

# Impact & Performance Report



Susan shared with us via our [#ConfusingComms campaign](#) a letter she had received from the NHS to register to receive digital communications. The letter had no website URL, only a QR code.

## April - June 2021 (Q1)

# April - June - At a Glance

## Making a difference to care

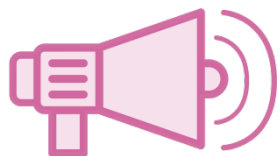


### We are listening

We recognise the value of listening to people and making sure their voices are heard and understood.

This is why we have shared an impact case study alongside raising concerns over the current financial assessment for adult social care processes and have put this forward for scrutiny as an urgent matter.

## Reaching out

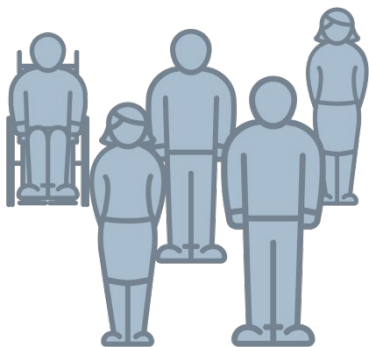


### 1,250+ stories and survey responses

We value the insight gained from analysing many different peoples' experiences to learn how to improve care.

This quarter we have focused on getting a deeper understanding of peoples' experiences.

## Providing support



### Providing valuable information

We've included a snapshot of how our information and advice goes beyond simply responding to individual enquiries. We are championing the need for appropriate and easy to understand information, so people can be independent and enact their own care where possible.

# Impact: Making a Difference

At the start of this report, we highlight some of the areas/topics where we've had the most impact in the last quarter.

## A spotlight on our information and advice role

One of the statutory functions of a Local Healthwatch is to provide an information and signposting service to help people make choices about health and social care services. Here are some of the ways we do this outside of responding to direct enquiries from the public.



- **Building confidence through information**

Our advocates build relationships and trust with the people they support. Recently Katie has worked with a family and a young adult who has ADHD and PTSD. Before any advocacy commences written consent needs to be obtained. Whilst discussing this with the young person who understood what was needed but shared that they did not have a signature, so could not sign the form.

With lots of encouragement and reassurance, Katie discussed ways the young person could make a signature and what was needed for this to be 'a signature'. We have since received the signed form and know that the person now feels confident in this area. Katie can now begin the advocacy process.

- **Supporting GP Practices to be compliant with their website GDPR Information**

We know that data sharing concerns people. It is important to make sure that when we have public-facing information about medical records that this is up to date.

We have highlighted to several GP practices this quarter that their 'access to medical records' information is non-compliant with the UK General Data Protection regulations that came into effect in 2018.

To support practices, we shared a link to a local practice that had the correct information displayed.



## Launching the #ConfusingComms campaign

The way the NHS communicates to people is an area of concern. Interestingly, in June the **Kings Fund** report [Admin Matters to NHS Patient Care](#) stated that ‘NHS care relies on administration (admin) processes. These processes ensure that patients, staff, equipment and information are in the right place at the right time.’

The Kings Fund calls for the NHS to embrace ‘a user perspective, seeking and harnessing patient feedback, and working with patients and staff to co-design processes is essential to developing truly high-quality admin in the NHS.’

We clearly had our crystal-ball working well when we were looking at our priorities at the beginning of the year! In May, we launched a year long #ConfusingComms campaign, which will run in a number of ways throughout 2021-22. We want the public to get behind this campaign so we can learn more from when communication doesn’t work to be able to directly influence the NHS to improve its communication.

We have a stakeholder toolkit so you can get behind this important campaign. We are asking everyone to share what they find confusing about the way the NHS talks to them.



## Survey: I want to share my #ConfusingComms experience



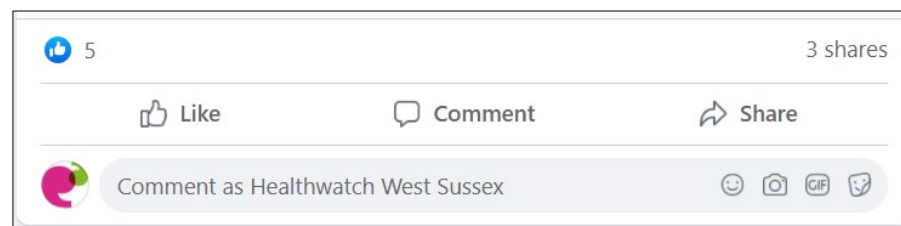
We already have the support of many providers and commissioners for this campaign.

Through some earlier sharing of #ConfusingComms we have supported the improvement of patient eye-clinic referral follow-up letters.

You can read some of the early outcomes from this campaign on pages 11 and 12 or visit our dedicated web-page <https://www.healthwatchwestsussex.co.uk/confusing-comms>.

### How can you support the campaign?

- Share/retweet/like our social media messages
- Ask your friends and family to share their #ConfusingComms
- Contact us for quotes to use on your website and social media.







## Update on access to The Croft Surgery (Eastergate, Chichester)

healthwatch  
West Sussex

Healthwatch West Sussex

May 19 · 🌐

Thank you to everyone who has contacted us about their recent experience of trying to contact The Croft Surgery, [#Chichester](#) this month.

We have spoken with the GP practice and they have informed us that they recently changed to a different clinical computer system. The aim of this was to enhance patient care, with improved access to medical records by various healthcare professionals within the Regis locality.

