

## **Healthwatch Portsmouth Advisory Board Meeting Minutes**

**Venue: Bucklands Community Centre, Portsmouth PO2 7BT**

**Date: 17<sup>th</sup> September 2025 from 5-7 p.m.**

### **Attendees:**

**HW Portsmouth Advisory Board Members:** Roger Batterbury, Chairperson (RB); Jenny Brent (JB); Anthony Knight, Vice Chair, (AK); Graham Keeping (GK); Online: Mary Amos (MA) and Ram Jassi (RJ).

**HWP:** Siobhain McCurrach, Area Director (SM)  
Sunitha Rajeev, Lead Officer (SR)

**Apologies:** Dr. Jason Oakley (JO); Jan Dixon (JD)

### **Item1. Welcome, Introduction to Advisory Board/Declaration of interest**

RB introduced himself and explained the routine of the meeting and attendance online procedures. He suggested questions are welcome, but preference will be given to Advisory Board members. RB thanked all the volunteers involved with HWP and again noted the need for one or two more on the Board. RB asked for any conflict of interest, RB had to make one as he has been made a Trustee of Age Uk Portsmouth.

### **Item 2. Minutes of HWP Advisory Board Meeting of 17.6.25**

RB referred to the Minutes of the June meeting and asked if there were any outstanding actions. SM declared there were no outstanding actions, and certain things referred to in the minutes are covered in the Manager's Report this time. RB assumed that everyone present had read the previous minutes and asked for a proposer and seconder to their accuracy. JB proposed them, and GK seconded the proposal.

### **Item 3. Healthwatch response to the Government announced change in Commissioning Agenda Standing Item**

A new regular item in Advisory Board Meetings until confirmation is available on a timetable and nature of a future Patient Feedback Model. RB's own remarks follow. In the past couple of months, the Government has published both the Penny Dash Review and the NHS 10-year Plan, which amongst other plans, and specific to HW recommends, the transferring of HW England functions to the Department of Health & Social Care, and transferring the functions of local HW into Integrated Care Boards and Local Authorities. The Government has said that

it accepts this recommendation, and will pass legislation to enable it, when time allows. Until legislation is passed, the Department of Health and Social Care will continue funding the HW function and advised Local Authorities to continue commissioning local HW services. The recent media coverage in advance of the publication of the Dash Review/10-year plan, may have given some communities and stakeholders the impression that our closure was taking place with immediate effect. Many local HWs have taken steps to clarify this issue locally, and HWP website issued a statement on 11<sup>th</sup> July entitled, “HW Portsmouth – still here, still listening” which echoes a statement put out by HW England. “The Department of Health and Social Care still needs to clarify when and how the transfer of any HW functions will occur, both HWE and the HW network will encourage them to answer questions as soon as possible.” Meantime, HWP continues to gather, analyse and communicate. Since the Government announcement in early July, we have also heard from Housing, Communities and Local Authority groups, who extend their communications to Local Authorities on the outcomes of the review into Patient Safety, across the Health and Social Care landscape. The bulletin was sent to all Local Authorities. HWE said they will forward the communications directly to their list of Local Authority commissioners.

The content of the Bulletin is: -

- Review of Patient Safety across the Health and Social Care landscape.
- Re Penny Dash Review – the Government accepted all 9 recommendations to address gaps, ensuring a strategic approach is taken to improvement and investing quality of health and care. Overall, functions will be streamlined where duplications and overlap exist, hosting as many as possible within the Commissioners and providers of care, who are, ultimately, responsible for improving quality. Recommendation 5 sets out that the statutory functions of local HW should be combined with the involvement and engagement functions of ICBs to listen to and promote the needs of service users.
- The statutory functions of local HW relating to social care should be transferred to Councils to improve the commissioning of Social Care. Primary legislation will be required to make these changes, The Department of Health and Social Care, with HWE and the Ministry of Housing Communities and Local Governments are currently working on the details of this recommendation. Meanwhile, contractual arrangements should continue to be made to ensure effective local HW organisation is operating in your area, delivering the activities set out in the legislation. Department of Health and Local Care confirmed that funding in 2025/26 will be provided during the Autumn, via the local reform and community voices fund. The funding mechanism after 25/26 will be confirmed in due course.

