

## **Healthwatch Portsmouth Advisory Board Meeting 28 June 2023**

### **Report from Healthwatch Portsmouth Manager/Area Director**

While there still seems to be small cycles of increases in people becoming infected with COVID we are all learning how to live and work in a post-COVID pandemic way. Further to the [Coronavirus: lessons learned to date report: government response - GOV.UK \(www.gov.uk\)](#) here is a recent publication from The Nuffield Trust about the impact of COVID on deaths at home, with the pandemic having a greater socioeconomic impact on people accessing and using services than people who were better off. <https://www.nuffieldtrust.org.uk/research/deaths-at-home-during-the-covid-19-pandemic-and-implications-for-patients-and-services>.

We will publish key milestone updates on the Covid-19 public inquiry when information is released. There is a website on which all related information will appear. [UK Covid-19 Inquiry \(covid19.public-inquiry.uk\)](https://covid19.public-inquiry.uk) Members of the public are 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 \(covid19.public-inquiry.uk\)](#)

### **Healthwatch Hampshire**

On 1<sup>st</sup> April the service delivery contract from Healthwatch Hampshire transferred from Help and Care to The Advocacy People and is being overseen by Siobhain McCurrach the new Healthwatch Area Director, Hampshire, Portsmouth. Three members of the existing staff team from Healthwatch Hampshire transferred across and Siobhain has been working very closely with Kate, Alex and Lucy to deliver a seamless transfer of the service. Recruitment is taking place for a Volunteers and Admin Officer to complete the Healthwatch team. Hampshire residents have been able to seamlessly access the Healthwatch services from 1<sup>st</sup> April and it is a tribute to the strong teamwork that the essential building blocks of the service have remained so firmly in place. Siobhain continues to manage the Healthwatch Portsmouth team and is recruiting at present for a Lead Office to take over the operational aspect of the service for Siobhain who can concentrate more on the strategic planning in both Healthwatch.

### **HIOW area local Healthwatch working together and planning future priorities**

The 4 local Healthwatch across Hampshire and the Isle of Wight (HIOW) asked people what matters most and what top three priorities they'd like their Healthwatch to focus on. We'll choose a topic common to all and develop a HIOW joint project. [View our regional priorities for 2023/24.](#)

## Healthwatch England new Chair announced

Professor David Croisdale-Appleby has been appointed from 1<sup>st</sup> June 2023 as the new Chair of Healthwatch England. You can read [the statement](#) from Healthwatch England about his appointment.

## Future HWP Advisory Board meeting dates:

### 2023:

Sept Thurs 28<sup>th</sup> Sept 4pm – 6pm St John's Cathedral, community room  
Dec Mon 11<sup>th</sup> 2pm – 4pm Cosham Baptist Church

### 2024:

March Tues 5<sup>th</sup> or Thurs 7<sup>th</sup> 5pm – 7pm date and venue to be confirmed.

## Healthwatch Portsmouth Annual Workplan 2023-24

[The HWP draft annual workplan 2023-24](#) – (double click on icon to open)

The content of our draft Healthwatch Portsmouth Annual Workplan has been informed from the feedback we have received through the year from Portsmouth residents, the published results of the HWP priorities 2023-4 survey [What Matters Most to You '23-24](#) ([healthwatchportsmouth.co.uk](http://healthwatchportsmouth.co.uk)) that we ran in January and February, our follow-up work the activity from last year, HWP team discussions and intelligence and feedback gathered throughout the past year from our HWP Advisory Board members, volunteers, collaboration with Portsmouth City Council Health and Wellbeing Board and Public Health, the Hampshire and the Isle of Wight Integrated Care Partnership and the Voluntary Community and Social Enterprise sector.

The workplan is aligned with Healthwatch England priorities. We have also scanned the local health and care landscape which includes our reviewing of Portsmouth's Joint Strategic Needs Assessment (JSNA) which for 2022 was included in the Director of Public Health's Annual Report 2021/22 as an Annual Summary for Portsmouth. [Director of Public Health Annual Report: Portsmouth Population Health Summary 2021/22](#)

We hope to cover as much of the workplan planned activity as possible with our staff team and fantastic volunteer support base but are currently experiencing staff shortages from vacancies.

*The document was circulated previously to HWP Advisory Board members for review and comment. I am seeking today **approval** from the Advisory Board, further to agreed amendments having been incorporated into the draft workplan.*

## Healthwatch England Workplan 2023-24

Information we have received:

[How will we address challenges facing health and social care](#)

The Healthwatch England (HWE) workplan 23-24 focuses on helping more people to have their say about health and care services, support decision makers to act on feedback they have heard and to make Healthwatch England a more effective organisation and to build a stronger movement.

