



Sharing your feedback about health and social care services

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healthwatch
in Sussex

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Sharing your feedback about health and social care services

Introduction

The government has announced plans to abolish Healthwatch in 2027. Healthwatch was created by the Health and Social Care Act 2012 to gather important feedback from patients and the public about health and social care and has always been independent from the NHS and local councils who provide these services. It has operated since 2013 and across Sussex and Surrey there are four separate Healthwatch teams.

The government's plans did not involve consulting the public about changes to how patients and the public can share feedback and experiences. In the future, it may mean that people would only be able to share their feedback with health and social services themselves, or the organisations who run them.

As a result, the four Healthwatch teams (Healthwatch Brighton and Hove, Healthwatch East- and West-Sussex and Healthwatch Surrey¹) ran a 5-minute survey to enable people have their say about how they would like to be able to share experiences about local health and care services. We wanted to hear:

- Who would people like to share feedback on health and care with?
- How would people like to be able to give feedback in the future?
- What was important to people in how their feedback was gathered and used?

This survey was promoted widely and ran for five weeks and attracted 536 responses.

The report presents a 250-word and more complete summary, followed by the survey responses (question by question in tabular form), a summary of the statistically significant differences in the survey responses (by ethnicity, disability, etc) and an outline of the main themes from the three comment boxes. An appendix includes an outline of all the statistical tests.

¹ Healthwatch Surrey were not involved in the promotion of the survey although 2 people from Surrey completed the questionnaire.

Sharing your feedback about health and social care services

In 250 words

The survey of 536 respondents across Sussex found overwhelming support for maintaining an independent mechanism for gathering feedback about health and social care services. Most respondents (74%) had heard of Healthwatch, and 94% considered having an independent organisation to receive feedback either important or extremely important. Seven in ten people or 70% said they would prefer to share concerns with an organisation independent of the NHS or local councils rather than directly with service providers.

The strongest concerns about giving feedback directly to the NHS or councils were that not hearing how feedback would be used (55%), could affect future care (50%), would take too long to receive a response (50%), or could not be provided anonymously (44%). Respondents also highly valued being listened to, having feedback acknowledged, and understanding how it would be used to improve services.

Qualitative analysis of 955 comments reinforced these findings. Independence was by far the dominant theme, with many respondents viewing Healthwatch as a trusted, impartial body that can represent patient voices without conflicts of interest. Other valued functions included providing information and advice, publishing research reports, and carrying out Enter and View visits.

Key themes for improving feedback systems included offering multiple feedback routes (online, telephone and face-to-face), creating a single and clearly identifiable point of contact, guaranteeing anonymity, and demonstrating visible action from feedback received. Respondents consistently stressed that feedback must lead to improvements, and that health and social care feedback should remain joined up and accessible to all communities.

Sharing your feedback about health and social care services – Summary

Who responded?

- Approximately similar proportions of people from Brighton and Hove (165), East- (168) and West-Sussex (195) responded.
- The average age of respondents was 66.8 years, and the age range was from 18–94 years.
- 67% of responses were from women, 29% from men and 1.4% from people who identified as non-binary or self-described.
- 87% were White British: British/English/Northern Irish/Scottish/Welsh whilst 13% were not White British.
- 32% had a disability, 64% had a long-term condition, and 24% were carers.

Key findings – whole sample

- Approximately three-quarters of people (74%) had heard of Healthwatch.
- 76% rated Healthwatch as ‘extremely important’ and a further 18% as ‘important’ (5-point scale of importance), giving a total of 94%.
- 70% indicate that they would prefer to give feedback about a service or raise a concern or complaint to an organisation that is independent to the NHS or local Council. 30% indicated they would prefer to give this direct to those who provided their care e.g. the NHS or local council.
- The most frequent concerns raised about sharing feedback with the NHS or local councils about health and social care services were (tick-box):
 - I don’t think I will hear how my feedback has been used (55%).
 - I’d be worried about it affecting my care (50%).
 - I’d be worried that it would take too long to hear back (50%).
 - I’d be worried that I couldn’t share my feedback anonymously (44%).
 - It may put some people off from giving their feedback (43%).
- At least 75% of respondents rated a range of factors as ‘extremely important’ or ‘important’ when sharing feedback on health and care services. The activities rated as ‘extremely important’ (5-point scale) from respondents were:
 - Feeling listened to (84%).
 - Helping services understand what is working and what needs to change (81%).

- Having a free, confidential, and independent service that can help people with the NHS complaints process (Independent Health Complaints Advocacy Service) (77%).
 - Having my feedback acknowledged (76%).
- At least 75% of respondents rated a range of activities as 'extremely important' or 'important' for an organisation that gathers feedback. The highest rated areas which were rated as 'extremely important' (5-point scale) were:
 - Goes out into local communities to talk to people (89%).
 - Makes recommendations for how services can improve (79%).
 - Attends meetings with the NHS and local councils to share your feedback so that it informs their decisions (76%).
 - Carries out in-person visits to health and social care services to check on the environment, talk to patients and make recommendations for improvement (70%).
 - The exception to the above was that 25% thought that providing volunteering opportunities was 'extremely important'. Remaining responses for this question were either 'important' or undecided.

Key findings – statistically significant differences in responses

- We conducted further analysis to examine if there were any statistically significant differences to the responses among people according to whether they had heard of Healthwatch, their gender, ethnicity, disability and long-term conditions, and carers.