Despite planning carefully for this, there have been issues out of their control as a result of the transfer. They are deeply sorry for any impact that it has had upon their patients and they are working extremely hard to resolve the issues. As with all GP practices they are seeing an increase in the number of calls at the present time, especially in relation to Covid vaccinations, and that combined with the system transfer people are often getting engaged tones and experiencing longer waiting times than they would like.

One example they shared is that their team answering calls currently do not have access to all patient information digitally and so it is taking longer to manage each call, which in turn is increasing the waiting time on the phone for others trying to get through. They are working hard to clear these issues, and whilst this work continues, please do not call the surgery about your Covid vaccination – they cannot book appointments on your behalf.

Please also remember you can speak to your community pharmacist for advice in regard to some medical conditions and repeat prescriptions.

📞 Continue to share your experiences with Healthwatch – call us on 0300 012 0122 or email [helpdesk@healthwatchwestsussex.co.uk](mailto:helpdesk@healthwatchwestsussex.co.uk)

[#ConfusingComms](#) [#WestSussex](#)

[#ConfusingComms](#) - we were able to talk through the challenges that one practice experienced when changing to a new clinical system (e-Consult provides access to medical records including prescription information, and in this case, they also changed their phone system). We encouraged staff and partners to be open with their patients and to give progress updates and information. We shared this post as a result.

We also asked them to reflect and share their experiences to help other West Sussex practices avoid some of the same issues when changing to a new system.

We are keen to work with a wide range of local people to enrich our team of [#ConfusingComms](#) Advisors.

Our [#ConfusingComms](#) campaign is raising awareness across [#WestSussex](#) and we are hearing from many local people about the problems they are having with their NHS communications (emails, letters, texts etc). We are now in the process of recruiting volunteers w... [See More](#)

**We are Recruiting**

**#ConfusingComms  
Advisor Volunteers**

**VOLUNTEER**

**GET INVOLVED!**

**1-7 JUNE**

**VOLUNTEERS WEEK**

healthwatch  
West Sussex

## Access to GP Care

(Working with many other Healthwatch)

As GPs are working hard to deliver the vaccine programme and catch up on the backlog of appointments, people have been telling us they are finding it hard, if not impossible to get an appointment. There have also been stories in the media about the difficulties of getting an appointment with a GP.

Most GP practices have successfully adapted to offer telephone and video consultations as well as using e-Consult services through their websites and these have worked well for many patients. However, for those who are unable to use the technology, through disability or lack of access due to the equipment needed, it has been a different story.

It is also important to understand that people have put off seeking medical help during the pandemic, but this is changing as people gain more confidence in living with the virus, having had vaccines. This is resulting in increased demand for GP appointments and illnesses arising from COVID.

Sussex Health and Care Partnership want to understand the current experiences of services over the last month, so together with commissioners; GPs and wider health services, we have looked at data, demand; and experiences of local people, to better identify responsive ways of supporting peoples' health needs.

Your stories are helping us to showcase how changes that have been implemented, have created more touchpoints for patients accessing services that were not so obvious before the pandemic. We hope these will help decision-makers to understand the frustrations people are feeling, particularly when things don't appear to make sense - as in Fiona's access journey illustrated in the diagram on the right.

### Please keep sharing your stories!

We want to support good health and wellbeing in our communities and to understand what people need, to be able to have more control of their own health and care.

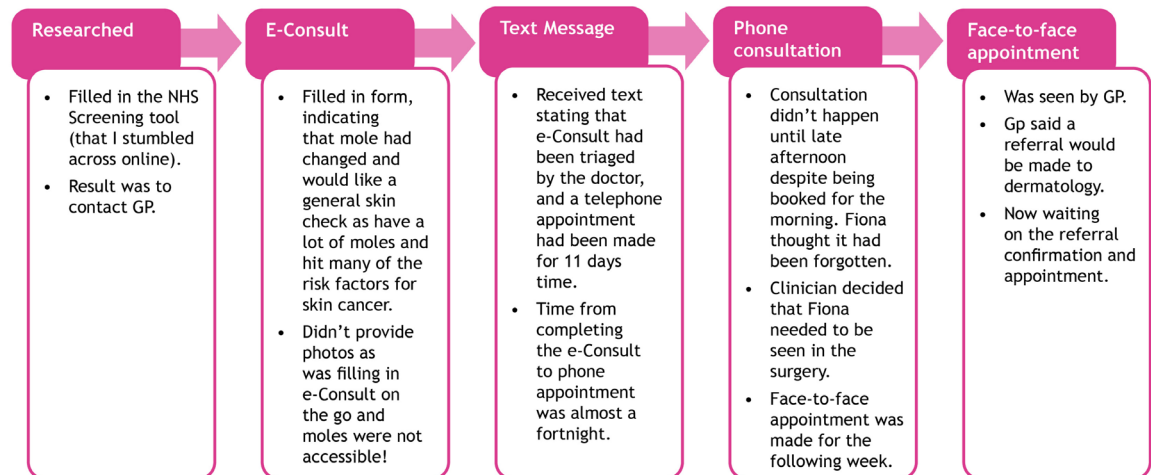
We will be working with partners, over the summer, to try to understand what people need in respect of good sources of information and how GP-led services can be supported to be responsive when people's health needs go beyond their resources.



### Fiona's Journey of accessing GP-Led Services

healthwatch  
West Sussex

Fiona needed to get a mole checked out as it met several of the [ABCD changes](#) that we're advised to look out for.



'I have no complaints about the actual GP interactions or what happened at the appointment.

However, the process was **frustrating** and made me feel 'stupid' and that I was wasting their time. The fact that it was decided a phone appointment almost two weeks away was the first point of call seemed **pointless**, particularly as the NHS screening tool had advised me to contact my GP and I'd already provided as much information as I could on e-Consult.

