

**Healthwatch Portsmouth Board Meeting and Annual General Meeting 27.06.2018**

**Held at Conference room A, Portsmouth City Council Civic Offices**

**Present:** Graham Heaney (GH) Chair, Roger Batterbury (RB) Vice Chair, Ken Ebbens (KE), Ram Jassi (RJ), Luke Evans (LE), Patrick Fowler (PF), Amanda McKenzie (AM), Siobhain McCurrach (SM)

Apologies: Brenda Skinner, Steve Glennon, Jane Bailey, Pat Bailey

**Item 1: Welcome, apologies and Declarations of interest.**

Healthwatch Portsmouth Chair Graham Heaney welcomed everyone to the Healthwatch Portsmouth Board meeting incorporating the annual general meeting. He also welcomed Director of Healthwatch England, Imelda Redmond and Healthwatch Portsmouth volunteer Graham Keeping. He explained that the agenda had been changed slightly to bring forward Imelda's presentation.

GH explained the purpose of the yellow cards on seats - these were to be raised if speakers used jargon, an acronym or other phrase that was not understood.

Healthwatch Portsmouth Board members and staff introduced themselves. There were no new declarations of interest

**Item 2: Minutes of last meeting (17.04.2018) and matters arising**

The minutes of the last meeting on 17 April 2018 were noted and approved with two minor amendments. The final version is now available on the website.

**Item 3: Healthwatch Portsmouth Annual General Meeting**

SM presented the draft [Healthwatch Portsmouth Annual Report](#) which will be submitted to Healthwatch England by 30 June 2018. It will then be published in paper form and on the Healthwatch Portsmouth website.

The Annual Report shows how Healthwatch Portsmouth is meeting its statutory requirements and gives an overview of the activities through the year. SM highlighted the important role the Board members and volunteers played in Healthwatch Portsmouth and thanked them for their commitment. She highlighted the important role that the service directory plays in providing information on health and social care services in Portsmouth. For the summer Healthwatch Portsmouth will be taking part in the national #Itstartswithyou campaign by asking people about what they would do if they are unable to get a GP appointment.

**Questions**

RM) the report talks a lot about engagement with individuals, is there engagement with community groups too?

SM) Yes there is continued engagement with different community groups around Portsmouth, the change of format in the annual report gives less prominence to this.

KE) Will the survey of GPs take part in liaison with the Patient Participation Groups at each surgery? In particular with regard to the PPGs' surveys of patients which take place in November  
SM) Yes we will be talking to the surgeries and PPGs and will coordinate across the city. Further information will be provided to Board members by email after the meeting.

Public: On page 10 of the annual report it mentions the questions "If you have to wait too long for an appointment at your GP surgery - what do you do?" How do you define too long?

GH: 'Too long' is a subjective measure defined by the patient and varies from person to person. In the survey respondents are given options to decide what they will do.

#### **Item 4: Guest speaker: Imelda Redmond, Director, Healthwatch England**

Imelda Redmond (IM) gave an overview of Healthwatch England's new five year strategy [Health and care that works for you](#)

#### Questions

RJ) The £2.7million Healthwatch England budget is a tiny part of overall NHS budget - how do you ensure that Healthwatch England has an impact across the country?

IM) We need to focus on how to have the biggest impact. The system is listening -in particular at the Chief Executive level across the NHS and Department of Health- but it is not resourcing this engagement.

RJ) How are you using experiences of patients and service users? Should we have a standard form across the country? How are you defining quality?

IM) Healthwatch England's Head of Network Development works at the national and local level to use the patient experiences - nothing is done that doesn't add value.

PF) Are there links between Healthwatch England and national housing organisation? Housing has a major impact on health.

IM) We haven't got the links currently but we recognise the importance.

PF offered to provide IM with contact details/links to national housing organisations.

GH) What is the state of the relationship like between the Care Quality Commission and Healthwatch England?

IM) We have a good working relationship. The Chair of the CQC appoints the Chair of Healthwatch England but HWE acts as an independent organisation with its own strategy and budget. CQC provide back office facilities -HR, admin etc- and collaborate with HWE where appropriate.

