

**Minutes of Portsmouth North Primary Care Network (PCN) meeting held at  
Gatcombe House, Portsmouth on Wednesday 24th July at 5.15pm**

**Housekeeping**

Housekeeping information was given out by a group member who works in the venue.

**Present**

Daniel Ferrett Drayton Surgery Practice Business Manager, Tina Till Kirklands Surgery Business Manager, Susan Miller Kirklands Surgery Practice Manager, Stephen Orobio Clinical Quality Manager Hampshire and IOW NHS, Mary Ramsay Chair of Drayton Surgery Patient Participation Group (PPG), Paul Oakley-Cleife Chair of Kirklands PPG, A.W. T.D D.C, M.P, A.F, A.P, S.C, SM, K.M,

**Apologies** E.P, M.V, J.G, I.R, H.B

Minutes by T.D.

**Welcome and Introductions**

Mary welcomed everyone to the second PCN meeting. Everyone was reminded the minutes remain confidential until they are ratified. (For the purposes of this meeting it will be at each PPG's meeting in September) She explained the agenda had been subjected to change. To open the meeting each member was asked to introduce themselves and give their expectations of the meeting.

**Summary by Stephen Orobio of his role**

Stephen explained his role within Hampshire and IOW NHS is to work and act on feedback within Primary Care and GP surgeries in the Portsmouth area. He said based on feedback the use of acronyms within the NHS is being phased out. He works very closely with Solent NHS Trust and GP surgeries to ensure the best possible patient experience. He added mistakes can happen as it's human nature. But lessons can be learnt. He said he and a colleague work together in this role. He stated he meets regularly with Care Quality Commission (CQC) and supports surgeries wherever needed during and if needed after a (CQC) visit.

He said NHS Hampshire and Isle of Wight is currently undergoing reorganisation

His contact with surgeries is to ensure patients receive a quality service, and in the likelihood of an incident better ways can be implemented to create a quality service. Answering a question from the group, he has nothing to do with Patient advisory liaison service (PALS) but his colleague does.

When asked if there is any involvement should an incident involving a patient's sudden health issue happen whilst in the surgery. Stephen said they let the surgery handle it but support them and ensure correct procedures are adhered to.

A discussion followed regarding the culture change undergone by GP surgeries.

### **Questions previously submitted by PCN members.**

Mary explained some questions submitted by members were not suitable for this meeting as they were surgery specific and need to be discussed at the relevant surgery PPG meeting. Or they were secondary care which is not the responsibility of GP surgeries.

With this in mind the remaining questions would take on a forum setting.

### **What changes are happening within Hampshire and IOW NHS?**

We are still not sure what changes but money has to be saved. NHS England have issued a directive to improve and shape the future.

### **Most patients are interested in when they can get an appointment.**

Tina Till reiterated appointments can be booked in 3 ways, by phone, E-Consult and at surgery reception. This system works for them.

A question arose that patients ring 111 instead of their respective surgeries. The 111 service is a very useful service but patients shouldn't rely on it, GP surgeries operate a triage system with slots available.

### **Do PCN's have a future and how many staff are employed under the additional roles reimbursement scheme (ARRS) does the PCN have?**

Daniel told the group the NHS contract has just been renewed. Drayton and Kirklands surgeries are Portsmouth North PCN and share ARRS

The ARRS are funded by NHS England.

Kirklands has an advanced clinical practitioner (ACP),

Drayton has 9 ACP's with one more coming to Drayton.

Two Social Prescribers

Wellbeing coach

Cancer Care Coordinator

Care coordinator

3 clinical pharmacists, one pharmacist has recently started a menopause clinic.  
5 pharmacy technicians  
Physiotherapist  
Each surgery has a different need for these roles.

A discussion followed as to the education of patients that “you don't need to see a GP for everything, better care can come from a specialist role. Eg an asthma nurse is better to help with asthma”

It is the responsibility of GP surgery to change the way they work and direct patients to the most appropriate health professional. Receptionists play a major part in this process. Patient pressure at reception is stressful, patients resent receptionists asking questions. A two hour rotation by staff was agreed to be a good idea. Both surgeries operate a **zero tolerance policy**.

It's a case now that the patient's expectations have changed, Patients expect more. Patients can be put into 3 cohorts, 60+ who are used to the old system of seeing GP for everything, 30-50 year olds who just want their problem solved and 20+ who want to see GP for everything. Now patients see the right professional for the right problem. But if it should be necessary a GP can see a patient should the occasion arise.

Patients only give negative feedback.

Sue and Tina added they work as a team at Kirklands sharing ideas.

It should be noted how all GP surgeries manage their organisation is for them to decide, they are a business and work within their resources available.

Stephen said it's not for Hampshire and IOW NHS to rap knuckles, it's there for support.

Mary added it's the PPG's responsibility to share this information by being the patient voice to fellow patients. There is also a big campaign in Portsmouth to spread the word on billboards etc. PCN is shortly to have a Facebook page.