1. Those who had heard of Healthwatch versus those how had not

- A higher proportion of those who had heard of Healthwatch rated providing feedback to an independent organisation as 'extremely important' compared to those who had not heard of Healthwatch (84% v 54% respectively).
- Those who had heard of Healthwatch were also more likely to prefer to provide feedback to an independent organisation relative to the NHS/council directly (75% v 55% respectively). These are the largest discrepancies for these two key questions and raises the importance of making people more aware of Healthwatch or an independent organisation which exists to gather people's feedback.

2. Gender

- There were no differences between men and women terms of the importance of having independent organisation to provide feedback on NHS and social care services to, or preferences towards providing feedback to an independent body or direct to the NHS/council.

3. Ethnicity

- The analysis looked at differences among those more at risk of health inequalities – by ethnicity, disability and long-term conditions and carers.
- There were no differences between White-British and not White-British in terms of the importance of having an independent organisation.
- However, people who were White-British were more likely to prefer giving feedback to an independent body rather than direct to the NHS/council rather than (73% White-British compared to 59% not White-British).

4. Those with a disability and a long-term condition

- People with disabilities and long-term health conditions were more worried about sharing feedback to the NHS/council in terms of:
 - Adding feedback online.
 - How feedback to the NHS/council may affect their care.
 - Would put them off from making a formal complaint.
- People with disabilities and long-term health conditions are significantly more likely to value the role of IHCAS (Independent Health Complaints Advocacy Service) and the free helpline provided by Healthwatch (compared to those without disabilities and long-term conditions).

5. Carers

- Aside to have having heard of Healthwatch and being White-British, carers were the only other group to report a significant difference in preferring an independent body to provide feedback.
- Those who are carers, compared to those who were not, preferred to provide feedback to an independent organisation relative to the NHS/council directly (79% v 68% respectively).
- Carers are more worried about sharing feedback anonymously to the NHS/council and found it 'extremely important' to understand how their feedback will be used to improve services.

This analysis shows that the removal of an independent feedback organisation (including a free helpline) may be particularly detrimental to those facing health inequalities, especially people with disabilities and long-term conditions and carers.

Key findings – qualitative comments

- People were able to provide open text responses to three questions, which attracted 955 comments overall. These were analysed and revealed some key findings, as follows:

1. What people value about Healthwatch

- The qualitative analysis found that approximately half of respondents used the terms **‘independence’ or ‘independent’** to describe what they **valued most about Healthwatch**. Together with the independent scrutiny of health and social care and a safe space for patients to provide feedback, this accounted for 260/371 comments. For example:

“The role of independence – the ability to represent the views and experience of patients who would be wary of raising issues with those who directly provide the service.”

- Although to a lesser extent than independence, people also valued the provision of information and advice (mentioned in approximately 100 comments), especially at the local level supported by clear and accessible communications (45 comments); its research, reports and subsequent recommendations (85 responses); and the Enter and View visits (10 comments). Note that many people made several comments about what they value about Healthwatch.

2. Comments about how to improve feedback mechanisms

- In response to **‘one thing’ that would make giving feedback on health and care easier**, some (40) people continued to reference an independent body. The findings from this question could be grouped into three main areas:
 - **How to provide feedback?** – a variety of feedback options were mentioned, including being able to do this both online and in person. Also, to generally make sharing feedback easier and clearer. Approximately 180 comments.
 - **Who to provide feedback to?** – respondent’s comments highlighted the following: having a single point of contact rather than different routes for social care, hospital care, GP care etc, knowing who to contact, and ensuring anonymity of responses. Approximately 50 comments.
 - **What next regarding the feedback?** – strong opinions were expressed about knowing what impact any feedback would have, including there being a follow-up as to what improvements have been made as a result (if applicable). Approximately 60 comments.

