the NHS as part of the government's NHS 10-Year Plan. The Trust will deliver more care remotely. Also, the aim of the Trust is to reduce waiting times and to modernise the NHS. The Trust is scheduled to go live from 2027.

## Key things we heard from survey respondents:

**32%**

were happy to be referred to the new Trust, 30% were not.

**93%**

of those who were happy to be referred, thought an online trust would reduce waiting times.

**76%**

of those who were unhappy to be referred, said they did not like using online services for their care.

Our survey results formed part of a detailed response to a consultation about the new Trust, which was also based on extensive engagement with local people about their preferences towards digital and remote appointments.

From this, we know that the elderly, ethnically diverse people and LGBTQ+ people are less likely to use digital technology to manage their healthcare.

## What difference did this make?

Our report has contributed to the government consultation, and we received a response from the Department of Health and Social Care saying the Secretary of State will consider these results. This means that local voices will influence the development of the Trust.

Our wider work exploring digital care has also been shared with providers and commissioners of local services and has helped to plug gaps in their understanding.





“Online is more flexible due to my caring responsibilities – I sometimes cancel appointments if my children need me.”

“I do worry about receiving inaccurate information and the security of my data.”

### Survey respondents



“We want to thank all respondents for their contributions to the consultation, which the Secretary of State will be considering when making their decision on the establishment of the Online NHS Trust.

“The consultation responses will also support the ongoing policy development of NHS Online, and the programme will continue to work with patients, carers, and their representatives to develop the service.”

**Dr Zubir Ahmed MP**  
**Department of Health and Social Care**

[Read our report](#)

# Reviewing hospital environments using our Enter and View powers

**The Emergency Department (ED) and Kidney Unit at the Royal Sussex County were visited by our staff team and volunteers to conduct Enter and Views and to speak with patients. Our reports described many positive findings but included recommendations which were accepted in full.**

In April 2025, we spoke to 31 patients and reviewed the environment of **six areas of the ED**. Our visit followed a Care Quality Commission report raising concerns about corridor care – the Trust asked us to complete an independent review.

## Key things we heard from survey respondents:

**75%**

of patients were satisfied with their experience of the department.

### High patient satisfaction:

- feeling safe (79%)
- access to toilets (75%)
- cleanliness (72%)

### Low patient satisfaction:

- availability of seating (45%)
- privacy levels (43%)
- noise levels (43%)

Overall, people had mixed experiences. Nearly half of patients told us they had not been kept updated by staff, but at the same time staff received the most compliments and patients acknowledged the challenging environment. We shared our report with CQC and NHS Sussex. The Trust added our recommendations to their 'Impact Tracker' to ensure they are actioned.



"They do a great job; everyone has been lovely. It makes me feel safe."

"Seating is inadequate, my wife fetched a chair to sit on from another part of the department."

### Survey respondents

### Response from University Hospitals Sussex

"Huge thanks to the team at Healthwatch Brighton and Hove 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."

[Read our Enter & View Report: Emergency Dept](#)

**The Sussex Kidney Unit** is a specialist service providing renal care for the patients of Sussex and has been ranked as 63rd out of 66 centres, making it one of the lowest ranking renal services in the country. The April 2024 survey was led by the UK Kidney Association in partnership with Kidney Care UK (PREM). In August 2025, we attended the unit to speak to 14 patients in more depth.

## Key things we heard and saw:

- We asked patients about how well they were communicated with and we received mixed feedback. Patients were generally happy but reported wanting letters to be more sensitively worded around changes to their care, for staff to introduce themselves, to increase patient awareness of support groups, and to improve communication between the renal teams and GPs.
- We scored the three areas we visited highly for being welcoming, safe, caring, well-organised and calm. We highlighted concerns about a lack of storage and safety in the waiting room and reported that the haemodialysis room was cramped and cluttered. Patients' opinions mirrored ours, although 85% were happy with the environment overall.



"The nursing is superb! They're always so positive."

"You can feel a bit lost; they do not tell you what is going on and you have to chase to find out."

### Patient responses

## Our recommendations included:

Improving storage facilities, making improvements to the dialysis waiting area (e.g. seating, placing a manned desk, and toilet repair), improving the patient information on display (e.g. providing information about staff), replacing some ceiling tiles and fixing the second lift which was out-of-order.



### Response from University Hospitals Sussex

"We would like to thank Healthwatch Brighton and Hove for the detailed report [which] offers valuable insights that will guide us in improving our service, particularly in enhancing communication with our patients. We are also deeply grateful to our patients for their candour and honesty, which is essential in helping us deliver better care."

[Read our Enter & View Report: Sussex Kidney Unit](#)

# Trans, non-binary & intersex experiences of GPs in Brighton & Hove

We were one of 10 local Healthwatch commissioned by Healthwatch England to enhance their understanding of trans, non-binary & intersex experiences of GP care. Locally, we had 34 responses to this survey, and though the feedback highlighted some areas of concern, there were many positive findings too.

In summary, GP support for gender and other care was good overall, but a significant minority thought it could be improved. More respect was thought to be shown by GPs, practice nurses and receptionists, compared to pharmacists and practice managers. Accessing hormone replacement therapy (HRT) was not problematic for most, although some had a more negative experience. Continuing this theme of mixed experiences, waiting times to change patient gender markers varied considerably, with some waiting up to two years.

## Key things we heard:

63%

rated GP support as good with many positive comments.  
- 20% rated GP support as poor.

59%

felt confident of using their GP as a trans or non-binary person.

44%

had accessed HRT through their GP with no issues  
- 18% experienced refusals, delays, abrupt changes by having their subscription randomly stopped, and having to change GPs due to staff changes.