I almost cancelled as my concern was obviously minor and I was already **worried about wasting their time**. I also **felt annoyed** that something visual was relegated to a phone appointment despite all the information I'd provided. We are encouraged to seek a doctor's advice with changes (skin, lumps, etc.) but I ended up **feeling I was over-reacting**.

There was **anxiety** attached to the appointment, both in having to strip off and the fact that it is a cancer screening prompted by change, rather than a routine screening. Although the anxiety levels were low, it was heightened by the process and that I was making a fuss about nothing.'

## Partnering

We value strong partnerships with care providers and Government - serving as the public's independent advocate.

Following on from our successful partnership with Sussex Partnership NHS Foundation Trust to support family carers of residents in care homes we have taken our learning and amplified this to many care home providers.

We were privileged to be able to speak about this and our learning partnership with an outstanding care home at a recent Outstanding Society event. You can find out more about this from the [recording](#).

*"The Society welcomes all Outstanding providers to become members, giving them access to a dedicated members area. However, all providers are encouraged to utilise the free [resources](#) outside of this area as the Society evolves."*



Jo, our lead in this area also spoke at one of the West Sussex Provider briefings and is a regular contributor, advocating for open communication and the benefits of involving families and residents in the development of their homes.

### Other partnership updates - we work with hundreds of partner organisations of all sizes - some update examples:

The reporting of the engagement we carried out for the **West Sussex County Council's Sensory Impairment Needs Assessment** will be published in quarter two and we would like to thank everyone who has contributed to this important work.

The **East Grinstead Museum 'Life in Lockdown'** engagement report and case studies are also waiting to be published, and we would like to thank everyone who has contributed to this work.

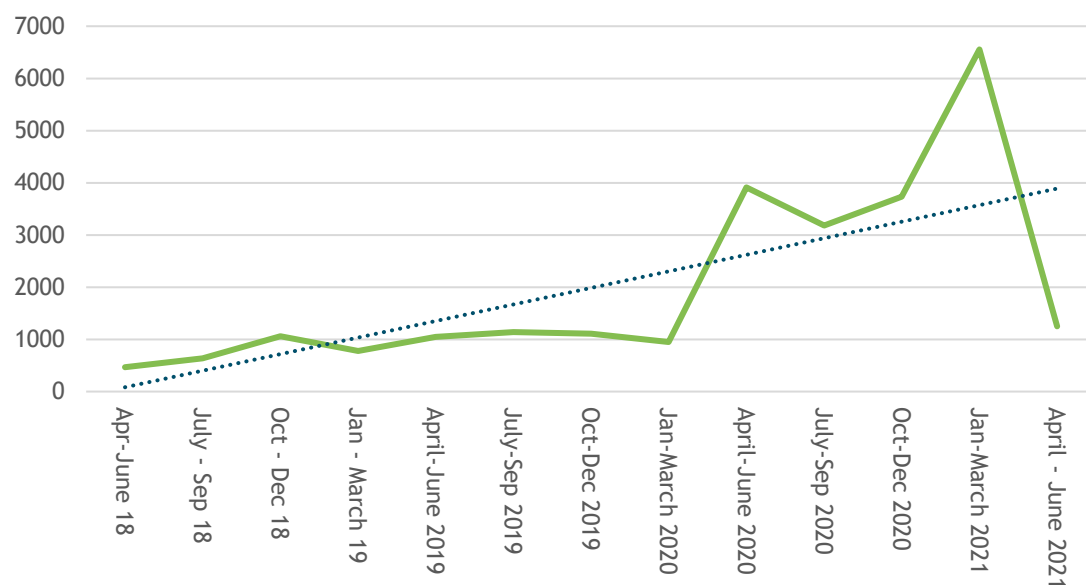
During Dying Matters week in May we worked with our local Sussex Healthwatch's to host a residents' [webinar](#) '**Conversations About End of Life - What's Important to You**'. Thinking ahead to the end of life is a sensitive subject that no one likes to think about. However, the better we plan the more likely we are to have a good send-off.

In May we gave a virtual presentation to the **Institute of Government & Public Policy (IGPP)** about our **Voluntary and Community Voice - COVID-19 work supported by Know Dementia**. We are extremely grateful for all the support and time provided by Know Dementia CEO Jennie Morrison- Cowan to bring the lived experience of working through the pandemic.

We are committed to public and stakeholder engagement and transparency. You can find our reports, on our website [www.healthwatchwestsussex.co.uk](http://www.healthwatchwestsussex.co.uk)

## Service and Activities

Total No. of stories recorded and surveys  
(from Helpdesk & Local Team)



We recorded a total of **1,250 pieces of insight**.

Whilst this number is significantly lower than previous quarters, this is a result of our planned intention to focus on working with people to gain greater depth of insight from working-aged people living with disabilities and young people.

We hear anecdotal insight that informs our understanding of peoples' perception of services (as this can influence others), which is not recorded formally. We also pick things up from social media that we cannot formally record. Some people who share insight do not want it to be formally recorded.

From this in depth work we have been able to provide commissioners and services with powerful case studies and impact reporting, which will be published next quarter.

**“** We have been actively ensuring that the voice of residents is shared at the numerous NHS meetings for example the ReSpect Project Board and the Sussex Health and Care Partnership's Ophthalmology Steering Group influenced the communication for these projects.