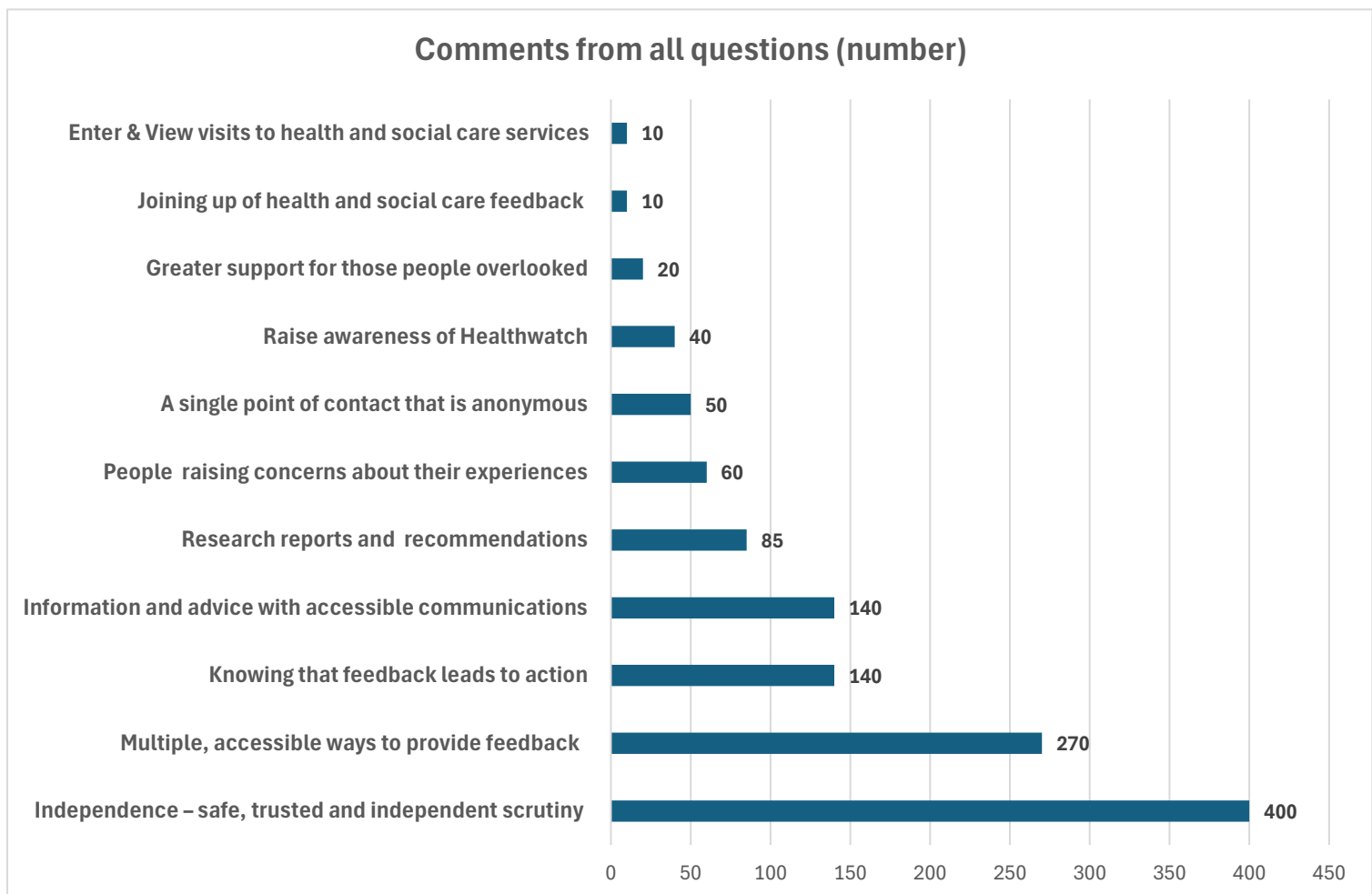
3. Other themes

- In terms of **any other thoughts**, eight themes emerged in decreasing order of incidence (some of which are mentioned in previous comments).

- Independence builds trust. Approximately 100 comments.
- Multiple, accessible ways to provide feedback are essential e.g. online, in-person. 90 comments
- Feedback must lead to action. 80 comments
- Concerns raised about health and care services from patients' experiences. 60 comments
- Raise awareness of Healthwatch. 30 comments
- Greater support is needed for people who may be overlooked. 20 comments.
- A lack of certainty or clarity over the role of Healthwatch. 12 comments.
- Health and social care feedback should remain joined-up. 10 comments.

4. Overall assessment of comments

Combining the results from all three comment boxes revealed the most often mentioned themes:



Full survey results – Sharing your feedback about health and social care services (536 responses)

1. Where do you live?				
Answer Choices			Response Percent	Response Total
1	West Sussex		36.52%	195
2	Brighton and Hove		30.90%	165
3	East Sussex (excluding Brighton and Hove)		31.46%	168
4	Surrey		0.37%	2
5	Other (please specify):		0.75%	4
			answered	534
			skipped	2

2. In 2012, Healthwatch was created by central government. It was given powers to operate 'independently' of the NHS and local councils to gather people's feedback on health and care services. Have you ever heard of Healthwatch?				
Answer Choices			Response Percent	Response Total
1	Yes		73.46%	393
2	No		20.93%	112
3	Not sure		5.61%	30
			answered	535
			skipped	1

3. If you have heard of Healthwatch, what do you value most about them and their work?

371 comments analysed

4. How important is it to you that there is a way to provide feedback on NHS and social care services to an independent organisation (that is, to an organisation who is not responsible for designing or delivering the service)?

1	Extremely important		76.07%	407
2	Important		17.94%	96
3	Neither important nor unimportant		3.55%	19
4	Not important		1.12%	6
5	Not at all important		1.31%	7
			answered	535
			skipped	1

5. If you wanted to give feedback about a service or raise a concern or complaint, which of these two options would you prefer?

Answer Choices			Response Percent	Response Total
1	Raising this to an organisation that is independent to the NHS or local Council		70.23%	368
2	Raising this directly to those who provided your care (NHS or local council)		29.77%	156
			answered	524
			skipped	12

6. If you have any concerns about sharing feedback with the NHS or local councils about health and social care services, what are these? Please tick all that apply

Answer Choices			Response Percent	Response Total
1	I'd be worried if the only way to do this is online		36.53%	194
2	I'd be worried about it affecting my care		50.09%	266
3	I'd be worried about the privacy of my data		34.27%	182
4	I'd be worried that I couldn't share my feedback anonymously		44.07%	234
5	I'd be worried that it would take too long to hear back		49.53%	263
6	I don't think I will hear how my feedback has been used		54.80%	291
7	It may put some people off from giving their feedback		42.37%	225
8	I'd be concerned that I could only provide feedback when I am asked to do so		37.66%	200
9	It would put me off making a formal complaint if I needed to		28.81%	153
10	None of the above (I don't have any concerns)		10.92%	58
11	Other (please say any other concerns you may have):		15.25%	81
			answered	531
			skipped	5