69

*"I have a trans GP here in Brighton who has shaped his whole surgery to be trans-inclusive. I asked for the hormones I need, and I was given the hormones I need."*

*"I feel that my local GP doesn't recognise my gender identity or honour it. The care I receive and pronouns used/way I am referred to does not acknowledge or respect me."*

**Survey respondents**





## Our recommendations:

1. There should be clear guidelines and training for GP staff and other health workers:
  - to reduce the concerns of TNBI patients being treated negatively by members of staff.
  - on the importance of the use of TNBI patients' preferred names and pronouns.
  - on the importance of TNBI patients' gender markers, and clear information provided on how to get their gender marker changed.
2. Gender markers should be amended to include non-binary as an option, to more accurately reflect the patients' gender identity.
3. To alert NHS system leaders about the:
  - long waits for service users to be seen by a gender specialist, and the impact that can have on mental health.
  - need to reduce the long waits for patients to change their gender marker.
  - inconsistency of approach regarding HRT subscriptions and that patients are reliably informed of any changes to their subscriptions.
4. Patient records should include a 'body indicator' – a marker that reflects the patient's physical anatomy relevant to clinical screening – to show which health screening patients should be referred to, irrespective of their gender marker.



[Read our report](#)

# Our work on general practice

## Woodingdean Medical Centre

**We returned to Woodingdean Medical Centre to assess what changes had been made in response to our survey results from 2024.** We initially visited the surgery in response to people telling us that it was difficult making an appointment.

### What did we do?

In 2025, with the Practice's support, we ran a second survey which asked people to consider if it had become easier or more difficult to make an appointment.

1,612 people responded to our survey, and we were pleased that more patients said it was now easier to make an appointment but also noted that further improvement was still needed.

### Key things we heard:

**34%** found it very easy or easy to make an appointment. Previously in 2024, this was 26.5%.

Overall, our 2025 survey showed that people now found it slightly easier to book an appointment compared to six months ago.



*"We registered with this practice about six months ago & have been very pleased with the excellent service we have received."*

*"Once you get an appointment, service is excellent. Front desk staff are friendly and helpful. Nurses are also excellent."*

### **Patient quotes**

## What difference did this make?

The Practice had previously accepted our recommendations and had increased their GP capacity with plans to improve continuity of care for those patients with the greatest need. They are also working to increase the use of the NHS App and improve their website to ease the process of making appointments.

69

*“We would like to thank Healthwatch for organising the follow up survey. We know the challenges that face patients nationally in obtaining GP appointments and we will continue to strive to offer our patients the best care we can within the capacity we work to.*

*We are pleased there has been positive impact in on our patients experience in making appointments.”*

**Practice Manager, Woodingdean Medical Centre**

[Read our report](#)

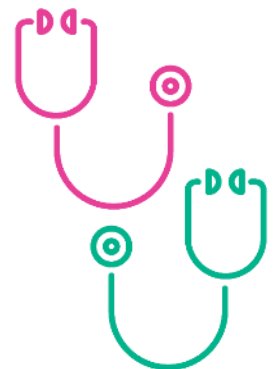


**Links Road and Wish Park Surgeries**

This year, Links Road and Wish Park surgeries merged – effective from April 2026 – and services have moved to Wish Park.

We were involved in discussions with both practices and NHS Sussex to ensure patients’ voices were properly heard. Following the merger, we have worked in collaboration with the Patient Participation Groups from both surgeries to develop a survey to explore the impacts this merger may have had on patients.

This survey is being implemented in August 2026, and its results will be published later in the year. Our survey can be used for further mergers which are planned across the city.



# Gaps identified for patients in information provided by GP websites

In late 2025, a programme called **You and Your General Practice (YYGP)** was introduced to help ensure GP services are delivered consistently and that patients can easily find the information they need.

To check how this was being put into practice, the three Sussex Healthwatch organisations reviewed 163 GP practice websites, looking at whether information about accessing services – by phone, online and in person – was available and if patients could access these services weekdays from 8am and 6:30pm.

## Key things we found:

**38%** of GP websites did not have information on face-to-face access between 8 am and 6:30 pm.

**22%** of GP websites did not have information on phone access between 8am and 6.30pm.

**33%** of GP websites did not have information on digital access between 8am and 6.30pm.



Most GP websites followed YYGP guidance, but some included unclear and contradictory information, which may confuse patients about how they can access services and may not reduce pressures on GPs.

## What difference did this make?

We shared the results of our review with NHS Sussex – which commissions GP services across the county.

Our findings helped them identify GP practices that need the most support to meet YYGP standards; supported ongoing work with practices and website providers to make information clearer, more consistent, and easier for patients to understand; and identified a commitment to work with us and Patient Participation Groups to regularly review and improve website content moving forwards.

## Response from NHS Sussex

“NHS Sussex welcomes the findings of Healthwatch’s countywide review of GP practice websites and the implementation of the You and Your General Practice (YYGP) requirements. We appreciate the scale of the work undertaken, the clarity of the insights provided, and the constructive spirit in which this exercise has been carried out.”

[Read our report](#)

# Speaking to those receiving homecare to understand their experiences

**Our volunteers regularly interview people receiving homecare services that are fully or partly funded by Brighton and Hove City Council. We report our findings monthly so they can share them with the care providers and assess service quality and safety. This year, our volunteers spoke with 190 people.**

Compared to last year, service users remain positive about their carers and the support that they receive from care providers, though the number of complaints remains high at over a third – the same as in 2025. The council is working with care providers to address the concerns.

