

Minutes

South Eastern Hampshire Locality Patient Group

Held on Thursday 20 September 2018, in the meeting room, Oaks Healthcare,
London Road, Cowplain, from 12.30pm to 2.30pm

Attendees	
Norman Proudfoot	Rowlands Castle PPC and LPG chair
Steve Southwell	Homewell PPG chair
John Bennett	Village Practice PPG
Wendy Haxell	Village Practice PPG
Nalin Deshpande	Bosmere Medical Practice PPG
Owen Collett	Bosmere Medical Practice PPG
Patrick Gilbert	Oaks Healthcare PPG
John Knighton	Portsmouth Hospitals NHS Trust
Mark Cubbon	Portsmouth Hospitals NHS Trust
Melanie Fitzgerald	Elms Practice PPG
Michael Peters	Swan Medical Group PPG chair
Annie Strudwick	Emsworth Surgery PPG
Jim Strudwick	Emsworth Surgery PPG
Margaret White	Clanfield Surgery PPG chair
David Lee	Badgerswood (Headley) and Forest (Bordon) PPG
Nick Wilson	Lay member for SEH CCG
Priya Mistry	Communications team, SEH CCG
Elizabeth Kerwood	Communications team, SEH CCG
1	Welcome and Introductions
1.1	Welcome and apologies Norman welcomed everyone to the meeting, and everyone gave a special welcome to Margaret White. Apologies were received from Joan Elliott.
1.2	Minutes from previous meeting Members raised three typos and these were corrected and then agreed.
1.3	Requests for any other business One item was raised – the frequency of meetings.
2	Focus item
2.1	<u>Mark Cubbon, chief executive of Portsmouth Hospitals NHS Trust</u> Mark Cubbon, chief executive of Portsmouth Hospitals NHS Trust (PHT) and Dr John Knighton, medical director of PHT, attended the meeting to give an update

on the trust and its priorities. Mark spoke about four key areas he, and the executive team, have been focusing on since he came to post around 18 months ago.

The first priority is around leadership and ensuring the right people are recruited to the senior leadership team and that staff are communicated to. He talked about having robust plans in place to address challenges and look to the future. He fed back that the calibre of the executive team is high and they are all centred on patient care. He is confident he has the right people with the right skills and made a commitment to provide development opportunities and that people are enjoying their jobs.

The second was around addressing the long-standing challenges with urgent care and ensuring the correct pathways are in place. He said it remains a key priority for the trust. Mark acknowledged that last winter was really challenging and some patient-care received was unacceptable. He reported more than a third of patients were not in the appropriate place and therefore a number of patients could not get acute care in a timely manner. However the trust is working in partnerships with other organisations to provide a safer environment.

The third area is around in-full CQC reports and Mark recognised the trust has had a few challenging reports regarding some of its services. In previous reports there were seven areas rated as inadequate and now that has been improved to one area. He also reported that most services are good or outstanding and the trust has aspirations to be the best organisation that patients can access.

The final key priority is around the trust's finances and improving its position. The trust anticipates it will take a further three years to start to break even.

Mark also gave an update on the trust's strategy which was published in July, and urged people to take a look.

A range of questions were asked by members, below are a few of the answers given:

- the shadow council of governors was disbanded once the trust was no longer working towards foundation trust status and so no longer needed the council. The trust is held accountable by the secretary of state, NHS Improvement and members of the public
- looking into the check-in system of car parks at Queen Alexandra Hospital, although there are constraints with due to the PFI agreement
- reviewing signage around the hospital
- the configuration of the emergency department

Members also paid tribute and said thank you personally for excellent care and treatment received by them at QA.

