

Healthwatch Portsmouth Advisory Board Meeting 28 December 2023

Report from Healthwatch Portsmouth Manager/HW Area Director

COVID-19

Over the autumn there has been an uptick in COVID infections and we have suggested that there be additional information published about the availability of an autumn COVID booster vaccination to anyone eligible and how they can access it.

In early October we heard that around 32,000 people will be tested each week this winter to check Covid infection rates, according to the UK Health Security Agency (UKHSA).

Since March this year, surveillance had focused only on measuring Covid infection in people admitted to hospital, including intensive care units. But from November 2023 until March 2024, people in the community will be asked to submit test results as part of the Winter COVID-19 Infection Study (WCIS). Run by the UKHSA and the Office for National Statistics, it could help health services plan for dealing with increased rates and spot trends from any new variants.

In November we heard about a national scheme developed by NHS England for pharmacies to sign up to in order to provide free COVID tests to residents if they are eligible. We have included details of such in a HWP website blog [Are you eligible for a free lateral flow test from a pharmacy?](https://www.healthwatchportsmouth.co.uk/blog/are-you-eligible-for-a-free-lateral-flow-test-from-a-pharmacy/) ([healthwatchportsmouth.co.uk](https://www.healthwatchportsmouth.co.uk)).

NHS England (NHSE) has written to patients who are at greater risk of contracting COVID to inform them of the opportunity for their take-up of free LFT test kits from pharmacies. From our discussions on this with the Medicines Optimisation team at Health and Care Portsmouth we have learned that there are **2 pharmacies in the city which are providing free LFTs according to a person's eligibility, see Google maps link here** [LFD Dec 2023 – Google My Maps](#)

Production of the relevant patient letter will help confirm eligibility, or by using the patient's NHS number.

Here is a fact sheet produced by Community Pharmacy England, the content of which is taken from the National Institute for Care and Health Excellence guidelines.

<https://cpe.org.uk/wp-content/uploads/2023/10/LFD-eligible-patients-2023.pdf>

Pharmacies who have signed up to the scheme will be aware of the eligibility for patients. We are told that there isn't an expectation of a public display of posters, more so a reliance on patients who have been contacted by NHSE to come forward.

Covid 19 Public Inquiry

There is now a huge amount of coverage in the public domain on the COVID inquiry. Here is a link to the current findings <https://covid19.public-inquiry.uk/documents/>

Members of the public are still being encouraged to tell their story about their pandemic experience to inform the inquiry [Baroness Hallett calls for people to share their pandemic experiences to help the UK Covid-19 Inquiry - UK Covid-19 Inquiry \(covid19.public-inquiry.uk\)](#)

We will publish here the full findings of the COVID 19 Inquiry

The Right to a Second Opinion in Hospital

Further to our asking PHUT in September how they were going to implement Martha's Rule across the Trust and our offer to critique the information provided to patients and staff we went back to the Trust to seek assurance about the quality of patient information being provided across the Trust now that there are government-backed protocols to follow.

We are pleased that there are plans now to reinforce and strengthen patient awareness of their right and access to their seeking an independent second opinion in hospital. In November the Government asked the Patient Safety Commissioner to develop an implementation plan for Martha's rule in all acute and specialist hospital trusts. More information is available on this dedicated website.

[Home - Patient Safety Commissioner](#)

The Patient Safety Commission was set up in 2020 further to The Cumberlege review which found that the safety concerns of patients were not being listened to in relation to maternity services. The Patient Safety Commissioner role is to be the patients' port of call, the listener, the advocate, that holds the system to account, monitors trends, and demands action where necessary.

There are 3 key actions that hospital Trusts will need to undertake:

- a 'how are you?' formal daily check with patients on wards about their condition,
- staff to be given '24/7' access to a rapid review from a critical care outreach team who they can contact should they have concerns about a patient.
- patients, families, carers and advocates to know how to and have access to the same critical care outreach team if they have concerns about the patient's condition.

Health services safety investigations body pledges to listen to patients

In November the Health Services Safety Investigations Body (HSSIB) was officially launched, with significant legal powers to try and learn from mistakes in health settings.

Healthwatch England (HWE) went along to the launch to hear a range of speakers – including health minister Maria Caulfield – to find out how the HSSIB will work. [All spoke of the need for greater focus on listening to patients](#) and the importance of learning from other industries, like aviation, in embedding a safety culture. At the launch HWE

secured an agreement from HSSIB leaders to work closely with Healthwatch to ensure we can help prioritise the patient safety issues it will investigate.

The role of HSSIB

- HSSIB has emerged from a predecessor body, HSIB (the Healthcare Safety Investigation Branch). As of 1 October 2023, it is a fully independent arm's length body of the Department of Health and Social Care.
- Its core role is to carry out patient safety investigations – but crucially, it does not find blame or liability with, nor does it name, individuals or organisations in its reports.
- HSSIB offers 'legal safe spaces' which it says will encourage healthcare staff to talk more candidly about mistakes, knowing their details won't be disclosed to other bodies.
- HSSIB also interviews patients and families during investigations – but also respects the rights of patients to pursue alternative resolutions such as via complaints or legal action.
- HSSIB can make recommendations to both national and local bodies on improving safety and has an education arm to try and roll out learning to staff.
- Its remit covers both the NHS and private health providers, and any health care provided within adult social care settings.

