**PPG Extraordinary Meeting 15th May 2025**

Attendees

*PPG Members*: JB, PB, BC, DH, GH, TK, DK, SM, AR, DS,  WW.

*SVMP*: JH, BG

*Guest Speaker*: Suzanne Pepper, Lead Governor for HIOW Healthcare NHS Foundation Trust and Public Governor for Gosport, Fareham and Havant constituency

Meeting was opened by AR and apologies were given from PPG Members MB, GF, JH, SW.

Minutes from previous meeting - discussed.

DK added that the maximum time patients waited on the telephone was not recorded.  JH advised this would vary depending on the time of day when call was made.  Telephone data is looked at to ensure enough staff are on duty to cover; annual leave and staff sickness can impact this so back filling with staff is used.

JH advised time can be measured over a period of time.  DK would like results of this.

Agreed to be brought to next meeting.

AR advised minutes will be signed.

AR advised that due to personal reasons, she would be standing down as PPG Chair.  Proposed for JB to become PPG Chair, second by Vice Chair and Secretary; AR to become Vice Chair, second by Chair and Secretary. DH standing down as Vice Chair.

Vote unanimously agreed.

SVMP and PPG would like to thank AR and DH for their contribution and hard work with the PPG.

JB congratulated AR who was recently awarded Citizen of the Year.

JB provided an update on the proposal for a second pharmacy in Lee.  Both JB and AR met with Caroline Dineage and James Roach to discuss the need.

Pharmaceutical Needs Assessment (PNA) has been completed with local councillors raising the point that LOS needs to be treated separately and not part of Gosport.

Points raised; 8700 residents of LOS – and increasing.  PNA state 98% live within a 5 mile radius of a chemist.  JB raised concern that not all residents have their own form of transport, with some relying on local bus service.

JB advised James Roach has agreed to address concerns and will bring feedback to the next PPG Meeting.  Nish Amin is putting in another application.  All members agreed that there is a need for a second pharmacy in LOS.

JB introduced Suzanne Pepper. Separate summary of briefing below.

Terms of Reference - reviewed by all members.  Amendments discussed and agreed, BG to amend TOR and forward to JB for signing.

DK asked about feedback forms, which he had previously raised in a meeting.  JH advised patients can provide feedback via the practice website, paper forms are on reception desks.  Information on how to provide feedback is on the TV screen in the waiting room.  Patients attending an appointment, are also sent a text message asking for feedback – Friends and Family.

The practice will sometimes send out patient surveys.  JH advised if there is any negative feedback, this is investigated and discussed with GP Partners.

Discussion had around other ways feedback can be provided to the practice.  AR suggested finding out date for the next Lee Hub meeting and seeing if something can be arranged.

AOB:

BC asked about abuse to staff from patients.

JH sadly confirmed that this does happen, and the practice has a process in place to support the staff either on an individual basis or as a group.

DH asked if the practice has any authority to action further.

JH advised patients are sent an initial warning letter, if behaviour persists the practice can apply to NHSE to remove the patient.  This is done following a discussion with the Partners and the correct process has been taken.  Patient is given 8 working days to seek an alternative practice.

JH confirmed that the bigger picture is looked at before any actions are taken.

BC asked how many hours the GP works.  JH explained the GP’s work in sessions, so some do 8 sessions, 7 sessions, 6 sessions and 2 sessions – currently there are 3 Partners, 1 Salaried GP and 1 Locum GP (long-term).

Members felt that it would be good if a GP could attend a PPG Meeting.  BG to arrange this.

PB advised that he was involved with 2 groups; one for Parkinsons and one for Tremors, and wondered if he would be able to know how many patients have this diagnosis and then he can provide information to be displayed in the practice. PB will send information to BG.

Date of next PPG Meeting agreed as Tuesday 1st July 10.30am

Meeting closed by JB

From Lead Governor Hampshire and Isle of Wight Healthcare NHS Foundation Trust

The Government announced that they intend to absorb NHS(E) into the Dept of Health and Social Care . This announcement was leaked and consequently handles very poorly, some staff discovering that their jobs were in serious jeopardy via the media.

The levels of administration for the NHS are

NHS(E) followed by Integrated Care Boards (ICB)then Integrated Care Systems(ICS)  under which sit various trust.

Hampshires and IoW ICB will not, as of discussion on Thursday 22nd May cannot give 100% assurance that they will stay the same.

They will give 99.5% prediction that, apart from some ‘small fiddling around Frimley’ they are expecting no changes.

The ICB commission various services including GP services and some Community services.

The ICS contains many trusts:  Community, Mental Health , and Acute.

What is clear is that the funding for ICB and ICS will be drastically cut. There is an expectation of 50% savings in corporate governance alone. Brave voices are saying that this will be reach in the main by natural wastage.

Neighbourhood is the current health policy buzzword, with terms like ‘neighbourhood health service’ and ‘integrated neighbourhood teams’ being widely used. It might seem like a new and radical solution, but NHS England's (NHSE) Neighbourhood health guidelines clarify that it's not new at all. The guidelines focus on six core components: using population health management tools, improving access and continuity in general practice, strengthening core community services, establishing integrated multidisciplinary teams, offering intermediate care, and delivering urgent community-based services. These aspects have been worked on for years under different names such as integrated care or place-based working.

In the longer term, the guidelines aim for a broader approach to support less complex needs and connect people to wider public services. This is crucial as most health determinants lie outside health services and are driven by social, economic, and physical contexts. The lack of novelty in the guidance might be its strength, showing that success in community-focused care comes from aggregating many changes rather than one policy. However, balancing resources between hospital and community care remains a challenge. The guidance emphasizes strengthening general practice and community health services, which have been underfunded compared to hospitals. Implementing neighbourhood health requires striking a balance between national direction and local determination, a challenge NHSE must navigate.

A potential pitfall is the risk of a narrow focus that excludes local government, the voluntary sector, and communities, which are crucial for creating healthier neighbourhoods. While NHSE's immediate focus (apart from disappearing) is on complex health needs to relieve hospital pressures, local areas already work with broader partners for community health and wellbeing. Creating an effective neighbourhood health service requires local NHS leaders to collaborate widely and address broader health determinants to improve population health.

Funds have been released to build Neighbourhood networks. There will continue to be as there always has been, a deal of confusion around who is funding what. Looking forward,

there will be emphasis on patients using the NHS App to view their patient records, book prescriptions and in some cases direct appointments for Scans and Xrays.

There are an increasing number of community services where the public can self-refer thereby by passing the GP appointment altogether. (eg continence clinic, talking therapies.)

The service user (general public)  are mostly not concerned about any of this they just want to know that their care is being delivered.

As long as General Practice is funded and community teams are funded there should be little change.

However, funding will be harder to come by and General Practice will come under ever increasing pressure.

There is talk of more cooperation across Primary Care Networks to build Neighbourhood working and thence acces funding streams.

There are other projects happening in Gosport funded by Public Ealth in conjunction with GBC

[https://www.livelongerbetter.uk](https://www.livelongerbetter.uk/)

Hampshire County Council Healthy Weight Strategy

 contact

System Wide Childhood Obesity scheme

**Charlotte Fox**

Senior Public Health Practitioner (Healthy Places)

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These are views across the NHS

My call to action for all residents is to become a member of HIOWH NHS Foundation Trust so your voice can be heard in our many engagement and co-production events.

With thanks