3 key topics that HWE plan to work on in pursuit of their strategic goals:

**Three big issues people want us to work on where we aim to support major improvement**

- 1**  
People's experience of GPs, dentists and other primary care services because it is the number one thing people talk to us about.
- 2**  
Social care because it is a significant area of care people tell us needs fixing.
- 3**  
Women's health because women wait longer for care and have poorer experiences.

## Care Quality Commission (CQC) updates:

[Late March update from CQC]

In addition to assessing local authority authorities the CQC from April will have the power, as provided for in the Care Act 2014 to assess Integrated Care Systems.

The [Health and Care Act 2022](#) gives the CQC powers to assess whether integrated care systems are meeting the needs of their local populations. This will enable the CQC to understand how integrated care systems are working to tackle health inequalities and improve outcomes for people. By publishing its findings the CQC will be giving the public access to information about the quality of care in their area.

The approach will be as that [outlined](#) for local authority assessment but will start from a national view of performance initially focusing on equity in access: whether systems are working together to support people to access the care, support and treatment they need when they need it. It includes how they are responding to inequalities of access across their populations.

The findings will inform the CQC's annual 'State of Care' publication.

- After the initial national view, the CQC will pilot assessments with some integrated care systems before starting formal assessment, taking into account the learning from the pilot round of reviewing equity in access. The local authorities to be assessed are **Birmingham** City Council, **Lincolnshire** County Council and **Nottingham** City Council

We heard a couple of weeks later that the Government has decided to change their plans for giving CQC ratings to ICSs.

- First ratings will be in summer 2024 at the earliest, if they go ahead at all
- Ratings of councils' adult social care provision will begin earlier

Local Healthwatch were invited to attend introductory sessions hosted by CQC regarding their plan for assessing ICSs.

The CQC wrote to integrated care system (ICS) leaders to update that they will be starting a national assessment of the *equity in access* quality statement. This will take place between April and July 2023 but they are yet to name which ones but we understand that at least one of them is likely to be the same area as that of the LA pilots.

There will be a quality statement as part of our single assessment framework within the 'quality and safety' theme. The national assessment will provide an overview of how ICSs are working to support people to access the care, support and treatment they need, when they need it. It will also report on how ICSs are responding to inequalities of access across their populations.

We will review publicly available data and information - there is no requirement for ICSs to provide information to us. However, we are offering the opportunity for key members of ICSs to take part in virtual focus groups. Participation is voluntary and findings will contribute to the national assessment.

View the [Hewitt Review on involvement and accountability of ICSs](#).

### **Update from HWE ref ICB composition and roles of Board members - May**

NHS England (NHSE) has written to all integrated care boards (ICBs) with new statutory guidance about the roles of board members.

Initially, when ICBs were set up, there was a statutory requirement for each ICB to have at least one mental health lead on its executive. This is now being extended to a requirement to have board members with responsibilities for:

- Children and young people (aged 0 to 25)
- Children and young people with special educational needs and disabilities (SEND)
- Safeguarding (all-ages), including looked after children
- Learning disability and autism (all-ages)
- Down's syndrome (all-ages).

NHS England says this new requirement meets the expectation of the legislation that created Integrated Care Systems (ICSs) and aims to ensure the needs of

those groups, and the statutory functions of the Special Educational Needs and Disability team as well as that of the Safeguarding team, have sufficient visibility at board level. It is up to ICBs to decide how it allocates these responsibilities across their board - one member could have combined responsibility for some of all of them, for example. However, that person should have suitable experience and sufficient capacity to take on the remit, and importantly for local Healthwatch:

'ICBs should be open and transparent about who holds these roles and should make this information publicly available.' HWP will watch with interest H10W ICB.

## NHS England

There are daily reports of excess pressure on the health system and with further health service staff strike action in July this will be another difficult time for health and care staff to provide their services in Portsmouth. Our role at Healthwatch Portsmouth, as at any other time, is to provide information to patients asking about the availability of health and social care and to gather feedback from patients and service users on the access to and quality of the care they receive. We are supporting the local NHS to provide useful and timely information to patients.

### NHS @ 75 years

As the NHS reaches its 75<sup>th</sup> anniversary on 5<sup>th</sup> July it will be holding a service of thanksgiving at Westminster Abbey. Local HW were offered an opportunity to nominate a member of the staff or volunteer team to represent the patient and public presence in the NHS. HWP nominated our Chairperson, **Roger Batterbury** to attend, in recognition of his **outstanding contribution to the work of Healthwatch Portsmouth** and his support to our patient, public and service user experience champion work. Roger is busy attending other events in the city on that day, representing Healthwatch Portsmouth but was grateful for our nomination. 😊

In planning for its next period, the NHS England Board sought assistance from the [NHS Assembly](#) to gather public and patient feedback on its future strategy in particular on the following topics and what the public want from a future NHS:

**Prevention:** supporting people to live longer, healthier lives.

**Personalisation:** giving people power to control their own care and have shared responsibility for achieving better health.

