



# Rye Listening Tour 2023

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**healthwatch**  
East Sussex



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# Introduction to Healthwatch East Sussex

Healthwatch East Sussex (HWES) was established in April 2013 as part of the implementation of the Health and Social Care Act (2012). Healthwatch East Sussex is the local independent watchdog for health and social care services. We gather feedback from local residents, both good and bad, and make recommendations to change services for the better.

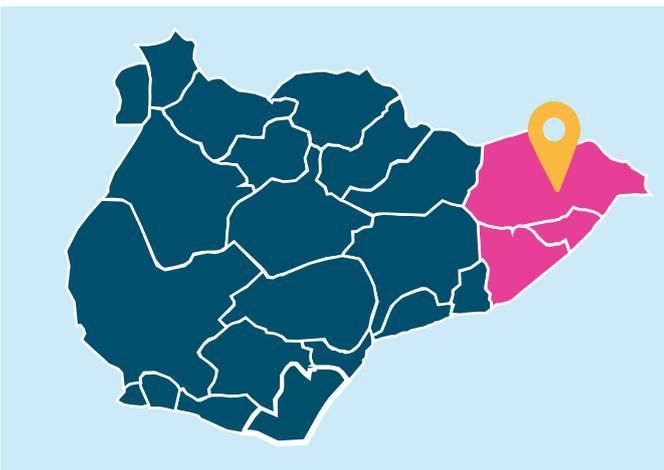
## The Listening Tour approach

Each year we focus on one area of East Sussex to engage with local people and understand their communities in more detail.

### **Our 2023 Listening Tour wanted to hear from residents in Rye and the surrounding villages.**

We used a wide variety of engagement activities and events to ask people about their experiences of health and care, including surveys and online engagement, discussion groups, pop-up stands in various locations and specially organised events.

We use the feedback received throughout the tour to make recommendations to support positive changes to local health and care services.



Rye Listening Tour 2023

## Our aims:

Our overarching aims were to:

- Raise the profile of Healthwatch amongst the public, community groups and service providers.
- Use the feedback gained to understand local issues and seek positive developments in health and care services.
- Gain a wide range of feedback from all parts of society to relay to the local health and care system and Healthwatch England.
- Target specific groups in this area to discover their barriers to health and care.

We also wanted to explore:

- Transport and how people access healthcare appointments, taking into account the rural settings.
- Isolation and the impact of living in rural communities.
- The financial impact of rural living.
- What access to health and care looks like when crossing borders.

# Rye Listening Tour 2023

Throughout September 2023 we employed a methodology of meeting people where they are. We conducted two weeks of various engagement activities to capture people's views. We used a survey which residents were able to complete in hard copy or online, focus groups, 1-2-1 conversations and pop-up stands, as well as setting up a 2-week base at Tilling Green Community Centre.

