Insight bulletin

November 2026



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Healthwatch update – Independent public voice services to stay

We are delighted with the news that the Government will be withdrawing the clauses in the Health Bill that intended to transfer the functions of local Healthwatch to ICBs and Local Authorities. Throughout the debate on the Health Bill in Parliament serious concerns were consistently raised that scrapping Healthwatch would mean the loss of important accountability within the NHS. Over 150 local Healthwatch organisations and Healthwatch England will be retained and the system strengthened so that patients' and public experiences play a greater role in improving health and social care services.

You can read more about the Health Bill and patient experience: Health Bill: patient voice - fact sheet - GOV.UK

We really appreciated the many positive emails we received in response to this news and want to thank everyone who provided written evidence to the committee, signed the public petition and spoke out publicly in support of retaining independent public voice. We are looking forward to working collaboratively to define and implement this strengthened Healthwatch model.

How do we make a difference?

In the last 3 months, we helped, supported or engaged with over 260 people whilst out and about in the community, and over 80 people who contacted our Helpdesk. But it doesn't stop there. We champion the voice of local people to shape, improve and get the best from NHS and social care services; we are independent and have statutory powers to make sure decision makers listen to the experiences of local people. You can read about the difference we've made in our latest Impact Report.

Did you know that in addition to delivering the Healthwatch Surrey service, Luminus is also commissioned to deliver Giving Carers a Voice (including young carers), Surrey Substance Use Partnership – Public Involvement and specific Community Voice Projects. You can read more about the impact of our work on the Luminus website.

This bulletin: at a glance

Who have we been hearing from?

Since our last bulletin **255** people across Surrey have shared their experiences of health and social care with us.

- Over **40%** of the feedback relates to hospitals
- **35%** of the feedback relates to GP practices.

Some of these experiences were shared as part of our ongoing research work (see more later in this bulletin), but 87 people came direct to our Helpdesk. People can come to our **Helpdesk** with questions, concerns or feedback on **any** aspect of health and social care, so what we're hearing here can be a good indicator of the main issues that matter to local people.

In this bulletin we are focussing on 5 key areas:

- Thanks and praise: the right people, delivering the right care, in the right place
- Poor experiences of urgent and emergency care
- Meeting the needs of neurodiverse residents
- Administrative issues delaying discharge from hospital
- Research update: caring for the carer

Thanks and praise: the right people, delivering the right care, in the right place

According to the latest NHS workforce statistics there are over three quarters of a million professionally qualified clinical staff* working in NHS Trusts and other care organisations. Being treated by the right person with the best skills, training, and experience and in the right location, be that a community setting, a hospital or a home, can make a huge difference to people's experiences of care.

> "All the district nurses that visited me 3 times a week over a 6 month period were lovely. Their wound care knowledge was exceptional. They didn't just care for my wounds, they treated me as a person and not a wound on a person who happens to be at home. I got to know them. The hour they spent with me was a nice chance for 1-2-1 care. A good chat, they made sure I had a cup of tea and water nearby and snacks in case my carer was delayed. The district nurses kept my GP informed and made sure my pills were correct."
> **231862, Surrey resident**

> "I use the NHS app which said to contact my GP surgery. I did, and I asked to speak to a female health specialist and I got an immediate response that the practice will find the right person for me. One month later, I got an appointment to see a specialist which I think is a reasonable time frame."
> **232010, Guildford resident**

> "We were referred by the GP for physio at [the hospital] for my daughter. All of the communication we received was clear and made sense. We were contacted ahead of the appointment to check we could still make it - the reminder was appreciated. The appointment ran on time and the physio was really good, explaining things in terms my daughter could understand and not just addressing me. Clearly explained next steps and we left feeling like we had a good plan. Couldn't fault anything."
> **231856, Waverley resident**

"I took my daughter to the MIU (Minor Injuries Unit) last Friday at approximately 4.15 after she got home from school with an injured finger. We were in and out within about half an hour or so and were very impressed with the efficient service given it was last thing on a Friday. All of the staff were kind, compassionate and caring. We saw a receptionist, triage nurse, clinician and radiographer. We were clear about next steps and what to expect - follow up from senior radiologist if her finger were broken, no follow up if it wasn't."
231994, Waverley resident

* This is Full-Time Equivalent (FTE) staff. FTE is a standardised measure of the workload of an employed person and allows for the total workforce workload to be expressed in an equivalent number of full-time staff.