7. How important are the following to you, when sharing feedback on health and care services?

Answer Choices	Extremely important	Important	Neither important nor unimportant	Not important	Not at all important	Response Total
Ease of giving feedback	71.46% 368	25.63% 132	1.94% 10	0.39% 2	0.58% 3	515
Being able to give feedback online	32.09% 163	40.94% 208	22.44% 114	2.36% 12	2.17% 11	508
Being able to give feedback in person	35.63% 181	31.50% 160	23.62% 120	6.89% 35	2.36% 12	508
Feeling listened to	84.27% 434	14.17% 73	1.55% 8	0.00% 0	0.00% 0	515
Having my feedback acknowledged	75.59% 384	21.85% 111	2.36% 12	0.00% 0	0.20% 1	508
Understanding how my feedback will be used to improve services	66.54% 340	31.12% 159	2.15% 11	0.20% 1	0.00% 0	511
Helping services understand what is working and what needs to change	80.66% 413	17.97% 92	1.17% 6	0.20% 1	0.00% 0	512
Having a free, confidential, and independent service that can help people with the NHS complaints process (Independent Health Complaints Advocacy Service)	77.19% 396	14.81% 76	5.85% 30	1.36% 7	0.78% 4	513
					answered	517
					skipped	19

8. How important to you is it that the organisation which gathers your feedback does the following:

Answer Choices	Extremely important	Important	Neither important nor unimportant	Not important	Not at all important	Response Total
Goes out into local communities to talk to people	61.20% 306	28.00% 140	7.80% 39	2.20% 11	0.80% 4	500
Supports all communities to give feedback	68.28% 338	27.07% 134	3.03% 15	1.21% 6	0.40% 2	495
Carries out in-person visits to health and social care services to check on the environment, talk to patients and make recommendations for improvement	70.46% 353	23.55% 118	4.99% 25	0.60% 3	0.40% 2	501
Attends meetings with the NHS and local councils to share your feedback so that it informs their decisions	76.49% 384	19.92% 100	2.59% 13	0.60% 3	0.40% 2	502
Publishes reports of their work and its impact	69.14% 345	25.45% 127	4.01% 20	1.00% 5	0.40% 2	499
Makes recommendations for how services can improve	79.20% 396	19.60% 98	0.60% 3	0.40% 2	0.20% 1	500
Provides a free helpline for advice and information	58.75% 292	33.60% 167	5.84% 29	1.21% 6	0.60% 3	497

8. How important to you is it that the organisation which gathers your feedback does the following:

Provides volunteering opportunities	24.59% 121	38.41% 189	30.49% 150	3.66% 18	2.85% 14	492
Works with community and voluntary organisations to hear from the people they support	60.36% 300	32.19% 160	5.63% 28	0.80% 4	1.01% 5	497
					answered	503
					skipped	33

9. What one thing would make giving feedback on health and care easier for you?

386 comments analysed

10. Please share any other thoughts or comments here:

198 comments analysed

11. Please tell us your age

Age groups	Number	%
18-24	4	.9
25-34	9	2.1
35-44	16	3.6
45-54	46	10.5
55-64	86	19.6
65-74	133	30.3
75-84	130	29.6
85-94	14	3.2

95 or older	1	.2
Total	439	100.0
Did not answer	97	

Age range – 18 to 94 years.

Average age – 66.8 years.

12. Please tell us your gender				
Answer Choices			Response Percent	Response Total
1	Woman		67.14%	329
2	Man		28.98%	142
3	Non-binary		0.82%	4
4	Prefer not to say		2.45%	12
5	Prefer to self-describe:		0.61%	3
			answered	490
			skipped	46

13. Please select your ethnicity				
Answer Choices			Response Percent	Response Total
1	Arab		0.00%	0
2	Asian/Asian British: Bangladeshi		0.20%	1
3	Asian/Asian British: Chinese		0.00%	0
4	Asian/Asian British: Indian		0.20%	1
5	Asian/Asian British: Pakistani		0.00%	0

13. Please select your ethnicity

6	Asian/Asian British: Any other Asian/Asian British background		0.41%	2
7	Black/Black British: African		0.00%	0
8	Black/Black British: Caribbean		1.23%	6
9	Black/Black British: Any other Black/Black British background		0.00%	0
10	Mixed/multiple ethnic groups: Asian and White		0.61%	3
11	Mixed/multiple ethnic groups: Black African and White		0.20%	1
12	Mixed/multiple ethnic groups: Black Caribbean and White		0.00%	0
13	Mixed/multiple ethnic groups: Any other Mixed/Multiple ethnic group background		0.41%	2
14	White: British/English/Northern Irish/Scottish/Welsh		81.60%	399
15	White: Irish		1.64%	8
16	White: Gypsy, Traveller or Irish Traveller		0.20%	1
17	White: Roma		0.00%	0
18	White: Any other White background		6.95%	34
19	Prefer not to say		4.50%	22
20	Other (please specify):		1.84%	9
			answered	489
			skipped	47

14. Please select any of the following that apply to you

Answer Choices	Yes	No	Response Total
I have a disability	32.27% 132	67.73% 277	409
I have a long-term condition	63.72% 288	36.28% 164	452
I am a carer	24.43% 97	75.57% 300	397
		answered	473
		skipped	63

Further quantitative analysis

The further analysis looks at the statistically significant difference in responses, which are summarised below.

Those who had heard of Healthwatch are more likely to know about its role and functions. Those who had **heard of Healthwatch were more likely to view providing feedback to an independent organisation as extremely important** compared to those who had not heard of Healthwatch (84% v 54% respectively).

