**Health Forum Minutes - Wednesday 21st June 2023**

**10am-12pm**

1. Welcome and Introductions

There were 40 people in attendance.

Apologies were received from Cllr Faiza Baghoth, Cllr Amanda Grimshaw, Cllr John Hewitt, Liz Lewis, Richard Gravestock, Ollie Shotton, Nick Goslett and Lisa Winney

1. Minutes of last meeting

The notes were agreed as accurate.

1. Updates from partner surgeries

WELLBN – Benfield Valley healthcare hub including Burwash Surgery

Louise Bridle – Deputy Practice Manager

Busy with GP recruitment. One GP is pregnant and leaves in August, plan in place to cover. Also recruiting for triage team.

Waiting times are the best ever recorded. Getting better with recruitment and extra training is helping.

CQC Inspection on 2/5 – results published in due course.

Claire Hines from HKP joining to help with cancer screening June 2023 as part of the ACT partnership pilot primary care project.

Portslade

Dr Rowan Brown

Portslade is still very busy. Difficult to know where capacity coming from when GP’s leave. Currently fully staffed. New GP (Kate) started in April. New physician associate starting in July.

Lots of projects ongoing – including wrapped around population health. Worked with HKP to improve cancer screening uptake. Data has shown an increased uptake which is amazing work by Claire Hines.

Developed SMS service to invite patients to provide blood pressure readings. 300 patients signed up. Logistically difficult as had to change how work. BP Testing had dropped since Covid. New system working well - good feedback from patients. Planning big push to get more to sign up.

Space is biggest issue in Portslade. Part of the reason for so many calls is because Drs are not working in practice. Bid for Improvement grant recently completed which will hopefully generate extra clinical space for Portslade, PCN and Hove Medical Centre. Deadline 31/3 for completion.

Wish Park Medical Centre

Emma Bourlet – Practice Manager

Under lot of pressure for recruitment. A number of GPs on maternity leave. Interviewing for a permanent GP next week. Also, waiting to hear from an interviewee from 2 weeks ago.

Other GPs are covering to ensure continuity of care. Have a great nursing team. Working with extended access service to avoid the need for patients to call back.

Links Road

Emma Bourlet – Practice Manager

New Ops Manager for Links Rd called Sarah started this week. Emma will email Jo with her details. Very stable with their GPs. Potentially one new GP coming over to ease pressure one day a week. Working with PCN on NHS health check.

Questions:

Dawn – When will Drs surgeries go back to face to face appointments -worried people get misdiagnosed over the phone. Is it possible Tom could have surgery and refer to Drs accordingly. Ans: Jo unlikely will ever return to how it was before. Concurred she has received similar feedback from patients. Next meeting is more operational to focus on access and capacity in primary care - thinking about improvements together.

Rowan -acknowledge it is a valid point. GPs want to give a service that patients want. Telephone triage system is more efficient from a GPs perspective. Previously saw average 14-15 patients in clinic, now 20-25 patient contacts. Making extra 1000 contacts overall. Telephone process also enables test to be completed prior to face-to-face appointments. Still try to see patients wherever possible.

PCN Health & Equalities hat – focusing on NHS health checks in deprived areas, people from ethnic backgrounds and inviting for a health check. PCN’s completed first tranche – with most high risk groups. GP Federation – new role since April delivering enhanced access service. People may get invited to appointment with the Federation Dr’s, may not be own GP but will provide excellent care. Huge resource that wasn’t uniformly used.

Emma highlighted that Tom’s clinic (paramedic practitioner) is overrun by unnecessary appointments e.g. bitten tongue. Important that if receptionist asks more questions they are answered to avoid wasting clinical time.

Sylvia – Is the new advice and guidance system being used to send requests about a person’s symptoms?

Mark – felt that another way of looking at over capacity issues maybe that patients may have lost confidence in judging how ill they are. Requiring appointments on first day of illness when perhaps not needed.