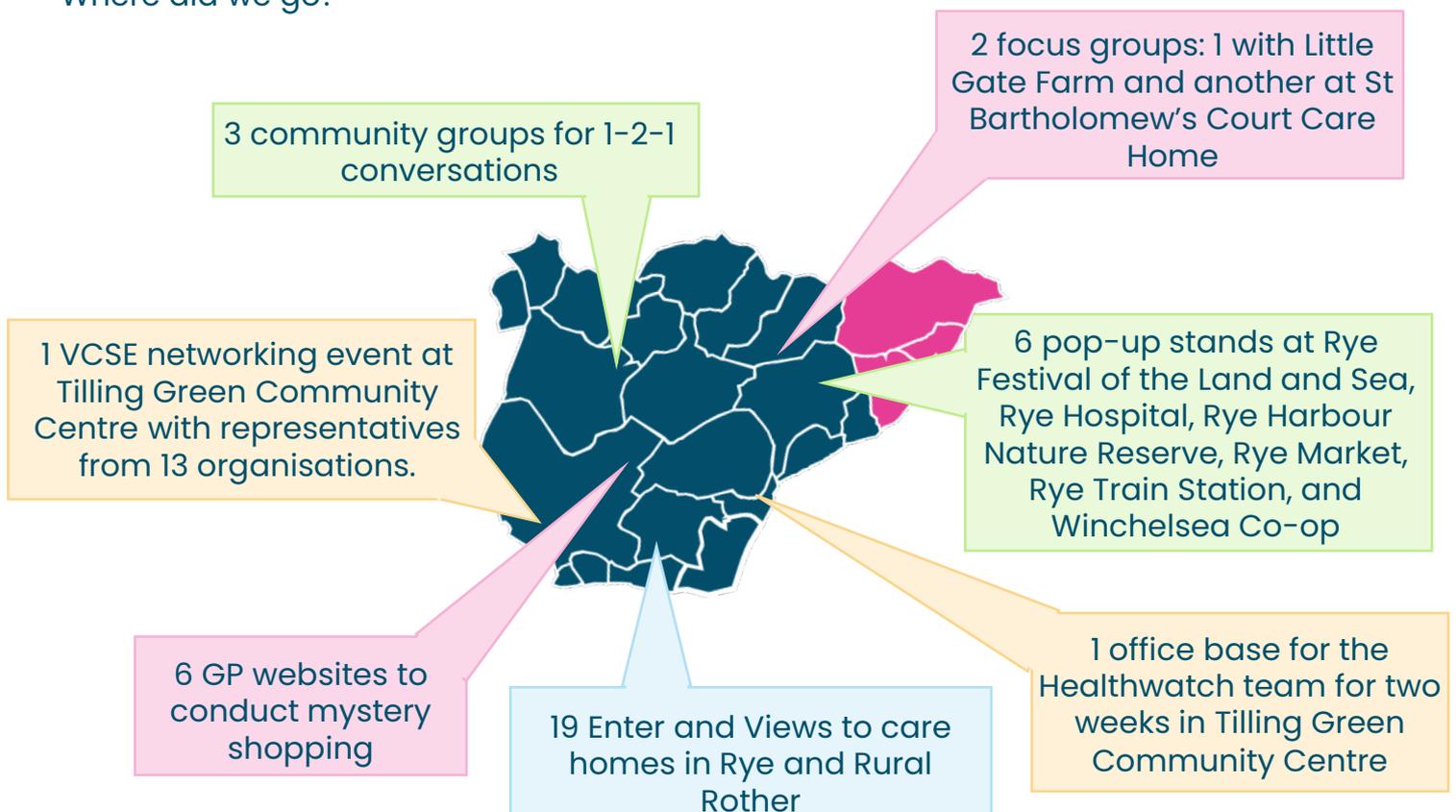
As part of our activity, we also conducted Enter and Views at various care homes and carried out a mystery shop of GP surgery websites in and around Rye.

Through the tour we heard from **over 300 people** about their experiences of health and care in Rye and the surrounding area.

This report provides an overview of the different activity we conducted throughout the tour. At the end you can also find complete lists of our conclusions, recommendations and next steps.

For more detailed reports about each area of our activity please visit the Healthwatch East Sussex website.

Where did we go?



# Engagement Activity – Survey



Between the 11th September and 15th October 2023 we ran a public survey to gather the health and care experiences of people in Rye and the surrounding villages. An electronic version of our survey was widely distributed through our newsletter, bulletins, social media, staff, volunteers and partner networks. We also distributed hard copies of the survey at engagement events throughout the Listening Tour. Paper versions were available, with staff on hand to complete the survey online or over the telephone.

107 responses were received by the 15th October deadline.

More details on our survey findings can be found in our Engagement Activity Report on the HWES website.

## What the public told us about health and care:

- Most respondents (95.3%) accessed health and care services in East Sussex, with only a very small proportion accessing them in Kent (0.9%).
- Respondents rated more health services as Excellent/Good more frequently than Satisfactory/Poor.
- Very few respondents completed the questions rating experiences of social care services. 15 people rated Adult Social Care, with 12 people rating it as Excellent/Good and 3 as Satisfactory/Poor.
- The greatest proportion of respondents (38.3%) felt health and care services had remained the same over the last 12 months based on their direct experiences. 34.6% felt they had got worse, and 7.5% felt they had got better.
- The barrier to accessing services identified by the greatest proportion of respondents was that public transport was challenging (24.3%). 23.3% of respondents had to rely on someone else for transport.
- Approximately half of the respondents (49.5%) felt their physical wellbeing has 'got a lot worse'/'got a bit worse' over the last 12 months.
- Approximately a quarter of the respondents (27.1%) felt their mental wellbeing has 'got a lot worse'/'got a bit worse' over the last 12 months.