- The Department of Health and Social Care will engage with stakeholders, including the Local Government Association, and the Care Provider Alliance, during these interim periods. (end of bulletin)
- In early September HWE responded “We are working on a piece with the King’s Fund, which will be published later this year. This will review the HW model as a mechanism for patient feedback, with conclusions and recommendations around what mustn’t get lost in the “new world”, e.g. the importance of reaching out to communities and rich qualitative data. There will be opportunities for local HWs to be involved in this, but we are still in the planning stages. HWE also noted “NHS England is commissioning a partner organisation to undertake some work on the future of patient feedback. Given the circumstances, HWE didn’t feel like they could bid for this work, however, we are supporting one organisation, (not the HWP post organisation) they are leading a bid and expect to work closely with whichever organisation is successful.

Potential timeline for legislation, has mentioned by the end of 2026, or the Spring of 2027, and potentially even beyond those estimates. RB promised to advise in future as soon as he knows more. This item 3 will remain as a standing item on the agenda in future. Both online members had a question.

MA asked if it was worth gathering a few examples of HWP work which show how they have tackled issues, in a way that couldn’t possibly be tackled in the “new world”, i.e. HWP niche that can’t be achieved by the Integrated Care Boards or Local Authorities. RB replied that it may be worth starting to prepare for the work done by the King’s Fund, should we be invited to contribute.

RJ’s question is around the timing and sequence of the process. How does the King’s Fund feed into the legislation change or the formal approval of whatever change is on the horizon? RB said that the Penny Dash Review was scant on detail about what she found were the issues of concern regarding the HW network, and he believes that the work going out to the King’s Fund and NHS England is to potentially feed into the decision-making process of the Department of Health and Social Care. There is no feedback from these yet.

RJ also asked about HW England putting a bid in to solicit a way to do this, so he wondered if it was a formal procurement to source an alternative to HWE? RB read again the notes from above. MA pointed out that we are not just Patient Voice, but public voice too, e.g. over the dentist problem. MA feared that Department of Health will only concentrate on patient. HWP does much more than that. SM explained that there was a procurement portal but that as far as HW were concerned, we only became aware of it after the deadline had passed. Information provided about the King’s Fund or procured research is designed to feed into the Dept. of Health & Social Care future modelling of a patient and social care voice entity. In answer to MA’s comments, SM agreed completely, and

we also have an information advice and guidance service, which wasn't mentioned in the Penny Dash Review. Our HWP website is very useful. RJ asked SM if we could get the bid specification so we can understand what work is being undertaken in terms of the review. We may glean information to help challenge it. SM said she'd wanted to access that information, but it wasn't on the platform when she checked. The only information was that the procurement window had passed. RB said he'd try to find out more.

#### **Item 4: Healthwatch operational and strategic activity HWP**

**<https://www.healthwatchportsmouth.co.uk/hwp-advisory-board-mtg-17-09-25>**

SM skipped the news about HW having already been covered. SM is looking at the unique service that HWP provides, and to capture it along with "What must not be lost", the Independence, and provision of information as a service to members of the public. The HW scrutiny role, critique of services and the read-across that each local HW has of the entire health and social care landscape is unique. We provide patients and service users with a voice to shape service improvements and future services. HW is working on what needs to be retained in any future model.

There are local government re-organisation proposals for Hampshire and the Isle of Wight, with 4 new geographical areas (Unitary Authorities) and a Strategic Authority covering the entire HIOW area. The Unitary Authorities proposed are South West; North and Mid; Isle of Wight and South East.

HIOW ICB along with all others in England were told by the Dept for Health and Social Care to reduce their running costs by 50%. HIOW is currently working on a plan and have produced a clinical framework as a starting point.