Those who had **heard of Healthwatch were more likely to prefer to provide feedback to an independent organisation relative to the NHS/council** directly (75% v 55% respectively). These are the largest discrepancies for these two key questions and raises the importance of making people more aware of Healthwatch, or an independent organisation which exists to gather people's feedback.

In conjunction with the above, those who had heard of Healthwatch were more worried about sharing feedback to the NHS/council, in terms of:

- Concerns over sharing feedback anonymously.
- Concerns it may put people off from giving feedback.
- Concerns about only being able to give feedback when asked.

Most of the activities that Healthwatch performs were rated particularly highly by those who have heard of Healthwatch, including:

- Supporting all communities.
- Attending meetings, publishing reports.
- Making recommendations.
- Working with VCSEs (Voluntary, Community, and Social Enterprise organisations).

A particular feature of the further analysis was to see how the results differ by those people **more at risk of experiencing health inequalities**, namely people who are not White-British, those with disabilities and with long-term health conditions, and carers.

There were no differences between White-British and not White-British in terms of the importance of an independent organisation. However, **people who were not White-British were more likely to prefer giving feedback direct to the NHS/council rather than to an independent body.**

There were no differences between those with and without **disabilities and long-term health conditions** in terms of the importance of an independent organisation, or preference to give feedback to an independent body rather than direct to the NHS/council.

People with disabilities and long-term health conditions were more worried about sharing feedback to the NHS/council in terms of:

- Adding feedback online.
- How feedback to the NHS/council may affect their care.
- Would put them off from making a formal complaint.

People with disabilities and long-term health conditions particularly value the role of advocacy services (IHCAS) and the free information and signposting helpline provided by Healthwatch. These findings were similar when analysing differences by disability and long-term conditions separately. Addressing these differences could help to mitigate health inequalities.

Those who are **carers were more likely to prefer to provide feedback to an independent organisation relative to the NHS/council directly** (79% v 68% respectively). Carers are more worried about sharing feedback anonymously to the NHS/council and shared that it was 'extremely important' to understand how their feedback will be used to improve services.

This analysis shows that the removal of an independent feedback organisation (including a free helpline) may be particularly detrimental to those facing health inequalities, especially people with disabilities and long-term conditions and carers.

The full analytical process can be viewed in Appendix 1.

Qualitative analysis

People were able to provide open text responses to three questions, which attracted 955 comments overall. These were analysed and revealed some key findings, as follows.

Q3 – If you have heard of Healthwatch, what do you value most about them and their work? – 371 comments

As an introduction, the Word Cloud show which terms were most commonly mentioned in the comments.



The responses show a strong and consistent appreciation of Healthwatch's independence from the NHS and social care services. From the Word cloud, 112 comments included the word **independent** (the largest category) and 72 mentioned **independence** – approximately 50% of all comments. Together with the independent scrutiny of health and social care and a safe space for patients to provide feedback, this accounted for 260/371 comments.

Note that more than one theme appeared in many of the comments so the numbers will exceed 371 in this instance.

Respondents particularly value the Healthwatch ability to represent patient and service-user voices, scrutinise health and social care services, gather impartial feedback, and hold providers to account.

"The role of independence – the ability to represent the views and experience of patients who would be wary of raising issues with those who directly provide the service."

"Independent of health services commissioning and delivery so happy to challenge on behalf of patients."

The remaining responses were as follow, across four main themes.

The value of **information and advice** (approximately 100 comments):

"Healthwatch is there for us with advice or a listening ear, with updates and information."

"The information you provide is interesting and very helpful; it would be a real shame to have to look for it elsewhere."

The importance of this being **local information** is also mentioned:

"Healthwatch is a single place to go for information about local medical, dental and social services."

"An independent, knowledgeable source of local health information, Healthwatch has been excellent."

This information and advice is underpinned by **clear and accessible communications** (approximately 45 comments):

"Clear communications relevant to my area."

"Regular email bulletins, containing health-related news and highlighting local initiatives and events."

"I enjoy reading the monthly email and the updates and taking part in the relevant surveys to help my local community."

The **research, reports and subsequent recommendations** are also valued (approximately 85 comments):

"Their independence is key; gathering feedback from patients and service users and making recommendations on the basis of this should be done by an independent body."

“Being able to produce independent reports based on local data is invaluable to support the commissioning of appropriate services and raise concerns when providers are falling well below the mark.”

“Their independent status... and the overall benefit of getting knowledge, opinions and suggestions from the population back into the system via thorough and timely reports.”

Intelligence gathered through **Enter and View** visits are also identified as important (approximately 10 comments):

“Their independent visits to health and social care settings means unbiased reports on services.”

“I value their ability to enter and view and produce reports that are based on validated evidence.”

Finally, this comment summarises the **overall value of Healthwatch** which integrates many of the points made above:

“They [Healthwatch] are objective and put the voice of the patient/service user first. They are able to challenge the local providers of health and social care bringing accountability to the agenda which is often disguised or lost in the corporate world of the NHS and Local Authorities.”

“Being able to undertake key consultations for local populations to gain an understanding of needs and where resources are working, lacking or need reviewing and being able to produce independent reports based on local data is invaluable to support the commissioning of appropriate services and raise concerns when providers are falling well below the mark.”

“The statutory provision of enter and view is beneficial to the health care economy and brings insights straight to Board level NHS, requiring accountability and action.”

“The role of Healthwatch is pivotal in ensuring local people have a voice in the ever-changing health and social care economy.”