## Transport:

- Travelled 2 to 5 miles to their GP (50.5%)
- Travelled 2 to 5 miles to their dentist (37.4%)
- Travelled 2 to 5 miles to their optician (16.8%)
- Travelled 11+ miles to the hospital (37.4%)
- Travelled 0 to 1 miles to their pharmacy/chemist (45.8%)

## Cost of living:

- 37.4% of respondents were putting on more clothes to stay warm
- 32.7% of respondents were turning off appliances to save on costs
- 31.8% of respondents were not turning on their heating when they usually would
- 18.7% of respondents were avoiding going to the dentist to save money

# Engagement Activity – Stakeholder Event



We hosted a workshop to hear from organisations working in and around Rye, to understand service users' experiences of local health and care.

We discussed positive and negative health and care experiences and considered some of the practical solutions that could be implemented to combat the issues with health and social care in the area.

Attendees came from a range of services, including representatives from local voluntary organisations, the NHS, local patient participation groups and the local authority.

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More details from our Stakeholder Event can be found in our Engagement Activity Report on the HWES website.

## Key experiences included:

- Local mental health services not being specialised enough for adults with autism or learning difficulties
- Limited services locally for breast/cervical screening
- Sexual health services are limited for those over the age of 25
- A lack of sexual education for young people
- A lack of services tailored for those who do not fall into the predominantly White-British community

## Suggested solutions included:

- Having a central point which can direct people to services such as the East Sussex Community Information Service (ESCIS) website
- Changing the language and in turn reducing the stigma around mental health to encourage people (particularly older people) to access support
- Not making everything digital to improve access among older people or those who are digitally excluded
- Having more support for young people in understanding their physical and mental health
- Having more support for healthy eating
- Having more formal opportunities for face-to-face networking between organisations to share learnings and ideas
- Helping GP practices to improve their understanding of adjustments they can make to cater to those with learning difficulties
- Improving transport links

# Engagement Activity – Meeting People Where They Are

As part of the Listening Tour, we conducted engagement activity across Rye and the surrounding villages to talk to local people about their views and experiences of health and social care services.

A full version of our Engagement Activity Report is now available on the HWES website.

## Our activity included

- **6 Pop-up Stands** at – Rye Festival of the Land and Sea, Rye Hospital, Rye Harbour Nature Reserve, Rye Market, Rye Train Station, and Winchelsea Co-op.
- **2 Focus Groups** at – Little Gate Farm and St Bartholomew’s Court Care Home.
- **3 Activity visits for 1-to-1 conversations** at – Camber Memorial Hall Tea and Cake Drop In, Fairlight Drop In Social Hub and Peasmarsh Lunch Club.

## Focus Groups

We held focus groups with two groups: Little Gate Farm, a supported employment charity for adults with learning disabilities; and St Bartholomew’s Court, supported accommodation for older people.

- Overall, both groups were happy with the standard and quality of care they received.
- Transport was raised as an issue for St Bartholomew’s Court, as it was difficult to access services to attend both clinical and social meetings.
- Trainees at Little Gate Farm told us about poor communication from healthcare providers, who were not taking the time to explain treatment and diagnoses in a way that considered their support needs.