## Key things we found:

90%

'agreed' or 'strongly agreed' that they were happy with how their carers treated them – **previously 92%**

86%

felt the help they got from providers was 'very' or 'extremely useful' – **previously 86%**

37%

had made a complaint – **previously 37%**

69

*"I am very lucky. They are all brilliant and I think of them like part of my family".*

*"Daughter said she thought that the carers are wonderful and it is a relief for her to know her Mum is being looked after so well."*

*"Complained about inability of one carer to carry out even basic food preparation tasks."*

**Service user feedback**



## What difference did this make?

We signposted 10 service users for additional advice and information, requested 20 service reviews, and raised three safeguarding concerns.

Our reports continue to play a key role in helping the council monitor the experiences of people receiving home care and supports efforts to maintain high standards across providers by holding them accountable when these standards aren't met. Our 2025/26 Annual Report will be published later this year.

[Read our 2024/25 report](#)

# Improving patient experience of Non-Emergency Patient Transport Service

**Patients told us that the new Non-Emergency Patient Transport Service (NEPTS) needs to improve. NEPTS supports people whose condition means they need support to travel to and from hospital and medical appointments.**

Healthwatch in Sussex undertook our fifth joint review of NEPTS. We used patient feedback from our 2020 review to shape the re-commissioning of the service, leading to contractual requirements to improve communications, provide clearer eligibility, and improve signposting. This work earned us the Healthwatch England Impact Award in 2025 – the first ever joint winners.

## What did we do?

We launched a survey to understand patient experiences of NEPTS since the EMED Group took over delivery of the Sussex contract on 1st April 2025. We went into local hospitals to speak with patients and staff. We heard from 151 people.

## Key things we found:

**62%**

of respondents were satisfied with the service  
- a drop from 79% in 2020.

**68%**

of respondents would recommend the service  
- a drop from 86% in 2020.

**73%**

of respondents had experienced delays or problems.

We heard about issues patients had with being taken or collected in a taxi rather than a specific patient transport service. Hospital staff also told us that they felt the service had declined.



"I have had mixed experiences... I am really grateful for the service, but they are often late picking me up and dropping me home."

"... in the last 3 months the company is beginning to understand the difficulties... and are beginning to overcome the problems."

## Survey respondents

## What difference did this make?

Our report was shared with commissioners of the service, as well as EMED, and we met with them to discuss our findings. The recommendations were accepted in full and details of the steps EMED were taking to address our concerns were shared with us.

### Recommendations included:

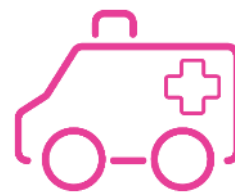
- focusing on reducing delayed hospital pickups
- strengthening communication and escalation pathways
- reviewing services provided by subcontracted companies
- reviewing the use of private hire taxis
- improving and promoting the Patient Zone (an online booking portal for patients)
- delivering a more consistent service across the whole of Sussex.



NHS Sussex commissioners and EMED are actively tracking our recommendations as part of formal operational and contractual meetings.

### Response from EMED

"Thank you for the care Healthwatch in Sussex has taken to capture patients lived experience of NEPTS. We welcome this kind of independent scrutiny, as the feedback helps us continually improve the services to local people. We are proud of the progress the team has made. But we are not complacent. Behind every statistic is a patient who waited longer than they should or struggled to get through to us, and that is what drives us to keep improving."



### Response from NHS Sussex

"We recognise that while the service is delivering over 23,000 journeys a month, there are areas where patient experience must continue to improve. We remain committed to working in partnership with both Healthwatch and EMED to ensure that the Sussex NEPTS is ... consistently responsive to the needs of our patient population."



[Read our report](#)

# Other work we have delivered this year

## PLACE visits

This year, our volunteers visited hospitals run by two NHS Trusts to assess the environments where care is delivered. This work is known as [Patient-Led Assessments of the Care Environment](#).

We visited departments across the Royal Sussex County Hospital, Royal Alexandra Children's Hospital (RACH), and the Sussex Eye Hospital. We also visited Mill View Hospital. We shared feedback to support improvements as part of the national NHS Place programme.

[Read our report](#)



## Climate Change project

This year, we were an active partner in a city-wide partnership led by the Trust for Developing Communities (TDC) along with 20 other local voluntary and community groups, to deliver a Lottery-funded Climate for Communities Project.

We attended 24 meetings and provided the partnership with insight on how best to evaluate the impacts of the project from a health and wellbeing perspective. We also conducted desk research on climate, health and wellbeing, and discussed and ensured connectivity between differing evaluation strands and partners. We discussed ways to engage with, and measure impact among, people with learning disabilities.

Sadly, due to the uncertainty regarding our future, we have had to withdraw from this and have lost associated funding.

[Learn about our climate commitments](#)

# Events attended, what we heard

Our staff team and volunteers attended nine different events and forums across the city and engaged approximately 140 local residents.

## Events and forums

We were pleased to attend a diverse mix of events and forums, including:

- Age UK Walk-in Hub drop-in session
- University of Brighton consultancy project
- Musculoskeletal Community Appointment Day
- Hangleton and Knoll Project community health drop-in
- Share for Better Care Week drop-in at Jubilee Library, Brighton
- Older People's Council
- Possability People's Get Involved Group
- LGBT+ Health Evidence Review Southeast session
- Home Care Forum



## What did we hear?

We meaningfully engaged people from different backgrounds and lived experience, and heard common themes come up repeatedly.

Themes included a lack of confidence when contacting GPs, reducing waiting times for treatment, a need for accessible musculoskeletal services, the gains and challenges of using digital platforms to access the NHS, better communication from the local council, and concerns around mental health.