Q9 – What one thing would make giving feedback on health and care easier for you? – 386 comments



For this question, feedback was the most commonly used term mentioned by 119 people. The data was further examined to see in what context feedback was mentioned. For example, any preferences towards independent feedback or feedback direct to the NHS/council.

Although asking for 'one thing' to improve the process of providing feedback, some respondents (approximately 40) continued to reference an independent body:

"Knowing I'm talking or online to someone independent of the organisation I was complaining about."

"Access on-line, to a Forum that is INDEPENDENT of the NHS and Government."

Aside to independence being mentioned, the main findings regarding making feedback on health and care easier were grouped into the three themes of 'how?', 'who to?' and 'what next?':

1. How to provide feedback?

Approximately 180 comments representing the largest theme for this question.

In terms of 'how?', there were conflicting responses to whether feedback should be **shared online or in person**:

"A dedicated easily identifiable page on the NHS website and App."

"Easy online section how to complain to ICB or on NHS services within NHS app or website."

By contrast:

"Not always online – speaking to an impartial human is important."

"Options to how I can give feedback. It's not always possible to do this digitally."

In view of these polarised opinions about digital feedback, people mentioned that a **variety of feedback routes** would be beneficial:

"Having a single place/organisation to share this with and having multiple ways of giving it."

"Various ways of making contact. Email, phone call survey."

Respondents also spoke about having **structured prompts** to guide their feedback, which would make the process easier and clearer:

"Well constructed surveys that allow specific examples to be fed back."

"What went right? What went wrong? How can it be put right/improved?"

2. Who to provide feedback to?

Approximately 50 comments.

In terms of 'who to?' and in relation to the above, people commonly raised having a **single point of contact**, rather than different routes for social care, hospital care, GP care etc:

"An independent single point of access for all concerns whether health or social care provided by an independent organisation."

"Knowing who to go to give the feedback – having one place that covers all health and care services would be helpful so that it's clear and easy to navigate and you don't have to talk to multiple people about different parts of feedback."

Having a single point of contact would make it easier for people to **know who to contact**:

"Knowing where and how to do it."

"Knowing who to give feedback to or make a complaint."

Also, a single point of access would generally make it **easier to give the feedback**:

"Not having to search how to give it."

"Able to get in touch easily online or by phone."

Finally in terms of 'who to', people talked about the importance of **anonymity of their feedback**:

"Give feedback as soon as you had an appointment — but this has to be anonymous and in private."

"Knowing it is anonymised and that my care is not adversely affected."

3. What next regarding the feedback?

Approximately 60 comments.

In terms of 'what next?', there were strong opinions about knowing what **impact** their feedback would have, and that a follow-up would be appreciated:

"Being told if there have been any improvements in my concerns. Have the relevant people had my concerns passed on to them? What is their reaction?"

"Opportunity to follow up what improvements have been made if appropriate."

These features collectively address common barriers and may encourage more people to provide feedback.

Q10 – Please share any other thoughts or comments here – 198 comments



The most frequently mentioned terms were feedback (80), Healthwatch (49) and health (40). The findings were grouped into eight themes – presented in decreasing order for comments where the themes were mentioned. The first three, in particular, echo previous findings which is typical of this ‘any other comments’ question.

1. Independence builds trust

Approximately 100 comments.

Many respondents indicated that they may be reluctant to complain directly to care providers, fearing defensiveness, repercussions, or that concerns will be dismissed.

“I value Healthwatch as a person with long-term condition; I am not comfortable raising complaints direct with NHS as it affected the way I was treated since and not in a good way!”

“Healthwatch is an essential function and I’m a very concerned what will replace it. Especially if organisations are expected to monitor themselves. This is a massive conflict of interest.”

“The functions and role of local Healthwatch must be retained. To provide feedback directly to the services you have used will put people off and silence patient voice.”

“To lose independent scrutiny will impact on public trust of national and local services.”

2. Multiple, accessible ways to provide feedback are essential

Approximately 90 comments.

Respondents want a variety of ways to feedback: online, telephone, written and face-to-face options. It was mentioned that capturing insights should not be solely reliant on digital systems.

“In reference to question 7 and 'being able to give feedback online', personally, I'm happy but am aware that there are those – older people, for example – who might struggle.”

“Everything is online and people need to speak to each other in these types of circumstances.”

“Being able to give feedback in person is extremely important – would be brilliant but won't happen.”

3. Feedback must lead to action

Approximately 80 comments.

People expressed a desire to know what happens to their feedback. Without knowing the impact, people may become reluctant to share their views.

“Giving feedback is great but there's a need to act upon it and ensure lessons are learned. If no action is taken, ultimately feedback will cease as viewed as pointless. The person who gives feedback should also be informed of the learning and how it's been introduced. Easy access to publication of feedback/themes/learning should be made available.”

“It would be good to know how effective giving feedback is. Does changes actually happen?”

4. Concerns raised about health and care services from patients' experiences

Approximately 60 comments.

People took the opportunity to share their concerns, usually citing personal experiences. These issues included difficulty accessing GPs, long waits, poor communication, inconsistent care, weak complaint handling and patients having to chase services themselves.

"GPs are my biggest concern at present. Fill out a form and we will triage the form and get back to you in 2 working days. Nothing, no feedback no contact from the GP and when you call, 'Oh yes we are waiting for appointment to open up.' Would be nice if we had been informed of this, instead of having to call and chase the surgery. This is just 1 example."