## Pop –up Stands

We attended 6 community events and locations with pop-up stands. During this activity, we heard about a range of experiences from people across Rye and the surrounding area including:

- **The impact of having to travel to appointments from rural areas**, with challenges around accessing patient transport and people being reliant on friends and family to get them to essential appointments due to a lack of local public transport links.
- **People paying for private GP services** due to long waiting times and difficulties in getting appointments.
- **Delays in test results and limited communication** resulting in patients having to spend time chasing (often multiple) services, leading to confusion and frustration.
- **Multiple issues were raised with phone systems across services, including:**
  - Lengthy phone queues to access GP appointments.
  - Audiology services only being contactable by phone.
  - People being unable to communicate over the phone resulting in things being lost during conversations.
  - No call back times being allocated to phone appointments, leaving people waiting by the phone all day.
- **People feeling overwhelmed with too much information** following a diagnosis, making it difficult to find the key information they really needed.

## 1-2-1 Conversations

During the Rye Listening Tour we undertook 1-to-1 conversations with groups in Fairlight, Camber and Peasmarsch.

### We heard:

- Accessing healthcare via public transport is a concern as bus routes and timings have changed. The additional issue of being unable to use a bus pass before 9.30 means that early appointments are a problem for older people.
- In Fairlight we were told the pharmacy has a drop-off service at the Fairlight community centre and that you can pre-book GP appointments to see a doctor in Fairlight Community Centre rather than travelling to Hastings surgeries.
- There is no GP practice site in Camber. They used to have a satellite practice next to the memorial hall (twice weekly) but since Covid this has disappeared. Patients now have to travel to Rye which isn't practical, particularly for elderly patients.

### **“feels like doctors are no longer visible. They feel absent and not part of the service”**

- Some residents told us that whilst the digitalisation of GP services may be good from the GPs' point of view, it doesn't always help the patients and presents a barrier to accessing services. They prefer 'traditional' services, such as speaking to someone on the phone and seeing a doctor face to face, and find it hard to adjust to the new system. They particularly dislike phone consultations.

## Engagement activity conclusions

- A lack of services in the Camber area, particularly following the closure of the GP branch surgery run from the memorial hall has resulted in patients feeling isolated.
- Concerns about transport were raised by residents throughout our engagement activity. Due to the rural location of some areas and the distances patients and the public were having to travel, poor public transport provision and difficulty in accessing patient transport services were raised as impacting people's ability to access and health and care services.
- A lack of screening services locally was reported by residents. In particular, breast cancer screening, sexual health and cervical screening were raised as being limited, with people having to travel outside of the area to access services.
- A shared interest in more VCSE collaboration to improve health outcomes locally was expressed by partners during our engagement.
- Commonly raised issues included concerns about accessing GP appointments via lengthy phone queues, difficulties in accessing NHS dentists and long delays to access hospital referrals.
- The cost of living was noted as impacting people's physical and mental wellbeing. People told us about putting on more clothes to stay warm, turning off appliances to save on costs and avoiding going to the dentist to save money.
- Communication from service staff to patients was raised as not always being effective or considered; in particular, patients with communication and information needs raised that these weren't always acknowledged, recorded or accommodated.

# Mystery Shopping

## Reviewing GP Practice Websites

To support our understanding of local health and care services and issues during the Listening Tour we conducted an independent review of the content, accessibility and navigability of GP practices' websites at six GP practices in East Sussex and one in Kent.

A full version of the Mystery Shopping Reviewing GP practice websites report can be found on the HWES website.

During September 2023, seven Healthwatch volunteers of varying ages and IT capabilities undertook a 'mystery shopping' review of six GP practice websites.

**Our aim** was to review practice websites' accessibility, usability, and functionality. We looked at: quality of information, clarity of information, ease of navigation and presentation of information.

### Findings and conclusions

Well-designed and maintained GP websites play a key role in making clear how patients may access appointments, prescriptions, and practice services, but also how patients may get information on self-help and be directed to other health and care services.

Whilst the 2023 GP patient survey indicated a decline in patient satisfaction with websites at all six practices, our review found that they collectively performed well against our assessment criteria, but we acknowledge reviews are subjective.

We found the websites combine attractive, engaging, and user-friendly design features with comprehensive content. Whilst variations still exist in the quality of some content and functionality, overall, they represent an improvement on our 2021 findings.

