

Healthwatch Hampshire Advisory Board Meeting

Date: 23rd October 2024

Venue: Pavilion on the Park, 1 Kingfisher Rd, Eastleigh SO50 9LH

Attended:

Healthwatch Hampshire Advisory Board: Liz Butterfield (LB), Brian Collin (BC), Jonathan Chambers (JC), Jackie Orchard (JO)

Apologies: nil

Healthwatch Hampshire: Siobhain McCurrach (SM) – HWH Area Director, Kate Knowlton (KK) – HWH Manager, Alex Solomon (AS) – Projects Lead, Kate Benson (KB) – Comms Officer

Guests speaker: Dr Karl Graham, Clinical Director for Hampshire 'Place'

Observing: Matthew Hunt (Hants County Council Adult Services) – Commissioning Support Officer – assisting with the HW contract from September 2024.

1. Welcome, Introductions Declarations of Interest

Healthwatch Chairperson LB

LB asked the HWH Advisory Board members to introduce themselves.

- Liz Butterfield (LB)
- Brian Collin (BC)
- Jonathan Chambers (JC)
- Jackie Orchard (JO) joined slightly later

LB then asked HWH staff to introduce themselves.

- Alex Solomon (AS) – projects officer with brief description of role
- Kate Benson (KB) – comms officer with brief description of role and said writing meeting minutes today

- Kate Knowlton (KK) – Healthwatch Hampshire Manager, delivers day to day Healthwatch Hampshire service.
- Siobhain McCurrach (SM) Healthwatch Area Director Hampshire Portsmouth responsible for delivery of Healthwatch contracts.

LB asked the Advisory Board for any Declarations of Interest for the meeting. None were recorded.

1) Draft minutes HWH Advisory Board meeting 23.07.24

Minutes of the previous HWH Advisory Board meeting – review, actions, approval. LB went through each page and asked for any comments.

Pg 5: Social care action point brought up (TMW from HCC asked last meeting) whether there is a social care presence on Health and Wellbeing Board. SM explained it is the Health and Wellbeing Board rather than HCC board so not much social care focus on this meeting. There are public health managers that attend the Healthwatch Hampshire Board. Councillors and service managers so there are touchstones with social care, but do not influence as such.

HWH Advisory Board members accepted the minutes from last meeting as correct.

2) Healthwatch Hampshire strategic representation

Confirmation of strategic meeting coverage by HWH Advisory Board members, plan for sharing intelligence from meetings.

Large list of meetings that SM or AB members attend at strategic levels, SM refers to the list and mentions that they went through them last meeting.

SM mentioned resignation of Peter Barnard who had previously said he would attend some strategic groups and represent HWH in his role as Vice Chair. Peter's place on the various groups will need to be replaced e.g. Health and Wellbeing Board and Hampshire Place Assembly. SM already

attends so is happy to absorb into remit. LB would like to join Health and Wellbeing board mtg in December.

Modernising Our Hampshire Hospitals Transformation Programme – Options Development Group – BC attends currently, SM asks if someone can join BC, who said it was helpful to have two HWH reps as they liked to discuss the issues raised after the meeting however is happy to carry on his own for now. JC happy to be a back-up for this.

HIOW Complaints and Experience of Care meeting – reviewing patient complaints with Hospitals Trusts across Hampshire and IOW . Meeting reviews examples of when complaints have had specific impact on care. SM was previously doing, happy to take back in place of PB unless anyone else would like to.

Hospital Discharge Forum – HWH were invited to be part of it but never heard anything further.

LB asks if everyone happy with the list after amendments – JC going to look at list and says happy to take some on (**ACTION**), or if there's an urgent need can sign up now. LB says all fine for now.

Everyone confirms happy.

3) Primary Care in Hampshire: key challenges – and how HWH can help.

Dr Karl Graham (KG), Clinical Director for Hampshire 'Place' provided his view on the key challenges facing primary care in Hampshire and how Healthwatch Hampshire can help.

KG gave his clinical background and an overview of Primary Care in Hampshire currently. He is a GP for half the week in Hedgend and also Chief Medical Officer Team as part of Hampshire 'Place'.

KG provided HIOW ICB:

- £4 bn funding
- Covers 1.9 million people
- £2100 per person

- 130 GP practices
- 5 hospitals
- 1 community trust (New HIOW trust)
- SCAS (South Central Ambulance Service.
- GP practices deliver 11.2 million appointments.
- 750,000 patients attend the Emergency Department each year.
- 2.4 million outpatient appointments.
- 80% activity happens in primary care but with only 10% money spent on it.
- Access to general practice not good enough, need good access to achieve good outcomes.
- Number of hospital consultants has gone up, number GPs in primary care have reduced by 15%.

KG discussed need to have suitable places to provide primary care, needs to be fit for purpose and well resourced. General practice relies on lots of old buildings, converted houses etc. But costs a lot more to deliver healthcare from new buildings.

Health service planners want to:

- design services once and well – deciding exactly how to manage each pathway e.g chest pain pathway prior to this.
- ensure GPs are spending time doing the things they do best, for example medicines queries related would go to pharmacists
- bring community services together, integrated, rather than referral processes

NHS England set new national guidance:

- Analogue to digital
- Hospital to community
- Sickness to prevention
- new national 10 year plan to be published in spring.

Question from LB about public involvement in co-designing new plans – KG says it is important to hear what people want and value feedback. LB mentions HWH having reach into all parts of community so could help. KG

says one of priorities is addressing inequality, risk that those who shout loudest will get changes rather than where there is greater need. Important to consider how we get to those people.

BC gave some personal examples of experiences.

SM related to what had been said about desire for improvement at expense of insight that patients can have. Says we have monthly bulletin, and for HWH its important to feel patient insight are added to those discussions. Wisdom from patients channelled into all the discussions.