Public: What difference has Healthwatch England made to the NHS? There are so many regulatory bodies looking over the NHS staff. What does Healthwatch do for people in the health service? I was due to have an operation but was told I would have to wait three months at QA so went private instead. How do we improve this for people who don't have the private option?

IM) Healthwatch England's role is to take the experiences of patients and highlight good practice. We improve services by taking bad experiences and highlighting the need for more funding of healthcare.

RJ) In the NHS too many people are waiting, Healthwatch is trying to capture stories and say that this is not good enough. Providers are not looking at failings, Healthwatch tries to look at these.

SM) We would take feedback, I suggest you raise concerns with the Patient Liaison Service at QA, we can offer support with a complaint to the hospital.

KE) We have carried out two walk throughs at QA looking at the patient experience. The first walkthrough identified problems, at the second several of the identified problems had been fixed. Increasingly Healthwatch is invited in at the beginning of the process to add a non-professional service user experience/perspective. Healthwatch is a means of allowing people to begin to have influence.

IM) Healthwatch has a breadth of reach.

GH) More people giving their views gives strength to arguments.

Public) I could count 10 people who don't trust the hospital, people who are vulnerable and can't face the thought of making a complaint.

KE) We identified the problems of carers - 80% of whom won't talk, these are people who are suffering. More people speaking out will enable better services. We rely on people coming forward. Advocacy is an important part of our work: we are able to make home visits to listen to people's stories. We are asking people to tell us their experiences.

Public) As a volunteer I am concerned that each Healthwatch has their own questions: wouldn't it be better if we had standard questionnaires?

IM) Yes a key role of Healthwatch England is to share good practice and bring people together.

Public) How does a member of the public know what Healthwatch does?

SM) We try and publicise Healthwatch widely through posters, our website and communications. We run regular information stalls at QA, St Marys and St Marys Treatment Centre, we operate every week at Citizens Advice Portsmouth and we will shortly begin having a regular presence at Learning Links on Kingston Road. In addition we have leaflets in GP surgeries and in hospitals and a presence at lots of community events. We would like to be in more places as we are not as well known as we would like to be.

KE) We are all volunteers and there is much mistrust of the NHS. Healthwatch has made progress in gaining the trust of people across the NHS. We have to change the mindset which takes time. We rely on the public to support efforts. Volunteers are key. Word of mouth is important, please share.

Public) There is a reticence and a mistrust of people across the NHS. It's hard to get people to share their lived experience. The Council have a network of people to share knowledge of local services.

#### **Item 5: Celebration of the work of the NHS**

GH paid tribute to the founders of the NHS who had the vision and the will to create the NHS in 1948. He and IM then cut a celebratory cake and refreshments were served.

#### **Item 6: Volunteer showcasing**

Healthwatch Portsmouth volunteer Graham Keeping gave an overview of his work [volunteering at Healthwatch Portsmouth](#), he highlighted the value of volunteering to the organisation, to the wider community and to him as an individual.

GH thanked Graham for his presentation and his work volunteering for Healthwatch Portsmouth.

Matthew Winnington the Portsmouth City Council Cabinet Member for Health, Wellbeing and Social Care, asked if he could take Graham's presentation to the council to highlight the value of

volunteering in Portsmouth. Graham Keeping agreed.

**Item 7: Operational update**

Siobhain McCurrach introduced the [Healthwatch Portsmouth Project Manager's report](#)

**Item 8: Update from Pat Fowler, Head of Health and Wellbeing Partnerships**

PF gave an overview of two projects he has been working on:

**People's experience of personal budgets in care**

A new report, commissioned by the Clinical Commissioning Group, looking at people's experience of personal budgets in care was published in June. It found that two thirds of people were positive about the budgets, one third not satisfied. The report recommends improvements be made to staff training and communications and greater freedom to spend personal budgets. The report has been submitted to the CCG and to the council and is available on the [Healthwatch website - New Healthwatch Portsmouth report into care and personal budgets published](#)

**Assessing the benefits of GP mergers**

PF is currently working with volunteers on a new project which will look at whether the claimed benefits of GP surgery mergers have been realised 6/12 months on from the merger. Research will be carried out over the summer and autumn by volunteers and Patient Participation Group members.

**Item 9: Any other business**

There was no other business.

**Item 10: Questions from the public**

These were dealt with in the main part of the meeting.