All the practice websites performed well in delivering the most common functions patients require, with each providing clear and quick access (within one or two clicks) to information about contacting the practice, making appointments ordering prescriptions, and registering as a patient. However, the registering as a patient is identified as an area where the process could be made clearer with electronic application processes enhanced and support identified.

Reviewers identified that appointment information was often comprehensive, but on occasion was very detailed, risking confusion rather than making it easier for patients to be clear what appointments/services they can access. Information on waiting times or delays wasn't generally provided but may be useful in managing patient expectations.

Home page designs and navigation headings were generally clear and easy to read. Contact details were clearly shown, and in some designs were present in every page header. One area for consideration is whether links located in page content should also be replicated in menus, so content can be accessed from any location (simplifying navigation). Search tools were present on all sites but varied in effectiveness.

One area where practice websites could collectively improve is in signposting to other health, care and community services, especially mental and sexual health, but also support available if the surgery is closed, such as pharmacies and Urgent Treatment Centres, in addition to NHS 111 and 999.

In terms of accessibility, language translation options appear common, but website adaptations for other needs, such as visual impairment, were less identifiable. So too was information about adaptations and adjustments at practices' physical sites. A key area for consideration is ensuring practice websites are compatible with mobile devices, as these become 'go to' methods for many people.

### **Recommendations for GP practices**

- GP practices should involve patients and other lay representatives (e.g. Patient Participation Groups) in regularly reviewing their website content and functionality (at least annually), especially during the development of new or updated websites.
- GP practices to consider how to regularly review and Mystery Shop their website content and formatting, to ensure that they meet the NHS Accessibility Standard but also user requirements.
- GP practices should engage with website hosts, developers and managers to obtain and review website analytics, in order to better understand the most and least accessed webpages and to help them organise content effectively.
- GP practices to consider whether key contact information is best located in page headers (all pages), supported by further detail on a dedicated 'Contact' page.
- GP practices to consider mystery shopping the process of ordering repeat prescriptions to assess accessibility and usability from a user perspective.
- GP practices to make appointment content is as clear as possible, using instructions and guides to support patients, whilst also offering clarity on timescales and waits.
- GP practices to explore how online forms and digital methods can be developed further to support increased access to patient registration, alongside the retention of traditional methods, so that access is equitable.
- GP practices to ensure that websites are compatible and usable with mobile phones and tablets. GP practices should use website analytics to support their understanding of equality of access and effectiveness of design.
- GP practices to ensure that their websites meet accessibility standards (Web Content Accessibility Guidelines (WCAG) international standard) and incorporate appropriate tools to support language translation and those with visual impairment.
- GP practices to consider how information on accessibility features and adaptations at practice sites may be included and clearly identified on their websites.

### **Recommendations for NHS Sussex**

- NHS Sussex should undertake regular audits and spot checks of GP practice websites to ensure they are meeting statutory and best practice requirements.
- NHS Sussex to explore sharing of best practice on effective designs and content, with and between GP practices and Primary Care Networks (PCNs).
- NHS Sussex to consider how to provide ongoing investment and support for GP practices and Primary Care Networks in procuring websites, engaging with developers, and providing accessible content.

### **Recommendations for Healthwatch East Sussex**

- Healthwatch East Sussex should share the learning from this exercise with local GP practices, NHS Commissioners, other local Healthwatch, and Healthwatch England to contribute to the local, pan-Sussex and national understanding of the status of GP websites.
- Healthwatch East Sussex should explore the use of mystery shopping and other review methods to assess the quality and usability of GP websites on a rolling basis.
- Healthwatch East Sussex should continue to adapt and evolve its website mystery shopping methodology using the learning from this process, especially why findings from these exercises may differ from those captured via public engagement exercises.

# Enter and View

## Care Homes In and Around Rye

Under the 2012 Health and Social Care Act, Healthwatch has powers to 'Enter and View' health and social care establishments and services, to seek the views and experiences of people receiving a service. To ensure the Listening Tour heard views from as wide a range of people as possible, we conducted an Enter and View programme at local care homes.

A full version of the Enter and View Care Homes in Rye and Rother report can be found on the HWES website.

