

## Minutes

### Gosport Locality Patient Group

Held on Tuesday 22 January in the Meeting Room, Brune Medical Centre  
 Gosport, PO13 0EW  
 12.30 to 2.30pm

	<b>Attendees</b>
	Mark Wagstaff      Co-Chair, Lee on Solent Medical Practice
	Georgette Houlbrook      Brune Medical Centre (Willow Group)
	Marilyn Mullen      Brune Medical Centre (Willow Group)
	Brenda Hadfield      Waterside Medical Centre (Willow Group)
	Janet Chapman      Bridgemary Medical Centre
	Lyndsay McLees      Gosport Medical Centre
	Mike Bennett      Brockhurst Medical Centre
	John Buchanan      Co-Chair, Bury Road Surgery
	Kamla Cook      Lee-On-Solent Medical Centre
	Angela Gill      Gosport Voluntary Action
	Jon Durand      Lead Pharmacist, Fareham and Gosport CCG
	Yvonne Fisher      Complaints and Patient Experience Quality Officer, Fareham and Gosport CCG
	Elizabeth Kerwood      Head of Communications and Engagement, Fareham and Gosport CCG
	Courtney Vychodil      Communications and Engagement Officer, Fareham and Gosport CCG
<b>1</b>	<b>Welcome and Introduction</b>
1.1	<b>Welcome and Apologies</b> Mark welcomes everyone to the meeting. Apologies were received from Nicky Staveley and Delia Simmonds.
1.2	<b>Minutes from previous meeting</b> The minutes were accepted as an accurate record.
1.3	<b>Summary of actions and matters arising</b> Members reviewed the LPG Terms of Reference and agreed that no changes were needed.

1.4	<p><b>Requests for any other business</b></p> <p>Members requested the following items:</p> <ul style="list-style-type: none"> <li>- Ultrasound</li> <li>- Audiology</li> <li>- Care navigators</li> <li>- Future Chair</li> </ul>
2	<p><b>Focus items</b></p>
2.1	<p><b>Big Health Conversation – Elizabeth Kerwood.</b></p> <p>Phase one of the Big Health Conversation focussed on starting to talk to people about the fact that the NHS needs to change and what that may look like. There are a number of challenges that contribute to this change including workforce challenges and a change in expectations. Across the country, we are also statistically living longer but in ill health.</p> <p>Phase one was largely survey based achieving around 2,000 responses which led to about 20,000 individual comments. Most of the respondents (64%) agreed that the NHS must change but wanted a focus on community based services.</p> <p>Phase two of the Big Health Conversation intended to build upon findings from phase one and move the conversation forward with a particular focus on face-to-face discussions. There were four key areas of priority:</p> <ul style="list-style-type: none"> <li>• Community based mental health care</li> <li>• Living with long-term illness</li> <li>• Living with frailty</li> <li>• Using same-day services</li> </ul> <p>The team worked with contacts in the voluntary sector to meet with various groups of people to hear first-hand experiences of service and possible changes that could be made in the four key areas.</p> <p>Elizabeth discussed the various themes that came through the responses. For mental health this included:</p> <ul style="list-style-type: none"> <li>• The need to understand and empathise</li> <li>• The importance of compassion</li> <li>• Long waiting time</li> <li>• Little support between therapy and crisis</li> </ul> <p>For long-term illnesses, it was common that people wanted to self-manage their conditions but that option is not easily accessible. Other themes include:</p> <ul style="list-style-type: none"> <li>• A communication breakdown between systems</li> <li>• Waiting times</li> <li>• A struggle to access help quickly</li> <li>• Supporting the support groups for advice and wellbeing</li> </ul> <p>For same-day care, it was often raised that opening times do not reflect modern life. It is however, worth noting that this feedback was given before the same day access service was launched. Other themes for same-day care include:</p>

- Concerns that care will be too far away
- People need the tools for self-care
- Struggles to make contact with services and book in

For frailty, the team ensured it was clear that frailty did not necessarily relate to age. The themes that came through include:

- Support for the carers
- The need to plan rather than only react to emergencies
- Taking time to care, many people are lonely rather than just ill

Going forward, there is not yet a set plan as the team would like to engage with a clear objective. However, Elizabeth assured that the LPGs will be updated as the work progresses.

2.2

### **Transformation update – Jen Lea**

Jen first explained that a New Care Model aims to improve the quality of care, the health outcomes and wellbeing of the people of Hampshire. It is designed to deliver more care closer to home and in the community, reduce hospital admission rates and enable people to be discharged from hospital as soon as they are deemed medically fit.

There are Transformation managers and officers dedicated to each locality; East Hants; Fareham; Gosport; Havant, Hayling Island and Emsworth; Waterlooville. Each area runs similarly with monthly meetings and various projects being undertaken. The intention is that where a project has been successful in one area there is the potential for it to be replicated in another at a later date.

In Gosport, organisations across the area including GPs, County Council, Southern Health and the Voluntary Sector meet once a month (Gosport Engine Room meeting) to discuss various projects.

