

'You Said, We Did' – October 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 October 2024.

You Said

We heard from an individual who was shocked to receive a large bill for home care, arranged when they were discharged from hospital, as no costs had been fully discussed with them.

We heard from a patient who paid privately for a white filling at the dentist, but after the treatment became concerned the filling may not have been necessary.

We heard from an individual concerned that the current wait time for a hearing test was identified as 60 weeks. They described the impact this delay is having on their ability to live a normal life.

Several individuals contacted us due to the shift to digital access of GP services. Their concerns included inequality to access, barriers to face to face appointments and worries over data protection and patient confidentiality.

We Did

We provided information on how to raise their complaint with [ESCC ASC complaints and feedback](#) team, and shared contact details for [Care for the Carers](#), who can offer support and advice to carers in East Sussex.

We advised the enquirer they could request a copy of the dental practice's complaints policy if they wish to complain. We also shared a copy of the [HWES dentistry guide](#) which sets out patient rights and to whom concerns may be raised.

We shared information on the [right to choose](#), so they can explore if other providers have shorter wait times and they can be referred to them instead and offered [complaints advice](#) in case they wished to make a formal complaint.

We informed the individuals about [modern general practice](#) which outlines the national drive towards GPs optimising contact channels and provided information on how to share feedback on services with [Sussex ICB](#) and [CQC](#).

Case Studies:

People's experiences of health and care

The challenges with accessing a preferred provider of NHS services via the 'Right to Choose' The national NHS website indicates, that if you are based in England, you have a 'right to choose' your healthcare provider, when you need to be referred by your GP, dentist or optometrist to a hospital or specialist service. This includes NHS and many private hospitals that provide services to the NHS. Feedback received by Healthwatch suggests a lack of consistency in people's experiences, with mixed messages from GPs on what is and is not accessible to patients, leading to confusion and limiting patient choice. We are sharing two examples of people's experiences of the challenges faced when trying to access a preferred provider of NHS services via the Right to Choose. We have shared this insight with local Healthcare leaders to highlight the issues raised.

Case Study One

We heard from an individual referred to a gastroenterologist by their GP for ongoing stomach issues. The individual contacted the hospital department they were referred to and were informed that they would have to wait around 18 months to be seen. At the point of referral, the patient's GP did not mention nor explain the Right to Choose, nor provide other options for consultant-led treatments. The patient has subsequently become aware of the Right to Choose, and indicated if this was offered at the time, they could have chosen a different provider with a much shorter waiting time.

Based on the NHS Choices Framework you should be offered a choice of service provider at the point of referral and an opportunity to discuss the options available with the person referring you (subject to certain criteria being met).

As a result of the lack of information and choice at the point of referral, the patient has been left in pain and has since written to their GP asking for a referral to their preferred provider, via the Right to Choose.

Case Study Two

We heard from an individual who required an ADHD assessment but was concerned about the long waiting times for this on the NHS, so had decided to research other referral options via the Right to Choose.

At a GP appointment, they requested being referred to their preferred provider, but their GP would only refer them to a local provider that has a direct contract with the Sussex Integrated Care Board (ICB). This provider also has a long waiting list.

Under Right to Choose, patients should be able to select any appropriate qualified provider with an NHS commissioning contract in England to provide the service needed. This includes NHS organisations, as well as private and independent providers, regardless of whether the local ICB has a direct contract with that provider.

The individual has been left not knowing what to do or how best to access a timely assessment for their needs. They feel let down by the process, due to inconsistencies in how the Right to Choose is applied.

Our Contributions and Interventions

We gathered insight received from several enquiries regarding the [Right to Choose](#) which highlighted issues around communication and consistency of information. We collated these experiences into a short report and shared it with colleagues at NHS Sussex, ESCC and Healthwatch England to make them aware of these themes. We also supported individuals with their queries about the Right to Choose, liaising with NHS Sussex to ensure they got accurate and timely information.

We attended a stakeholder meeting hosted by the Sanctuary, a community drop-in for migrants in Eastbourne, and heard about the barrier's migrants' experience accessing antenatal care, due to the self-referral process requiring the patient to complete an online form in English. We are helping Sanctuary build links with the antenatal team to raise awareness of this issue and to enable better access.

We commented on the draft Patient and Public Involvement Strategy developed by South East Ambulance Service (SECAmb) NHS Foundation Trust which will guide how they will gather and respond to people's views. We made suggestions, including: more detail on how feedback informs change and examples publicised when this occurs; clarity on how the strategy will be monitored; and ensuring a range of methods are used to ensure a wide range of people are heard from.

We shared feedback with NHS Sussex we had received about people's experiences of All Age Continuing Care (AACC). We highlighted concerns we'd heard about a lack of timely communication between services, patients and carers, barriers in accessing medical supplies and a lack of clarity on how to share feedback or raise complaints about AACC, care providers and other services.

"Thank you for your prompt and comprehensive response."

"Thank you for listening and trying to help me."

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@healthwatcheastssussex.co.uk or 0333 101 4007

Contact Us

To find out more about Healthwatch East Sussex, please go to: www.healthwatcheastssussex.co.uk or contact us via:

Email - enquiries@healthwatcheastssussex.co.uk

Phone - 0333 101 4007

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Reports and publications

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