## We also heard positive stories:

"They were all wonderful and I felt that they really cared about me. Thank you to all the staff that supported me".

### Fracture Clinic – Service User

"I had a hot fleck of metal ping into my eye – minor work accident – I realised I needed attention, so I went to the walk-in eye clinic – and had a WONDERFUL EXPERIENCE – INSTANT RELIEF/FIXED! Thank you."

### Sussex Eye Hospital – Service User

[Read our report](#)

# Looking ahead 2026/27

Projects we will be delivering this coming year.

## Hearing from more men



Our equalities data shows we need to hear more from men about their health and social care experiences. We have co-designed a survey with local charities and will run interviews and focus groups. The survey will be open to everyone to help compare findings across groups.

## Understanding peoples' experiences of safeguarding



We worked with partners to design a new initiative to capture the experiences of people who are subject to a safeguarding enquiry. We are running a survey and speaking to people about their experiences. The results will be used to improve safeguarding processes across the city.

## Understanding peoples' experiences of the home care they received



We will continue to run our successful volunteer-led project, which the council uses to routinely improve home care services.

## Understanding peoples' experiences of GP practices



We are finalising a survey – due to launch this summer – to gather patients' views on the recent merger between Wish Park and Links Road GP surgeries. We have also secured funding to explore GP access for people living in the Whitehawk area of the city.

## Enter and Views of services



We will visit the Sussex Eye Hospital in Brighton to conduct a review of the environment and capture patient's views about proposals to move some eye services into community settings.

## Events



We will continue to run pop-up events at places around the city, following the hugely successful event at the Jubilee Library at the end of March, where we spoke to over 50 people.

## Sussex-wide polls



We will run our short surveys which capture people's views about different services. Areas of focus this year includes musculoskeletal (MSK) services (physiotherapy) and use of nicotine patches.

## Representing and supporting you



We will continue to attend meetings with partners, contribute to key decision-making Boards, escalate your concerns, and seek answers from the system. We will provide advice via our website, social media, newsletters and ad hoc bulletins, and respond to your enquiries.

# Hearing from all communities

We're here for all residents of Brighton & Hove. That's why, over the past year, we've worked hard to reach out to those communities whose voices may go unheard.

Every member of the community should have the chance to share their story and play a part in shaping services to meet their needs.

## **This year, we have reached different communities by:**

- Collaborating with specialist charity, Sanctuary on Sea, to hear from refugees and asylum seekers whose voices are often underrepresented in health and care
- Conducting research with young people with special educational needs to hear their opinions about vaping
- Engaging trans, non-binary and intersex people via Brighton & Hove LGBT Switchboard, and sharing their feedback about local GP services at a national LGBT NHS England conference.



# Hearing from diverse communities

Every year we evaluate our projects and reviews of health and care services to see how effectively we have engaged with the general population of the city and its diverse communities.

## What did we do?

We reviewed equalities data from 19 projects, engagement reports, and helpline records, totalling 3,127 responses. This included information on age, sex, gender identity, ethnicity, sexual orientation, disability, and carer status.

We compared our data with the Brighton and Hove census (2021) figures and the more recent [Health Counts \(2024\)](#) data to assess how effectively we are reaching diverse communities.

## People we engaged:

42%

said they had a disability – compared to 19% from the census and 35% from Health Counts 2024.

39%

self-described themselves as men – compared to 48.9% from the census and 38% from Health Counts 2024.

26%

were LGBTQ+ – compared to 11% from the census and 21% from Health Counts 2024.

10%

said their gender did not match their sex assigned at birth – compared to 1% from the census and 3% from Health Counts 2024.

## What difference did this make?

Our equalities data is instrumental in showing how we are hearing views from diverse communities. This assessment feeds into our Engagement Plan, helping us identify which groups we need to prioritise over the next year, while recognising the intersectionality of people's experiences.

For example, although trend data shows we are improving, we still need to focus our efforts on engaging higher proportions of those who self-describe as men, Black and Racially Minoritised ethnic groups and younger people.



[Read our report](#)

# Engaging with refugees and asylum seekers

**We heard from refugees and asylum seekers about their experiences of accessing health care. They told us they face challenges caused by language barriers and complex processes for registering. As a result, many considered seeing a GP as the last resort.**

We partnered with [Sanctuary on Sea](#), a local charity supporting refugees and asylum seekers, to secure NHS Sussex funding for this engagement. We co-designed a survey, which was translated and delivered face-to-face by peer researchers. We also ran two focus groups and heard from 49 people.

## Key things we heard:

- Some people felt 'they were not taken seriously' by the GP
- Cultural issues acted a barrier for some e.g. being touched by a doctor
- People sought informal support from friends and family
- Others chose to go to A&E as alternatives to seeing a GP
- Digital exclusion and a lack of available interpreters were common barriers
- People were concerned about the quality of care and a bureaucratic system
- People felt that mental health support was often not available, and in some cultures mental health is rarely acknowledged as a condition of ill-health.



"The problem is most people [have] got a language barrier so it's very difficult to get support, especially in an Oromia language. So, it takes ages to access what they really need."

"Experience with the mental health counselling ... it's not really designed for someone who comes from trauma and particularly if you're a second language speaker, they just give you a space to speak, that's not helpful."

**Refugee and Asylum Seekers**

## What difference did this make?

We made seven recommendations and are meeting with NHS Sussex to discuss how our findings can help improve translation provision, cultural awareness among health professionals, and the GP registration process. Sanctuary-On-Sea are considering using the findings to develop future training and support services to help people get help when needed.

[Read our report](#)

# Information and signposting

When you're struggling to find an NHS dentist, looking for help about how to make a complaint, or need advice about a good care home for a loved one – we're your first port of call.