**People:** caring for those who care for us, including those who work in the health service and unpaid carers of family and friends.

**Participation:** involving patients and their families at every level of decision making and service design.

**Primary and community care:** focusing on strengthening these local services which are the foundation for most care and treatment.

**Partnerships:** the NHS working better with other organisations to improve health and care for all.

The consultation ran for only 20 days in May. We will hopefully hear soon the outcome and what is being proposed for the future NHS.

## 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. The situation has started to improve a little in the very recent weeks with both the Copnor Road and Port Solent branches of Portsmouth Dental Care opening and giving the opportunity for patients to join the lists of people who will be offered NHS dental appointments in the near future. **Whenever we hear about more availability, we publish details on our website and social media.**

With an additional 65,000 Units of Dental Activity (UDAs) being spread across the city in three surgeries (the third new surgery is due to open in Buckland) we hope that this will start to ease the pressures that residents have been finding in accessing NHS dental treatment in the city and needing to travel as far as Alton for help. The funding for this extra provision has come from what was used by NHS England to commission non-recurrent activity (outside of the standard NHS dental contract) ending on 31 March 2023, the budget released from recently terminated contracts outside of Portsmouth as well as reserve funding. As we hear information, we publish details about the new dentist surgeries on our website.

We heard that the 76 local Healthwatch including Portsmouth and Isle of Wight who submitted evidence to the House of Commons select committee on dentistry have had their evidence read and it is being used to help with the Committee's inquiry. This is what was published as the submission from HWP.

<https://committees.parliament.uk/writtenevidence/117213/pdf/>

At the end of May, the Healthwatch Area Director Hampshire, Portsmouth attended the first meeting of the NHS England Dental Contract Reform group and has commented on the usefulness of draft patient information leaflets that have been designed to better inform the public about check-ups and routine appointments, including in easy-read formats.

## Oral Health Promotion project

Info we have received from the University of Portsmouth Dental Academy:

Grant funding has been approved by Portsmouth City Council (PCC) for 2 years. Longer term funding to ensure sustainability is being sought within PCC but activity will start this summer when funding has been received by the Academy.

The University of Portsmouth Dental Academy (UPDA) has a longstanding relationship with the local authority and community within the city of Portsmouth. UPDA Dental Care Professional (DCP) staff and students provide comprehensive primary dental care services and actively engage in outreach activities such as preventative and educational interventions focused on vulnerable groups including, children, elderly and other underserved populations.



The project is to improve oral health in Portsmouth by increasing access to oral health education, promotion and prevention and improving access to dental care; organised into two workstreams. run in parallel.

### **Workstream 1: Improving oral health of early years children in Portsmouth. The Brush UP and Smiles Programme**

Working with approximately 18 primary schools in Portsmouth to be delivered by the University of Portsmouth Dental Academy and Solent NHS Trust in 10 Early Years settings.

### **Workstream 2: Introducing digital technologies to enhance delivery of health and oral health care in the Portsmouth community (UPDA only)**

Digital health is defined as the use of information and communications technology in support of health. It includes categories such as mobile health (mHealth), health information technology (IT), wearable devices, telehealth and telemedicine, and personalized medicine (FDA, 2022).

For Public Health England (PHE) and the National Institute for Health and Care Research (NIHR) increasing health literacy and promoting digital inclusion are a priority. PHE and NIHR funded projects are aiming to develop new approaches to motivate and support people to make healthy changes in a way that resonates with them.

**Update on the Clinical Steering Group** - the second working group to be recommended at the Penny Mordaunt summit last June:

Professor Chris Louca, Director of the University of Portsmouth Dental Academy has now chaired several meetings with input from NHSE, ICB, 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.

Following the lead across the Southeast - Integrated Care Boards (ICBs) across the rest of the country have now taken on delegated responsibility for commissioning pharmacy, general ophthalmic, and dental services from NHS England. The 4 x local Healthwatch met on 6<sup>th</sup> June with stakeholders, commissioners and providers involved in NHS dentistry in a HIOW-wide dental event which was a solutions focused meeting. Attending the event was the new Primary Care Transition Lead for Dentistry across Hampshire and Isle of Wight who will be working to develop capacity in NHS dentistry to better meet demand across the HIOW region.

Further to HWP updating the Oral Health Promotion meeting/Centre for Dental Development project team on the pivotal role that HWP is now playing as a 'Public and Patient Voice Partner' in helping to shape national policy to reform the NHS dental contract it was agreed to seek an update meeting with Penny Mordaunt MP (Portsmouth North). We plan to update her locally on the progress made on the agreed actions stemming from the Portsmouth dental summit that Penny hosted last June.

