

## Minutes

### South of Butser Locality Patient Group

Held on 9<sup>th</sup> November 2017 in the Meeting Room, Cowplain Family Practice  
from 12.30pm

	<b>Attendees</b>
	Norman Proudfoot      Chair/Rowlands Castle Surgery
	Caroline Footman      Deputy Chair/Horndean Surgery
	Owen Collett            Bosmere Medical Practice, Havant
	Nalin Deshpande        Bosmere Medical Practice, Havant
	Joan Elliott              Oaks Healthcare, Cowplain
	Tony Harland-Jones     Rowlands Castle Surgery
	Elizabeth Kerwood     Head of Communications, SEH Clinical Commissioning Group
	Joan Marsh              George & Dragon Surgery (branch of Emsworth)
	Steve Southwell        Havant Medical Group
	Jim Strudwick          Emsworth Surgery
	Ann Tate                The Elms Practice, Haying Island
	Margaret White        Clanfield Surgery, Horndean
	Nick Wilson             Lay member of the SEH Clinical Commissioning Group
	Brenda Woon            Engagement and Partnership Manager, SEH Clinical Commissioning Group
<b>1</b>	<b>Welcome and Introductions</b>
1.1	<b>Welcome and Apologies</b> Apologies were received from Mike Peters and Mark Greenwood
1.2	<b>Minutes from meeting held on 7<sup>th</sup> September 2017</b> Correction: Margaret White was omitted from the list of attendees
1.3	<b>Summary of Actions and Matters Arising</b> There were no matters arising
1.4	<b>Requests for any other Business</b> No requests were made

2	<b>Focus items</b>
2.1	<p><u>Emsworth Surgery relocation</u> – Elizabeth Kerwood</p> <p>The practice is putting together a business case for the CCG concerning a proposal to relocate. They have been engaging with their patients and Hampshire Healthwatch will be independently analysing the survey results and other feedback received. The Primary Care Commissioning Board will consider the business case. It will then be for the practice to determine how it is funded. The opportunity to buy the piece of land for the new build expires at the end of the year. The LPG would like a follow-up on this at a later date.</p> <p><b>Action: EK</b></p>
2.2	<p><u>Terms of Reference review</u></p> <p>The Terms of Reference were established four years ago. Norman has modified them and asked for comments from the members of the group. It was agreed that the term of the Chair's and Deputy Chair's role will be reviewed every three years. Norman asked members to send any nominations to Brenda before the next meeting on 18<sup>th</sup> January. <b>Action: all/BW</b></p> <p>Norman said he would like to see a short biography from each member indicating what their interest is in the health sector which would be helpful when discussing different service areas. <b>Action: all</b></p> <p>Caroline said she felt supported by the LPG but wondered whether the group actually demonstrated results. Nick said that he enjoys attending the meeting and listening to what is being reported from the PPGs. He is then able to relate any issues to the Governing Body of the CCG which means the group is achieving its purpose of effective communication and engagement. Caroline said she enjoys hearing how different all the PPGs are. When recruiting new members, some PPGs interview potential members before they are accepted onto the group.</p> <p>Joan Marsh said her PPG had two young mothers who joined the group but due to issues with either bringing the children to the meeting or getting a babysitter, the members left after six months. Having the children in attendance did prove to be disruptive.</p> <p>Nalin thought the 'purpose of the group' needed some amendment and Brenda will reflect this in the second draft. Norman said that it is difficult to broaden the spectrum of PPG members and this is a challenge. He was included in an email from Tim Houghton, Chief Executive of Community First, which suggested ways of getting PPGs established and improving membership of the PPG. A PPG logo had been suggested to give the group a clearer identity and to help publicise them. It was also suggested that GPs ask new patients whether they would like to join the practice PPG or mention it in the new patient letter.</p>

Nick said that now we have two members attending this group from the previous North of Butser LPG, it would be an opportune time to re-name the group and call it the South Eastern Hampshire LPG. All were in agreement to this and the name will change for future meetings. **Action: BW**

Other ideas concerning the setting-up and running of PPGs were discussed and shared. Elizabeth spoke about the role of Care Navigators in the surgery and the training they receive and how these skills might help in recruiting members for the PPGs.

2.3 italk update – Jonathan Foley, Clinical Manager, South East Hampshire italk Step three, Southern Health NHS Foundation Trust and Aimee Woodger, Psychological Wellbeing Practitioner, Solent Mind

Jonathan explained that italk is a psychological therapy service for Hampshire, but does not cover Southampton City or Portsmouth City. The service is a partnership between Southern Health NHS Foundation Trust and Solent MIND. The service is commissioned to treat people with anxiety and depression.