Poor experiences of urgent and emergency care

In Surrey, urgent and emergency care is provided by a variety of services. These services offer a range of options for those needing immediate medical attention, from minor injuries and illnesses to serious emergencies.

A number of people have come to us this month expressing concern about the level of care they received from urgent and emergency services, with people particularly concerned about how quickly they were seen versus their medical need.

> "I was in excruciating pain with my tooth yet I didn't get adequate/urgent medical care. Absolutely disgusting and disgraceful service."
> **232073, Surrey resident**

> "If 999 had been listened to, I'd have been dead. I phoned the ambulance with an acute chest pain. They said 4 hours. I had to lie on a second call. I got an ambulance 22 minutes later. I was having a massive heart attack with troponin level of 30,394. If I'd waited the 4 hours plus I would have been dead."
> **231865, Surrey resident**

> "Following an accident in which I severed the tip of my thumb, I required urgent medical attention. The injury was serious enough to warrant immediate treatment, although not severe enough to require an ambulance, so my wife drove me directly to the hospital. After checking in at approximately 09:30, I was directed to the UTC department.
>
> Despite arriving with an actively bleeding wound and the severed tip of my thumb preserved on ice, I was left waiting for over three hours. During this time, I observed numerous other patients being seen ahead of me, including two members of staff presenting with mobility issues and what

appeared to be non-life-threatening injuries. It also seemed that patients who were the most vocal about their dissatisfaction were prioritised ahead of others.

Only after I approached reception and explained that the ice preserving the severed portion of my thumb had melted and that the tissue was becoming warm was I suddenly called through as the next patient. This gives the impression that the urgency of my condition was either overlooked entirely or not properly assessed in the first place...the treatment I ultimately received was, frankly, underwhelming and deeply concerning. The wound was treated at a desk by the Head Sister, cleaned with alcohol wipes, secured with Steri-Strips, bandaged, and I was subsequently discharged. At no point was there any apparent assessment of tendon damage, nerve damage, loss of sensation, functionality, or any other evaluation that one would reasonably expect following a traumatic injury involving partial amputation of a thumb.

To simply clean and dress the wound before sending me away with instructions to "come back if I had concerns" falls far short of the level of care I would expect from an NHS urgent treatment facility. Given the nature of the injury and the substantial delay in treatment, the entire experience left me feeling that my condition was neither taken seriously nor appropriately managed."
231902, Surrey resident

Meeting the needs of neurodiverse residents

A number of people have come to us this month to talk about the barriers they face when trying to access care as a person who is neurodiverse, and the impact this can have on mental health.

People often tell us that there is a lack of understanding of their specific needs, along with a perceived failure to make adjustments to meet these needs.

> "They can do a lot better definitely. More training on meeting the needs of neurodivergent patients - BIG TIME. Compassion, empathy, sensitivity, communication is something I feel is lacking in my GP surgery. I feel there are times where the loops do not close or my requests are not followed up on, and if not followed up on, they do not communicate this back to me - pretty bad really….The lack of care and empathy has contributed to a breakdown in my mental health. This also happened when the GP did not consider my neurodivergent needs when tapering off my SSRI's (Selective Serotonin Reuptake Inhibitors) at the time. I felt abandoned in that situation resulting in mental health crisis. All they need to do is just show more care and compassion and know how to work in partnership with patients as well as essentially understanding what neurodivergence means in patients and what to look out for, how to communicate effectively and sensitively."
> **231264, Surrey resident**

