

Minutes

South Eastern Hampshire Locality Patient Group

On Thursday, 2 July from 12.30pm 1.30pm

Via Zoom

Attendees	
Nalin Deshpande	Bosmere Medical Practice PPG
Owen Collett	Bosmere Medical Practice PPG
Wendy Haxell	Village Practice PPG
Priya Mistry	Senior Communications and Engagement Officer, SEH Clinical Commissioning Group (CCG)
Elizabeth Kerwood	Head of Communications and Engagement, SEH CCG
Yvonne Fisher	Complaints and Patient Experience Quality Officer, SEH CCG
Jason Peett	Locality Director, SEH CCG
Jim Strudwick	Emsworth Surgery PPG
Dr Ben Bracegirdle	Clinical lead of Havant and Waterlooville PCN
Nick Wilson	Non-executive advisor, SEH CCG
Duncan Pickup	Clinical lead of Strawberry Health PCN
Anthony Renton	Clinical lead of Havant and Waterlooville PCN

1	Introductions
1.1	<p>Coronavirus (Covid-19) The coronavirus (Covid-19) pandemic and subsequent lockdown measures put in place on Monday, March 23, meant our April meeting was cancelled. Members were thanked for their understanding.</p> <p>Given the current measures this meeting was held virtually and the arrangements for future meetings will be considered nearer the meeting dates.</p>
1.2	<p>Welcome and apologies In the absence of chairman Norman Proudfoot, the meeting was chaired by Elizabeth Kerwood. Apologies were received from Steve Southwell, Margaret White and Tony Harland-Jones.</p>
2	Our response to Covid-19
	<p>Jason Peett, Locality Director for the CCG, gave an overview to the NHS response to Covid-19.</p> <p>This included a range of changes to how people accessed services with key ones including:</p> <ul style="list-style-type: none"> • GP practices working together to establish different sites to see people with coronavirus symptoms (hot site) and those without (cold sites)

	<ul style="list-style-type: none"> • All GP practices implementing eConsult and the NHS app with more telephone and video consultations and providing most prescriptions electronically • Identifying shielding and vulnerable patients and providing ongoing care plans and support • Providing additional acute bed capacity to use if required at a number of hospital sites and more community bed capacity in a range of settings • Suspending elective activity as needed.
<p>3</p>	<p>How has the response felt?</p>
	<p>Members were asked for their reflections on how the NHS response has felt. They reflected that:</p> <ul style="list-style-type: none"> • Patients seen to prefer the new approach to accessing their GP practice with many saying they are very happy with it • That it is important for there to be consistency in how the different practices triage patients • Clinicians are being flexible in their approaches, especially with patients who are shielding • Triage works for primary care but it isn't as straight forward to access other health services • Patients have been receiving texts and messages from practices with regular updates which is welcomed • An education campaign for local people might help them to understand the different digital options being offered and how to use them. This could be particularly important as we approach winter and patients need to continue to use telephone and online options to access GP practices. <p>They asked if:</p> <ul style="list-style-type: none"> • Dermatology can be provided remotely – this can be done using photos and video calls • There are too many platforms to work from – There can be but means we can use both phone and video calls as appropriate but need to make sure this is not confusing for patients • Patients can use tablets such as iPads for video calls – Video calls can be carried out on tablets • Medication supplies and reduction in stock piling – This is monitored very closely and measures put in place to reduce this.
<p>4</p>	<p>Moving to recovery</p>
	<p>Jason explained to members that the NHS and partners have started to look at recovery. There will be distinct phases as the NHS moves to a 'new normal'. The initial phases are:</p>

	<ul style="list-style-type: none"> • Restoration phase – Restarting non-urgent, critical services that were ‘paused’ • Recovery phase – The temporary service changes involved accelerating service transformation planned pre-Covid-19 and changes that have potentially led to better outcomes and/or experience for local people. <p>While the restoration and recovery work has started, we are also planning to ensure that we can respond to a potential second spike of Covid-19 and winter increased demand.</p>
5	Engagement framework
	<p>Elizabeth explained that the CCGs are working with partners to develop an engagement framework which will support the restoration and recovery work.</p> <p>This includes developing engagement approaches for the emerging Hampshire and Isle of Wight Integrated Care System and Partnerships. Part of this will be reviewing established engagement mechanisms and developing future approaches.</p> <p>Members asked if this could include considering the inconsistency of patient representation at meetings such as Locality Patient Groups and how Patient Participation Groups work with their practices and Primary Care Networks to support communications to their practice’s patients.</p>
7	Dates of future meetings
	<p>It is highly likely all future meetings will be from 12.30pm to 1.30pm via Zoom. Details to join each meeting will be sent closer to the time:</p> <ul style="list-style-type: none"> • Thursday, 1 October • Thursday, 7 January 2021