## **Health Inequalities Research – work with University of Portsmouth**

HWP has been working with the project steering group at the University of Portsmouth (which have included the Associate Head of Research and Innovation and Isobel Ryder (Associate Head of Programmes) and member of HWP Advisory Board until May. Research activity is starting this month and we are now recruiting participants to the project, having gained ethical approval through the University. The researcher has delivered posters and leaflets to a variety of community venues and we have had interest from some residents so far and community contacts, who have been provided with information about the project. The researcher will follow up on the interested contacts. The interviews will conclude at the end of December 2023. Report writing of the findings will be undertaken in January 2024 with a finalised research report submitted HWP by end of March 2024. We will present to the Health and Wellbeing Board the report's findings and HWP recommendations based on what people say.

In summary, the questions to be asked of residents of Portsmouth in the most deprived areas of the city are:

1. What is your experience of accessing health services, education, housing, good quality employment, support networks and social arrangements?
2. Do you have unmet needs for services and support?
3. What do you think are the solutions?

Here is a link to information about the project to promote please in your networks:

[What challenges are you facing? \(healthwatchportsmouth.co.uk\)](https://healthwatchportsmouth.co.uk)

## **South Central Ambulance Service**

We received the February stakeholder update (see [link](#) ) and have reminded SCAS of their offer to send to HWP the minutes from the tri-partite meetings held so far.

We were informed in late March that there had been an overpromise by SCAS previously to HWP about sharing a copy of the minutes of the tri-partite monthly review meetings. We were informed that those tri-partite meetings are not held in public and as such they are not able to share the minutes with Healthwatch Portsmouth. SCAS explained that they do not organise the meeting and so don't have permission to share information with us. A comprehensive stakeholder update was issued in early April providing information about improvements being made by SCAS.

## **Healthwatch England**

### **Healthwatch England Accessible Information Standard – update on HWE campaign to encourage NHS Trust compliance**

The campaign to reduce non-compliance with the [Accessible Information Standard](#) (AIS) by NHS trusts Healthwatch England has been pressing for action by NHS Trusts.



We heard in late June that the 4 x local Healthwatch across Hampshire and Isle of Wight have been successful in bidding for funding from National Institute for Health Research to raise awareness and through running focus groups with under-served communities to provide information about their rights to have information provided in ways that suit them and for organisations providing NHS services know how best to deliver this. We will plan to run a series of focus groups across Hampshire and the Isle of Wight to cascade the information about the forthcoming updated guidance on the Accessible Information Standard. The four Healthwatch across HIOW have been awarded £10k to plan and run these focus groups and potentially set up a "user group" and to support this work.

An example of this community based support already in Portsmouth is demonstrated from our working with Dynamite Group in Portsmouth and with MAKE Portsmouth, supporting young adults with learning disabilities. We have developed a communication link between people who wish to find out health and care information in an accessible way with the people who publish the information (Health and Care Portsmouth regarding their "It Takes a Team to Look After a Community" campaign (explaining the additional roles available in primary care)

## **Operational Matters**

Sadly today is the last day of employment for our Senior Engagement Officer, Marianna Gardener. We wish her well in her move to the west country.

### **Lead Officer HWP and Senior Engagement Officer HWP**

We are currently recruiting for both Healthwatch Portsmouth posts and hope to be able to appoint to these roles in the near future. From July the Healthwatch Portsmouth staff team will comprise of just 1.8 Full Time Equivalent staff so we will need to prioritise and adapt our activities where necessary in the next few months.

### **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 give talks at: Dynamite Young Persons SEND co-production meeting, Carers and Social Care Connecting and Networking Event, St Mary's May Fayre, Portsmouth May Volunteering Fair, PHUT Equality, Diversity and Inclusion team meeting with Portsmouth Deaf Club, Pride Portsmouth event and the latest Live Well Event in Portsea.

We have spoken to **168** people since mid March and have more dates in the diary for public events for the rest of this year.

We are delivering more talks about what Healthwatch Portsmouth does and can expand our capacity to do more with one of our volunteers now trained to deliver.

We have just heard that we can localise the easy-read presentation materials on what is Healthwatch that have been produced by HW England for use locally 😊.

### **Enter and View Visit to Admiral Jellicoe House**

The visit was undertaken on 25<sup>th</sup> April 2023 and a report of the visit was published today week on our HWP website and will be shared with the Nursing Home provider.

[Admiral Jellicoe House Enter and View report 25th April 2023 \(healthwatchportsmouth.co.uk\)](https://healthwatchportsmouth.co.uk)

### **Hampshire and Isle of Wight Integrated Care System**

Update from Chair of [Hampshire and Isle of Wight Integrated Care Board](#).

[June newsletter](#) from Hampshire and Isle of Wight Integrated Care Board.

Collaboration and examples of where have been improved at a local level have been profiled. Engagement with local communities provides a key feature.

[MPs call for a review](#) of the funding provided for local Healthwatch further to the introduction of Integrated Care Systems and the additional associated activity.