Cheryl Berry, for Strategic Partnerships



# Information, Advice, Communication & Engagement

Supplied to patients, their family and friend carers, community partners and Integrated Care System stakeholders, through all of our communications channels:

	Key performance metrics for current and previous quarter	
	Q4 January - March 2021	Q1 April - June 2021
Enquiries to Helpdesk and frontline team through email, website and social media	932	838
People signposted to IHCAS	57	44
Number of people engaged with (all channels)	62,456	41,862
Number of engagement/influencing occasions	854	620
No. of stories/accounts recorded on CRM and surveys by Local Team & through Community Partnerships	6,555	1,250
Number of community partners engaged with	2000+	1700+
Active community collaborations	28	21
Reports, Spotlights, and case studies	106 (80 are individual and not published)	17
Website visits	29,883 - 89.4% were new users	12,072 - 87.4% were new users
Facebook: Followers	598	610
Posts	65	56
Reach	30,320	10,477
Twitter: Followers	1746	1,753
Posts	65	46
Reach	23,300	21,000
Heads Up briefing subscribers (#audited in Q1 to remove stakeholder changes)	1,582	1,235 #
External publications (hard copy and digital)	114	25

# Involving Local People

Involving local people in designing and delivering our core responsibilities and work is critical to the success of this local Healthwatch:

	Key performance metrics for current and previous quarter	
	Q4 January - March 2021	Q1 April - June 2021
<b>Volunteers</b>	<b>44</b>	<b>52</b>
<b>Roles covered by volunteers</b>	<b>81</b>	<b>92</b>
<b>Volunteering interactions (meetings, events)</b>	<b>431</b>	<b>426</b>
<b>Volunteer support hours</b>	<b>420</b>	<b>527</b>
<b>Healthwatch Board Independent Directors</b>	<b>260</b>	<b>248</b>
<b>Estimated value of volunteers **</b>	<b>£30,275</b>	<b>£31,775</b>

\*\*Estimate based on £25 per hour for volunteers who usually work at a high level and £75 per hour for Independent Director volunteers. More virtual meetings reduced the need for travel hours so although a slightly lower number of hours, it reflects increased direct activity.

## During this quarter:

We continue to sustain a good level of engagement with volunteers taking part in:

- Collecting and sharing insight from local networks and social media
- Telephone surveys with hospital patients
- Representing Healthwatch and taking patient voices to committees, forums, networks, and other meetings
- The Board met virtually for two formal meetings in May 2021.
- Steve Cooper took over from Frances Russell as the Healthwatch Chair with Jeremy Gardner taking a Vice Chair role.
- 3 new Independent Board Directors were recruited and took up their posts.

# Reports and Publications

As well as our usual publication channels, we are pleased to be working with the West Sussex Records Office so that our reports relating to the pandemic are recorded. They will provide important information for the here and now and give a historical reference.

Please note that during this quarter we needed to be mindful of the pre-election restrictions and therefore the publishing of some of our reports was delayed. The following were published this quarter:

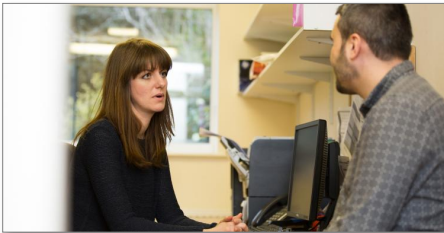
## Information & Advice



### Susan's #ConfusingComms

June 2021

Susan shared with us via our [#ConfusingComms campaign](#) a letter she was sent from the NHS to register to receive digital communications. The letter had no website URL, only a QR code.



### Opt Out of GP Patient Data Collection - extended to September 2021

June 2021

A project which allows patients to opt out of having details of their GP medical records shared for health research and planning has been extended, meaning patients now have until September to opt out.



### NHS App - vaccine passport

May 2021

The NHS App will be available to be used as a vaccine passport from Monday 17 May 2021. There are various guidance and videos on how to download this. If you get stuck with the App please call us on 0300 012 0122.



## [#ConfusingComms - Communication Tips for Restoring Planned Care](#)

April 2021

Early public feedback to our #ConfusingComms Campaign allowed us to highlight good practice and make suggestions, based on experiences people have recently shared.

As Trusts and other NHS services resume paused services, this early insight will support those writing appointment letters/emails. As getting the content right is vital for reducing **Do Not Attend** rates.

Our report gives suggestions on how local health and care services can communicate efficiently to manage expectations and offer reassurance. We have also shared challenges for people who are visually impaired, and what services can do to communicate better.

### GP Care



## [GPs Must Now Offer Face-face Appointments According to NHS Guidance](#)

May 2021

While half of all GP appointments during the pandemic have been face-to-face, many practices have turned to telephone or video appointments to help people access healthcare advice safely from home, where appropriate.

Unfortunately, this change has seen many patients struggling to access their doctors, particularly those without easy access to technology or the confidence to use virtual services, meaning some have been going without that essential contact. However, from 23 May the NHS has issued guidance to all GPs that says ‘they must ensure they are offering face-to-face appointments to all patients. They can continue to offer video, online or phone consultations in addition, but only if the patients would benefit from this.’

### Dental Care



## [Twin Crisis in Dentistry](#)

May 2021

Healthwatch England warns of the dental crisis which shows no signs of slowing, with four in five people, 80%, struggling to access and afford timely care during the last lockdown.



## Mental Health



### [Sector Connector - Mental Health Money in Sussex](#)

June 2021

**Colin Hicks** - NHS Sussex Commissioners, presented the Mental Health Collaborative plan for 2021-22

**David Liley** - Healthwatch in Sussex posed questions about patient and public involvement in decisions about Mental Health Money.

Support presentation and documents can be found on this page.