Dr Rowan – Advice service allows GPs to write to consultants for advice. Heart failures very common with lots of standardised protocols; write to cardiologist, provide evidence and they provide advice, which improves communication and care.

Nicole – wanted to acknowledge the point that how people think about healthcare is different now, and with this new state of mindset need to consider what is way forward.

Dr Rowan – rarely have consultations that are inappropriate. Many have complex problems and are signposted elsewhere too. Changes in patient behaviour for many years, almost everyone has genuine reason to be spoken to. Not everyone may see a GP but other people with different skill sets e.g. paramedic practioner.

Jo highlighted that HKP’s Youth project parent carer work raises huge concern over waiting lists for parent /carers with SEND young people that aren’t getting early diagnosis or timely assessments.

Hove Medical Centre – Apologies received.

Mileoak Medical Centre - Apologies received.

1. Gerard Martin Adult Social Care – AccessPoint

Introduced AccessPoint for Adult Social Care. Straightforward and simple service for first point of contact to ASC. Access officers contact referrer, gather initial information and provide low-level assessment. Often results in providing information, advice, signposting. Able to provide basic but practical low-level equipment e.g. chair raiser, grab rails etc.

Trying to extend offer. More preventative model that brings in Occupational Therapists and broader base of services e.g. more complex equipment at first point of contact. Adaptations in peoples home make a huge difference to safety and functioning well at home. Looking at providing OT clinics in communities so access is much easier rather than social access care pathway. Seeing decline in phone calls and increase in online traffic. Need to improve online referral forms and guide through service. Want to use systems available to reduce people being passed around. Aiming for active and preventative service at first point of contact.

Questions:

Joyce – What information/publicity is there so people know about it?

Gerard – only through website currently, used to put more info in GP surgeries but there is a lot of pressure not to use paper literature. Need to consider ways that people will know about the service.

Emma – suggested it might be helpful to visit practices and discuss service with staff

Nicole - Aware there is number of single point of access services and it is difficult to navigate – will the access officer redirect to correct person or will I be referred to right person for me to make contact?

Dr Rowan – commented that multiple forms are completed for each service, online is ok but don’t have time. Used to have an email address which GP’s used – is this possible? When patients come to GP it often takes a long time to be seen, should we promote early access to Accesspoint so they’re in the system to prevent crisis later on.

Gerard – Referral ambition for city is single point of access so there is one place to gather everything. ESCC have achieved it, which demonstrates is possible but a huge task.

GP access – understand systems can be frustrating, have to adopt ways of managing demand. Only 6 people working in Accesspoint enquiries volume is vast. Trying to create systems that are easy to use and can be managed. Currently looking at online may be helpful to link up to system 1 – will assess.

Early access- currently struggling to meet demand so creating an earlier access service would be very difficult at this stage. Redesign happening but with no new money, or resources. Trying to balance loss in one area with benefits in another.

Pat observed that it is important not to marginalise people without online access.

Tina - How many come to Accesspoint, how many use other services in the area? Ans: Don’t have exact figures, lots of referrals from professionals, GP, nurses, physios - huge amount that are supported. Carers, family members people are hearing about us. Will take back comments and look at what work needs to be done.

1. Lola Banjoko (NHS SX) and Chas Walker (Integrated NHS/BHCC)

Chas is 4 months in post, role is to work across Integrated Care Strategy. Not just statutory partners, amazing examples within VCSO also need to integrate. Handout attached at end of minutes, providing introduction on ICB.

Health service is becoming increasingly reactive (waiting for people to become ill) instead of proactive – earlier involvement i.e. treating preventable health issues e.g. diabetes. Challenge of access - huge and complicated systems. Want to consider a more integrated way perhaps at local level. Design a more effective access system.

ICB doesn’t have the answers – first year consists of codesigning ongoing process to make improvements. Ensure hear patient voices and experts in the community to design a better system. Not receiving more money about making better use of current resource.

Mike – felt that during the pandemic many innovative ways of working were adopted. Must learn key lessons from that time and avoid reverting back to old ways.

