

# 'You Said, We Did' – September 2024

We regularly review the experiences you told us through public events, surveys, [Feedback Centre](#) and [Information & Signposting](#) enquiries.

These help us understand where things are working well and where they need to change. We hear positive stories about how services have supported and assisted you, as well as mixed experiences, and where things need to be better.

Healthwatch uses your feedback with health and care decision-makers to seek a positive difference, and this document sets out the changes you have helped us to deliver during September 2024.

## You Said

## We Did

We heard from an enquirer with a disability who experiences severe distress when visiting their GP surgery due to its lack of physical accessibility.

We contacted NHS Sussex to share these concerns and see if there is anything that can be done to support improved accessibility at their GP practice, or if they can register at or transfer to a more accessible practice.

We were contacted by an individual facing challenges in their life, caring for a loved one with dementia, who is struggling to cope and feels overwhelmed.

We discussed with the enquirer the statutory and voluntary support services they may find helpful. We explained the self-referral pathway for ['Health in Mind'](#) who offer support for those experiencing emotional or psychological difficulties.

We heard from a person whose arthritis meant they were struggling with household chores and mobility, including getting in and out of the bath. They asked if help is available?

We told the enquirer about Adult Social Care services and that support may be available via home adaptations and equipment. We provided details for [Health and Social Care Connect](#) as the first step would be an assessment.

We heard from an enquirer who had been deregistered from their GP practice whilst temporarily registered at another practice during a short stay in a nursing home.

We provided contact details of the NHS Sussex GP Allocations Team so they could raise the issue and explore a solution. We also shared Care Quality Commission details so they could leave feedback on the care home.

# Case Studies:

## People's experiences of health and care

### The impacts of managing health and care needs on informal carers

We have recently heard from unpaid carers struggling with the extra demands placed on them by the various health and care services used by their cared-for person.

We want to share two examples of carer's personal experiences to highlight the significant contributions they make, but also the impact these may have on their own wellbeing. We raise examples such as these with services to support development.

#### Case Study One

B is a carer for someone with multiple health concerns that have required them to use several different hospital departments. They explained how the different parts of the system often fail to talk to each other, leading to a lack of follow-up. This has a direct impact on B, who must try to effectively communicate their cared-for person's health needs to different health professionals and advocate for the recommended treatments. B noted their cared-for person has not always received the treatments recommended by hospital consultants, due to this.

B's experience is that the health services offered have deteriorated in the past few years, putting extra strain on them as a carer. This reliance on the carer to co-ordinate the cared-for person's health care between hospital departments has been coupled with a lack of support to manage the cared-for person's personal care needs.

This has caused B to worry about the future and left them to question how much longer they will be able to provide care for.

#### Case Study Two

We also heard from F, a carer who has multiple services regularly visiting their home to help care for their cared-for person. They spoke about the stress caused by the lack of joined-up working between services, and the lack of communication they receive about decisions made by health professionals, which has led to some unnecessary delays in accessing services.

F feels they have been shut out of the decision-making process by health professionals, despite having a great understanding of the cared-for person's needs and abilities. F feels this has led to poor decision-making at times, which has negatively impacted on the cared-for person's quality of life. This tension has also resulted in poor working relationships between F and some health professionals.

Worry for their cared-for person's well-being, and feeling shut out of the process, has created a constantly stressful home environment for F.

## Our Contributions and Interventions

We received notice of an application to close the pharmacy sited at a community hospital in East Sussex. We raised concerns about how the proposed closure may negatively impact access to medication and prescriptions for patients of the community hospital, minor injury unit, and adjacent GP surgery. We sought assurances an Equality Health Impact Assessment would be undertaken, and patients, the public and local health services would be consulted on the proposals..

We raised concerns with NHS Sussex about provision of the Management of Transgender, non-Binary and Intersex Service after receiving feedback it was challenging to access, and patients weren't clear on the process, including what to do if their own GP practice didn't deliver it. We've requested more accessible and improved information for patients and the public on this service.

We were contacted by a Town Council exploring options for the re-location of its GP practice in response to population pressures and accessibility issues at its current site. We provided suggestions to support informed decision-making, including: engaging the practice and NHS Sussex to identify their requirements, discussions with local stakeholders to explain the rationale for change, and called for robust public engagement on proposals in advance of changes being made.

We engaged with South East Coast Ambulance Service (SECamb) to review the use of Frequent Caller Plans and what these mean for patients. We reviewed how people are put on/taken off a plan, how they are informed, what it means for them. We recommended stronger links with other health services to address the causes of their calls and identified potential changes to make messaging simpler.

**"It's been really helpful to talk to you today. Thank you for listening and for your advice."**

### Share your experiences with us

Used a health or care service recently? If so, please tell us about your experience by leaving a review on our dedicated [Feedback Centre](#).

### Support and assistance

If you need support in accessing health and care services, please contact our Information & Signposting service via:

[enquiries@healthwatcheastsussex.co.uk](mailto:enquiries@healthwatcheastsussex.co.uk) or 0333 101 4007

### Contact Us

To find out more about Healthwatch East Sussex, please go to: [www.healthwatcheastsussex.co.uk](http://www.healthwatcheastsussex.co.uk) or contact us via:

Email - [enquiries@healthwatcheastsussex.co.uk](mailto:enquiries@healthwatcheastsussex.co.uk)

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