**This year, 202 people have reached out to us for advice, support, or help finding services. These conversations also help us to understand where, and how, your care can be made better.**

## **This year, we've helped people by:**

- Providing up-to-date information people can trust
- Helping people access the services they need
- Supporting people to look after their health
- Signposting people to additional support services.



**Contacting your local Healthwatch can meaningfully change the course of your care.** The following examples detail cases where local residents had reached an impasse with their requests for treatment or support, however, we were able to listen to their concerns and bring about a positive solution.

## **Surgery date for a lady suffering with gallstones:**

**‘Sarah’ had heard nothing from the NHS about her needed gallstone removal, and relapsed in February 2026, with acute pancreatitis.**

Thanks to our involvement, Sarah now has a date for surgery for gallstone removal after a long wait for urgently needed treatment.

Sarah found out she had gallstones in July 2025 when she was seen by a consultant who told her they needed to be removed. She contacted us in April 2026 as she had heard nothing about her surgery.

She reported losing weight, not being able to eat, and being in massive amounts of pain. We contacted the Patient Advice and Liaison Service at Royal Sussex County Hospital and Sarah now has an operation date for her gallstones to be removed.

Sarah was delighted with our help. She was so pleased that her operation was booked in and felt so much better knowing it was all going to be resolved.

**“Thank you from the bottom of my heart. I know how important Healthwatch is in keeping the NHS to account.”**

**Helpline user, ‘Sarah’**

## **Getting advocacy for a caller in distress:**

**We spoke to ‘Adam’ who had tried to contact the local advocacy service over 20 times, and they were not replying to him.**

Adam needed advocacy support for an upcoming court case and had not been able to connect to The Advocacy People. We contacted the commissioners of this service, Brighton and Hove City Council, who followed the case up. They were able to identify the cause of the delay, and the issue has been resolved.

Adam was able to access the support he needed and was “very grateful” for Healthwatch Brighton and Hove supporting them to get the advocacy, “I desperately needed”.

# Volunteers – at the heart of what we do

Our volunteers have given an incredible **3,055 hours / 127 days** to support Healthwatch. Thanks to their dedication to improving care, we can better understand the services and needs in our community.

**From finding out what residents think to helping raise awareness, our volunteers have championed community concerns to improve care.**

**This year, our volunteers:**

- Visited local communities and collected people's experiences
- Fed into our workplan and project planning
- Attended decision-making meetings and shared valuable resources
- Researched new ways to engage local people across different digital platforms
- Carried out Enter and View visits to local services to support their improvement.





“Volunteering for Healthwatch is a pleasure and a privilege, enabling the ability to represent the local communities’ voice on health and social care boards.”

**Vanessa Hollingworth**



**Vanessa**



“As a newbie I can only say it’s been a real joy to be part of Healthwatch. I have been welcomed and supported from day one!”

**Sarah Kahn**



**Sarah K**



“Being a Healthwatch volunteer is a rewarding and enriching experience. You can contribute to a diverse range of projects relating to health services in the city, including ‘Enter and View’ audits in hospitals and checks on homecare provision.

“These opportunities enable you to meet both healthcare service users and professionals and understand the key issues and challenges they face. This helps to support Healthwatch’s mission to champion improvement and change across a range of health services in Brighton.”

**Conor Sheehan**



**Conor**



# Volunteers

## – at the heart of what we do

“

It's fantastic to help provide a valuable service whilst also increasing my skills and learning about my career interests through volunteering opportunities.”

**Sarah Cox**



**Sarah C**



“

I've continued to volunteer on two Healthwatch projects, Homecare and the helpline. I provide admin support for Healthwatch staff, other volunteers and directly for users. I work remotely, collecting data, answering enquiries and researching signposting.

It's a very varied role and one that provides much needed advice and monitoring for the community.”

**Elaine Foster-Page**



**Elaine**

“

Due to family issues over the past few years, I had to step back from the volunteer work I had so enjoyed with Healthwatch over the previous decade. This year, I was in a position to increase the support I could offer once more. I received a warm welcome and great support.

Independent and effective assessment of local health services in a practical and positive way is Healthwatch's strength. I am proud to be a volunteer and to have contributed to their many successes in improving services.”

**Lynne Shields**



**Lynne**



“I’ve just started volunteering with Homecare Check and so far, it’s been a stimulating and enjoyable experience. I have already learned so much about the care sector through in-depth conversations with service users and care workers.

It’s an unusual opportunity to drop into people’s lives and share their insights, particularly during what is often the most challenging time of their lives.

As a volunteer, I have welcomed the training and mentoring provided by Healthwatch colleagues. It’s great to have the flexibility to work out my own schedule for the visits and interviews around other commitments. A nice mixture of independence and hands-on support and advice from Healthwatch friends when needed!”

**Anna Robinson-Pant**



**Anna**



**Ian**



“I volunteer for Healthwatch as a meeting representative and, on their behalf, attend two NHS Sussex meetings. One is the monthly Primary Care Commissioning meeting and the other is the quarterly Patient Engagement Group of Sussex Community Foundation Trust.

Both roles enable me to continue using some of my professional skills in retirement, keeping me mentally active and also able to learn about issues affecting my local community.

It’s been very satisfying to help NHS leaders and staff understand more about the experience of patients and their families in using health and care services, and to see how much they value the intelligence that Healthwatch is able to provide them.”