Also in Gosport, one of the current projects is the Leg Wound Service. A team comprising GP Practice Managers and Practice Nurses are working alongside SHFT Community and Tissue Viability nurses to design a model that will provide the most appropriate care at the right time for each person with a leg wound. The team are working also with the Voluntary sector and people from Social Care to ensure we design a sustainable model that delivers for all. There was previously in Fareham a Leg Club staffed by a combination of SHFT, the voluntary sector and students. This was a success both clinically and socially but eventually was not sustainable. Whilst this model is what we are ultimately aiming to replicate, the team will be looking at models in place across other areas to ensure we take the learning from these including how to make our model sustainable.

Another area of focus is Diabetes. Gosport achieves highly in national audit studies however, despite this, the team felt this was an area worthy of improvement given its impact on the lives of so many people. Work is underway to set up regular complex care clinics, in a few sites rather than the current arrangements that have the specialty nurse visiting each practice, when requested. This is considered desirable to enable shared learning between the nurses to the benefit of the patient's right across Gosport.

2.3

### **Low value medicines and self-care – Jon Durand**

	<p>A new prescribing challenge has been put forward by the Government to reduce the amount of money spent on medicines that may not need to be on prescription, or may have better alternatives available. The intention is to reduce the load physically and financially on primary care, particularly GPs and to encourage patients to self-care.</p> <p>Within the CCG, the prescribing budget is a fixed sum with a number of pressures including specialised medicines and the introduction of newer more expensive therapies. The challenge is to assess how government guidance can be applied locally.</p> <p>To support this guidance, the team is raising awareness about wasted GP appointments and the costs incurred alongside encouraging local people to look after themselves. GPs have not been told this is a ban but have been advised to think about their patient, circumstances and what is needed. Often patients can cope without medication and can self-care.</p> <p>Currently, items that should not routinely be provided in primary care are broken down into three groups:</p> <ul style="list-style-type: none"> <li>• Items of low clinical effectiveness</li> <li>• Self-limiting conditions</li> <li>• Minor ailments suitable for self-care</li> </ul> <p>Pharmacies are on hand to help patients to decide what is best for their condition however much of the focus will be on self-care.</p> <p>A further consultation is currently underway and includes more items. The consultation is due to end in March 2019. Jon gave a brief explanation about each medicine added to the list, what it is used for and why it has been added. The NHS England website holds further guidance and information to explain why certain medications will be added to the list. Members of the public can share their views through the consultation. <a href="https://www.engage.england.nhs.uk/consultation/items-routinely-prescribed-update/user_uploads/low-priority-prescribing-consultation-guidance.pdf">https://www.engage.england.nhs.uk/consultation/items-routinely-prescribed-update/user_uploads/low-priority-prescribing-consultation-guidance.pdf</a></p> <p>The Medicines Management team also works with practices to identify areas of improvement. It's important to note that this is about the condition not the product, sometimes a decision may be taken to not make any changes, whereas on other occasions there may be a more suitable option. Some products used for chronic, long-term conditions will need to be continued.</p> <p><b>Action:</b> Courtney to send electronic version of the document discussed at the meeting</p>
<p><b>3</b></p>	<p><b>Standing Items – Regular Updates</b></p>
<p>3.1</p>	<p><b>Feedback from F&amp;G Community Engagement Committee (CEC)</b></p> <p>The meeting schedule is changing to quarterly which will also tie in with the LPG meetings frequency. The Chair for the CEC has also changed to Lucy Docherty following Pat Shirley's retirement. Lucy knows the area well, having previously held positions as the Chair of Fareham and Gosport PCT and experiences in community based services.</p> <p>There was a discussion on phlebotomy services and how things did not run smoothly</p>

with the changes. There were issues across the system however more recently, these problems have now settled.

### 3.2 **Feedback from the PPGs**

#### **The Willow Group – Georgette Houlbrook**

The group last met on January 18 and continues to have good attendance to meetings. During December, a number of GPs left the business and Dr Morgan is due to retire shortly. Currently more appointments are on offer than previously. Southern Health is carrying out a Trust wide QI programme with Willow having a QI project in March. The aim is to improve access and patient flow through the practice. There will be a five day workshop to which some patients will be invited. There may also be a focus group during the week.

#### **Gosport Medical Centre – Lyndsay McLees**

The practice is part of the temporary registration suspension with no new patients are being registered if they already have a local GP. Afternoon triage is working much more effectively. GPs are having telephone conversations with patients who have been previously diagnosed at a face to face appointment. The practice continues to have a full complement of GPs and nursing staff but doesn't have a clinical pharmacist. There is a forward plan to recruit in order to ensure there are enough GPs to replace those retiring. Two new Care Navigators will be interviewed to replace leavers. At the last meeting, the surgery indicated that they will be part of the mental health and leg ulcer works part of the transformation project. They will also be starting with the diabetic project. The practice also has a diabetic nurse who will share good practice with others. The telephone system will be running by the end of January 2019.

#### **Lee-on-Solent Medical Centre**

The practice is merging with Manor Surgery and this is due to be completed by March 2019. The next PPG meeting will be held in February, there will also be a virtual patient group alongside this to encourage a younger involvement. No members from Manor Surgery have yet shown interest in joining the PPG group.