When asked if it should be a national campaign Stephen said NHS England wants it to be local. Several advertising mediums were discussed, leaflets are no longer permitted due to infection control, email is not a two way conversation and risky under General Data Protection regulations (GDPR)

Text messaging is best.

Kirklands don't have a Facebook page but have a website which is shortly to be revamped similar to Drayton. But prioritising their daily routine is more important. Both surgeries are aware of the importance of keeping their website updated, it's the intention that both surgeries will work together to ease the problem.

Mary told the group to refer to GP Survey results 2024, both surgeries had achieved very positive results.

**Concern was raised over the financial difficulties currently being experienced by The Rowans and the future of their Dementia nurses.**

A group member, who volunteers at Rowans, told group one nurse has already been made redundant. It was explained that the Rowans are not under contract to the NHS, they receive a grant. Stephen said he would refer this query to the Communications team and feedback through Mary. He added the older persons mental health team at St Mary's hospital is responsible to support patients.

Follow up from Stephen:-

Commissioners are working on this right now and communication will be going out to patients soon about the dementia service. No further information is available currently.

**What measures are being taken to reduce waiting time for neurodiversity conditions?**

Stephen will come back to Mary with definitive answer

Follow up from Stephen:-

**ADHD & Autism –**

**What measures are being taken to reduce the waiting time for neurodiversity conditions in particular Autism and ADHD to be assessed and diagnosed in particularly in children but also in adults and how will services improve to support families following a diagnosis?**

For Adults, NHS Hampshire and Isle of Wight have commenced with diagnostics for both Autism and ADHD under the new contracts with The Owl Centre (Autism) and PHL Group (ADHD) from 1<sup>st</sup> July 24 after a 3 month pause to undertake a review of those on the current waiting lists. More locally we have secured additional funding for our Autism community Support Centre (Room One) and will be expanding our provision to those both pre and post diagnosis which is also aimed at reducing numbers of those seeking a formal diagnosis.

For Children, Portsmouth's Neurodiversity Team (0-19) consists of family support workers, child and adolescent clinicians, an educational psychologist, speech and language therapy, occupational therapy and service lead.

The team has been developed to support the city's new neurodiversity pathway which aims to improve early identification of neurodiversity and offer increased support for families and professionals, meaning children and young people may not need to go through the lengthy assessment process to get their needs met.

The Neurodiversity Team provide:

- A single point of access for parents/carers and professionals who require additional support and/or training to meet a child or young person's needs
- Universal and consistent support for families, children and young people
- An extended offer for more complex cases which may include assessments, diagnoses, and focused support, but this is dependent on each case

**Will there be a recruitment drive to deliver an extra two million appointments each year?**

**It was recently reported that Portsmouth has one of the highest patient/GP ratios in England. What is the ICB doing to address this situation?**

People don't want to work in Portsmouth, it has high levels of deprivation. Most surgeries recruit through BMA. There has been a lack of GPs recently but one surgery in Portsmouth recently recruited 4 GPs. Change takes time, things are improving. Drayton is a training surgery but Kirklands gave it up as it is time consuming.

**What is meant by neighbourhood health centres**

Stephen said that this relates to local population health management and is about making sure we focus on meeting health needs at a very local level. Different neighbourhoods have different needs. There is still work to be carried out to define what a "neighbourhood" means."

**How much of the NHS is owned by American providers?**

No data available

**What's the update on current Covid cases?**

Covid has increased, but it's not required to report cases anymore. Deaths are not reported on. Both surgeries have had staff off with it recently.

Vaccination guidelines have changed since the initial vaccine programme in 2020.

People have become blasé. Flu and Covid boosters for eligible cohort will take place after 3rd October this year, pregnant women being prior to that date.

Hants and IOW have the highest vaccination numbers in the UK, especially in the Spring this year.

**AOB**

There was no pre notified AOB

**Meeting Close**

Mary thanked Stephen for his attendance and the contribution he brought to the meeting. He stated he had enjoyed it and happy to attend again, he would too be able to help with future speakers.

The meeting was closed with everyone present giving their thoughts on the **Purpose of PPG's**

Comments included:

Supporting the surgery

Good communication between PPG and surgery

Act as critical friend

Very useful to have Stephen at meeting

Too much information

Two way process

Enjoyed the evening, use layman terms instead of acronyms

Understanding acronyms

Informative meeting would like to repeat in future

Better understanding between patients and surgeries

Too much use of acronyms in NHS

Honesty

Better understanding

Represent all patient cohorts

Mary thanked T.D for minutes

**Meeting closed 6.45pm**

### **Glossary of terms**

**PCN. Primary Care Network**

**PALS Patient advisory and liaison service**

**ARRS Additional roles reimbursement scheme**

**ACP Advanced clinical practitioner**

**GDPR General Data Protection regulations**

**BMA British Medical Association**

**TOR. Terms of Reference**

**CQC Care Quality Commission**

**QOF Quality Outcomes Framework**