Legal powers

HSSIB says while it hopes staff and organisations will voluntarily consent to take part in its investigations, if they do not, it has legal powers to go onto premises and seize documents and equipment and also to compel people to speak with investigators.

Its first major piece of work will be examining mental health inpatient services following a series of care scandals at NHS trusts. Over the next year it will also look at:

- workforce
- fatigue and staff wellbeing
- health inequalities
- transitions of care between different settings
- how safety and innovation can align.

HSSIB will be developing a strategy in early 2024 and HWE will be talking to them about how to ensure patients and patient bodies can influence investigation topics. We will report back with additional information on strengthening the patient voice.

Hampshire and Isle of Wight (HIOW) Citizens Panel recruitment drive

HIOW Integrated Care Board (ICB) has asked the four local Healthwatch across Hampshire and the Isle of Wight to continue to help promote this online group. We have sent out to relevant groups in Portsmouth. Here is a [link](#) to the involvement opportunities information on the HIOW ICB website which includes info about the Panel.

The online group is run by the HIOW ICB and aims to be representative of our local population so that we hear a diverse range of views on important health and care topics. This will help the ICB to understand the needs of our local communities - what is working well for people and what the challenges are. Panel members will be able to

help improve health and care outcomes for people across the Hampshire and Isle of Wight health system. Panel members will also find out about new plans, including service changes and ideas related to health and care. The ICB will be sharing regular online surveys and other engagement opportunities with panel members and are hoping for at least quarterly involving in surveys from panel members.

Future HWP Advisory Board meeting dates:

2024

March Tues 5th March 5pm – 7pm Eastney Community Centre

We will publish new dates for HWP Advisory Board meetings on our website soon.

HWP Advisory Board member news

We were greatly saddened at the sudden death of the Director of Operations at The Advocacy People, Chris Noble in early October after a very short illness with cancer. A memorial service was held at the end of October and members of staff attended. Healthwatch Portsmouth sent a message for inclusion in the book of condolence.

Care Quality Commission (CQC) updates:

The early wave of Local authority assurance pilot assessments have taken place across 5 areas in the country and the results have been published [:5 local authority pilot assessments and an update on our approach to formal assessments.](#)

Portsmouth City Council (PCC) was not included in this early pilot set but have been busy undertaking their self-assessment against the assurance themes and statements issued by the CQC to establish how well they meet their duties under the Care Act. HWP provided feedback in September on a summary of PCC's self-assessment document to help provide an independent view on the council's self-assurance process. PCC were keen to demonstrate to CQC that it has consulted partners around the performance of adult social care in the city. PCC ran a similar exercise with residents who draw on care and support in their lives.

The Hewitt Review and here is a link to the [review report](#) , has relevance to **CQC assessments of how Integrated Care Systems involve patients** and the public in decision making. And while we remain an integral part of local authority self-assessments we expect that we will be asked by HIOW Integrated Care System for our contribution with regard to patient involvement when the HIOW ICB starts its self-assessment process in anticipation of the quality assessments starting in 2024. We are also attending Healthwatch England sessions on discussing the sustainability of Healthwatch in view of the growing demands on our statutory functions and funding pressures.

NHS England

[Creating a smokefree generation and tackling youth vaping: your views - GOV.UK \(www.gov.uk\)](https://www.gov.uk) new consultation launched mid October which ended 6th December is now considering the responses received.

Young people who turn 14 this year or are younger, could be part of a new smoke-free generation, under public health proposals from the government.

This age group would be legally banned from ever buying tobacco products, in the same way similar legislation has been passed in New Zealand last year to steadily outlaw smoking.

With smoking reported to be the "single biggest preventable cause of ill-health, disability, and death" in the UK the government will launch a formal public consultation on its plans soon, followed by draft legislation, on which MPs would get a free vote. Smokers who can legally buy cigarettes and other tobacco products now, would not be banned from smoking.

Curbs on vaping were also consulted on, such as changing rules on advertising and packaging that could appeal to young people and introducing on-the-spot fines to retailers who sold vapes to under-18s. More information early next year on this.

Accessible Information Standard project

The 4 x local Healthwatch across Hampshire and Isle of Wight ran engagement activities in October and November to raise awareness of the provisions of the Accessible Information Standard (AIS). Focus groups invited under-served communities to find out about their rights under the AIS (to have information provided in ways that suit them).

Each of the 4 local Healthwatch across HIOW initially engaged with under-served communities who guided Healthwatch on the best way to communicate with people who have additional communication needs and have experience of asking health and care providers for information in accessible formats. We did this before we ran the actual events to maximise the opportunities for engagement and understanding. In Portsmouth we met with Portsmouth Deaf Association, The Aldingbourne Trust and Dynamite (supporting young people with learning disabilities and autism) as well as Portsmouth Blind Association.

A report on the project is now being written up and will be available in early 2024 and published on each of the 4 x HIOW Healthwatch websites.

We understand that updated NHSE guidance on the AIS will be available in January.