Portsmouth and SE Hants Local Delivery System Quality Group – a key assurance board has been left without a chairperson and admin support as key members of the group following the introduction of a cost saving scheme to achieve budget reductions across the ICS/ICP/ICB has resulted in staff taking up the Mutually Agreed Resignation Scheme (MARS) and leaving. The outcome is that there is a chance that with a temporary suspension of the functioning Quality Group the patient voice in primary care will not be heard until the Group re-structures and reconvenes.

### **Healthwatch encouraging patient and public engagement best practice**

Further to our regularly challenging HIOW ICS and NHS Trusts on the lack of engagement at scale with communities and reflecting back with the public on early plans to review community health services and recommendations taken forward we met with key NHS stakeholders in April.

Solent NHS Trust agreed to Healthwatch Portsmouth's suggested that in addition to the engagement activity in February they would report back in a subsequent meeting in June to those same communities what they have heard and how it has had an impact on the Trusts' plans being presented in the business case to NHS England.

The 4 local Healthwatch are keeping a very close eye on the public engagement process and how the 4 other recommendations (in particular the clinical strategy and review of in-patient bed facilities) from the initial review of community mental health services is to be implemented - using feedback the NHS Trusts have gathered

over the last 6 months in relation to broader mental health services. We heard in June about engagement only on the clinical strategy but Solent NHS Trust has organised (in response to a request from Healthwatch) for the leads of each of the workstreams to address the next update meeting for Healthwatch and local communities hear progress from Solent, Southern Health and Sussex Partnership Trust.

We heard in late March that the Boards of all four provider Trusts (Solent NHS Trust, Southern Health NHS Foundation Trust, Isle of Wight NHS Trust and Sussex Partnership NHS Foundation Trust) have formally approved the strategic case. This is the first step to achieving the ambition of creating a new, combined organisation by the proposed date of April 2024. The Strategic Case, which has Integrated Care Board support, has now been shared with NHS England for review.

A Full Business Case will now be developed. This is due to go before Boards in October 2023 for approval.

[More information on Project Fusion can be found here.](#)

## 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 the gathering of General Practice data to produce General Practice Alert Status (GPAS) and has reported since the autumn of the increasing pressures felt by GP surgeries.

### **GPAS Report for Stakeholders - weeks ending 17th March - mid June 2023**

Since the end of March the Wessex LMC have not received enough returns for the data to be considered sufficiently representative but included below are statements from GP surgeries in the HIOW area clearly struggling with workloads.

- *Relentless pressure, covid related absences increasing along with the usual winter ailments. Increased spending on locums, staff at breaking point.*
- *Still feels like we are on a bit of a treadmill, running out of steam. This week and next are tight due to school holidays, but there is light at the end of the tunnel. Complaints seen an uptick recently, many about routine capacity, but also various other minor niggles which are evidence of how tired people are.*
- *Locum bill for the last few months is staggering, but it's got us through the winter without falling over..... Everyone is TIRED*
- *Big picture: GP and PN recruitment is really tough. Small picture: low level illness*
- *Sickness reduced capacity - demand is unrelenting.*
- *We are struggling to recruit ANPs, we are left with just 1 now.*

- *It's been a horrible week having to juggle everything ..... everyone is having to do someone else's job on top of their own, and people are going off sick with stress.*
- *The finances are dire because of having to spend on locums*

## **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 raised this issue at the Primary Care Oversight Group (PCOG) (Portsmouth's 'place based' primary care transformation team as part of the HIOW ICB) which was included in the overall report of the GP surgery closure - a very frank review of the impact on patients of the surgery closure. We hope to hear more about any options available to improve access for patients at the next meeting of PCOG.

## **Community based services**

### **HIVE Portsmouth community space opened 7<sup>th</sup> June**

HIVE Portsmouth shared space has opened in Portsmouth to enable local charities and voluntary organisations to share facilities, reduce costs and collaborate on projects.

HIVE Portsmouth opened on 7<sup>th</sup> June the new HIVE Portsmouth Hub at Aggie Weston House, Edinburgh Road, created from funding received from BAE Systems, which made a £250,000 donation to HIVE Portsmouth to help set up two such hubs in the city.

A launch event saw people gather from across Portsmouth to celebrate, including Deputy Lord Mayor Jason Fazackarley, Managing Director of BAE Systems Maritime Services Scott Jamieson and representatives from the voluntary sector.

The newly-opened space offers coworking, virtual office spaces, hot desking options and dedicated desk space for voluntary, community and social enterprise (VCSE) organisations in the city. A number of networking, mentoring and social events will be run from the hub across the year, and those using the space will also be able to access a range of in-house business services and mentoring to further support their organisation.