The service works across a stepped pathway. Step one is with the GP or health professional for active management. If the condition does not change or worsens, the patient will be referred to italk. Following the assessment, the Psychological Wellbeing Practitioner (PWP) will discuss the individual's needs and agree a programme of treatment. This may be with the Step two team who will provide treatment sessions by telephone, group or face-to-face; some people will require treatment from the Step three team which is delivered in face-to-face sessions. The patient will be assigned their own personal practitioner who will be skilled to support them for the duration of their treatment. The Step two initial assessment is followed by an average of five telephone treatment sessions. Step three is followed by an average of 13 face-to-face treatment sessions which are more intense and based on cognitive behavioural therapy (CBT). The service is available for people aged 16 and above but not for those who are receiving treatment from Older Peoples Mental Health (OPMH) or Adult Mental Health (AMH). The offices are based in Eastleigh and there is a hub in the Gosport Business Centre. The service can be located in a GP practice or in a community venue. Other options are groups/workshops, employment support and on-line support (cCBT).

PWPs are post-graduates who complete additional training in social science/psychology. Step three practitioners are registered with the BABCP (British Association of Behavioural and Cognitive Psychotherapy). The italk service also works with people who have long-term conditions such as heart failure and MSK (musculoskeletal). The service also has employment advisers. The core conditions covered are anxiety and depression but does not include patients with a diagnosis of psychosis, schizophrenia or bi-polar. Weekly liaison meetings are held with the Community Mental Health Team (CMHT) to discuss referrals. Step four is for referrals to CMHT and Step five is for referrals to the inpatient mental health unit at Elmleigh, Havant, which is for patients with severe mental illness.

Nick asked how long people have to wait to be assessed by the Step two team.

Jonathan replied that the new model has seen 75% of patients within the target of 42 days. The patient will be asked to complete questions from a minimum data set and treatment time will be dependent on the patient's score.

Nick said there have been discussions around how statutory providers work with the voluntary sector. Steve said that solent MIND has been re-commissioned across Hampshire to provide wellbeing centres and these are the main service provider for Step two. Anyone can self-refer into the wellbeing centres. This service is different from italk and does not necessarily use the CBT methodology. Jonathan said that the italk service is working with East Hampshire MIND for people to be signposted across from the wellbeing centres.

For patients with dual diagnosis such as drug and alcohol abuse and/or substance misuse, the patient's functionality will be observed and the PWP will liaise with the GP on this. The patient may be referred on to Inclusion Recovery Hampshire (a drug and alcohol abuse service). Substance misuse needs to be controlled at a certain level so that the PWP can engage cognitively with the patient.

Ann asked how people currently find out about italk if they want to self-refer. Jonathan said the service looks at every opportunity to promote itself and has been operating for seven years. There were several members of the group who still did not know about it until they were informed at the meeting and Jonathan said he would be happy to attend PPG meetings to spread the word.

Norman asked whether italk offer a service for patients with sustained brain injury. Jonathan said there was no broad answer and it would depend on each person's need. They would be assessed on their ability to engage with the italk service and this would be discussed with their GP and hospital consultant team.

Nalin, in his role as a citizens' advisor asked if italk could comment on a person's ability to work. Jonathan said no, the person would have to go back to their GP for a DWP (Department of Works and Pensions) assessment.

Jonathan informed the group that following a patient's assessment at the italk service, a letter is sent to the GP, outlining what the patient's next stage of treatment will be. Patients under the age of 16 will be referred to CAMHS which is the Child and Adolescent Mental Health Service.

Steve said it would be useful if the Mental Health Users Form establish a link with italk to enable members to send comments back to them, particularly around waiting times. Jonathan Foley is happy for his email to be used for this.

**Action: all/JF**

Aimee said there can be problems finding affordable accommodation when setting up the italk service. Aimee is happy to attend any other meetings and groups to promote the service and said that italk has links with the Surgery Signposters in Fareham and Gosport. Nick suggested that links are made with Gosport Voluntary Action, Community Action Fareham, Community First and Homestart.