# Our Board of Directors are all volunteers



**Geoffrey  
Bowden**  
Chair



**Vanessa  
Hollingworth**  
Vice Chair



**Dr Khalid  
Ali**



**Angelika  
Wydra**



**Gillian  
Connor**



**Christopher  
Morey**

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## Goodbye & hello

### Salma Ahmed

**Salma Ahmed** stood down as a Director in July 2025. We would like to thank her for her time, professionalism, experience, insight and contribution to our work.



### Vahsti Hale



**Vahsti Hale** joined us as a Director in October 2025. Vahsti brings over 12 years' experience in research spanning health and public policy. She has an interest in ensuring the voices of underrepresented communities are heard in decision-making.

Vahsti has worked with Healthwatch England and other public and third sector organisations to deliver research that informs service improvement and drives policy change. We would like to formally welcome Vahsti to the Board.

[Learn more about our Board](#)

# Our authorised representatives

**This year, 54 authorised representatives reviewed services, attended decision-making forums, and spoke up for patients and care service users.** Our team included 48 volunteers, including Directors, and six members of staff.

Thank you to everyone who contributed to our mission.

Alan Boyd	Khalid Ali
Abigail Bandtock	Leah Ashley
Amelia King	Lester Coleman
Amy Woodhouse	Lynne Shields
Angelika Wydra	Marianne Stone
Anna Robinson-Pant	Mazzie Sharp
Barbara Loman	Neil McIntosh
Bharti Mistry	Nicholas Gorvett
Bob Deschene	Nick Goslett
Brian Clark	Nicola Jones
Brigid Day	Olivia Holgate
Caroline Trimby	Paul Koczerzat
Chris Jennings	Pauline O'Halloran
Christopher Morey	Richard Williams
Conor Sheehan	Salma Ahmed
Elaine Crush	Sarah Cox
Elaine Foster-Page	Sarah Kahn
Geoffrey Bowden	Sasha Rosario
Gillian Connor	Simona Pinto
Hilary Martin	Stewart Moysey
Howard Lewis	Sue Seymour
Ian Bretman	Sumi Yu
Jo Dorey	Sylvia New
John Gough	Tamsin Ayliffe
Judi Holly	Vahsti Hale
Kate Jones	Vanessa Hollingworth
Katy Francis	Will Anjos

# Our staff team

## **Alan Boyd**

Chief Executive

## **Dr Lester Coleman**

Head of Research

## **Will Anjos**

Project Coordinator

## **Kate Jones**

Project Coordinator

## **Jo Dorey**

Project Support Officer



*Left to right: Kate, Alan, Jo, Lester and Will.*

**Katy Francis left us in March 2026 to pursue her studies in psychotherapy.**



“

I feel incredibly proud of everything we achieved for our local community during my time at Healthwatch. It has been hard to say goodbye to such a brilliant team of staff and volunteers, and I will always be grateful for my time with you all.”

**Katy Francis**

# Message from our Chief Executive

**I always feel immense pride in our annual report and how much our small staff team and dedicated volunteers achieve. My thanks, as always, go to them for their tireless efforts.**

This year, I am particularly proud of the breath of our work, the strength of our partnerships and how our engagement has given a voice to people who experience greater health inequalities.

Following news last year, that government intends to abolish Healthwatch and bring an end to 52 years of independent representation for people who use health and social care services, I have been reflecting on our shared achievements. Since 2013, we have gathered more than 40,000 pieces of engagement, published 380 reports and helped over 4,000 people through our helpline.

Our work on behalf of local people has been shortlisted eight times for its innovation and impact, winning a [national award](#). Local voices have influenced service change and commissioning, and we've escalated your concerns and obtained answers. You can read more about our work in our recent report '[Why independence matters](#)'.

“We will continue to work with partners to urge the government to re-think its plans and retain an independent body which exists solely to support people to have their voices heard. I want to extend a heart-felt thank you to everyone who has supported us so far.”



**Alan Boyd, Chief Executive**

As one person who contacted us said, *“Healthwatch has helped me personally on two occasions. We need someone for our residents to go to, to push back and get the services they are entitled to.”*

If this is our last report – and I sincerely hope it is not – I want to thank everyone who has supported us: staff members, volunteers, partners and the public. It has been our privilege to serve you.

[Learn more about our staff team](#)

# Reports published 2025–26

We published 31 reports this year describing our work and your experiences of health and social care services.

No	Reports	Published
1	<a href="#">Healthwatch in Sussex poll results: your experiences of vaccinations</a>	April 2025
2	<a href="#">Healthwatch B&amp;H Annual Performance Report 2024/25 (1st April 2024 to 31st March 2025)</a>	April 2025
3	<a href="#">Our social value commitments: 2025–2030</a>	April 2025
4	<a href="#">Our climate commitments: 2025–2030</a>	April 2025
5	<a href="#">Healthwatch in Sussex poll results: NHS Satisfaction in Brighton &amp; Hove and Sussex-wide</a>	May 2025
6	<a href="#">Healthwatch visits to University Hospitals Sussex NHS Trust as part of the PLACE programme</a>	May 2025
7	<a href="#">Equality Impact Assessment 2024–2025</a>	June 2025
8	<a href="#">Healthwatch in Sussex poll results: supporting carers to attend their own healthcare appointments</a>	June 2025
9	<a href="#">Homecare Check Summary Report – May 2025</a>	June 2025
10	<a href="#">Healthwatch Brighton and Hove Annual Report 2024–25</a>	June 2025
11	<a href="#">Patients’ views about Woodingdean Medical Centre Part 2</a>	July 2025
12	<a href="#">Enter and View Report: The Emergency Department at the Royal Sussex County Hospital</a>	July 2025
13	<a href="#">Helpline enquiries to Healthwatch B&amp;H: April 1st 2024 to March 31st 2025</a>	July 2025
14	<a href="#">Our workplan for 2025/26</a>	July 2025
15	<a href="#">Healthwatch in Sussex poll results: how do your nutritional and dietary needs affect you?</a>	August 2025
16	<a href="#">Improving outcomes for people at risk of hypertension – Evaluation Report</a>	September 2025