Access to NHS Dental services

Portsmouth residents continue to contact HWP in large numbers asking about how they can register with an NHS dentist in the city. While there are 3 new dental surgeries now open in the city at least two of them have filled up their available patient lists with the third is taking over 3 months to process patient sign-up forms before appointments can be offered to new patients. Further to several enquiries to HWP from patients frustrated

at not having received a response for over 3 months we contacted the practice manager of Portsmouth Dental Care in Port Solent. The practice manager informed HWP that they were working through requests received 3 months prior but that if enquirers had not been contacted beyond 3 months then they should contact the surgery to find out if their records had been lost and if so, they could register there and then. HWP explained there was a lot of anxiety for people waiting to find out if their webform /voicemail/hard copy sign-up form was being processed so asked that the surgery provide information to patients on their website to explain what was going on and how long people were likely to have to wait until they received an acknowledgement from the surgery. We cannot see an update.

We have just been told by NHSE though that Smile Dentist practice, at 2 Hanway Road is taking on new NHS patients currently.

The second meeting of the NHS England Dental Contract Reform group, in which the Healthwatch Area Director Hampshire, Portsmouth attends, took place in October; it is feeling like a slow process to see change nationally.

In the meantime, the follow-up to the 'HIOW Big Conversation' is progressing. Further to the report of the event contributions three advisory task and finish groups were established:

- Dental Health Inequalities
- **Dental Access - HW Portsmouth and HW Hampshire will be represented on this**
- Dental Workforce

and have just had their first meetings.

In addition, a draft HIOW Dental Strategy has been produced and Big Conversation partners have been asked for their feedback. HWP feel that while there is still a process for payment according to Units of Dental Activity undertaken there should be an emphasis on using the opportunities for localised flexible commissioning. We hope this will encourage NHS dentists to offer appointments as a priority to patients who need a course of urgent dental treatment rather than for check-ups to patients to maintain the health of their teeth. HWP is pushing for local commissioners to offer sessional payments to dentists able to take on additional patients to deal with the huge backlog of dental care this is needed in the city. We understand that there will be soon a dental bus provided on the Isle of Wight to offer mobile dental services. If there is an opportunity to have urgent dental hubs, again to catch up with the backlog we think that that would be a big help in the city. We are continuing with our involvement in discussions at both national and ICS level and will report on progress.

In the meantime, during the autumn the project to develop an Oral Health Promotion Campaign (including better brushing skills) for younger people in early years settings progressed and was due to be launched later in the year. More information available at 14th December steering group meeting.

In addition, Portsmouth University's Dental Academy and the project team have met with NHSE, HIOW Integrated Care Board members, Portsmouth City Council and the Dental Deanery. The group are working together to develop a proposal for a Clinical Centre for Dental Development that will deliver post graduate dental education. And while there isn't space on the University of Portsmouth campus for the Centre for Dental Development the city council is looking for other suitable community buildings.

Operational Matters

Lead Officer HWP

We are in the final stage of appointing a Lead Officer for Healthwatch Portsmouth which is terrific news who we hope will be leading the operational team soon. With the arrival of our Senior Engagement Officer in September we have been able to progress some more the HWP activity.

HWP Annual Workplan 2023-24

Please see separate document (hard copy provided) of the progress made by HWP throughout the current activity year despite the significant gaps in staffing.

HWP Volunteers have been out and about

Healthwatch Portsmouth have been busy attending community-based events to raise awareness of what we do, encourage people to have their say in local service provision and inform local residents about health and care services. We are so grateful to our terrific group of Healthwatch Portsmouth Volunteers who have helped us provide our information stalls and talks.

Since October we have spoken to **120 people** at stalls and talks and have more dates in the diary for public events for the rest of this activity year (ending 31st March) which will soon appear on our website. We spoke with people at the Good Mental Health Co-operative 10 year celebration, Churchill Retirement Lodge, Live Well Portsea and meetings connected with the Accessible Information Standard engagement activity.

HWP Volunteer Strategy launched 5th December 2023

[Why you should volunteer with us \(healthwatchportsmouth.co.uk\)](http://healthwatchportsmouth.co.uk) this flagship project is designed to broaden and deepen our volunteering resource which is the lifeblood of Healthwatch Portsmouth. Please do what you can, using the materials available on the website posting (see link) to promote volunteering for Healthwatch Portsmouth.

HLOW Integrated Care System

HWP received a recent update from HLOW Integrated Care Partnership (ICP):

ICP assembly was held on 27th September and had as its focus wellbeing and suicide prevention. Below is the feedback from ICP from the event:

'What we learned: partnership approaches to promoting mental wellbeing and preventing suicide'

During the assembly, there were constructive discussions about how we can all work together for the benefit of our communities and some great examples of where this is already happening. From the breakout sessions we identified 3 key themes:

1. There were some clear principles around supporting our workforce to stay well. There was an appetite to look at this from a system perspective and develop some standards that workplaces could adopt to support their employee's mental wellbeing.
2. There was a clear message that people struggled to navigate to the services that already existed to support mental wellbeing and that there was a need to really understand services being provided and how to access them, including knowing what online tools were available and safe to use.
3. There were a number of short-term actions and projects to promote mental wellbeing, such as a youth engagement project to promote talking about mental wellbeing using social media influencers and continued promotion of the Zero Suicide Alliance training.