"He then tried to get a GP appointment, and they said that his blood test was normal. When he finally was able to go to the GP in person with his formal letter [from the hospital detailing his requirements] they recognised their error, apologised, and he is now having care which is good. BUT what would have happened if he hadn't checked or followed up? You need to be able to advocate for yourself."

"My GP practice and local hospital have gone down the drain. Too many managers and back-office staff. Six week wait to see a GP is not acceptable."

"Over the last 7 years I've experienced quite a lot of problems at my GPs. I've written to the senior partner/s and each time been directed to the Surgery Manager/s. These managers have all been useless. The last time was autumn last year. The person who phoned me was argumentative and put the phone down when I refused to agree with her. I was too ill to fight my cause but did write again. By January 2026 I was admitted to hospital in an emergency situation and remained there for 42 days. I required two cardiac conversions within an hour of arriving in the hospital. To this day my letters have not been responded to. I suspect the entire staffing at the GP surgery just want me to disappear."

5. Raise awareness of Healthwatch

Approximately 30 comments.

Numerous respondents had not heard of Healthwatch or did not understand its role, highlighting the need to improve visibility and communicate its purpose.

"I genuinely didn't really know that this is or what Healthwatch did. You have a visibility problem! Please get up posters inside every single toilet door in every medical facility in Brighton and Hove."

"I think most people will not have heard of Healthwatch, it would be good to know more."

"Good and effective communication is key to everything. I had never heard of Healthwatch prior to this survey."

6. Greater support is needed for people who may be overlooked

Approximately 20 comments.

People mentioned that feedback mechanisms may overlook older people, disabled people, those with complex needs, people who do not speak English fluently, and people lacking confidence to advocate for themselves.

"It is important to consider how resident non-native English speakers can be reached. They may struggle with the language and therefore not be able to effectively communicate their experiences and views on the NHS services."

"The over 70's generally receive a substandard service due to problems with vision, hearing and physical disabilities."

"Make it easy for everyone to give feedback and if necessary, provide an independent person to support with the feedback."

7. A lack of certainty over the role of Healthwatch

Approximately 12 comments.

A minority expressed a lack of certainty or clarity about Healthwatch's effectiveness or influence, arguing that it needs stronger powers, clearer evidence of impact, or that providers should manage feedback themselves. The most frequent concern raised was the inability to influence service providers.

"Healthwatch can only be successful if the NHS and councils accept and action their findings."

"Healthwatch as it stands is a toothless tiger. It gives advice and suggestions, but it is not taken seriously. It keeps the public at arm's length"

from those who spend our money. The model as it presently it does not work."

"Did Healthwatch ever really engage with the public? What evidence is there of their successes?"

"I speak as someone who has been grateful for complex treatment over the last two years but have observed that many staff do not really listen to what patients say or take any notice of the content."

"NHS & Social Care should be managing their own concerns, complaints, positive & negative feedback."

8. Health and social care feedback should remain joined-up

Approximately 10 comments.

Respondents questioned separating feedback across providers when care pathways are increasingly integrated. The Health Bill (2026) proposes that gathering feedback about health services would be the sole responsibility of Integrated Care Boards, whilst Local Authorities would be solely responsible for collating insights about social care.

"The decision to abolish Healthwatch is short-sighted and ultimately will affect patient experience. Being asked about feedback on care is important, but the abolishment will prevent people making unsolicited feedback and limit the opportunities for signposting advice. The separation of feedback between health and social care is completely baffling as they are joined up issues."

"There should be an integrated mechanism (not separate NHS and Social Care) for providing feedback – especially as healthcare is increasingly planned and delivered in an integrated way."

Overall, the comments indicate that people value independence, demonstrable impact, multiple ways to feedback (including for those often overlooked), local presence, and the integration of health and social care feedback.

Appendix 1 – Further quantitative analysis – in full

This analysis looks at how responses differed according to the following:

1. Whether people had heard of Healthwatch (Q2)
2. Whether they were women or men (other genders were too small in number to support further analysis) (Q12)
3. Whether people were White-British or not White-British (Q13)
4. Whether people had a disability (predictor of health inequalities)? (Q14)
5. Whether people had a long-term health condition (predictor of health inequalities)? (Q14)
6. Whether people had a disability and long-term health condition (predictor of health inequalities)? (Q14).
7. Whether people were carers (Q14).

For each of the above, we ran a series of cross-tabulations² according to whether the responses to the following questions differed:

- Q4 – How important is it to you that there is a way to provide feedback on NHS and social care services to an independent organisation (that is, to an organisation who is not responsible for designing or delivering the service)? (Those rating as Extremely important from a 5-point scale).
- Q5 – If you wanted to give feedback about a service or raise a concern or complaint, which of these two options would you prefer? (Independent or direct to NHS or local council).
- Q6 – If you have any concerns about sharing feedback with the NHS or local councils about health and social care services, what are these? (Tick box option).
- Q7 – How important are the following to you, when sharing feedback on health and care services? (Those rating as Extremely important from a 5-point scale).
- Q8 – How important to you is it that the organisation which gathers your feedback does the following: (Those rating as Extremely important from a 5-point scale).

² Usually a 2x2 table (e.g. heard of Healthwatch – yes or no, by prefer feedback to an independent body or direct to NHS/Council) with column and row percentages and Chi-Square tests to show statistical significance of differences in response, at the 95% level.

The findings below show where the results differed at the 95% level of statistical significance (Chi-square). All other findings are not statistically significant.