## **Stroke services**

There is a future funding concern for the Stroke Recovery Service in Portsmouth which is provided by the Stroke Association and funded by Portsmouth City Council. The online petition stated funding is only available until June. From discussions with the ICB-Portsmouth team we have heard that at present funding is available until January and they are seeking a longer term solution. We are keeping a watching brief on this service.

## Access to Proactive Case Management

Health and Care Portsmouth held a workshop for service planners and providers in early June to look at what were the opportunities for making the most difference in their support for patients who would potentially benefit from being offered this pathway and to come up with solutions to achieve this. HWP wasn't able to attend but have asked if opportunities develop co-production communities of interest such as patients with long term conditions and multi-morbidity in this PCM initiative? Further news will be available later in the year as the service is developed.

## Hormone Health Hub in Portsmouth

Further to the explorative meeting in March we have heard that it has been agreed to develop a workshop and a pathway of support, working with GPs on the development of a menopause pathway. Ideas for a future workshop in June to include physical health, psychological (CBT and counselling) and employment are being worked on. Endometriosis South Coast is linking with a specialist in Menopause to develop a joint leaflet (medical and psychological support working together) and staff training about the physical side of menopause to enhance clinical practice. When we hear more, we will up the Advisory Board.

## Pharmacies

The latest Pharmaceutical Needs Assessment (triggered 12 months before it was due by the additional closures of pharmacies in the city since the 2020 report) had stated in its preliminary report that there was just sufficient coverage in the city at the time of the review and that major population development was not expected in the city for the next 3 years. The Needs Assessment has been completed. Recently though a consolidation request by Rowlands to merge two pharmacy sites, currently one on Kingston Crescent and one on nearby London Road was considered by the Pharmaceutical Services Regulation Committee in May and **rejected** on the grounds that the recent Pharmaceutical Needs Assessment had stated that any further closures of pharmacy sites in Portsmouth would result in a gap in provision.

The committee noted that while the sites were quite close by and served a similar population demographic the area to the north west of the site was of concern to the Health and Wellbeing Board – and that in the context of Portsmouth and its population that there could be local residents who share a protected characteristic who would find it difficult to access pharmaceutical services at the remaining pharmacy site, located 16 minutes' walk or 5 minutes by car and thus less accessible.

## Health research programme – for prevention, detection, treatment of diseases. Boots, Commercial Road site for volunteers to sign up to help.

[Our Future Health](#), the UK's largest ever health research programme, opened a site in Portsmouth and will be open for the next year; [here](#) are details of how to get involved at the site on Commercial Road, Portsmouth

The 'Our Future Health' programme aims to help people live healthier lives for longer through the discovery and testing of more effective approaches to prevention, earlier detection, and treatment of diseases.

## **Virtual Wards**

We have heard that the HIOW ICS Virtual Wards initiative currently has about 370+ beds/patients and by Autumn the target is to have around 670.

## **Mental Health – Single Point of access 'Hub' open**

Healthwatch Portsmouth were informed at the beginning of April that the new 'access hub' for mental health services was able to start providing a single point of contact in the city for mental health support and advice.

The phonenumber will be open Monday-Friday, 8am-6pm; **0300 123 6621**.

Callers will not need to go through their GP before using this service, which will be available to anyone aged 16 years and over, including carers. The area of coverage is the city of Portsmouth but we have been told that if a caller is from just outside Portsmouth then they will be supported as well. We are told that trained call handlers will, in a supportive and compassionate way, either arrange an appointment with services such as Talking Change or Positive Minds or offer support to connect with local organisations including HIVE Portsmouth, social support or substance misuse.

The phonenumber is the first phase of the Portsmouth Mental Health Hub; other features will be introduced later in the year such as an app, resources for professionals, and additional information on the website.

## **Military Mental Health Alliance**

Delivery of the Military Mental Health service including delivery of the Veteran's Mental Health support in Portsmouth and the South-East has now transitioned to NHS Berkshire as the service delivery contact transferred from Solent NHS Trust to NHS Berkshire. The Veterans service retains the name '[Op Courage](#)'. At the last meeting of the Portsmouth and Southeast service, hosted by Solent NHS, our Vice Chairperson asked if there could be a 'lessons learned' review undertaken of the service delivery but we have not heard further on this from Solent.

## **University of Portsmouth Diagnostic Radiography & Medical Imaging Patients & Service Users Day – April 2023**

HWP Chairperson provided to first year student radiographers his insight as a person with lived experience on access to services for those with potentially hidden disabilities which was extremely well received by the 40 students attending.



## Carers

**Carers and Hospital Discharge toolkit – a model for the Southeast** Healthwatch were notified in June of a toolkit that has been developed in London for Trusts and community providers that NHS England is considering how it could adapt and use across the Southeast.