[*https://www.zerosuicidealliance.com/suicide-awareness-training](https://www.zerosuicidealliance.com/suicide-awareness-training)

At the end of the event, participants made two pledges; one to support their own mental wellbeing and another to support mental wellbeing in the workplace. Common themes from individual pledges focused on increasing their physical activity and making time for themselves. Organisational pledges focused on connecting with colleagues and opening up and talking about mental wellbeing in the workplace more openly.

We also gathered a vast array of insight from tables which has been shared with existing programmes within the Hampshire and Isle of Wight System to help inform our other strategic priorities. For example, there was a lot of discussion on the day about supporting people to connect with their communities, we have a programme of work which currently focuses on tackling social isolation and insight will be shared with that programme. You can find out more about the strategy by clicking the link: [Click here!](#)

****I would strongly recommend HWP Advisory Board members to watch the 20-minute training video relating to suicide prevention – it is a very accessible and informative piece of supportive training that can help anyone prevent suicide.***

HLOW ICB update on community engagement activity April- June 2023

Most recent update on ICB website on their community engagement insights

[Get involved :: Hampshire and Isle of Wight ICS \(hantsiowhealthandcare.org.uk\)](https://hantsiowhealthandcare.org.uk)

Local involvement update report including some of the work HWP has done to contribute: [HLOW ICB Community Involvement Report Q1 2023-24.pdf \(hantsiowhealthandcare.org.uk\)](#)

Healthwatch encouraging patient and public engagement best practice

Further to our challenge to HIOW ICS and NHS Trusts on the previous lack of timely engagement with communities on early the early stages of the review of community health services the 4 local Healthwatch are keeping a very close eye on the public engagement process. The 4 other recommendations (in particular the clinical strategy and review of in-patient bed facilities) from the initial review of community and mental health and learning disability services are to be worked up into proposals - using feedback the NHS Trusts have gathered over the last 6 months in relation to broader mental health services. We were hoping to receive information from the leads of each of the workstreams at the early September update meeting: ("Towards a New Organisation") but this did not happen, with only the primary care workstream providing a report. The Chair of the engagement group meeting said this was unacceptable and has asked for other workstreams to provide an update on their work at their earliest convenience. We are still pushing for progress to be made here.

There is now a website to provide the public with information about the merger of the 4 MH Trusts across Hampshire and the Isle of Wight <https://www.fusion.hiow.nhs.uk/>

Notice from Project Fusion in November:

A full Business Case for Project Fusion was approved **by** the Boards of the Isle of Wight NHS Trust, Solent NHS Trust and Southern Health NHS Foundation Trust earlier this week (on 13 November 2023) - all fully supported by Hampshire and Isle of Wight Integrated Care Board (ICB). This is a major stepping-stone on our journey to becoming a new NHS Trust, and the Full Business Case will now be presented to NHS England for final review.

We are also able to confirm that the **name for the newly merged organisation**, from 1 April 2024, will be **Hampshire and Isle of Wight Healthcare NHS Foundation Trust**. This name, which has already been approved by NHS England, reflects the substantial geographical area in which the new Trust will provide services - one of the largest in England. We are currently developing our branding guidelines for the new name, plus our collective vision and values, and we will share these with you once staff across all merging trusts have had a chance to input their views.

In addition, we have been working through our integration plans - bringing together systems, processes and corporate functions for day one next spring. Our combined clinical and organisational leadership's primary focus is on maintaining safe and continuous delivery of care now and as we transition into the new Trust. At the same time, and extending beyond April 1 next year, we are doing the exciting work to truly realise the benefits that being one organisation will bring.

In the months leading up to 1 April, we will complete the process of appointing to the designate Board of the new Trust and finalising arrangements for the wider senior leadership team. As appointments are made, we will share these with you in future issues of SHU.

Primary Care

Access to GP surgeries

There continue to be problems for patients trying to reach their GP surgery. The Wessex area Local Medical Committee (LMC) introduced in 2022 a report that had gathered General Practice data to produce General Practice Alert Status (GPAS). While most GP surgeries have not staff resource to report data for LMC metrics they have continued to provide anecdotal feedback on what is happening in surgeries each month which reflect the increasing pressures felt by staff in GP surgeries.

(extracts from October 2023 reports shared with LMC stakeholders)

A rise in patient demand, staff sickness, along with Covid and Flu vaccination clinics continue to be a major problem and the Winter season is already adding unsustainable pressures to practices.

Among the practice comments are: -

- Demand has remained around 12% higher than this time last month
- staff sickness and increased patient demand are creating a 'perfect storm' that is not sustainable.
- a marked increase in patient contact and patients being seen by practices struggling under AMBER+ pressures in only the last 3 weeks.
- It should be remembered that clinical activity (patient contact) figures DO NOT include high numbers of patient prescriptions, referrals, queries, long term condition audits, paperwork etc (and the list goes on)
- Still short staffed (non-clinical)
- Red declaration - demand + sickness in the team
- Relentless demand and escalating staff sickness
- huge demand on eConsult (biggest we've ever seen)
- additional help through locum cover is becoming much less of an option due to the cost and General Practice funding being constantly squeezed.
- Recruitment (clinical and admin) is really tough.
- general morale low
- The gaps in recruitment mean routine capacity is suffering
- High levels of sickness across the team
- Duty GP overwhelmed with on the day requests.
- We are now seeing more complaints regarding access.
- No lunch break all worked through to try and keep heads above water!

