

Healthwatch Portsmouth Board Meeting 17.10.2018
Held at Portsmouth Academy

Present: Graham Heaney (GH) Chair, Roger Batterbury (RB) Vice Chair, Jane Bailey (JB), Ken Ebbens (KE), Luke Evans (LE), Siobhain McCurrach (SM)

Apologies: Steve Glennon, Ram Jassi, Amanda McKenzie, Brenda Skinner

Item 1: Welcome, apologies and Declarations of interest.

Healthwatch Portsmouth

Chair Graham Heaney welcomed everyone to the Healthwatch Portsmouth Board meeting.

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

Item 2: Minutes of last meeting (04.09.2018) and matters arising

The minutes of the last meeting on 4 September 2018 were noted and approved. The approved version of the minutes is now available on the website.

Item 3: Project Manager's report

SM introduced the [Healthwatch Portsmouth Project Manager's report](#).

Item 4: Presentation by Dr Linda Collie

Dr Linda Collie (LC), Chief Clinical Officer and Terri Russell (TR), Deputy Director of Primary Care at the Portsmouth Clinical Commissioning Group gave their presentation [Improving access to primary medical care services in Portsmouth](#)

Questions

JB) Was there any learning locally about the good practice you found and the difference between medical practices?

LC) It is hard to share good practice as each medical practice is different.

GH) Could we have a copy of the survey?

LC) It is all available online

Public) I live in Denmead and the continence service was taken away because Doctors were spending too much time on this which resulted in bad reviews.

LC) In Portsmouth continence services are outsourced - the GP would refer the individual to Solent NHS Trust.

KE) Do the figures relate to making an appointment with your own GP or a GP in general? The problem is always getting your own GP.

LC) The appointment is with the practice.

Public) there is a problem with the triage service especially with coordinating with an interpreter. It is very frustrating to get an appointment and then be told to go to A&E where we have answer questions about drugs and treatment again?

LC) All practices are now on the same computer system so they shouldn't have to ask about drugs again. The 111 service doesn't have access but we are working on it. QA Hospital doesn't have access as it deals with a wider population.

SM) We have received feedback that online services don't have appointments available - this a big issue

LC) Part of that is determined by the practice and whether it operates a walk-in or a triage-led service. Practices are often concerned that online booking will lead to a deluge of patients who may not need GP appointments.

KE) Lots of people aren't able to or wont access online appointments - older people and people without technology.

Public) Is the preference for walk-in?

LC) Some surgeries operate like that but many people always turn up at the start if the clinic resulting in long waits in reception which is frustrating for patients and for GPs.

Public) There is a problem with people with mental health problems who can't wait in the waiting room. Sometimes they can't get to the point of making an appointment as they can't wait.

LC) We aim to make appointments available for all including referring to nurse practitioners or others rather than the GP.

Public) Can I ring my GP to book an appointment at Lake Road?

LC) Yes - the receptionist should offer appointments as a matter of course.

SM) What is the proportion of GP to nurse appointments available?

LC) We don't have exact figures to hand. One of the challenges in reassuring patients that they will get the same service from the nurse practitioner or the GP.

KE) Is Musculoskeletal included in the hub?

LC) Diabetes and COPD are included first, heart conditions later

KE) Does the pilot include the Southern areas of Portsmouth which are some of the most deprived?

LC) Yes

KE) Will patients still at East Shore surgery have the same access and services as before? Many people don't want change.

LC) More of the nursing workforce are moving to the hubs. We are aware of the tension between patients left behind and those transferred to the hubs.

RB) East Shore PPG has already met with the hub and sought answers for questions such as the people left behind.

KE) Why is type 2 diabetes included but not type 1?

LC) Type 2 diabetes is most common and managed in primary care, type 1 is managed by specialists.

RB) The St Marys site risk is transportation - the cost of parking and poor bus services make it a not very desirable site.

Public) Is it a physical hub or is it an online hub? Will it be open to all the time?

LC) We are looking at a physical place open during normal GP hours, five days a week. It is dependent on the staff at the hub. All receptionists will be trained to help with the triage process.

Public) Will they (the receptionists) be trained in autism?

LC) Good question - all practices will have staff trained in autism and learning disabilities.

KE) Will the workflow mean that GPs won't see letters addressed to them?

LC) It already happens that practice staff read much general correspondence. Predominantly this is paper correspondence - if it is a private letter or email it will still be seen by the GP rather than reception staff.

KE) The figures given on the New consultation types slide are not useful as practices are not comparable - I would like to see the percentages of patients not actual numbers; we need context.

LC) I agree - the figures are not comparable. It just shows that some practices have promoted new means of consultation.

Public) I am at Sunnyside. I find it very confusing to find how to book online consultations and appointments.