The toolkit draws on the hospital discharge and [community support guidance \(March 2022 updated July 2022\)](#) and the discharge from virtual wards [guidance](#) intended to help providers improve the experience of carers during hospital discharge or during an admission/discharge to a virtual ward. The toolkit intends to make the guidance a reality for carers and supports the NHS' Commitment to Carers for more carer friendly practice. The design is based on the Surrey Carers Pathway ([Surrey Carers Strategy 2021-24 Appendix 8](#)).

We checked that Portsmouth Carers Centre had been independently contacted about this toolkit and were pleased that they had had an opportunity to give their insight into the usability of the toolkit. We hope to receive an update if a decision is made whether to use an adapted version for the Southeast.

## Autism

Here are the [minutes from March Board meeting](#) and the [agenda for May](#).

## Learning Disability

The [Learning Disability Partnership Board's action plan](#) for the activity year 2023-2024 and the [minutes of the April meeting](#).

## Secondary Care

**Chief executive of Portsmouth Hospitals University Trust also become Chief Executive of Isle of Wight NHS Trust on 1<sup>st</sup> June.**

In June, Penny Emerit took on the role of Chief Executive of the Isle of Wight Trust alongside that of being Chief Executive at Portsmouth Hospitals NHS Trust as part of the Boards' commitment to deepening the partnership between the two organisations.

Over the few weeks Penny will be confirming the Group Executive team and Trust Leadership Teams for each organisation. The Group Executive will be working with Penny across both organisations, focusing on how more can be delivered together. There will also be a single clinical leadership across the two Trusts so that the acute (hospital-based) services can work more closely together to benefit all of our patients, their carers and families.

## Place Assessments 2022 – NHS published results

Healthwatch Portsmouth has extracted the results for Trusts serving Portsmouth residents. (Southern Health Foundation Trust was not included in the list of results for Portsmouth.) The results are fairly consistent for all 3 Trusts (PHUT, Solent, Practice Plus) except for the dementia scores for PHUT which is surprising due to the focus on developing the dementia strategy for patients undertaken by PHUT last year.

View the [Place 2022 report for Portsmouth](#).

For information:

**CLN**= Cleanliness

**PDW**= Privacy, Dignity and Wellbeing

**CAM**= Condition, Appearance and Maintenance

**DEM**= Dementia

**DIS**= Disability

Below is a link to the full information from NHS England about Place Assessments

<https://digital.nhs.uk/data-and-information/publications/statistical/patient-led-assessments-of-the-care-environment-place/2022---england>

## Elective Care Delays

Further to our contacting Portsmouth Hospital University Trust in March asking how patients waiting for elective treatment were impacted by the industrial action and the ongoing delays in pandemic catch-up treatment we heard from PHUT that they were monitoring closely the 5 the patients who had been impacted, all having been offered alternative dates and 4 have now been treated. The remaining patient requested a pause in their treatment pathway and arrangements were being made accordingly.

PHUT stated that 'we are continuing to monitor our patients via a single tracking list regardless of whether they have indicated they would be willing to receive treatment elsewhere or have chosen to wait for a date to be treated at QA. This will ensure all those who are waiting are listed according to clinical priority and date order.' HWP is concerned about access to information for patients who do not use digital devices to access services (such as the NHS app that is being promoted). Other than by writing to patients every 3 months and offering phone and written contact details on the patient letter there is no other real-time option available.

Further to the above response we received information that a business plan for Hampshire's new elective hub has now been approved by NHS England moving it a step closer to completion. The bids have secured £40m of capital investment to develop an elective hub and orthopaedic outpatient facility.

HWP has been asked to help raise public awareness of the **opportunity to have their say regarding the construction and design of the new Outpatient orthopaedic facility for elective care** which is planned to be sited next to the Burrell Building in the Royal Hampshire County Hospital, Winchester (a refurbished floor of which is due to house the new elective care hub) for elective planned orthopaedic surgery. <https://forms.office.com/e/ryi2XTin7A>

The new elective hub, which will be based in the Royal Hampshire County Hospital in Winchester, will provide more capacity and allow more operations to take place therefore improving access to elective, planned surgery and reducing the backlog across Hampshire and the Isle of Wight.

Adults across Hampshire and Isle of Wight who require operations for orthopaedics (such as hip and knee replacements) will be eligible to attend the new elective hub. Operations taking place at the hub would be in addition to surgery already taking place at our hospitals across Hampshire & the Isle of Wight. Initially patients in Southampton and Hampshire will be offered the choice of having their operation at either their local hospital or the hub. In the future patients from Portsmouth and on the Isle of Wight may also be given the same opportunity. We will be seeking assurance from HIOW ICB that if patients in Portsmouth and the Isle of Wight are to be offered options to use the hub that they provide information about what support is available to patients from Portsmouth and Isle of Wight who would have transport issues if they were to choose the elective facility in Winchester.