For the questions on importance of providing feedback from an independent body (Q4) and preference to provide feedback to an independent organisation or direct to NHS/council (Q5), percentage differences are provided – these are considered to be the most important of questions.

Note that the results for the following questions are shown as to who may have a stronger viewpoint relative to their comparison group. For example, while it may be written that men rate something as more important than women (at the level of statistical significance), this also equates to women rating this same item as less important. Both would be an equally valid interpretation.

1. Whether people have heard of Healthwatch

Those who had heard of Healthwatch were more likely to view providing feedback on health and social care services to an independent organisation as extremely important compared to those who had not heard of Healthwatch (84% v 54% respectively).

Those who had heard of Healthwatch were also more likely to prefer to provide feedback to an independent organisation than to the NHS/council directly (75% v 55% respectively).

Those who heard about Healthwatch were more worried about sharing feedback to the NHS/council in terms of:

- They couldn't share feedback anonymously.
- Not hearing back from how the feedback had been used.
- Putting people off from giving feedback.
- Concerned they could only give feedback when asked.
- Put off making a formal complaint.

Those who heard about Healthwatch were more likely to rate the following as extremely important, compared to those who haven't heard of Healthwatch:

- Having a free, confidential, and independent service that can help people with the NHS complaints process (Independent Health Complaints Advocacy Service).

Those who heard about Healthwatch were more likely to rate the following as extremely important, compared to those who haven't heard of Healthwatch:

- Supports all communities to give feedback.
- Attends meetings with the NHS and local councils.
- Publishes reports.
- Makes recommendations.
- Works with community and voluntary organisations.

2. Gender (men and women)

There were no differences between men and women terms of the importance of having independent organisation to provide feedback on NHS and social care services to, or preferences towards providing feedback to an independent body or direct to the NHS/council.

Women, compared to men³, were more worried about sharing feedback to the NHS/council in terms of:

- Worried about feedback to the NHS/council affecting my care.
- Couldn't share feedback anonymously.

Men were more likely to give extreme importance to:

- Ease of giving feedback.
- Understanding how their feedback will be used.

Women rated the following as extremely important:

- To feel listened to.
- Having their feedback acknowledged.
- Helping services understand what is working and what needs to change.
- Having the IHCAS.

For organisational activities, women were more likely to see the following as extremely important:

- Goes out into local communities to talk to people.
- Supports all communities to give feedback.
- Carries out in-person visits.
- Attends meetings with the NHS and local councils.
- Publishes reports.
- Makes recommendations.

³ Although other genders were mentioned the numbers were too small to include in the analysis. The same applied to ethnicity whether the numbers of individual ethnicities were too small and this variable was recoded at White-British and not white-British.

- Provides a free helpline.
- Provides volunteering opportunities.
- Works with VCSEs.

3. Ethnicity

There were no differences between White-British and non White-British respondents in terms of the importance attached to having an independent organisation to provide feedback on NHS and social care services to.

White-British respondents were however more likely to prefer to give feedback to an independent body rather than direct to the NHS/council (73.2% White-British compared to 58.6% not White-British).

There were no further differences.

4. Disability

There were no differences between those with and without disabilities in terms of the importance of having an independent organisation to provide feedback on NHS and social care services to, or preference to give feedback to an independent body rather than direct to the NHS/council.

People with disabilities were however more worried about sharing feedback to the NHS/council in terms of:

- Worried about adding feedback online.
- Worried about feedback to the NHS/council affecting my care.
- Put off making a formal complaint.

People with disabilities were more likely to rate as extremely important having the following service:

- Independent Health Complaints Advocacy Service (IHCA⁴)

For organisational activities, people with disabilities were more likely to rate the following as extremely important:

- Provides a free helpline.

⁴ An independent NHS complaints advocacy service can support anyone who needs to navigate the complaints process.

5. Long-term health conditions

There were no differences between those with and without long-term health conditions in terms of the importance of having an independent organisation to provide feedback on NHS and social care services to, or preference to give feedback to an independent body rather than direct to the NHS/council.

People with long-term health conditions were however more worried about sharing feedback to the NHS/council in terms of:

- Worried about feedback to the NHS/council affecting my care.
- Put off making a formal complaint.

There were no further differences.

6. People with disabilities and long-term conditions

There were no differences between those with and without disabilities and long-term health conditions in terms of the importance of having an independent organisation to provide feedback on NHS and social care services to, or preference to give feedback to an independent body rather than direct to the NHS/council.

People with disabilities and long-term health conditions were however more worried about sharing feedback to the NHS/council in terms of:

- Worried about adding feedback online.
- Worried about feedback to the NHS/council affecting my care.
- Put off making a formal complaint.

People with disabilities and long-term health conditions were more likely to rate as extremely important, having the following service:

- IHCAS

For organisational activities, people with disabilities and long-term conditions were more likely to see the following as extremely important:

- Provides a free helpline.

7. Carers

There were no differences between those who are and are not carers in terms of the importance of having an independent organisation to provide feedback on NHS and social care services to. However, those who are carers were more likely to prefer to provide feedback to an independent organisation relative to the NHS/council directly (79% v 68% respectively).

Those who are carers were more worried about sharing feedback to the NHS/council in terms of:

- They couldn't share feedback anonymously.

Those who are carers were more likely to rate as extremely important, compared to those who are not carers, about:

- Understanding how my feedback will be used to improve services.

There were no further difference for carers.



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Click here to share your experiences and feedback with us, or if you need help or advice. **Thank you!**

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