#### **Bridgemary Surgery – Janet Chapman**

The last PPG meeting was held January 16, 2019. There is a new secure roller filing system being introduced to the practice to organise medical records, this is expected to be completed by the end of February. There are currently vacancies for two reception staff. The practice was due to have a CQC inspection before Christmas; however this did not take place due to staff shortages. The inspection will be rescheduled in April at the earliest. Patient representatives are carrying out a survey over the next week to find out patient views on appointments and the process of calling and booking. The PPG recently had a Walking For Health presentation; as a result, PPG members are keen to start a health group walk once leaders have been trained.

#### **Brockhurst Medical Centre – Mike Bennett**

There are some concerns with the lease of the building which is taking some time to complete. The practice has created a new newsletter that will be added to the website, social media and with copies also available in reception. Redecorating is about to commence at the surgery.

3.3	<p><b>Bury Road Surgery – John Buchanan</b> The practice recently had a CQC inspection which is believed to have gone well. Discussions were held following receipt of a letter that outlined the temporary registration suspension for patient changes between practices – the practice will look at their individual status at the end of March and consider whether to extend the closure.</p> <p><b>Feedback from the Voluntary Sector Forum</b> Angela Gill from Gosport Voluntary Action told members of a new group, the “Voluntheroes” that has been set up to support individuals in the local area aged 25 and over who are living with physical or mental health issues or learning disabilities</p> <p><b>Action:</b> Courtney to send “Voluntheroes” leaflet with the minutes.</p> <p><u>Surgery signposters</u> GVA is currently looking for more surgery signposters. Angela asked members if they know of anyone who has an interest in people and in the local community, to get in touch regarding surgery signposting. Over the past nine months, the top issues that signposters have been helping with include loneliness and isolation; mental health; physical frailty, and alcohol support.</p> <p>A pilot has also been running in Northcott Residential and Care Home to see if residents and carers would benefit from this service. The pilot has now been running for over a month and every appointment has been fully booked.</p> <p><u>Social prescribing</u> Social prescribing focuses on helping people with social care or isolation needs. Surgery signposters is a form of social prescribing. The UK’s first ever social prescribing day is in March (14<sup>th</sup>) and there is a keen interest to promote this. Locally, GVA has been working closely with Age UK Portsmouth on the ‘Close Encounters’ initiative to reduce loneliness for older people in Portsmouth and Gosport. Age Concern Gosport will also be launching a new website that will contain simple information for local people. This will launch at the Gosport and Fareham Voluntary Sector Health Forum.</p>
5	<p><b>Any other business</b></p>
5.1	<p><u>Ultrasound</u> A member raised a personal experience of need ultrasound treatment explaining that the only option given was QA hospital. Gosport ultrasound runs for only three days a week and appointments are booked very far in advance and are therefore inaccessible.</p> <p><b>Action:</b> Mark to raise the concern with commissioners</p>
5.2	<p><u>Audiology</u> A member raised a personal experience with audiology services. They were advised to follow the CCG complaints procedure. There have been issues with waiting lists and staffing and the Portsmouth Hospitals NHS Trust contract reaches out further than our CCG patch. The CCG is working with the Trust to review the services provided.</p>
5.3	<p><u>Care navigators</u></p>

5.4	<p>A Practice Manager has advised they have no information about care navigators. They were advised to contact the CCG directly to speak with the Primary Care Team.</p> <p><b>Action:</b> Courtney to send out the care navigator guidance created by Sue Clarke with the minutes.</p> <p><u>Future Chair</u> Mark Wagstaff will now be stepping down from his duties as Chair of the LPG. The CCG has advised that a new Chair should come from within the group; however this does not have to be permanent and could be on a rotated basis if preferred.</p> <p>Mike Bennett will be the new Chair of Gosport LPG, and Georgette Houlbrook will become the Deputy Chair.</p> <p>Mark Wagstaff and Elizabeth Kerwood have offered their support to the new Chair and will be happy to attend the next meeting in April for extra support.</p> <p>The CCG deeply thanked Mark for his role, efforts and support to the group to ensure the patient voice is heard.</p>
4	<p><b>Actions from this meeting</b></p>
	<p><b>Action:</b> Courtney to distribute Jon's document</p> <p><b>Action:</b> Courtney to distribute the "Voluntheroes" leaflet</p> <p><b>Action:</b> Mark to raise ultrasound concerns with commissioners</p> <p><b>Action:</b> Courtney to distribute the care navigator guidance created by Sue Clarke with the minutes.</p>
6	<p><b>Dates of Next Meetings</b></p>
	<p>Future meetings will be held from 12.30 – 2.30pm on the following dates:</p> <ul style="list-style-type: none"> <li>• Tuesday 23 April</li> <li>• Tuesday 23 July</li> <li>• Tuesday 22 October</li> <li>• Tuesday 21 January 2020</li> <li>• Tuesday 21 April</li> <li>• Tuesday 21 July</li> </ul>