The hub will deliver an additional 2,400 procedures each year and will operate six days a week with consultants from both UHS and HHFT operating on their patients in the hub. The facility will provide two lamina flow theatres and 28 inpatient beds, 16 of which will be single ensuite rooms. The hub will be ringfenced purely for elective, non-urgent activity.

### **New outpatient facility at Royal Hampshire County Hospital**

At the same time as developing the plans for the new elective hub, Hampshire Hospitals NHS Foundation Trust is also developing proposals to build a new outpatient facility specifically for orthopaedics.

Scheduled to open in early 2025, this is part of the Trust's ongoing commitment and investment into services in Winchester.

The new department will provide eight outpatient rooms; a co-located plain film x-ray service with an adjacent treatment room; and four fracture clinic assessment booths with an adjacent two bay plaster room. Activities delivered in the Orthopaedic Outpatient Facility will include:

Specialist advice and support, clinical consultation, diagnosis, and treatment planning and delivery for orthopaedic patients.

Therapy consultation, diagnosis and treatment in conjunction with a multi-disciplinary Allied Health team, including physiotherapy, occupational therapy and dietetics.

Application and removal of plaster casts.

By co-locating services and increasing the footprint of clinic rooms, the Trust says it will significantly reduce how long patients have to wait for an elective outpatient appointment. Once up and running, they aim to reduce the average wait from 9 weeks currently to below 5 weeks for patients to be seen for a first appointment following a referral to the service.

The “one-stop” model will also reduce the number of follow-up appointments by delivering the care patients need in just one appointment, with teams working side by side. The business case for the new orthopaedic outpatient facility was also approved by NHS England and will provide additional capacity for patients to be assessed, treated and reviewed – reducing the number of patients waiting for care.

The Trust is inviting patients and public to comment on the construction and design of this building as well, accessible by the same link as above.

<https://forms.office.com/e/ryi2XTin7A>

The business case for the new orthopaedic outpatient facility was also approved by NHS England and will provide additional capacity for patients to be assessed, treated and reviewed – reducing the number of patients waiting for care.

## **Urgent Treatment Centre – St Mary’s, Portsmouth**

We [published our findings](#) at the end of March which included questions and recommendations. We have heard back from St Mary's thanking us for our report and recommendations. We have asked for clarification on which of the recommendations it intends to focus on. We will also take the opportunity to ask the question ‘what part the Emergency Care Centre plays in dealing with ‘minor majors’ at QA Hospital’s Emergency Department reducing pressures across the Urgent and Emergency Care system?’

## **Solent NHS Trust**

Healthwatch Portsmouth have been invited to be on the panel for Solent’s annual awards event which will be held in May.

## **Podiatry services**

Healthwatch Portsmouth received patient feedback in May that podiatry patients who were being treated at Cosham Health Centre suddenly found that they were unable to book for their next appointment (8-10 weeks ahead) and that this was causing anxiety. We found out that this was because it was not clear for appointments booking staff in May where the podiatry service appointments could be offered.

Earlier in the year it had been decided by the ICB-Portsmouth Primary Care Transformation team that Cosham Health Centre was no longer suitable to provide facilities for podiatry patients. When discussions were taking place about providing additional accommodation for patients transferring from the closure of North Harbour Medical Centre the location of podiatry services was raised but not agreed.

We have raised our concern with Solent NHS that patients were not involved in the initial discussions about a potential move to another local and what the impact on their accessing their community based podiatry appointments might be. Access via public transport for podiatry appointments is of key concern for patients. The frequency of public transport to Thomas Parr House on Medina Road is not as good as that to Cosham Health Centre and there aren't any seats at the bus stops serving the facility. A previous engagement exercise conducted by Solent NHS Trust in 2020 heard that podiatry patients had been especially happy with Cosham Health Centre as it was easily accessible by public transport and had good parking. The option of using Thomas Parr House (within Jubilee House) had been presented as an interim plan by Solent NHS Trust (until the Highclere site is ready, but use of this new site as a permanent location for podiatry in the north of the city hasn't yet been confirmed).

That patients were not involved in these prior discussions relating to the interim move to premises (which we discovered latterly would not be ready in time to accommodate patients once Cosham Health Centre closed in May) was a missed opportunity. We said to Solent it was regrettable that there had been such poor engagement practice observed when the Trust informs its stakeholders that it takes great pride in its community engagement work. Before Thomas Parr is available this autumn there will be a 4 month interim period (as stated in patient letters from Solent) during which patients will either need to use St Mary's Community Health Campus or Oak Park Community Clinic in Havant.

Healthwatch Portsmouth have stated that the voice of the patient and the process of patient engagement has not been visible in the process of decision making, (even if relating to a short-term solution.) HWP has challenged Solent on the need to have engaged with patients due to the likely negative impact the move will have on patients. Patient information was only sent to patients towards the end of May regarding the decision on service re-location for podiatry in the city at the end of May.

**Ends. 28<sup>th</sup> June 2023**

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