> "I am a disabled veteran with ADHD (Attention Deficit Hyperactivity Disorder), CPTSD (Complex Post Traumatic Stress Disorder), dyslexia, dysgraphia and dyspraxia, with autistic traits under assessment. I use email and AI assisted written communication as disability related adjustments because of severe working memory, processing, organisation and overload difficulties. From my perspective, the cumulative effect of repeated barriers, refusals [to meet

communication requests], restrictions and loss of continuity now feels like psychological warfare."
231892, Surrey resident

"We have received dangerous, incompetent advice that has worsened my wife's suicidal ideation. She is autistic and contacted her GP in crisis telling them she was non-verbal and asking for help and a referral to an autism specialist to help her understand how to manage her symptoms and function. She was given a telephone appointment, despite being non-verbal. The GP told my wife she was concerned about the pressure my wife's condition was placing on my wife's team at work. The GP admitted she didn't know what she was doing and googled support, then referred my wife, who was suicidal, to the National Autism society and told her to 'ring back' in 3 weeks if she was still having issues. My wife grew worse as a direct result of this."
231820, Surrey resident

A recent Government report detailing the findings of an independent review into the prevalence and support for mental health conditions, ADHD and autism has concluded that England faces a genuine and substantial rise in mental distress and demand for support, but that the current system has become too dependent on diagnosis as the route to help. It argues that people should be able to access support based on their needs rather than having to wait for a formal diagnosis. In our 2023 report 'Neurodiversity – the hidden value of diagnosis' people told us that a formal diagnosis is about far more than formal/statutory support. Diagnosis can have a far-reaching, holistic impact on the wellbeing of families and provide a foundation stone for achievement of potential.

Administrative issues delaying discharge from hospital

In our August Insight Bulletin we discussed how delays to being discharged can cause unnecessary stress for patients. People continue to talk to us about this issue.

People have talked to us about how administrative delays around funding have significantly delayed safe discharge.

> "[My mother] was medically fit for discharge 3 weeks after being admitted, however, we are currently on week 9 of her being in hospital. They want to discharge my mother home, however she is still a high fall risk…As a result, myself, and my brother, have requested that she be discharged into a rehabilitation service, to regain her strength. We have raised our concerns regarding my mother's discharge directly with the discharge team, as we feel it would be unsafe. However, no one has spoken to us or been transparent about why my mother has not been moved into a step down bed. We have found mum a bed in a hospital in Haslemere, which have said that they would be able to take her for rehabilitation and that bed has been available since June. They have also said that they would accept NHS funding as well. We discussed this with the discharge team, however they keep on sending the requests for funding to incorrect people, so they keep on getting rejected."
> **231864, Surrey resident**

> "[My mother] had a Continuing Healthcare checklist carried out and we have not heard the outcome yet. We understood it to be a quick decision to make. Several delays have occurred due to administrative issues so the form has several times been submitted and sent back for a correction. My mother is imminently fit to discharge yet will remain in hospital while awaiting the outcome."
> **231869, Surrey resident**

Research update: caring for the carer

An unpaid carer is anyone who cares for someone who is ill, disabled, older, has mental health concerns or is experiencing addiction and is not paid by a company or local authority to do this. Often this is a family member or friend (Carers UK). For this project we partnered with our Giving Carers a Voice service to explore carers' experience of accessing GP services for themselves and for the people they care for, to uncover areas of best practice and to identify where improvements could be made.

192 unpaid carers shared their experience with us.



We spoke to **55** unpaid carers face to face.



137 unpaid carers completed our survey.

Our findings

- A key concern for carers is the perceived **lack of flexibility** in GP practice processes and procedures. Carers feel that practices do not accommodate, or even consider, their specific needs and those of the people they care for, particularly when booking appointments, managing complex medical histories and arranging proxy access.