2.4	<p><b><u>Tier Two Services – Elizabeth Kerwood</u></b></p> <p>These are services traditionally provided by the acute sector and then later commissioned to be provided in local communities. Tier Two services were discussed by the CCG and the GP Cabinet agreed a review process which was undertaken. The Joint Governing Body received a paper outlining the outcome of the review and a decision was made that some contracts would not be renewed at the end of 2017.</p> <p>The CCG also determined that there may be some contracts that could be developed at scale. This was followed by feedback from the GPs. Some contracted services are only available to patients of one practice as in the case of Bosmere Medical Practice offering an ultrasound service. Elizabeth asked if members of this Group if they would like to be included in the development discussions. The potential services for development had been identified.</p> <p>Nick said the new care models approach is being developed by the Vanguard programme and is all about more services being carried out in the community and fewer procedures needing to take place in hospitals. Nick said that any feedback from LPG members would be useful.</p> <p>Elizabeth informed the Group that the CCG hold a large contract with Care UK who is already providing services in the community. The whole service needs a fair contractual process as the CCG could be paying twice for some of the services. Also, some of the Tier Two services were very limited in who could use them as in the case of Bosmere Medical Practice offering an ultrasound service.</p> <p>Elizabeth stated that there is a new care model centered around long term conditions which looks at the holistic care of the patient. This will also shape local care in the community setting. There are a number of Vanguard pilots which have been set-up in the last three years throughout Hampshire. Carousel clinics are an example of this. The learning will be taken from these pilots to see what works and what does not work as there is no more Vanguard funding available. The CCGs now need to decide which to fund in the future and spread it across the two CCG areas.</p>
3	<p><b>Standing Items – Regular Updates</b></p>
3.1	<p><b>Feedback from PPG representatives</b></p> <p><b><u>The Elms Practice – Ann Tate</u></b></p> <p>The PPG held the Annual General Meeting on 2<sup>nd</sup> October 2017. The Terms of Reference were reviewed, and adopted without amendment. Melanie Fitzgerald was unanimously re-elected as chairman. All PPG members agreed to remain on the group with the exception of Ann Tate. A new representative will be attending the LPG and will be chosen in the New Year.</p> <p>At the PPG meeting members were informed that the Havant Hub has gone live. Patients will now be offered a wider range of appointments including additional out of hours opportunities. Dr Emily Hunt said that although Hayling doctors had opted not to participate personally in the hub, the increased</p>

flexibility of appointments was very welcome. The practice team will keep the PPG informed regarding the changes.

Ann informed the LPG that she is retiring from her role as PPG representative for The Elms Practice and the November meeting will be her last. The Chair and members of the Group thanked Ann for her time and contribution to the Group.

#### Bosmere Medical Practice – Owen Collett

There is a new nurse practitioner joining the practice in December as well as a new practice nurse in January.

Flu clinics are now operational.

The new website is also going well. This will be raised at the next TARGET training meeting so receptionists are reminded to encourage patients to use the practice website.

A meeting is being arranged to highlight the number of missed appointments although there has been an improvement since the new appointment system was instated. Accessing nurse appointments remains a problem.

Portsmouth Hospitals NHS Trust are managing elective orthopaedic referrals differently using the ward space more effectively to enable them to deal with winter pressures.

The patient survey may be able to be uploaded onto the new website to save the cost of using Survey Monkey. An extra question will be added regarding patient triage.

#### Oaks Healthcare – Joan Elliott

The last meeting was held on 25<sup>th</sup> October with quite a full agenda. Cowplain Family Practice recently merged with Queenswood Surgery. The Practice Manager informed the PPG that arrangements and funding were now in place to close Queenswood and relocate all the staff and patients to Cowplain. This had been envisaged for some time in the future but as space had become available within Cowplain, it was an opportunity not to miss. It was felt by the PPG that the move would be of long term benefit to everybody, especially as Cowplain Family Practice is purpose built with good access for patients with disabilities and mobility problems, as well as pushchairs. Another benefit of the space will mean that the practice will be able to take on more trainee GPs which is of great importance to primary care services.

Letters have now been sent out to all patients of Queenswood Surgery to inform them of the changes. Great emphasis is being given to reassure them that they will continue to see the same GPs, nurses and receptionists that they are familiar with. Special edition notices and newsletters have been put onto the website as well as being sent out by text and email so that patients of Cowplain Family Practice are also kept informed. For patients who have questions or concerns, mail boxes are being provided in reception on both sites

and patients can send queries to the practice email address. An open day is also being organized for 27<sup>th</sup> January where patients can be shown around the building and the PPG will be helping with this.