Chas observations – often systems so complex changes go all the way to top and back down. How do we empower ICS so that decisions are taken at lowest level and only escalate when necessary. Learning lessons is a key feature.

Dr Rowan – recently completed work around population health management? – examples; 2000 health checks, cancer screening. Always working with lack of money. ICS should recognise importance of this to ensure not everything is pumped into access. Improved access will not improve health situation for long term. Must focus on preventative health and inequalities. Wrap funding around support teams. This work is all in the background, must ensure funding streams aren’t dominated by access issues alone.

Chas – observations around access - individual partners protecting resources, doesn’t encourage integrated working. Need to be braver with integrating around statutory partners. More sensible to have single access point. Hard to integrate if working on different systems. Workforce challenges in primary care, without right staffing levels can’t solve this.

Jo also expressed thanks to Dr Rowan’s clinical leadership within PCN to help make things happen. Health and inequality are where Jo’s priorities lie. There is enthusiasm from clinicians/GPs to work more with HKP.

Sharon – Echoed Jo’s thanks to Dr Rowan. Wanted to say same around HKP. Recognises strength in room from all the partners. Language of integration been around long time and often fall at hurdles. Would love to be invited to support architecture process.

Nicole – Covid lessons learnt. Reached communities would never have reached before. Need to do this with ICTs. Ambition is building a community for the community by the community. Dr Rowan’s health inequalities led part of the work, which was embedded in ICTs - geographically mapped out locality, population data. Lot of good work already happening need to identify how to bring it together.

Martin – echo what Sharon said integration before. Health and Social Care integrations are different organisations with considerable cultural differences. Purely a digital change will not be the answer. Housing is essential to health and social care and wellbeing. Unless housing connection is right health and social care needs won’t be met. Lot of private sector inadequate housing needs to be addressed.

Tina – Co vaccination work in communities was big success. Ran in partnership with community groups including HKP, received so many reports and suggestions how to make NHS better. Don’t feel system has enabled us to do much of it. So many vulnerable people with huge health inequalities which wouldn’t improve unless we worked with communities. People can lose trust in NHS if they have given feedback and don’t see any change.

More about process of co design touch points for voluntary sector any more info.

Jane – how do we ensure what’s been asked for prevention and early intervention work where do conversations take place in planning?

Norman MSK – communities of Brighton and Hove, mid Sussex and Crawley invited people to talk about their MSK, which quickly broadened into other issues, cost of living, housing, diet etc. Enabled us to deliver programmes differently. Starting point and challenge for vast number of VCSO they are willing to get involved and do things. Not worked in past because top-down approach. Community action days in Crawley and Horsham saw over 500 on waiting lists – started with question ‘what matters to you?’ between two people then directed to other services eg DWP, council, offered private space for examinations if wished. Given passport of discussion, agreement, scanned in their notes which became part of process. Around 30% Pathway Patient Initiated Follow Up (PIFU).

Jo expressed her thanks to Norman, highlighting that the model of Big Conversation has spread and was initially discussed in this forum. Norman and the manager of MSK have come to every meeting since and we have continued developing ideas together.

Chas – acknowledge frustration being felt around integration. Believes will be different this time. Firstly, energy in room seeking better health care for this community. Secondly, it is a public strategy. Forums like this can hold system to account delivering on aims.

Broken systems force people to change. Hope people will be braver and know will need to do things differently to get different results.

How to get involved – is a meeting today involving Exec board B&H and how they will support ICTs. Will feedback after meeting about this meeting and codesign - VCSO, Primary Care involvement. Some came to workshop held last month. Happy to be invited by individuals to understand about primary care practice.

Jane asked about how we start to shift resources from crisis into prevention?

Chas – Identifying in delivery plan aim is to move resource into prevention and early intervention. Will end up with business case for change for ICTs across Sussex. Mechanisms in place within strategy to design and move resources. Will be challenging but necessary.