### The approach

19 care homes were identified as potentially being part of the programme of visits. 12 of these were specifically for people with a learning disability and autism, whilst the remaining 7 were for older people. Some of the care homes for older people catered for people living with dementia.

Survey forms were used as prompts to guide our semi-structured discussions with residents and with the managers of the care homes and any staff.

9 HWES volunteers (called Authorised Representatives by the legislation) carried out the Enter and View visits. Prior to the visits the volunteers attended a specific training session as an introduction to the nature and needs of these client groups, and to ensure that the volunteers were adequately prepared.

### Key finding and themes

#### Theme one: Access to health and social care services

All residents and care staff reported few issues about accessing health care services. Residents at each care home tended to be registered with a single GP surgery. Many care homes had developed very good working relationships with their surgery.

#### Theme two: A lack of public transport

When asked what the biggest challenge was about living in a rural area, both residents and staff replied that it was a lack of public transport. This limited the opportunity for residents to access the community themselves. This was particularly the case for care homes which are in very isolated locations and so cannot access a bus service that may run through villages.

#### Theme three: Access to the community

In all settings where transport was available, residents told us that they can go out regularly and that there are few limitations on accessing the community. This was through the care homes having their own means of transport and these being used to support residents to go out.

### Activity aims:

- Assess the degree to which residents are supported and enabled to access the local community and any issues related to being in a more rural setting.
- Identify ways in which residents are actively supported and enabled to access healthcare support and healthcare professionals and whether there are any issues related to being in a more rural setting.

## **Theme four: Funding for people with a learning disability and autism**

Care home managers reported that one restriction on their ability to support residents to access the community is the varying levels of funding from different placing authorities.

## **Theme five: The best thing about living at the care home**

Residents were positive about where they lived and could provide a range of answers to this question. These included: beautiful building and grounds, I have a big bedroom, staff at night are very sympathetic, the food is much better here than at my previous care home.

## **Conclusions**

The residents we met did not have any significant issues about access to health and social care services, with the exception of dentistry.

Two examples were provided where residents with a learning disability and autism experienced challenges to accessing healthcare at hospitals.

Feedback from care home staff was that people with a learning disability and autism had not been given priority for the Covid booster vaccine.

Residents said that they access the community regularly and most said that there were no problems about this.

Care homes for people with a learning disability and autism reported that some local authorities provide additional funding specifically to enable the service to support people to access the community, whilst others did not provide such additional funding.

The biggest challenge for care homes in rural areas is the lack of an effective public transport system.

## **Recommendations**

1. As part of the Enhanced Health in Care Homes programme, Primary Care Networks (PCNs) could ensure that all GP practices provide regular contact with all care homes in their area, either by a visit or a phone contact. Consideration could be given by GP practices to providing a direct phone line or method of contact for care homes.
2. Healthwatch East Sussex should investigate with the hospital trust in East Sussex whether they have specialist support systems in place for when people with a learning disability and autism visit the hospital. If the trust does not have any such system, then they need to consider how they can best meet the needs of people with a learning disability and autism.
3. NHS Sussex Integrated Care Board should consider how they can ensure that adequate and appropriate NHS dentistry services are provided to care homes to support oral health.
4. Healthwatch East Sussex should liaise with the Flexibus service commissioned by ESCC to ascertain how it can meet the needs of people (residents and staff) in care homes in rural and isolated areas.
5. East Sussex Adult Social Care should review their funding mechanisms to ensure that they provide additional funding to enable services to support residents to access the community, if such funding is not already provided. Within this, consideration should be given to additional weighting for care homes in rural or geographically isolated locations.

"Despite the strain on health services and those that work within them, almost every professional I have seen has been kind, friendly and professional"

"Felt safe and respected at conquest hospital"

"Pharmacy comes to village hall twice a week with patient medication"

"Day Centre Rye Hub, provides a good meal at a reasonable price. Somewhere I can meet new people and socialise, if it wasn't for these places I would be stuck indoors lonely."

"Hospital access and service good."

"Advanced nurse practitioner at GP surgery filling a vital gap for which [I] am very grateful."