## Vaccines



### [Supporting Vaccine Confidence - Sussex residents' Views and Experiences](#)

June 2021

This report details residents' experiences and views from our survey to understand from people how to improve the vaccine service and vaccine confidence.

During March 2021, 2,250 West Sussex residents completed the vaccine survey. (This includes 256 people who completed a survey that we ran on behalf of the GP Federations.)



### [New Research Exploring Vaccination Confidence Provides Vital Lessons for Public Health](#)

June 2021

Healthwatch England has joined forces with Traverse to explore vaccination confidence among people from African, Bangladeshi, Caribbean and Pakistani backgrounds living in the UK.



### [One Million People in Sussex Receive COVID-19 Vaccination](#)

May 2021

Official figures released today, Thursday 27 May 2021, show that one million people in Sussex have now received their Covid-19 vaccination.

## Spotlight on other services:



### Spotlight on apetito

June 2021

apetito supports people in their own homes by promoting health and wellbeing through the supply of healthy, nutritious meals. Here's our Spotlight on apetito.

From the 14th - 20th June it was National Nutrition and Hydration week and apetito were involved in a range of activities to help create awareness about the warning signs of malnutrition and how to find hidden hydration through food.

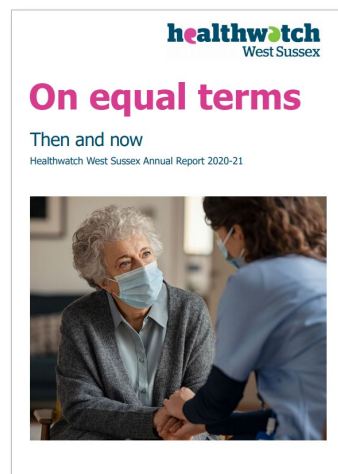
## Other



### Conversations About End of Life - What's Important to You Webinar

April 2021

Thinking ahead to the end of life is a sensitive subject that no one likes to think about. However, the better we plan the more likely we are to have a good send-off. Healthwatch in Sussex hosted a webinar for residents.



### On Equal Terms - Our Annual Report 2020-2021

June 2021

#### Highlights from our year

- We heard from **17,379** people about their experiences of health and social care.
- We provided advice and information to **3,000+** people.
- We engaged with and supported **2,700+** people during the COVID-19 pandemic.
- We published **130 reports** about the improvements people would like to see in health and social care services. From this, we escalated **62 concerns** (some small and others affecting many) and made over **30 recommendations** for improvement.

Heads Up - Keeping people up to date on health and social care.

Heads Up - June 2021

Heads Up - May 2021

Heads Up - April 2021

### Q4 Impact and Performance Report - January to March 2021

April 2021

A summary of the breadth and depth of our work in the last quarter Jan-Mar 2021, issues/concerns, and our forward plan for the next 3 months.

- **Making a difference to care** - We've published **26 reports** on a wide range of topics, some for information and advice and others that reflect what people have shared - you can read about this in the report. Each of the 80 GP Practices in West Sussex will receive an individual report detailing our observations of the information on their websites.
- **Reaching out - 6,500+ stories and survey responses.** Recording breaking levels of insight this quarter created through our networking and collaborations, covering a wide range of services and themes.

# Independent Health Complaints Advocacy

Supplied to patients, their family and friend carers, community partners and Integrated Care System stakeholders through offering support in learning from complaints and patient concerns:	Key performance metrics for current and previous quarter	
	Q4 January - March 2021	Q1 April - June 2021
One off information, advice and support	35	29
New referrals for support	57	78
Advocacy support concluded	55	83
Ongoing advocacy support cases	77	72

The Covid pandemic has added additional challenges in providing complaints advocacy. Whilst our advocates have embraced new ways of supporting people, such as via Zoom and Teams etc., there are some clients who would have benefitted from a face-to-face appointment that we have not been able to do due to COVID-19 guidance. We have seen delays in complaint responses from Trusts, GP surgeries and other services which have effectively left clients in limbo especially where the client is asking for the reinstatement of a service or for a new service (such as a referral to a consultant, a support plan to be formulated etc.) to be delivered to assist them.

Furthermore, the Parliamentary and Health Service Ombudsman who were once able to intervene to chase complaint responses or query a response are now suffering their own huge delays, currently there is a year's wait for a complaint to just get to a caseworker to start an investigation.

When a client has an issue that affects them in the here and now, then add on any delays in the complaint being looked into and a possible remedy being received can only add to their frustration, something which our advocates have to help manage.

The IHCAS service has seen a significant surge in complex complaints. For example, we are currently supporting clients with the following concerns:

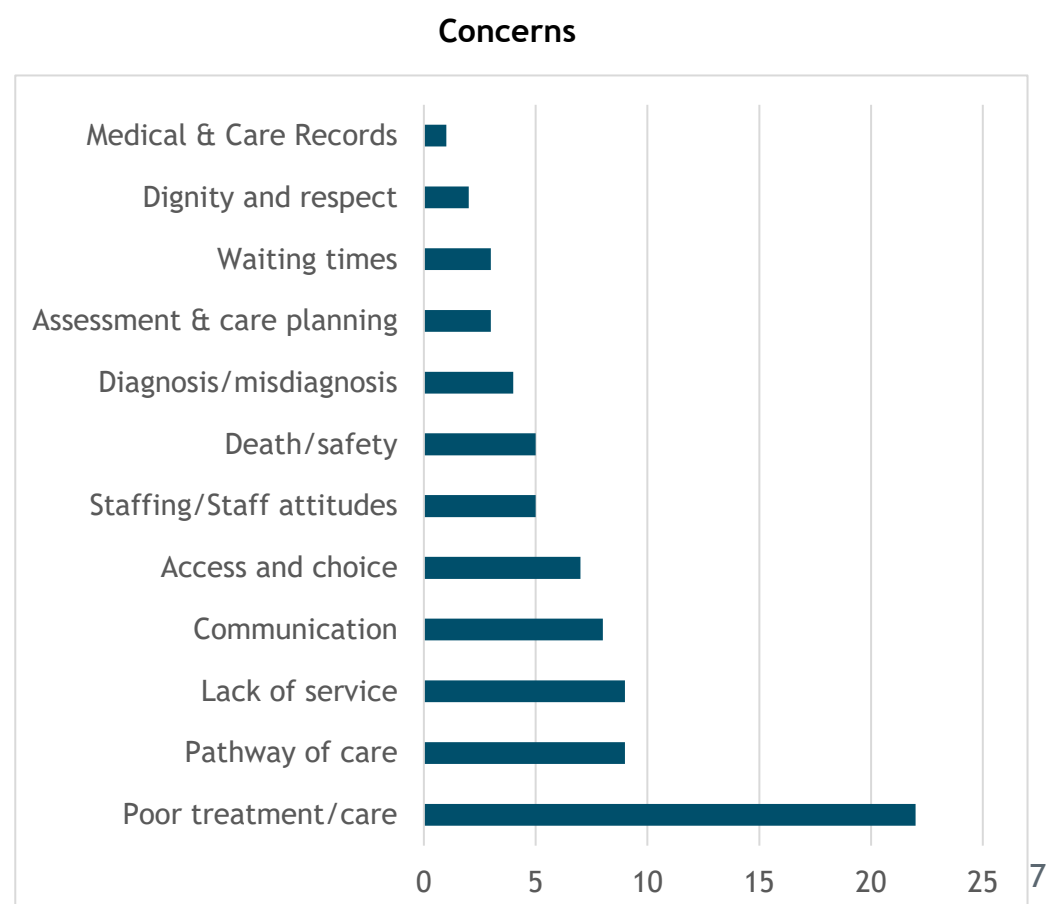
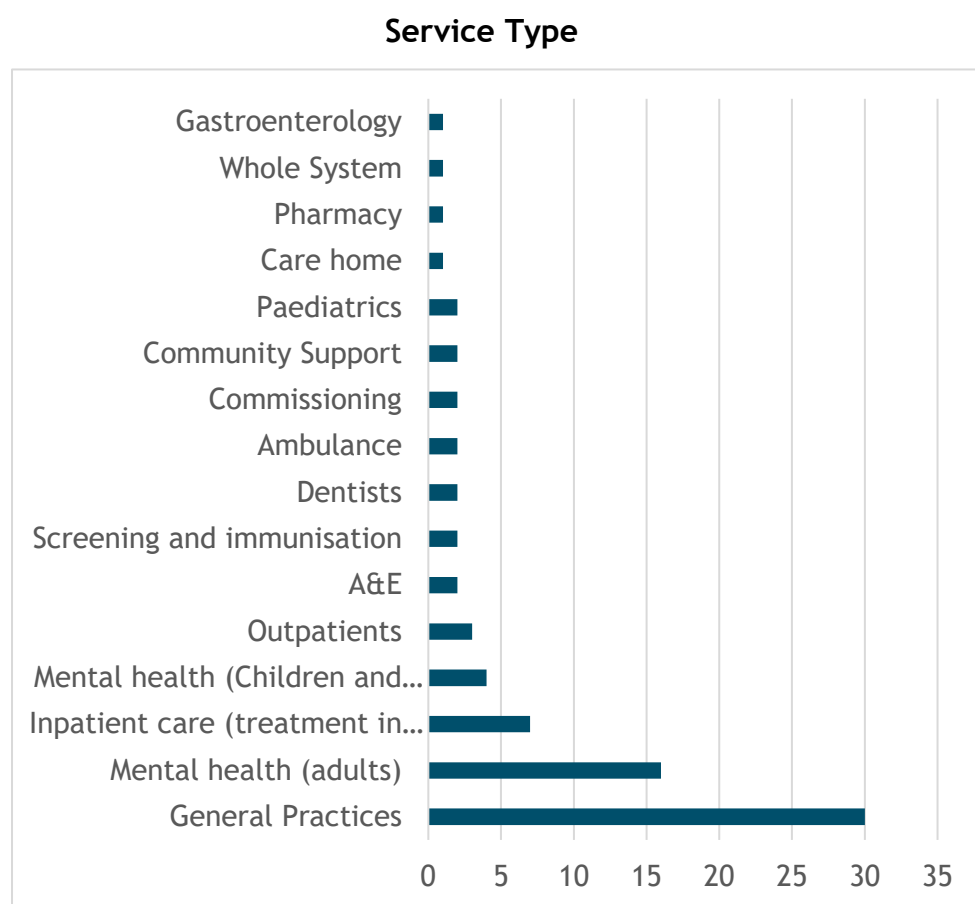
- Children and Adolescents Mental Health Services (CAMHS) not providing support to the family and a young person having a psychotic episode with a knife.
- Access to CAMHS after four referrals and then no support with the medication prescribed, with a young person who has suicidal tendencies.



- Supporting a family with their CAMHS complaint over lack of support with a young person who is self-harming.
- Supporting a client that has previously tried to commit suicide and the whole complaint has been done via email, as this is the only way they can communicate.
- Supporting an individual through a sexual assault complaint with a hospital trust.
- Supporting families when loved ones have died and COVID-19 has influenced decisions that have been made by health services.
- Supporting a new mum who was misdiagnosed with cancer after the birth of her first child.