2.2	<p><u>Communications with the PHT patient experience team</u></p> <p>Members raised how they can work better with the experience team at PHT so they can get information about events in a timely manner.</p> <p>Action EK: check with the team if there is a distribution list or calendar to share</p> <p>Post meeting note: The team apologised that it's been felt not enough notice has been given and that they aim for at least four to six weeks. They have traditionally relied on networks to share information but due to GDPR it's been harder to share information. If people are happy to be contacted then can they email PatientExperience.Team@porthosp.nhs.uk with the following text:</p> <p>I, (name), wish to register with the Patient Experience Team at Portsmouth Hospitals NHS Trust, my interest in participating in events in the hospital setting. This could include engagement workshops and quality monitoring exercises with clinical and non-clinical teams.</p> <p>This email provides consent for you to retain my email details for the purposes of communicating with me about events.</p> <p>My email address is:</p>
2.3	<p><u>Patient experiences with new version of patient access system</u></p> <p>Members talked about the positives and negatives about their practice's patient access system. It was suggested any issues are fed back to the practice managers, with themes being identified by the CCG.</p>
3	<p><u>Standing Items – regular updates</u></p>
3.1	<p><u>Feedback provided from PPG representatives</u></p> <p><u>Badgerswood Surgery, Headley and Forest Surgery, Whitehill and Bordon</u> There are two surgeries in Whitehill and Bordon - Pinehill and Forest. Lately we have been working with the Pinehill Surgery and its PPG. We have fundraised for and are about to buy an asthma-testing machine for Forest Surgery and agreed to share this with Pinehill. Also arranged by our PPG, Pinehill Surgery has taken over the contract to service those town defibrillators not covered by individuals.</p> <p>Our PPG has now identified the sites of all defibrillators from Liss to Farnham and produced a map of these, which is available on the village website.</p> <p>Our members' meeting takes place on 16 October at 7pm and includes a speaker from iTalk. All LPG members are welcome to attend.</p> <p>The phlebotomy clinic, which was run by our surgeries, moved to Chase Hospital in January. There have been problems with this clinic and it was</p>

agreed that this would move back on 1 October. A glitch in the timing of the move back has resulted because of the contract with the two phlebotomists. We have spoken to the chairman of Southern Health NHS Foundation Trust (SHFT - they run this clinic) and moves will be made to resolve this.

Our first aid training courses continue with more than 300 people now trained in basic life support. We now run a school training programme in Whitehill and Bordon and have trained 130 eight-to-10 year olds here. All training is to Resuscitation Council UK standards. At present one of our members is undergoing a "train the trainers" course to assist with this.

SHFT held its members meeting on 10 September. The presentations by the chairman, CEO etc. were recorded and are now available on the SHFT website. Details of this are circulated.

Swan Medical Group PPG, Petersfield

Petersfield Hospital car parking is still a problem, and we are chasing Southern Health NHS Foundation Trust regarding the ongoing car parking issues. Because the hospital charge for parking, the surgery suffers from some people using our car park free when attending the hospital next door.

Repeat prescription dispensing is still proving a problem with reported delays at the Boots Pharmacy adjacent the surgery, and Lloyds pharmacy in Liphook. The prescriptions are sent electronically to a central hub immediately and then are 'called down' by the subject pharmacy. It appears that both pharmacies do not 'call' them down quickly or frequently enough. No such problem seems to exist at Day Lewis pharmacy in Petersfield.

The patient waiting room survey results have been collated, and a meeting is now being arranged with the PPG and Swan Medical Group to discuss the results concerning both Swan Surgery and Liphook Village Surgery.

Feedback from Carers Week was excellent, especially the drop-in day on 15 June, with a good write-up given in the Liphook pages of the Petersfield Post.

Emsworth Practice PPG

The project for a new health centre/surgery is ongoing. The choice is between replacing the old Cottage Hospital with the new surgery or a move to Redlands Grange to the North of Emsworth. At a recent packed public meeting the differing views were expressed between those who want the surgery to remain within the town and those who would prefer it to be out of town where the greater proportions of new and existing patients live.

The CCG has appointed someone to advise and guide us through the options available.