"Never any problem getting hold of the relevant services"

"No complaints, surgery contact me when injections are needed (shingles, flu, pneumonia)"

"We badly need the Dr Surgery back in Icklesham in the Hall."

"Nothing is clear these days too much internet not enough personal contact."

"Bring back community GPs in village halls."

"The doctor used to visit Camber once a week, now they don't. Feel pushed between services."

"A lot of services are based in Bexhill or Hastings which are far away and difficult to access by public transport."

"[Need to bring] The Drs back in Icklesham it costs too much in a taxi to Rye Medical Centre."

"Need a medical hub in the Rye area as we are quite rural. Somewhere where we can get X rays, check ups, blood tests, basic treatments etc. quickly without travelling to Hastings or further."

"Cannot find an NHS dentist in Rye area. I have to go to a practice in Lydd, Kent as a private patient."

# Key Findings

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1. People in Rye and rural Rother have many similar concerns to those shared with us by other East Sussex residents, primarily challenges in timely access to health and care appointments.
2. We heard about people's appreciation of positive GP experiences, with people sharing examples of good care from a range of staff at practices once they were able to access appointments. Frustrations remain about speed of access to appointments.
3. Issues involving transport were raised by residents throughout our activity. The distances people were having to travel, poor public transport provision, the cost of transport and difficulty in accessing patient transport services were impacting people's ability to access health and care services.
4. Patients reported that services don't appear to record, accommodate or make appropriate adjustments for those with communication requirements, with people's needs not being met and miscommunication leading to poorer health outcomes.
5. Findings from our mystery shop of GP websites and feedback at our VCSE partner event highlighted a need for more effective signposting between health, care and VCSE services.
6. Through our activity at various care homes in the area, dentistry was raised as being a particular issue as some were unable to access services or had visiting services not returning following Covid. The opposite was the case for other services such as GPs and NHS 111 which were reported as working effectively with the care homes to provide services to patients. In particular, weekly GP visits at some of the care homes were appreciated by residents who liked the security of regular contact and consistency of attendance of the same health professionals.
7. A number of areas outside of Rye, such as Camber and Icklesham, have seen local services and particularly GP provision reduced, resulting in patients having to travel further to access health care or feeling isolated within their communities. Preferences highlighted a desire for greater outreach and local delivery of services.
8. People shared their positive experiences at the Conquest Hospital. Despite some having to travel to access this care, people reported hard working staff and feeling safe and supported at the Emergency Department, as inpatients and during outpatient appointments.
9. A limited response to questions about social care throughout our wider engagement activity may highlight issues relating to people's understanding of Adult Social Care and the provision available.
10. Cost of living was raised as having an impact on both people's mental and physical health, with high costs leading people to disengage with social enrichment and people avoiding accessing some aspects of health care due to costs. People who were struggling to access NHS dentistry reported avoiding accessing care due to the high cost of private services.

# Conclusions

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People in Rye and rural Rother have many similar concerns to those shared with us by other East Sussex residents: primarily challenges in timely access to health and care appointments, especially GPs and dentists. They also shared positive experiences that once they accessed appointments and services of all types, they largely received personalised, attentive, and quality support from staff and health professionals.

However, an additional barrier to accessing health and care services in our study area is their geographical distribution, and issues were highlighted around the need to travel, the timing, routes and frequency of public transport, and the additional costs of public and private transport for both patients and staff. The importance of services such as FlexiBus were highlighted as providing essential linkages between the smaller communities and services in Rye.

Our review of GP websites indicated improvements since our review in 2021, and whilst virtual appointments and triage can make services more accessible for some, this is not universal (due to broadband/mobile costs and availability) and can serve as a disincentive to people seeking or being able to access support. Nor does it remove the subsequent need to travel for appointments, tests, and treatment, either to Rye or further afield.

We heard people were concerned about the withdrawal of outreach and satellite health services during the COVID pandemic which never returned, forcing people to travel or accept their absence. This was a commonly-raised concern in the communities surrounding Rye.