We have clients whose concerns are with the coroner and lots of people are highly emotionally charged and need support that is sensitive and empathetic to their needs, which means taking things at a pace they can manage.

## What people have complained about this quarter?



## Advocacy support in more detail - case studies

**Jane** started working with one of our Advocates after a hip replacement left her with nerve palsy, and unable to walk. Her goal was to find out what had gone wrong during and after the surgery, as she needed to have her other hip replaced and was obviously very scared to go ahead with the next operation.

Over a few years, and various meetings with the providers, and finally a face-to-face resolution meeting with the surgeon it was confirmed that there were two possible reasons for the palsy she had experienced, but ultimately it would be impossible to know exactly why this had happened. A request for a referral to The Royal National Orthopaedic Hospital (London) was made.

Jane found the confidence through the conversations arising from this process, to have the surgery she much needed. This was successfully done in June this year.

Jane shared after her operation-

*“ I honestly want to thank you from the bottom of my heart for all the tremendous amount of time, effort and support you have offered me over the past few years. I could not have done it without you. It was quite a journey, and I was so glad to have you there to turn to. The effect these medical errors have on people’s lives are immeasurable and it is good to know we have people like yourself for support. I had a total hip replacement in June, and I am really delighted to let you know that this time the operation was successful. I was so thrilled and relieved when I woke up to find everything was moving! I’m feeling very happy and positive now and look forward to resuming some of the activities I used to enjoy.*



**William’s** partner had sadly committed suicide and he had concerns, not only about how the Ambulance service had responded to the call that had been made to 999, but also about the care which his partner received leading up to their death.

Our advocate helped arrange a meeting with the Ambulance service, including preparing an agenda, and then attended the meeting with the client who needed emotional and practical support. At the meeting, the Ambulance service admitted to a number of failings and showed how changes in their service had been made to prevent this from happening again.

The advocate went on to assist William at a virtual Inquest into the death of his partner. This included making sure he was comfortable with the technology being used and what to expect at the Inquest. At the Inquest, William was able to get answers to the questions he had about the care that was provided to his partner.

*“ I just wanted to say thank you so much for supporting William (my step-father) during my mother’s inquest yesterday ... although nothing will lessen the pain of losing her, the apology from them and the final verdict from the coroner will help me, and perhaps William, move on from the questions of how and why this all could have happened. (From the deceased’s daughter).*



# Finance

## Finance and Performance Board Sub Committee and Actions

We continue to pursue additional commissioned work and social enterprise opportunities to support us to deliver our work, given that we are one of the lowest local Healthwatch (per population head). We believe our creative working actively supports the core objectives of a local Healthwatch. Several small-commissioned projects are underway for the Clinical Commissioning Group.

The finance subcommittee met on 4 May 2021 to scrutinise:

- Impact and Performance report (published document)
- Finance report (internal document)
- Risk Register (internal document).

The sub-committee agreed the need to alert WSCC at the start of March about the ongoing financial pressures we face as a result of additional meetings and insight support commitments required resulting from the pandemic. We can confirm that in May our contract for 2021/2 was given an inflation uplift of 1.75%. We are still awaiting a date for a commissioner meeting so that we can discuss resourcing concerns about both core Healthwatch work and the IHCAS service raised in the May Board meeting, the June Health and Wellbeing Board and with the Director of Public Health, Allison Challenger in June.

Actions were taken from the Health and Wellbeing Board:

- Funding for Healthwatch per head of population was raised as a concern as demands were exceeding resources. It was agreed that a full briefing on West Sussex Healthwatch finances would be provided, by the Chief Officer, to the Executive Director Adults and Health and the Chairman of the Health and Wellbeing Board; This briefing was shared in July.
- Executive Director for Social Care Amanda Jupp asked for a more detailed breakdown of the IHCAS (Independent Health Complaints Advocacy Service) where demand and complexity of cases has risen significantly. Chief Officer agreed to provide this; This was shared in July.

# Looking Forward

Our team of staff and volunteers continue to follow the government advice and guidance to work from home where possible. We are also being guided by Healthwatch England who have not changed their position (as at, June 2021) and for now recommend that where possible, local Healthwatch should continue to work from home.

