

Public engagement event – Brunswick Square festival

September 2023
Lester Coleman
Lester@healthwatchbrightonandhove.co.uk

Public engagement event – Brunswick Square festival, Hove, August 19th, 2023

At the Brunswick Square festival, Healthwatch Brighton and Hove (HWBH) ran a stall to raise awareness of our organisation and to hear people's views and experiences of health and social care in the city. The stall was run by two HWBH staff and four volunteers (two in the morning and two in the afternoon). The stall was staffed between 10.30 and 5pm.

The engagement included three main strands: people viewing and talking briefly to staff, often us explaining the role of HWBH; people holding in-depth conversations where notes were taken; and some people completing a brief questionnaire to document their experiences. In combination we engaged 50 people, with most of this through the brief conversations with us explaining the role of HWBH.

1. Brief conversations

As the stall was close to the main entrance to the festival, we had some interest from people wanting to know who we are. We often opened these questions with *"have you heard of Healthwatch and the work we do?"* After explaining this work, people were satisfied and tended to move on to neighbouring stalls – for some this was a tour of all stalls where similarly brief conversations were held.

2. Longer conversations

Some people engaged in more extensive conversations about their views and experiences, which allowed the HWBH staff or volunteer to take some brief notes. In total, 12 people conversed with HWBH – some conversations lasted 20 minutes, in which case people were invited to have a seat in the gazebo. Examples of conversation themes are as follows:

a) Emergency department:

People were generally critical of the Emergency Department environment at the Royal Sussex.

One person described his experience in the Emergency Department at the Royal Sussex (Brighton) as *"frightening"*. He waited six hours to be seen after waiting two hours for the ambulance and found it a cramped environment with not enough chairs. He was staggered that with the new hospital building that they did not prioritise a new environment for the Emergency Department.

One person said the Emergency Department was *"full of drug addicts"* and complained about the failure to diagnose a broken neck.

One person was told she would have to wait six hours for an ambulance so resorted to driving herself there which put her at risk.

By contrast, one person described the Emergency Department as a *"great service"* and the problems with waiting and environment were wider system issues.

b) Waiting for care:

People complained about long waiting lists and the costs of receiving care elsewhere.

One person was on a waiting list for melanoma treatment. He was offered an appointment at East Grinstead which would cost him £85 in taxi fares, which was his only option as he would not be able to drive after treatment. After talking about non-emergency patient transport he said everything he heard about this was *"very vague"*.

A further person with melanoma described having to wait a year for treatment. He expressed concerns that his GP and consultant were *"not talking to each other"*. He had to chase continually to get his test results.

As similar response about the *"GP and consultants not speaking to each other"* was made. Their medical history was not shared with the consultant and they



found difficulties in getting their test results with the GP *“not interested”* in their care once they had seen the consultant.

c) Quality of care:

Comments were universally positive about the quality of care.

As an ex-smoker, one person described the free lung test he was given and how he was *“impressed”* with the lung screening.

One person said they had been using local health services to manage the multiple needs but described it as *“all good”*.

Another said the care he received could not have been better and *“Saved his life. Without the NHS I wouldn’t be here.”*

d) GP services

One person said he prefers face-to-face appointments so he doesn’t have to disclose anything personal to the receptionists.

Another said they just could not get an appointment with their GP. They were invited to send a photo to a portal that did not work. Described it as almost as difficult to get to see a dentist.

3. Questionnaire responses

Six people completed questionnaires that were provided on the day. This included questions on people’s priorities for the NHS, comment boxes for what experiences have gone well and what could be improved, and some demographic questions.

Of those responding, four were men and two were women. Four were heterosexual, one bisexual and one described themselves as ‘other’. All were White-British and they ranged in age from 48 to 76 years of age.

In terms of priorities, the most commonly mentioned was helping people to be **less isolated** (five people).

Four people mentioned the following as priorities: making it easier to get a **GP appointment**, getting a **dental appointment**, and reducing **hospital waiting times**.

Three people mentioned making it easier to be **discharged from hospital** and helping people to be more confident in using **online services**.

In terms of comments there were a mixture of experiences that went well and where they could be improved. **Positive comments** were:

"Good doctors and appointments".

"I have experienced only good from the NHS".

"New knee was positive – adequate waiting time".

More **critical comments** were:

"I moved and was struck off the [waiting] list".

"My hip – saw GP but not consultant – they used this as an excuse, had to go private as it was bone on bone".

"A & E is not a good experience. Inadequate and uncomfortable waiting area. Excellent when you finally receive medical attention".

"I cannot find an NHS dentist. I have spent £500 this year at a private dentist. I need more work but I lack the fund to pay. My elderly father (92) can remember a time when we had no NHS – it's sad and worrying that in the 21st Century we are now heading that way i.e. only wealthy people can afford healthcare".

4. Conclusion

From this brief engagement, recurring and somewhat expected concerns arose regarding the Emergency Department environment, difficulties in getting an NHS dentist, and waiting lists for treatments. Arguably less expected were concerns around helping people to be less isolated. Also evident was that once people were seen by a GP or consultant, they regarded this as receiving excellent care.

If you have any questions, stories good or bad please let us know by contacting Lester at lester@healthwatchbrightonandhove.co.uk.