The PPG has also been busy helping with all the flu clinics which were very well attended and also helped to raise the PPG's profile.

In September the PPG organised a talk on dementia which was presented by a very eminent Consultant, recommend by Jim from Emsworth PPG. Even though the weather was horrendous there was a really good attendance, the talk was excellent and very well received with lots of pertinent questions from the audience.

The feedback has been very positive as well as enquiries and suggestions for future talks. The grapevine also seems to be working as Joan has also had contact from two of the other PPGs asking for advice on how to organise their own talks. There was one gentleman who kept saying that he wanted to join the PPG, a request that unfortunately had to be turned down when it was discovered that he was not a patient of Oaks Healthcare.

#### Rowlands Castle Survery – Tony Harland-Jones

No meeting has taken place recently.

#### Emsworth Surgery – Jim Strudwick

Negotiations for the acquisition of the Redlands site for the proposed new health centre are proceeding with increasing urgency as the application has to be completed by the end of the year or it may be lost to more housing developments. Jim has been involved in a number of meetings with a relatively small number of objectors within some local organisations and individually, in order to dispel any misunderstandings. A recent meeting at the surgery also included representatives of the CCG. The PPG members are investigating the possibility of either providing a mini bus with voluntary drivers or the local bus company extending their routes, supplemented by the local voluntary car driver's organisation known as EmsValley Community Transport. This service collects patients from their own homes and transports them for appointments with their surgery or the hospital.

Last month the PPG helped direct patients at the flu vaccination clinics as there were five rooms in operation. The first clinic dealt with 960 patients on a Saturday morning.

#### Horndean Surgery – Caroline Footman

The last PPG meeting was held on 28<sup>th</sup> September 2017 with six members and two practice staff in attendance.

Following an increased demand for services, three new GPs and a trainee will be joining in the coming months, for varying numbers of sessions.

There are still problems with developers for a new surgery but East Hampshire District Council is putting on the pressure. The car park is undergoing its third

	<p>revamp.</p> <p>After discussing ideas from National Association for Patient Participation (NAPP) guide, it was agreed the PPG would agree its own Terms of Reference at the next meeting. The one-sentence ToR at present reads: “to provide an open dialogue between patients and doctors for the good of the surgery and the overall benefit of all patients”.</p> <p><u>Swan Medical Group – Mike Peters</u>  The Swan Surgery, Petersfield and Liphook Village Surgery have now merged to form the Swan Medical Group. This has allowed the PPG to provide a more patient-focused and flexible service to a larger patient population covering the Petersfield and Liphook areas. Accordingly, the two PPGs have also merged to form one larger PPG representing both surgeries.</p> <p>Mike Peters was asked to continue as Chair of the PPG and Ann Tremain from Liphook Village Surgery was asked to act as Vice-Chair, both of whom accepted.</p> <p>The PPG meetings are now held alternately at Swan and Liphook Village Surgeries. Some older members at Liphook Village Surgery who were thinking of resigning from the PPG have done so, but have chosen to join the Patient Reference Group (PRG) instead and/or the Carers Group. This brings the total PPG members to 15. The present arrangement is bedding down nicely, which was shown in the management of patients by the PPG at the recent flu clinics which were held at both surgeries.</p> <p>Earlier this year the PPG held a combined health promotion at the United Reform Church in Petersfield with the Grange and Horndean surgeries. The event covered various topics on men’s health and was very well attended. Another event was arranged for this autumn covering women’s health, but unfortunately this event has had to be re-scheduled due to the merger and heavy demand on all doctors at this time. However, the PPG now hope to stage this event in spring next year.</p>
4	<p><b>Feedback from the SEH Community Engagement Committee</b></p>
4.1	<p>Nick informed the Group that Steve Southwell was welcomed to the SEH CEC as a new member and gave thanks to Steve for his focus item on the Mental Health Users Group. The next CEC meeting will focus on GP services. Members were asked to email Brenda if they have any comments on how GP services are working.</p> <p style="text-align: right;"><b>Action: All/BW</b></p>
5	<p><b>Future Potential Agenda Items</b></p>
	<ul style="list-style-type: none"> <li>• Osteoporosis update and the future – Margot Berry</li> <li>• Engagement with patients, families and carers – Sarah Balchin</li> </ul>

<b>6</b>	<b>Dates of Next Meeting</b>
	<ul style="list-style-type: none"><li>• 18<sup>th</sup> January 2018</li><li>• 8<sup>th</sup> March</li></ul>