Housing point – acknowledge this is a major contributor to poor health. Front runner programmes – multiple compound needs. Homelessness and underlying health needs. Learning how to integrate those structures. Housing rep on assembly. Look at how housing is an identifier and supporter of good health. MSK – fantastic example of innovation and action learning - doing things differently, learning from it and developing in other areas. Important part of codesign approach to ICTs.

Mark suggested the solution is funding determined by citizens assembly not top-down approach. Given task of allocating funding, to sort out funding priorities.

Pat commented she is the rep for area on local housing. 7000 on waiting list, number of houses up for rent decreasing, new building won’t alleviate problem, nowhere to build new houses when we want them. It is a major problem must be recognised.

Lola –Big Sussex Health and Care Partnership asked if you had £1 how would you spend it. Children and young people came further down priority list. But children and young people needs near top. Always challenge is what not going to fund at the expense of what is funded. Area of significant and increasing demand esp. around mental health. Need to embed everybody here to find a ‘we’ solution not ask what someone else is going to do. Visited new L&G development in Sackville road – need housing for key workers. Good medical school, nursing school, train care workers, people leave because can’t afford to live in the city. Need to retain them. Housing is not affordable in that building.

Jo mentioned Toadhole valley site. HKP had lot of influence on spec – health facilities outlined in that development. Key worker affordable housing. Influence on planning system need to think about and work on housing but Toadhall no nearer being built!

1. Tim Johnson - certified Buteyko breathing coach – breathing workshop partnership w Benfield

Breathe Better workshop collaboration between WellBN, HKP and Tim. Dr Buteyko was a Ukrainian Dr that studied in Moscow and helped people with asthma to live a healthier life. Helps people with dysfunctional breathing - COPD, log covid, anxiety, stress etc. Workshop on 15th July 10-12 to help people understand if they have any breathing issues, provide practical techniques to help breathe better.

Jo added that it is a NHS approved technique. Have been working with WellBN – Lou has targeted people with asthma. Booking workshop through Carmel. Setting up a waiting list and then will do a community course next. GP reps to let Jo know if beneficial for their patients. It’s a long term self-management technique to help yourself for life.

Ques: Dawn – is it similar to breathe easy groups? Ans: Not aware of group – may be using similar techniques would have to investigate.

1. Diabetes peer support dates Claire Hines

Running series of peer support diabetes workshops led by a specialist - emphasis on peer support. Particularly helpful for pre diabetic or interested in diabetes. Different topics each time and healthy snack. Completed recent surgery outreach programme with this community offers

Part of wider diabetes programme work with Mileoak to establish group consultations. Mileoak are trying it. Peer support open to anyone in community. Mileoak social prescribing colleagues for those recently diagnosed. Tailored pathway out to ongoing support. Surgery colleagues to contact Jo if interested. Started with newly diagnosed diabetics, then moving to those with long term diabetes for ages diet and will compare results.

1. **Date for your diary – ‘Being Well in the West’ 10-1 14th October**

Martin Portslade PPG and Links Road, Being Well in West Hove event 14th October 10-1 at St R aims to improve dialogue between patients and clinicians and give people a chance to find out more about how they can improve their health – will be workshops, stalls from relevant organisations and people can take advantage of what’s available. Working group has first meeting coming up. Sharon and Martin on group being led by HKP. Great example of PPGs working with HKP to make things happen. West Hove PCN also involved.

Sharon said there was fantastic buy in. Please spread word will talk again in September.

Jo explained it is building on work started with MSK – anyone signing up will get a muffin and nice lunch. We will target MSK wait list, bringing people that have never been in this building to be seen by a physio there and then. Bella Sankey leader of the council will be here with Dr Rowan to speak

1. AOB

Hannah – TDC in partnership w HKP on Act on Cancer Together. Project raising awareness of cancer screening, early signs and symptoms. Fliers on chairs for cervical screening taking place please promote. Translated fliers were available for practices.

Meetings 2023: 20th September, 6th December

Meeting 2024: 27th March