In early December the following was issued by the Local Medical Committee for Wessex (inc HLOW):

IOW practice has declared BLACK this week. We have notified HLOW ICB of this matter. All the localities in HLOW are either OPEL 2 or OPEL 3 this week. Clinical activity per 1,000 patients remains high, which is not sustainable. It's worth noting that clinical activity doesn't include other important tasks such as prescriptions, referrals, audits, and blood results. "Unfortunately, a combination of factors such as the inability to fill vacancies in all roles, illnesses, and winter pressures have led to a 'perfect storm' that is currently unsustainable."

HWP follow up work - Urgent and Emergency Care pathway -

While HWP have not been able to undertake a patient pathway review activity due to staffing resource pressures we hope that future work we suggested will have a positive impact to improve patient flow through Urgent and Emergency Care. HWP took part in a discussion at the Portsmouth Provider Partnership Delivery Group meeting in late October where it asked for a pathway review to identify pressures across services rather than supporting the idea for providers to target support at specific areas of community, primary and urgent response care to cope with winter pressures. Health and Care Portsmouth have said mtg that they will do this and we will be invited to attend a meeting to take planning forward, including pilot projects to improve flow.

What we have managed to raise is the issue we linked between the publication in the media of a critical incident alert at QA Hospital asking patients to only use the Emergency Department (ED) for life-threatening emergencies with the inclusion of waiting times at the Emergency department on the patient information app 'Waitless'. The app is designed to show wait times for Urgent Treatment Centre to help patients make informed choices.

<https://www.portsmouth.co.uk/health/critical-incident-declared-at-queen-alexandra-hospital-with-ae-bursting-at-seams-due-to-demand-4394053>

HWP had originally challenged in July 2022 the decision to include ED wait times into the patient information stats on the WaitLess app. We were told by the designers that they "were trying to show patients, by means of a comparison, what the wait was at ED compared to UTCs. HWP have again raised this recently saying that inclusion of wait times at ED is giving confusing messages to patients. We are delighted to hear that in early December there is a plan to remove the wait times for all 4 acute Trust hospitals across HIOW from the Waitless app. to give patients clearer information.

Access by phone and e-Consult to primary care

Healthwatch Portsmouth have been raising the concerns we have heard from patients regarding their difficulty in accessing Portsdown GP practice after having transferred there further to the closure of North Harbour Medical Centre. We had been concerned about the prospect of greater demand on phone and eConsult systems with approximately 5,000 patients transferring in April. We visited Portsdown Practice Group to find out how they were responding to the increased demand from the additional patient list and are currently discussing follow-up activity since we are still concerned about what patients are telling us about their barriers faced in accessing primary care.

A message from Jo York, Place Director, Health and Care Portsmouth

I will sadly be leaving the NHS Hampshire and Isle of Wight Integrated Care Board (ICB) and my role as Health and Care Portsmouth Place Director at the end of this month.

This decision has been incredibly difficult, and I am very sad to be leaving some fantastic colleagues and friends across the system, but I have made this personal

choice to spend more time with my family and, after more than 25 years in the NHS, feel that now is the right time.

Over the next few weeks, I will be working closely with our colleagues across the ICB and Portsmouth City Council to ensure a smooth transition before my final day on 30 November.

Please be assured that we remain committed to working with partners to champion integrated working and to look for opportunities to further strengthen our relationships through Health and Care Portsmouth. We have a fantastic team of people around us - from across the ICB, the council, Solent, PHU, the HIVE and primary care - who all believe in Health and Care Portsmouth, and I am confident in the team I'm leaving behind to help drive forward the great work you are all part of.

Thank you for your continued involvement and commitment to our work in Portsmouth - I am exceptionally proud of everything we have achieved, and continue to achieve, through our work. You are making an incredible difference to the people of Portsmouth, and I couldn't be prouder to work with such a fantastic team.

Shingles vaccination service for over 65s

Yesterday, we were contacted at Healthwatch Portsmouth by a member of the public who states she is unfairly excluded from and put at risk by the National Shingles Immunisation programme. We have considered the health inequality theme here.

[NHS's getshinglesready campaign](#)

For people who turned 65 this year before 1st September they will have to wait until they are 70 to be eligible for the vaccine. We understand that people are at a higher risk of contracting shingles from the age of 50 onwards. We have therefore asked HIOW ICB-Portsmouth team for an explanation for this decision made on the eligibility criteria and on what grounds have people in a 5 year 'at risk' age category been excluded from accessing the vaccine for up to 5 years? Anxiety caused by this eligibility exclusion is likely to be a very real issue for many more older adults in this age category (stretching up to 4 years and 364 days) who will be worried that they might contract shingles before they turn 70 which is the earliest opportunity they could now access a shingles vaccine.