> "I am expected to contact when they open at 8am like everyone else, I've explained I am getting my disabled child in a taxi at that time but there is no allowance made. It is really hard to access the doctor, this is a barrier."
> **Woking resident. Carer for child.**

- Many carers told us that they **don't feel listened to**, even though they are the ones who know the people they care for best. Others told us about issues with communication from their GP practice, with some feeling that this led them to feeling excluded from the care of the person they care for.

- Not feeling listened to is one of the factors which can make carers feel that they are forgotten; they feel **neither cared about themselves nor supported in their caring role**. They'd like more proactive, practical support and regular check ins.

> "I get nothing as a carer from the surgery… No text to check in on me as a carer either. Absolutely nothing. When he has his check up, why don't they also take the time to ask how I am as his carer. They should communicate more with me and ask how I am doing. I referred myself to Action for Carers as there is a sign in the surgery. The GP didn't suggest it."
> **Waverley resident. Carer for partner.**

- Many carers **don't know if and when to register** with their GP practice, and those that have they've seen very little benefit to doing so.

> "I'm not registered as a carer there, as I'm not sure at what stage of being a carer that I have to do that. They see me come in with my husband, so I assume that they know but I suppose I shouldn't assume that. I did mention once that I was a carer for my husband to one of the GPs and she just said 'oh dear' but didn't mention anything about registering as a carer."
> **Woking resident. Carer for partner.**

Find out more in our Caring for the carer report, which has been shared with several GP practices across Surrey, the commissioners of carers' services at Surrey County Council and Surrey and Sussex Integrated Care Board.

Have your say!

We want to hear from as many people as possible which is why we have surveys to accompany our face to face engagements in the community.



Involvement of people - we're looking at residents' experiences of care delivered by Surrey's hospitals, both in the hospital and the community. Whether you've been for a short appointment or a longer stay, or even just visited a friend or relative, please give us your views via our hospital survey.
As part of this project we're working with Royal Surrey County Hospital to gather experiences about their paediatric department in our specific paediatric survey.

To share an experience with us on any aspect of health and social care, or for information and signposting, people can also contact our Helpdesk in the following ways:

Phone: 0303 303 0023
SMS (text only)/ WhatsApp: 07592 787533
Email: enquiries@healthwatchsurrey.co.uk
Share your feedback via our website:
www.healthwatchsurrey.co.uk/share-your-views

The more people we hear from, the more impactful our research will be, and the more likely we are to be able to bring about positive change.



Sharing our insight and raising concerns

Whilst this bulletin accurately reflects what we hear from the individuals we speak to, we are aware that it may not be representative of everyone's views of a particular service. Multiple references to a specific service may be due to where our community engagement has recently taken place.

If we hear a case of concern regarding patient safety, we immediately signpost the sharer to the appropriate body. All appropriate information and signposting has already been given.

If you would like more information or examples of what people have shared with us, please get in touch with us.

Our distribution list

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About Healthwatch Surrey

Healthwatch Surrey champions the voice of local people to shape, improve and get the best from NHS, health and social care services. We are independent and have statutory powers to make sure decision makers listen to the experiences of local people.

We passionately believe that listening and responding to local people's experiences is vital to create health and social care services that meet the needs of people in Surrey. We seek out people's experiences of health and care services, particularly from people whose voices are seldom heard, who might be at risk of health inequalities and whose needs are not met by current services. We share our findings publicly and with service providers and commissioners to influence and challenge current provision and future plans.

We also provide reliable and trustworthy information and signposting about local health and social care services to help people get the support they need.

Committed to quality

We are committed to the quality of our information.
Every 3 years we perform an audit so that we can be certain of this.

#EndPovertySurrey

We are proud to have signed up to the End Poverty Pledge.

Luminus

The Healthwatch Surrey service is run by Luminus Insight CIC, known as Luminus. Luminus is a Surrey based, independent, community interest company which exists to empower people to have their voices heard. We help organisations provide equity of access and the best services possible, through the inclusive involvement of local people.
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