Transport and travel factors, combined with influences such as increases in the cost of living, may have a detrimental impact on health inequalities, especially for those with lower incomes or lacking access to private transport.

Local voluntary and community organisations are valued by users of their activities and services, and these help to support people to reduce feelings of isolation and loneliness, as well as offering targeted support. Opportunities for improved collaboration and information sharing between statutory, voluntary and community organisations to help guide residents were identified as a potential area for further development.

Feedback on social care was limited, and largely restricted to direct users of services. This may also reflect public levels of awareness and understanding of Adult Social Care and other forms of social care, which may be lower than for NHS and other health services.

Our Enter and View of care homes indicated that many have good relationships with primary care services, and residents felt confident in their access to health professionals. However, some areas of shared learning were identified. Those in rural areas also indicated the impacts of isolation on restricting travel for residents, and as a barrier in recruiting and maintaining their workforce.

# Recommendations

## Recommendations for East Sussex County Council

1. Ensure development of the East Sussex Local Transport Plan for 2024–2050 appropriately considers the location and access of health and care services and limited transport provision.
2. To conduct a review of the FlexiBus service to see if it is effectively serving rural communities across Rye and wider East Sussex.
3. Adult Social Care to explore their engagement strategy to ensure communities in Rye and the surrounding village are aware of what support is available and how they can access it.

## Recommendations for NHS Sussex and Primary Care Networks

4. Explore models to ensure reasonable adjustments are provided to patients with additional communication needs when engaging with services (see example in Appendix 1 from Leicester's Hospitals). These approaches should also be replicated across service areas to provide consistent care, as well as being widely promoted and communicated so providers and patients are aware of what should be offered.
5. To ensure health and care services in Rye and the surrounding area are made aware of the transport limitations and time impacts of the cost-of-living crisis faced by some patients, and that processes are put in place to help reduce the impact. For example, providing patients reliant on bus passes with access to appointments after 9:30am.
6. Investigate other ways of getting services back into rural communities, including health screening, GP provision and other health services. See example 2 in Appendix 1 of the Health Bus provided by Primary Care Doncaster.

## Recommendations for Healthwatch East Sussex

7. Continue to host health and care networking events to bring together all local services working throughout the Rye community, to encourage more effective signposting and liaison between services.
8. Collaborate with Rural Rother PCN to ensure patient voice is used when designing, promoting and implementing services.
9. To explore transport offerings across East Sussex to understand the impact on people's ability to access health and care services.
10. To continue using established project models like GP Website Mystery Shopping, Enter and Views and Accessibility Audits, to understand service accessibility in and around Rye and across East Sussex.



# Acknowledgements

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Our Listening Tour resulted in a large amount of feedback from communities across Rye and the surrounding area thanks to the support of:

- Healthwatch East Sussex Volunteers
- Tilling Green Community Centre
- NHS Sussex Public Involvement Team
- East Sussex Adult Social Care
- Rye Festival of the Sea and Land
- Little Gate Farm
- Camber Memorial Hall Tea and Cake Drop in
- Fairlight Drop in Social Club
- Peasmarsh Lunch Club
- Rye Market
- St Bartholomew's Court Care Home
- Rye Train Station
- Winchelsea Co-Op
- Rye Harbour Nature Reserve
- Ambition Links
- East Sussex Hearing
- Five Villages Home Association
- Health in Mind
- Rye Primary Care Network
- Rye and Winchelsea Memorial Hospital
- Rother Voluntary Action
- Sussex Outreach Support
- The Advocacy People
- Local Patient Participation Group (PPG) members

# Appendix 1

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## Example 1

Patient Care Packs available across Adult and Children's Emergency Department for patients with learning disabilities and/or autism, containing items to improve experiences and provide information in a more appropriate format.

See more via the [Leicester's Hospitals Facebook Page here.](#)

## Example 2

Primary Care Doncaster's Health Bus, offering drop-in GP clinics at stops across the community staffed by GPs, nurses and other healthcare staff.

See more via [Primary Care Doncaster's website here.](#)



**healthwatch**  
East Sussex

## For more information

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