The Head of Primary Care at HIOW ICB-P have already asked NHS England, as the commissioning authority relating to this shingles vaccine, to respond to HWP. We received a reply from NHS England (NHSE) who say that UK Health Security Agency (who we are advised is an Executive Agency of the Department of Health and Social Care (DHSC) asked the Joint Committee on Vaccinations and Immunisations (JCVI) to carry out a review of the immunisation programme for Shingles Vaccination. Included was a review of at what age and/or for patients with immune suppressed conditions was the best opportunity to offer the vaccination. While age 60 (or 50 for people with immunosuppressant conditions) a decision was taken relating to ease and cost effectiveness to start at vaccinating patients turning 65 and 70 on 1st Sept 2023, requiring those patients who in the last 12 months turned 65 prior to 1st September to wait until they are 70 to receive their shingles vaccination. We asked for a copy of the Equality Impact Assessment (EQAI) that was undertaken in relation to this decision and

eventually, after being referred again between the agencies and have just received the requested information. We have found that the EQIA completed by DHSC does not refer to or show knowledge of the subsequent decision made by the JCVI to exclude the patients aged 65-70, as at September 1st 2023.

Within the EQIA is the following:

“The **JCVI Varicella subcommittee** had reviewed modelling **on cost effectiveness** of Shingrix by age which was then reviewed by the main committee. The modelling **concluded that 65 years old was the optimal age** for immunisation of immunocompetent individuals.”

We are concerned that the Department of Health and Social Care does not appear to have carried out an EQIA on what would be the impact on patients of a decision to exclude the ‘65-70 yr old’ cohort so HWP are considering going back to DHSC to ask why this was. We will though double check the detail of what we have received.

Community based services and social care

CQC State of Care annual review

[State of Care 2022/23 - Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk)

There is a significant concern highlighted about the ‘risk of unfair care – where those who can afford to pay for treatment do so, and those who can’t face longer waits and reduced access.’

HWE response and recommendations: [Our full recommendations from "The public's perspective" | Healthwatch](#)

Healthwatch England is calling for:

- more support for social care teams to deliver services that work for everyone.
- more to be done to help services create better listening cultures, and to understand access barriers, health inequalities, and people's experiences of care.

CQC update on assessment process – state key facts

[Regulatory transformation - update October 2023 - Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk)

Stroke services

The future funding concern for the Stroke Recovery Service provided by The Stroke Association in Portsmouth (and funded by Portsmouth City Council) has been settled but only until December 2024 at which point the Council understands that there will be

developing arrangements for an 'Integrated Community Stroke Service' in the city. No reason could be offered as to why funding was due to stop in December 24 rather than carrying on until March 25 (to be co-terminus with the financial year).

Healthwatch Portsmouth has been told that Portsmouth City Council is writing to H10W ICB to find out if there are plans to commission from the voluntary sector 'life after stroke' (LAS) services. The National Stroke Service model (2022) requires that there should be a 'life after stroke' service for rehabilitation and that patients should be given timely access to it (including voluntary and community based support, peer support, carer support and information and signposting.) We understand from PCC that there isn't a requirement though for ICBs to commission stroke recovery services from the voluntary sector. Currently the Stroke Recovery Service provided by The Stroke Association gives stroke recovery patients information, signposting and peer support.

The National Stroke Service model states that the Integrated Community Stroke Service (ICSS) multidisciplinary rehabilitation team must provide physiotherapy, occupational therapy, speech and language therapy, vocational rehabilitation, psychological rehabilitation and 'life after stroke support' (LAS). *

*The LAS support includes access to stroke key workers, personalised care and support planning, post-stroke reviews and stroke-specific community-based support including: communication support, carer support, peer support, health and wellbeing support and wider community-based support, including social prescribing. It doesn't specifically mention information provision and signposting which is what the current voluntary sector based stroke recovery service provides. So HWP will keep a watching brief therefore on the developing provision of 'life after stroke' support services in the city.

Healthwatch Portsmouth has not yet been approached for involvement in shaping a local stroke service model for Portsmouth so we will ask about this, as well as whether the new service model for Portsmouth will be operational from January 2025. We are trying to find out information about the future of voluntary sector support funding.

Jubilee House receiving rehab outpatients – from 14th October

The refurbished facility on Medina Road in Cosham has been receiving rehabilitation outpatients who used to have appointments at QA Hospital nearby. Outpatients using Jubilee House are attending for rehabilitation therapy services.

The entire Musculoskeletal area on D Ward at QA Hospital has been relocated to Jubilee House while the neuro gym and hydrotherapy pool remain on site at QA. HWP visited last week and were impressed with the new facilities. We have asked if there is an opportunity for linking rehabilitation services with nutritional assessment to achieve greater health outcomes. We've also suggested HWP posters are displayed.