**The reports are all available on our website  
– click the links below to view.**

No	Reports	Date
17	<a href="#"><u>Trans, non-binary &amp; intersex experiences of GPs in Brighton &amp; Hove</u></a>	September 2025
18	<a href="#"><u>Healthwatch in Sussex poll results: recent changes to GP practices</u></a>	October 2025
19	<a href="#"><u>A report on vaping and children &amp; young people with special educational needs</u></a>	October 2025
20	<a href="#"><u>Understanding the experiences and inequity of refugees and asylum seekers in accessing health services and receiving care</u></a>	November 2025
21	<a href="#"><u>Enter and View Report: The Sussex Kidney Unit at the Royal Sussex County Hospital</u></a>	December 2025
22	<a href="#"><u>Healthwatch in Sussex poll results: NHS support for children’s learning needs in Sussex</u></a>	December 2025
23	<a href="#"><u>Healthwatch Brighton and Hove Performance Report (1st April to 30th September 2025)</u></a>	January 2026
24	<a href="#"><u>Homecare Check - Annual Report 2024-25</u></a>	January 2026
25	<a href="#"><u>Healthwatch in Sussex poll results: experiences of using local pharmacy services</u></a>	February 2026
26	<a href="#"><u>Healthwatch in Sussex - ‘You and Your GP’ mapping</u></a>	February 2026
27	<a href="#"><u>A Healthwatch in Sussex report on Non-Emergency Patient Transport Services</u></a>	February 2026
28	<a href="#"><u>Consultation on the creation of a new NHS Online - our response</u></a>	March 2026
29	<a href="#"><u>Consultation on the creation of a new NHS Online - polling results</u></a>	March 2026
30	<a href="#"><u>Our social value commitments - annual update 2025/26</u></a>	March 2026
31	<a href="#"><u>Our net zero commitments - annual update 2025/26</u></a>	March 2026

# Finance and future priorities

We receive grant funding via Brighton and Hove City Council under the Health and Social Care Act 2012 to help us do our work.

## Our income and expenditure:

Income		Expenditure	
Annual grant from Government	£161,800.00	Expenditure on pay	£187,279.42
Additional income from project work	£39,640.66	Non-pay expenditure	£1,481.63
Other income	£12,087.86	Office and management fee	£23,314.61
<b>Total income</b>	<b>£213,528.52</b>	<b>Total Expenditure</b>	<b>£212,075.66</b>

## Additional / other income breakdown:

- Brighton and Hove City Council (BHCC) funding to deliver our Homecare project - £13,000
- A Lottery-funded project, led by Trust for Developing Communities - £10,000
- University Hospitals Sussex Charity for a series of Mystery Shops - £7,500
- BHCC funding to deliver a safeguarding project - £4,550
- NHS Sussex funding to deliver a men's health project - £2,724
- Earned in bank interest - £1,928.03
- NHS Sussex funding to support a migrant and refugee engagement project - £1,200
- NHS Sussex funding to support delivery of a mental health project - £666.66
- Sale of equipment/assets - £159.83

# Integrated Care System (ICS) funding:

Local Healthwatch across the NHS Sussex area also receive funding from our Integrated Care System (ICS) to support new areas of collaborative work at this level:

Purpose of ICS funding	Amount
To support activities at Sussex level, Healthwatch Brighton and Hove received:	£10,000

## Future priorities

**Over the next year (2026–2027), we will continue reaching out to every part of society – especially people in the most deprived areas – so that those in power hear their views and experiences.**

We will also work together with partners and our local Integrated Care System to help develop an NHS culture where, at every level, staff strive to listen and learn from patients to make care better.

## Our top priorities for the next year are:

Over the next year, we will focus on delivering against our engagement plan and responding to the results from our equality impact assessment. We will continue to focus our work on hearing from people from diverse backgrounds, including people in the most deprived areas of Brighton and Hove, those who are experiencing health inequalities, men, and people from Black and Racially Minoritised communities.

We will aim to deliver the projects we have identified through our planning and prioritisation process, which involves the views of the public.

We will continue to work together with a range of partners to widen our understanding of people’s experiences of using health and social care services.

We will defend the principle of independent representation for patients and service users by working with Healthwatch teams nationally, as well as other interested bodies and the Department of Health and Social Care. We will also work with Healthwatch teams across Sussex and Surrey, and partners across local authorities and the newly formed Surrey and Sussex Integrated Care Board.

# Social value & climate commitments

This year, we published our first annual reports detailing the social value we delivered over the year, and our work towards becoming carbon neutral. Our reports outline our achievements and our plans for the coming year.

## Social Value

- We were accredited as an [Age and Dementia Friendly business](#). All Healthwatch employees and many volunteers became Dementia Friends, and we joined the Age and Dementia Friendly Alliance.
- We signed up to the government's [Disability Confident scheme](#) to show commitment to thinking differently about disability and taking positive action.
- We updated our fair [Recruitment Policy](#) and extended guaranteed interview eligibility to more groups.
- The staff team completed trauma-informed training, sexual violence training and Responding Well to Disclosure training. We joined the Employer's Initiative on Domestic Abuse.
- We offer hybrid working, flexible hours, and an Employee Assistance Programme. All staff are paid at least the Brighton and Hove Living Wage.
- We held three volunteer appreciation events, attended by 23 volunteers, and delivered three newsletters showing how their contributions support our work.
- We offer flexible volunteering roles, including for university students, and continued to recruit diverse people.
- Our policies ensured staff with caring responsibilities could work flexibly.