SM said that in Portsmouth they have GPs available via the Extended Access Service 6.30pm to 10pm at Lake Road GP practice each evening and at weekends. HWH are concerned that not enough people know this service in order to ask for an appointment under this service if they cannot get an appointment during the day. If all Hants GP practices had the ability to offer Extended Access Service if there are no daytime appointments for patients available it would be good. SM asked if they are able to do this. KG says from the point of view of practice, you would think they would want to do this and maybe it just hasn't become regular practice. Agreed need to make sure there is not unused capacity, people really want appointments outside of working hours.

JO mentions H10W ICB/Hampshire Place needs to be better at telling people about the positives that happen and what they do well.

KG discusses moving some services from hospital to community, but will need somewhere to go.

JC discusses surveys to capture how people feel, not just numbers etc, including transportation, HW can help with this.

SM question – ARRS roles in GP surgeries (Additional Roles Reimbursement Scheme) – paid for through extra national funding for Primary Care Networks to provide additional clinically trained staff for primary care. There is though cap set on what funding each GP surgery can claim for. The financial risk is held by the GPs and this seems to be a limiting factor on recruiting to these roles.

BC discussing GP practices as small businesses struggling and gave past examples. KG says not time to fully go into answer of what to do when GPs are struggling.

SM asked for KG to email over the presentation. Asked KG if wanted to be added to our mailing list, KG confirmed he would like to be added

(ACTION: Send KB KG's email to add to newsletter)

No more questions

4) Advisory Board member representation on strategic committees/ key updates from meetings attended

LB asked HWH Advisory Board members for a brief update on issues from strategic level meetings attended as HWH representatives since our last meeting.

JO – Hampshire Adults Safeguarding Board meeting. JO was trying to get used to acronyms. Will be able to do next meeting better, have done Safeguarding training now. Was quietly sitting and watching. Discussed there are lots of people and service managers present. Quarterly mtgs. JO away start of Nov. HW can be an online presence at these meetings.

BC – Modernising Our Hampshire Hospitals – Hampshire Together initiative. Work on clinical model. Maternity provision ; emergency department. Difficulties are in terms of which hospital to put the upgraded maternity service in. Site selection, new info about potential sites has come out of consultation. 1) rebuild Basingstoke 2) jct 7 -where they think it's feasible 3) disappointment it is not built in Winchester. Can't discuss sites due to NDA. REPORT FROM OPTIONS DEVELOPEMNT GROUP TO MODERNISING OUR HAMPSHIRE HOSPITALS BOARD IN NEXT 3-4 WEEKS.

Seems difficult to provide any kind of public transport and get equity of access to the new acute hospital for all people living everywhere. BC thinks HWH can do two things: need to amplify public voices calling for decent public transport to the new hospital. HWH Need to call for more integration of services. Process at moment is going through initial public consultation.

SM was involved in discussions of ED and due to meet Director of Urgent Care for Hampshire Place at end of month to look at the pressures on providing services. To get assurance for HWH that they are considering the people who have “major minor” conditions who do not have life threatening conditions or ‘walk-in’ injuries and need good quality urgent care.

Tim O Shaugnessy may come to AB meeting, if consultation coming out in Nov, could ask if Dec or March is a suitable meeting for him to address in terms of timing. BC thinks Dec would be better so not too late. Everyone happy with this. Going to organise time of meeting around availability of Tim.

JC- not been to any meetings

LB- only been to chairs monthly meeting, attended with SM. And attended HWE chairs meeting. Didn't attend Health and Wellbeing Board as couldn't make it.

5) Operational and strategic update on Healthwatch Hampshire Service

Healthwatch Area Director, Hampshire Portsmouth(SM) summarised activity to HWH Advisory Board (Aug – Oct 2024)

Produced as a doc for AB members to look through – give AB member first sight of report and then it gets published on the website. SM draws attention to couple of points, planning for 25/26. Current workplan (24/25) was done when we were recruiting new members. Building for 25/26 workplan will have more involvement from AB than 24/25 one did.

Activity required of HWH Advisory Board member is to attend at least one strategic level meeting and report back impact made on shaping decision making. SM explained process by which info from meetings can be uploaded onto a HWH Hampshire Advisory group shared folder

area on the host organisation's file server. SM showed members how to do it after the meeting ended.

Important for Advisory Board members to maintain confidentiality and observe the required conduct for their role and to be part of meetings for benefit of patients and public. PI sign up to receive HWH newsletters and reports to learn of the issues we are hearing about and services we receive feedback on.

Volunteer recruitment happening via Tim Crowhurst. AB recruitment remains open for more members. LB asks SM what ideal AB size is, probably wanting to double it ideally.

Draft Hampshire local Health and Wellbeing Strategy showing areas for focus for Hampshire PLACE; tackling inequalities, climate change etc, our HWH gathered intelligence is included in the shaping of that strategy – particularly Healthy Lifestyles report.

NHS announced a consultation recently for the public to have their say: Change NHS. LB says there are ways for public to comment, HWH will be submitted comments to NHS England and can show to AB members what HWH plans to say.

The recently announced review by Department of Health and Social Care with regard to patient safety bodies involves HWE and local HW are to be included in Government review to see if need a different delivery model for patient safety. Review to be completed by end of December.

6) Any Other Business (AOB)

Requested items are to have been submitted to HWH Chairperson in advance – since nothing submitted in advance, no other business to call.

7) Questions from the public

No questions raised.

8) Close of HWH Advisory Board Meeting

LB thanked everyone for attending and taking part. LB encouraged Advisory Board members to remain in room which SM demonstrated how to access shared folders for HWH Advisory Board members. JC watched demonstration via online connection.

Meeting in public formally closed.

Ends.