An update issued for use of Care Act guidance

The Government has stated that the Health and Care Act 2022 revoked Schedule 3 and amended Section 74 of the Care Act 2014 on 1st July 2022. This means that certain parts of this guidance are out of date and are in the process of being updated to

reflect the statutory changes. Guidance on the use of the Care Act can be found at [Care and support statutory guidance - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/guidance/care-and-support-statutory-guidance)

RAAC in public buildings Reinforced Autoclaved Aerated Concrete

We have been advised that further to a structural review of St Mary's Community Hospital buildings RAAC has been confirmed as present either in a clinical or non-clinical space. As such, Solent NHS Trust is being included in the national RAAC remediation programme. Monitoring and mitigation work is underway and where needed, the panels will be removed. There is no time frame per se for the building alteration work or the impact on the patient community but we will be informed of such via conversations we have been having with Stephen Morgan MP in whose constituency St Mary's Health Community Hospital is located.

Pharmacy

HWP were approached to be part of Pharmacy simulation exercise for Year 3 Pharmacy students:

"We are looking for volunteers to help with our simulated community pharmacy workshops in November. We will ask volunteers to act as patients entering the pharmacy to drop in and collect prescriptions, receive simple medication counselling, receive over the counter medication and advice (will provide flashcards of symptoms experienced), and ask students simple medication questions."

The sessions took place throughout November. We hope to receive a report soon.

Community Pharmacy Summit Portsmouth

A Portsmouth Community Pharmacy Summit was held on Wednesday 15th November, hosted by Cllr Matthew Winnington and Cllr Gerald Vernon-Jackson. 40 attended with representation incl. Community Pharmacies, HIOW ICB, PCC, Hampshire Constabulary, Shaping Portsmouth, Community Pharmacy South Central and University of Portsmouth.

With closures and consolidations of pharmacies across the city in recent years stakeholders feel it has reached a point where the city is at the minimum number of pharmacies that it can cope with.

There was recognition of huge pressures on GP practices and the message being 'go to your pharmacy' but also aware it's a very difficult time for community pharmacies. Community Pharmacy South Central added there are unprecedented pressures in community pharmacies nationally and this has been particularly evident in Portsmouth. There is increasing workload, increasing expectations and it is vital that community pharmacy is supported in coming years.

Initial output has now been reflected back to attendees and those not able to join the Summit. HWP has been told that a working group will review the feedback and identify

key areas for further local exploration with involvement from colleagues across organisations being involved to shape and progress areas, as appropriate.

Of key interest to HWP are the following suggestions made which we will discuss further:

- Support utilisation of the community pharmacy consultation service through exploring local challenges in delivery between GP practices and community pharmacies
- Explore how community pharmacies can support each other through education or professional support
- Enable digital referrals on discharge from hospital to community pharmacies to support utilisation of the discharge medicines service
- Create opportunities to develop and utilise undergraduate pharmacy students in the delivery of care in communities to make a visible and useful contribution in supporting the local healthcare system
- Support community pharmacies to have time and space to undertake training requirements to enable delivery of the 7 new national patient group directions without which implementation will be slower and less consistent across the city
- Community pharmacists may benefit from access to training to be better equipped to respond to individuals presenting with mental health concerns, which can be out of hours and because pharmacies have an open door to local residents (training has been introduced into the Portsmouth University undergraduate curriculum for student pharmacists).

Autism

PACF meeting on 26 September had a presentation from Luke Beardon, Senior Lecturer in autism at Sheffield Hallam University.

Below are links to the presentation (total is approx. 80 minutes). To view the presentation please click on the links below in order.

[Luke Beardon part 1](#)

[Luke Beardon part 2](#)

[Luke Beardon part 3](#)

[Luke Beardon part 4](#)

Key agenda items in the November meeting of the Portsmouth Autism Community Forum included:

- Involvement of Forum members in health research at Portsmouth Hospitals University Trust
- Update on autism and neurodiversity services from the Autism and Neurodiversity Transition Team and Transformation Lead.
- Room One update
- Autism Strategy update
- Diagnostic Service for Portsmouth

We have been receiving a number of queries from Portsmouth residents about the availability of services to support the neurodivergent community so we have been trying to raise awareness of the Portsmouth Community Autism Community Forum

Learning Disability

It was announced at the September meeting of the Learning Disability Partnership Board that Pathways Social Club, at Fratton Community Centre, open to any adult with learning disabilities or autism, is re-establishing itself after the pandemic and would be very happy to see some new members on Thursdays 11am – 3pm.m For further information visit their website: www.pathways-support.co.uk or email: enquiries@pathways-support.co.uk

Secondary Care

Portsmouth Hospitals University Trust (PHUT)

HWP met with the Chief Executive (Penny Emerit), Chief Nurse (Liz Rix) and the Digital Comms Manager. We raised a number of issues including how PHUT will be implementing the new national guidance on Martha's Rule (access for patients and loved ones to critical care outreach teams for a second opinion). PHUT have followed up the conversation with offering HWP the chance to review their draft public facing information regarding access to the critical care outreach teams.

In addition, the Trust's is about to submit to NHSE their plans for follow-up post-PLACE visits. The final report and action plan for PHUT are expected in Spring 2024 and they will share this with HWP.

We also asked about the recently published report by HWE on the inequality of impact on access to services from elective care waits and barriers faced by minority ethnic communities. [Healthwatch England report](#)

We asked about Trust plans to implement recommendations and were told that the report has prompted them to draw up a wider comms plan to engage minority ethnic communities, being proactive in the support they offer starting with maternity care.