Flu clinics are about to start. This year there are two different vaccines, one for the under 65s and one for the over 65s, the latter being stronger and more able

to boost the elderly patients' weaker immune systems.

Elms Practice PPG, Hayling Island

We held our PPG meeting on 23 July. We welcomed Peter Griffiths, who is starting PPG meetings at Waterside Practice.

Melanie reported back she attended a meeting organised by the CCG about how practices and their PPGs can work together effectively. This included sharing ideas and examples of best practice such as supporting flu clinics and surveys. Melanie raised concerns about PPGs being volunteers and this needs to be taken into consideration when determining how they can support their practice.

Melanie asked Steve Manley, from Healthwatch Hampshire, why it took so long for the results of a survey, that they carried out, to be cascaded to LPGs. He responded to say he was not sure what caused the delay, but the report is publically available.

We have been updated that NHS Property Services will no longer be requesting payment for use of our building by a volunteer service. The CCG intervened and has resolved the issue.

The group discussed the patient's journey from referral to treatment and how continuity of care seemed to depend on the size of the practice and the number of patients per GP.

We also looked at how we can work with patients to reduce the demand to see a GP for matters such as repeat prescriptions or because they are feeling isolated. We thought about writing a letter for publication in the local media and extending the befriending service through the British Legion and similar organisations to try and alleviate this.

Bosmere Medical Practice

Two doctors have finished their training at Bosmere. One will be joining the practice while the other continues training in Petersfield.

Two new GP registrars, who joined in August, will be mentored by two partners and another will be joining on a four-month secondment as part of their GP training.

A number of PPG members will be assisting at the Saturday flu clinics which start on September 22 for four weeks. We're also encouraging patients to use the blood pressure and BMI machines.

We agreed to renew our membership of the National Association for Patient

	<p>Participation.</p> <p>After 12 years Linda Bumford has decided to resign as the chair but will remain in the group. Nalin Deshpande will take over as the PPG chair with Owen Collett as deputy.</p> <p>We had a meeting with David Hayward, the planning policy manager for Havant Borough Council, and various issues were raised regarding the 2036 local plan. He will issue a monitoring report for PPG members.</p> <p><u>Oaks Healthcare, Cowplain</u></p> <p>Our last meeting was held on 13 September. The main topic was the forthcoming flu clinics and what our role was going to include. The first clinic was on 15 September and was attended by around 500 over 65s who were getting the new additional vaccination, so every patient was given an explanatory leaflet when they are booked in.</p> <p>Apart from the usual duties, we also conducted a campaign of explaining the benefits of registering for online service which was a success as quite a few patients joined up. We shall be repeating this exercise at other clinics. These clinics are also a good opportunity for us to raise our profile and take the opportunity to talk to the patients about our forthcoming events.</p> <p>We are planning to hold a health talk in November and the subject this time will be arthritis. We have a professor of occupational rheumatology based at Southampton General Hospital coming to talk. We are also in talks with Hampshire Healthwatch to come to our next meeting to explain what its role is.</p> <p>It had been felt for quite a while that we needed to update the information on our noticeboard and to make it more eye-catching, especially as lots of people were not aware it existed. So two members have come up with a new design which will go up in the waiting room shortly.</p> <p>3.2 Future agenda items</p> <p>Potential future agenda items include:</p> <ul style="list-style-type: none"> • Arrange for Healthwatch Hampshire to attend a future meeting • Sue Clarke, from the SEH CCG, to talk about care navigators at the November meeting • Talks on-going to arrange a speaker to discuss digital strategy across GP practices
4	Any other business
	<p>The question was raised as to whether meetings should move to quarterly rather than bi-monthly. Members discussed this and decided for now the meetings should remain bi-monthly, as missing one quarterly meeting would mean not attending for six months, and the dates for the next few meetings are</p>

	in peoples' diaries.
5	Dates of next meeting
	<ul style="list-style-type: none">• November 15• January 17, 2019• March 21