The Accessible Information Standard (AIS) review and update has now been released to further improve support for people with additional communication needs to receive information in a way that supports their needs. NHS Trusts and Social Care have additional processes they need to undertake due to the update.

Details were provided on new NHS England performance assessment frameworks, and a league table. HWP awaits to see how the support mechanisms for ICBs are being generated, and when we speak to the Trusts in the Autumn, we will be asking about what they have experienced so far, in terms of support from NHS England.

We have had additional provision from a dental surgery in Portsmouth, with a second one due to start imminently, both are offering one-off urgent treatment

for non-registered clients, and stabilisation clinics. Also, child checks by dental therapists rather than dentists.

HWP volunteers have attended events in July including at Portsmouth Deaf Club. We used the feedback gathered to inform discussions at strategic level meetings to highlight the barriers to accessing services still being faced by deaf communities.

People living in areas of Portsmouth most affected by health inequalities have reported to HWP that they need to access information in a way that works for them. Based on this evidence the Portsmouth Primary Provider Partnership have agreed to fund a two local community help desks giving in-person support.

Patient Led Assessment of the Care Environment (PLACE) visits are opportunities for volunteers to be involved in visits to hospital wards, or other health facilities, to check the environment from a patient's point of view. This is a very thorough check on various aspects of the hospital and action plans for the hospital are drawn up based on what was observed from the patient perspective that could be improved. HWP volunteers will be taking part in the visits which will be happening in October.

Hampshire and Isle of Wight Healthcare NHS Foundation Trust (HIOWH) are launching their community engagement initiative early next month and are inviting people to get involved, in being part of the initiative's subgroup meetings to provide support to the Trust to understand how to improve things. SM encouraged the board to get involved in the online meetings.

SM reported that HWP is due to receive an update from HIOW ICB-Portsmouth Primary Care Team regarding the Care Quality Commission's recent inspections visit to Uni-City Medical Centre. ICB wish to see evidence of improvement of access to appointments. HWP will be devising a survey to find out from patients their experience of accessing GP surgeries since October and will be finding out if access has improved. The Director of Primary Care for HIOW ICB recently reported that there had been more GP appointments, with the information now showing (further to HW requests for such) as a breakdown between GP and other clinicians' appointments provided to patients.

HWP has been invited to join the Integrated Neighbourhood Teams (INTs) working steering group and SM has also been invited to the equivalent for Hampshire.

We shared the findings from our HWP survey on the Pharmacy First service, and these were echoed in the recent update given by the Director of Pharmacy, Optometry and Dental Services on the importance of availability of pharmacists to provide support for people in primary care.

Martha's Rule has been rolled out in hospitals across HLOW and SM asked that anyone visiting NHS Trust facilities to keep an eye open for the posters informing patients and loved ones of the opportunity to contact the Critical Outreach Team in the hospital if they are concerned about a deterioration in their condition.

HWP have also made an impact getting a parking resolution for blue badge holders in which we helped to sort out the confusing information displayed about recent changes to regulations. HWP offered to join a similar parking solutions team at QA Hospital and we await an answer to that offer. Info for blue badge holders at St. Mary's Hospital is more clearly displayed in the car park and on their website.

HWP reviewed feedback we had received on Reablement services and presented this with recommendations to a panel in Portsmouth City Council Offices in June.

We are submitting intelligence from user feedback to Dementia Carers and Homelessness Strategy groups. HWP has promoted HLOWH's review of Minor Eye Conditions who would welcome input from the public via a link to their survey.

RJ wanted to record that HWP demonstrates that they are holding the system to account. RB backed that comment.

#### **Item 5: HWP Walk-thru report of QA Hospital Emergency Dept. – PHUT response**

SM had emailed packs to the board featuring a series of comments she had made, based on the response from PHUT Director of Nursing, Juliet Pearce. HWP had submitted the walk thru report and JP pledged to provide a response within a three-week period. SM identified key things from the response. Some they are doing, e.g. Comments SM2,4,5,6,7. SM asks if HWP has triggered this action, so we can claim it, or were they going to do them anyway. SM would like clarification from the Trust.