[Learn about our social value commitments](#)

## Climate Commitments

- Working with a local Sustainability Consultant, we reviewed our strategy and are developing a workable plan to deliver meaningful change.
- We partnered with local Voluntary, Community, and Social Enterprise (VCSE) organisations to deliver a [Lottery-funded Climate for Communities project](#).
- We reviewed our office space and determined that Community Base supports our environmental ambitions, including hydroelectric power and energy-efficient heating and lighting. We also downsized our office to reduce carbon emissions.
- We purchased eight efficient laptops, recycled seven old ones, and donated surplus office furniture.
- We financially supported staff to use more public transport options.

[Learn about our climate commitments](#)

# Statutory statements

## **Healthwatch Brighton and Hove CIC, 113 Queens Road, Brighton, BN1 3XG.**

Healthwatch Brighton and Hove uses the Healthwatch trademark when undertaking our statutory activities as covered by the license agreement.

### **The way we work**

#### **Involvement of volunteers and lay people in our governance and decision-making.**

- Our Healthwatch Board currently consists of seven members who work voluntarily to provide direction, oversight, and scrutiny of our activities.
- Our Board ensures that decisions about priority areas of work reflect the concerns and interests of our diverse local community.
- Throughout 2025/26, the Board met five times and made decisions on matters such as agreeing budgets, the appointment of new directors, and agreeing workplans. We ensure wider public involvement in deciding our work priorities.

#### **Methods and systems used across the year to obtain people's experiences**

We use a wide range of approaches to ensure that as many people as possible can provide us with insight into their experience of using services.

During 2025/26, we have been available by phone and email, hosted a contact web form on our website and linked through to this on social media, and attended meetings of community groups and forums.

We ensure that this annual report is made available to as many members of the public and partner organisations as possible. We will publish it on our website, promote it through our newsletter and social media, and share it with all Councillors and key partners (including the Health and Overview Scrutiny Committee, the Health and Wellbeing Board, and the Integrated Care Board (ICB)). For environmental reasons, we will only provide hard copies upon request.

# Statutory statements

## Responses to recommendations

Providers and commissioners of services we reviewed this year responded to our requests for information or recommendations. We escalated to the Healthwatch England Committee outputs from our commissioned project work (as described in this report) and matters relating to the respiratory syncytial virus vaccine, and concerns regarding a number of system-level changes and what these meant for local Healthwatch i.e. Mayoral elections, mergers of Integrated Care Boards, and 'devolution' of Local Authorities.

## Taking people's experiences to decision-makers

We ensure that those who make decisions about services hear the insights and experiences shared with us.

In our local authority area, we share insight and experiences with decision-makers, including those on the Health and Overview Scrutiny Committee, the Health and Wellbeing Board, Place Delivery Group (which oversees the implementation of Integrated Care Teams), Mental Health Oversight Board, and Joint Strategic Needs Assessment group. We also sit on the city's Adult Safeguarding Board and our volunteer Chairs the Safeguarding Adults Review Group.

This year, we provided insight to decision-makers in Sussex Health and Care. Working with Healthwatch teams across Sussex, we attended the Quality Patient Experience Committee, Quality Governance Improvement Group, Primary Care Commissioning Group, and Local Dental Committee. We also met regularly with the Care Quality Commission (CQC) and local hospital Trusts to share insight. Our data was also shared with Healthwatch England to support national work, including reports on trans, non-binary and intersex (TNBI) people.

We are committed to hearing from people from diverse backgrounds who are often underrepresented. This year, we partnered with local voluntary and community groups to reach people who experienced health inequalities, including refugees and migrants, trans, non-binary and intersex people, children with Special Educational Needs and Disabilities, and people in areas of higher deprivation.

## Healthwatch representatives

Healthwatch Brighton and Hove was represented on the Brighton and Hove Health and Wellbeing Board by Alan Boyd, Chief Executive.

During 2025/26, our representative has effectively carried out this role by providing insight on matters being discussed and constructively challenging system priorities and targets.

Healthwatch Brighton and Hove was represented on the Sussex Assembly (the Sussex Integrated Care Partnership) and in routine discussions with NHS Sussex (our Integrated Care Board) by Alan Boyd, Chief Executive.

## Enter and Views

Recommendations from our visits are added to a Trust-level impact tracker to ensure they are monitored and implemented. They are discussed at a monthly Trust-wide meeting attended by staff and Healthwatch.

Location	Reason for visit	What you did as a result
The Emergency Department, Royal Sussex County Hospital, University Hospitals Sussex NHS Trust.	Our visit followed a request by University Hospitals Sussex, made after an inspection by the Care Quality Commission, who had raised concerns about corridor care.  The Trust wanted an independent review of the department.	We wrote a report with recommendations – the service followed up on these, and in response said, “This report will shape our next steps and will inform the Trust’s strategic plans for the Emergency Department.”
The Sussex Kidney Unit, University Hospitals Sussex NHS Trust.	Our visit was in response to findings from a 2024 survey, led by The UK Kidney Association in partnership with Kidney Care UK.  The Kidney Patient Reported Experience Measure (PREM) is a national annual survey of UK kidney patients. The results of the 2024 PREM ranked Sussex Kidney Unit as 63 out of 66 centres, making it one of the lowest ranking renal services in the country.	We wrote a report with recommendations – the service followed up on these, and in response said, “The detailed report provided offers valuable insights that will guide us in improving our service, particularly in enhancing communication with our patients.”

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