The availability of large font (size 16) for sight impaired patients who attend hospital appointments other than in the eye clinic is being investigated by the Head of Patient Experience to find out what appointment letters can be adapted as needed.

PHUT has recently done a full review of patients who have been waiting >65 weeks and have undertaken a clinical validation assessment (including priority and risk) to support those patients to access the treatment they need as soon as possible. PHUT is now routinely contacting patients on a rolling monthly basis who have been waiting >12 weeks to offer support and information. In response to patient feedback regarding the stress caused by the absence of an acknowledgement when a response has been submitted digitally about their wish to remain on a waiting list, PHUT are going to alter their messaging system to approve assurance.

And news just in...further to concerns raised by HWP to QA Hospital regarding penalty charges that have been incorrectly applied and issued by the external company used

by the Trust for onsite parking – incorrectly applied fines issued to car park users from 1st Sept to 15th Nov are to be cancelled/refunded by PHUT. We have asked the Trust to display hard copy notices of this information as well as digitally.

Elective Care Delays

Further to our reporting on our challenge in the summer to HIOW ICB regarding access to new services offered as part of the plan to reduce waiting lists HWP has sent to Portsmouth Hospitals University Trust and Solent NHS Trust a report published by Healthwatch England highlighting the barriers faced by ethnic minority communities in accessing health services including 'a ten steps to take' recommendation to tackle ethnic inequalities in waiting lists.

<https://www.healthwatch.co.uk/blog/2023-10-24/challenges-ethnic-minority-groups-face-and-changes-we-must-see>.

Solent NHS Trust are organising a meeting to discuss and will report back to HWP.

South Central Ambulance Service (SCAS)

SCAS Vision and Strategy for 2024 – 2029



South Central Ambulance Service NHS Foundation Trust (SCAS) launched an extensive improvement programme in 2022 to address issues raised by the Care Quality Commission.

This achieved many immediate positive changes to processes, staffing and checks and audits across stations and vehicles which are highlighted in more detail in our [latest annual report](#), but also highlighted a need for further, longer-term action.

When David Eltringham joined SCAS as Chief Executive in March, he embarked on a programme of engagement to get to know the organisation and some of its challenges and developed a [10 Point Plan](#) to focus on getting the basics right.

This sat alongside a review and reconnection exercise with the long-term strategy to establish if it was still fit for purpose.

In the intervening period, significant issues became apparent with finances and operational performance which led to the need for additional and immediate financial and performance recovery programmes.

We are now in a position to confirm the strategy is the right one, but also recognise that the organisation needs fundamental reform to be fit for the future given the significant challenges it has faced in recent years and continues to.

While many improvements have been made over the past two years, issues remain around staff recruitment and retention rates, the changing demands and complexity of

the patients we care for, an ageing estate and the ongoing difficulties of financial balance and performance.

This has led to the need for a modernisation programme to deliver radical and long-term change. This will enable us to deliver a modern, sustainable ambulance service capable of the best possible care for our patients, populations and communities.

On Tuesday, 5 December David and the Executive Team held a series of online webinars and visited sites across the SCAS territory to outline this programme and relaunch the SCAS vision and strategy for 2024-29 to all SCAS staff.

We will be sharing full details of the vision and strategy with our stakeholders and keeping you informed of progress over the coming months.

Solent NHS Trust

Podiatry services

We have very recently heard that the team running Podiatry services are reviewing the locations of the clinics in which podiatry is offered. HWP have provided some best practice engagement advice and encouraged Solent to reach out to the patient community likely to be affected by any changes in location of the clinics that have been offered at two sites in the city.

Health Inequalities research project with University of Portsmouth – update report

Background

The University of Portsmouth was commissioned by Healthwatch Portsmouth to undertake qualitative research to explore the perspectives of the local community, particularly those living in more deprived areas of the city, regarding access to healthcare, education, housing, social support and employment.

We are reaching the final few months of this project and this brief update offers an overview of what has been achieved so far.

Participation in the study

The study has been advertised through local venues (community centres, and the researchers have approached local groups with a view to inviting people to take part. This has been successful, 11 participants have been interviewed to date and a further two have agreed to take part but not been able to commit to a time yet.

Several new groups have recently been identified, and the researchers will work out when it would be appropriate to go along and speak about the project. It is likely that any interviews will take place in the new year.

The data collected is currently being analysed but there are clear issues in the local area. There seem to be several underpinning problems relating to:

- Assumptions made that everyone is able to access and use technology and the internet, whether this is to find out information or to complete forms etc. This takes no account of age, cognitive ability, physical ability, financial status. There is an assumption that, where people are unable to do things themselves, they will have the social support available such that someone else will act on their behalf. This is across all services.
- As a result of this, services take little account of personal needs and requirements.
- Services are described as being at breaking point, and only available in a crisis.
- Whilst some people speak about 'giving up' with reference to particular services, participants do have hope.

A full report will be provided which not only details what we have found, with quotes from participants, but also solutions offered by participants.

Dr Jenny Roddis.

[HWP hopes during 2024 to use the report recommendations to address the PCC Health and Wellbeing Board, a relevant PCC Cabinet meeting and a future HIOW Integrated Care Partnership meeting.]

Ends. 11th December 2023

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