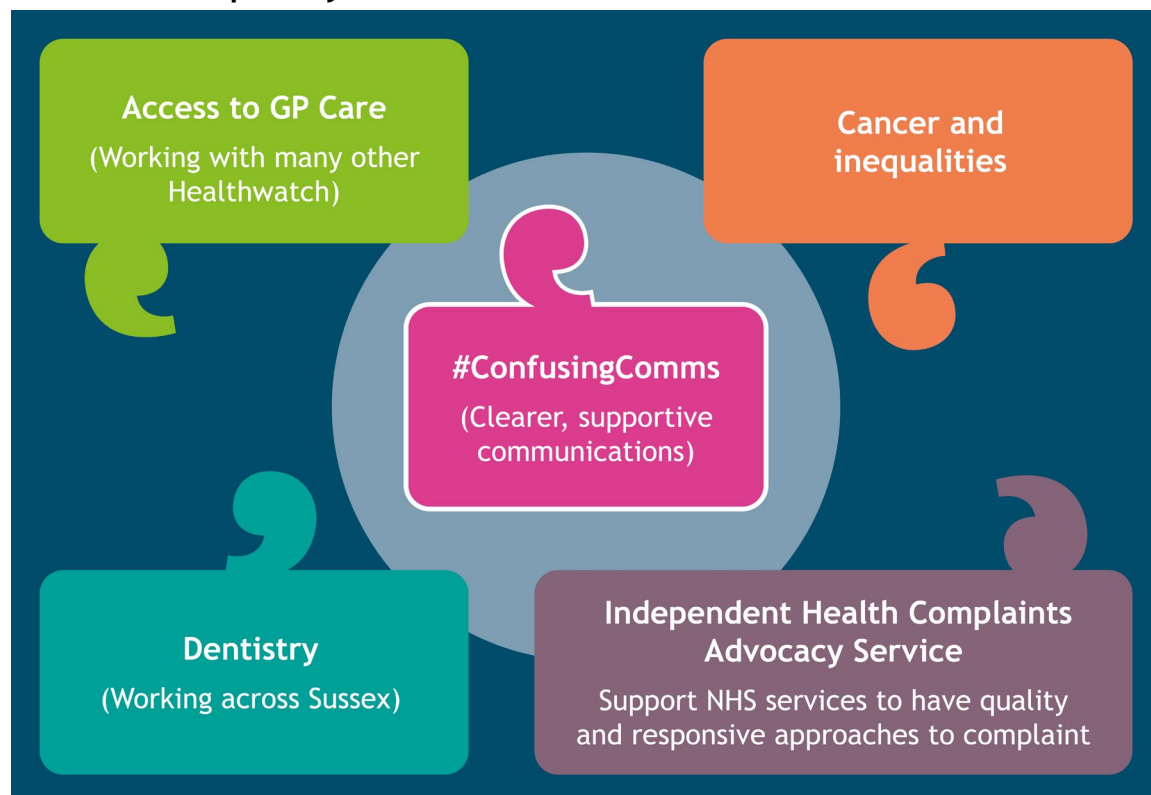
## Future opportunities



We continue to work collaboratively with our colleagues in Healthwatch Brighton & Hove and East Sussex, where issues are Sussex-wide, including additionally commissioned work.

Healthwatch West Sussex currently lead on behalf of local Healthwatch on: Autism and Learning Disabilities, Cancer, Children and Young Peoples future engagement with the implementation of the Foundations for Our Future recommendation implementation, Dentistry and Ophthalmology.

These are our priority areas for our core activities.



We will also be following up on a range of activities and issues we have worked on in 2020/21 and continue to contribute to the vaccination programme roll-out. These include:

- Adult autism diagnosis
- Financial assessment for social care support
- Care Homes - involving families (follow-up webinar taking place on [19 July 2021](#))
- Discharge from hospital
- Working alongside Local Community Networks.

On the next page is more information about our plans for working together on the access to GP-led care.



# Issues and Concerns - “Hot Topics”

**Financial Assessment and Council Care Charging** - Having formally escalated concerns in May 2021 around the robustness and appropriateness of the re-assessment and resulting charges applied by WSCC as contributions towards the cost of adult social care, we continue to receive feedback from residents. The nature of this feedback is becoming increasingly worrying, with vulnerable people telling us that they are receiving letters threatening legal action and demands for unaffordable amounts for care. We have submitted an impact case study to the Council and are putting together more evidence.

As of 12 July 2021 (taking the matter to 3 months since escalation) we have not had a response from the council and therefore our operational team are seeking guidance and input on the next steps in this escalation of concern.

**Access to GPs/Primary Care** - We continue to hear of issues **accessing GP services** and worryingly the tone of comments/stories has become increasingly negative. As part of our collaborative priority work, we need to consider ‘access’ in its widest sense. We believe we have a role in helping to understand some of the changes in behaviour and what can be achieved to reduce the potential for hostile responses (on both sides).

For example, the introduction of infection screens in reception areas, someone told us, has meant they feel less comfortable sharing information as the receptionist raised their voice and this could be widely heard.

**Dentistry** - We continue to receive **high-levels rates of access to dental-related enquiries**. We are **unable to provide adequate signposting** as we cannot get accurate information on services providing NHS appointments and treatment. Whilst not always the case, we have a few examples reporting, that despite being clear when making appointments that they are booking as an NHS patient, they are being told treatment is only available currently if they pay privately. There are no longer any high-street additional urgent dental care arrangements in West Sussex now that the Horsham provider has withdrawn from this arrangement.

We are attending a Healthwatch England webinar in July on dentistry and continue to discuss our concerns with the Local Dental Committee, and Sussex NHS Commissioners.

**Communications** - We continue to ask Sussex NHS Commissioners and the Sussex Health and Care Partnership members to be clear on their **definition of terms such as: personalised care, co-production and co-design** and suggest these definitions need to start any conversations with people when these terms are being used. There has been some work in this area, but we observe many examples of confusion amongst professionals and different partners. To support, we have drafted a scoping document for co-producing a piece of work for children and young people involvement to stimulate thinking and this is to be discussed. There is a risk of under-delivering in specific areas, and that the public see any engagement as just ‘ticking a box’ if there is not clarity and accountability for work that is being labelled as being co-produced/designed.

**Independent Health Complaint Advocacy** - information about levels and complexity of cases has been shared with the West Sussex Health and Wellbeing Board. We appreciate that the volume of complaints and concerns is also a challenge for providers and commissioners.

# Board meetings

[Board meetings are held in public](#) (virtually at the current time). Future meeting dates are:

- Wed 18th Aug 2021 10am - 12 noon (Q1)
- Wed 10 November 2021 10 am - 12 noon (Q2)
- Wed 9 Feb 2022 10am - 12 noon (Q3)
- Wed 11 May 10am - 12 noon (Q4)