Public) There seem to be two different systems in use - epatient and econsult. Practices need to communicate better so that patients understand and are confident in using services.

Public) Are more physiotherapists being recruited (for the musculoskeletal pilot)?

LC) Solent NHS Trust provide the physiotherapy service. We are hopeful that the new service will get patients at the start of the need to deal with the problem before it becomes a major problem. The service will allow people to talk straight to the physiotherapist rather than having to be referred by their GP, it will only apply to adults. The new service will be available across the city from March 2019 with physiotherapists having access to the same system as GPs.

KE) With regard to the challenges what will success look like?

TR) We have tried to highlight successes across the city. It is not straight forward.

KE) At the first meeting (where the scheme was introduced) we were told what success would look like - it would be quantifiable.

TR) We are unable to quantify overall success

Public) How do you communicate to the general public who may not be regular surgery users?

TR) We are thinking this through - we were at freshers' week talking to students about online services and access to care. We are working with the practices, the communications team engages with the general public.

Item 5: Presentation by Mark Young

Mark Young, Head of Estates at Solent NHS Trust gave his presentation: [Portsmouth community care estates plan](#)

Questions

RB) Has Oakdene House been sold?

MY) It is in the process of being sold, this is due to be completed shortly for reuse for another health purpose.

RB) Kite and Baytrees are not being used at present - what are the plans?

MY) We are looking at a range of options including releasing them for non-health purposes if an alternate health user cannot be found.

RB) What will happen to the kitchen at St James?

MY) This has been looked at over the past two years and the Board has decided to outsource catering.

RB) Will it be like QA Hospital where the food is brought in from Wales?

MY) The tendering and tasting process is underway to outsource food.

KB) Is this for cost cutting reasons?

MY) I will come back with responses - the quality at St Mary's is high, we don't want to lessen quality.

GH) Has the hatched area on the map been sold?

MY) Yes it has been sold to Homes England for housing purposes.

Public) Have all the patients been transferred to new sites?

MY) Yes services have been transferred and patients are positive about the improved facilities.

Public) Has there been good feedback from patients?

MY) Yes - they are seen as better services, there has been some concerns about the sale of an NHS site.

Public) I presume you have assessed whether it is best to sell off rather than rent out and retain?

MY) A full evaluation of options was undertaken. The use is in line with the local planning strategy.

Public) Is the building listed?

MY) The original St James building is listed, the side buildings aren't.

SM) We haven't been invited by Solent to engage with the current phase of the redevelopment and we don't feel involved with this.

MY) We can involve Healthwatch Portsmouth in future plans

RB) Looking at the plans how will patients access the site for the remaining services?

MY) There is a right of access to the site over the sold-off land.

SM) In the phase 2 disposal will recreation areas be retained?

MY) NHS Property have consulted local people.

KE) Is the total cost £10.3million as originally stated or £10.3million as given in the presentation?

MY) It is £10.3million to reflect the changes, an increased saving was achieved earlier.

RB) Our PLACE review found that there is not adequate signage at St Mary's - can this be improved?

MY) We have looked at improving the signage on the site and making pathways better?

RB) Healthwatch Portsmouth is happy to be involved with this

KE) What is the new Trust car parking policy?

MY) The Trust has developed a new parking and access policy, this scheme will be in line with the policy. We are in conversation with Portsmouth Football Club about possibly signing their parking.

KE) The five mile policy has had a major impact on staff - it is not a good policy as it affects staff.

MY) The new policy is being implemented shortly.

KE) The prison site will shortly no longer be available for parking.

SM) Is the new policy available to look at?

MY) It will be available shortly, it has been through multiple committees within Solent and will be published soon.

KE) Will parking cost?

GH) We will need to discuss the parking fees with Solent

Public) Are all the floors accessible? Will there be changing rooms?

MY) Yes all floors will be accessible and flexible to meet needs in a sustainable way.

Item 6: Board updates

KE) I attended a STP communications workshop

SM) Was the workshop worthwhile?

KE) It was the usual story - no mention of carers and third sector organisations.

JB) I am involved in the keep well collaborative, a sub group of the Sustainability and Transformation Partnership.

GH) I attended a meeting of the Healthwatch Chairs from across Hampshire and the Isle of Wight. We have been invited to talk to NHS England about STP communications. We are making some progress on this.

GH) I have changed circumstances and am now working full-time, not part-time and so may have more difficulty in attending meetings through the autumn and spring terms.

Item 7: Any other business

There was no other business.

Next Healthwatch Portsmouth Board meeting

The next Board meeting is on Tuesday 11th December 2018, 2.30 -4.30pm at the St Mary's Community Building, St Mary's Road, Portsmouth PO3 6BB.