Other important items in PHUT's reply, the Board were invited to comment on. RB encouraged comments on PHUT's planned actions. RB was very in favour of the recommendation for a patient guide to uniforms board.

RB mentioned that the new Emergency Department at QA had been opened by The Princess Royal, and other dignitaries, and RB believed that the corridor of trolleys was empty, and the walls bare, but on the HWP visit a week later, there were printed signs denoting 32 trolley bays, blue tacked on the wall. 'Corridor care' nurses have been recruited.

JB remarked that PHUT haven't said what their timescale is for making changes. SM noted that. SM referred to the Portsmouth and South East Hampshire Hospital Discharge and Admissions Group, a new review group to oversee the delivery of effective discharge pathways. As patients arrive, the Trust is trying to establish how quickly they can be moved through the system, which is what a lot of HWP comments had been about. RB stated he had feedback from someone who has recently been through ED and been discharged from the hospital, which can go on HWP feedback capture system.

**ACTION:** Advisory Board Members to please get back to SM with their responses, based on the critique SM has made, and any other matter they may wish to raise, and then she can go back to PHUT. SM asked that remarks be with her by 26.9.25

#### **Item 6: Advisory Board Member updates.**

RB asked members to update about any meetings they attended since last time. AK reported that he had been very busy working with Fighting With Pride (FWP) celebrating the 25<sup>th</sup> anniversary of the lifting of the ban on LGBTQ in the armed forces. AK was also involved in Patient and Public Involvement research with Action Hampshire – Raising Voices in Research (RVIR). SM from HWP had held two workshops at Sirius Court supported by Agamemnon Housing. He has been organising veteran social activities to support wellbeing and mental health by breaking down barriers to isolation and loneliness. His efforts had been rewarded with an NHS Merit Coin – PHUT; NHS Veterans Covenant Healthcare Alliance (VCHA) Merit Coin; he was also a finalist for LGBT Defence Awards, Veteran of the Year.

RB congratulated him and SM said she would put something on the website about it.

GK reported feedback on the NHS Walk in centre congratulated the staff on what they were doing - checks and tests before you go on the ward.

JB attended her first Portsmouth Autism and Community Forum, and she was very impressed with Spark Community, their organisational abilities and the representatives they had there, there was attendance from all the organisations that have anything to do with people with autism. She was inspired by their plans to talk to employers, and professionals, and a lot of the Forum's sub-groups will be led by someone who is autistic.

RJ commented about the online petition against the abolition of HWE, only 7000 people have signed. He wondered if we should be pushing this. SM said that the Advocacy People have signed it on behalf of the seven local HW it supports, and local HW across the country, part of the HW national network have also signed it.

There were no offerings from the online members. RB said he wouldn't read out his list of meetings attended, he just wanted to give a general note that he always reads the papers, and checks our workplan, and looks for relevant issues to raise during agenda items. This is to be truly representative as possible.

- RB is hearing about recent changes relating to procedures of low clinical value (PLCV) These procedures are no longer being funded, this is affecting patients at St. Mary's Surgical Centre, and at QA Hospital. Patients who have been assessed already, will have the surgery, but patients who have not yet been assessed will probably not have procedures such as bunions.
- RB has heard there is a new AI Cataract process, which is an automated phone service called DORA, but if you miss the call, it is almost impossible to get it again, and the call is about choosing where to have your procedure. Both these points were feedback from the Urgent Treatment Centre and Surgical Centre at St. Mary's. This also affects the acute hospitals (QA).
- St. Mary's parking team had a "kindly nudge" by RB to move things forward regarding clearer comms. RB had attended a meeting recently and spoke with an executive of HIOWH and RB is hopeful of more positive news by the next meeting. So far though, blue badge parking is easier and fees are reduced for regular hospital attendees.
- RB had attended the QA Trust AGM recently, where he asked two specific questions about blue badge parking at QA, and he has received a very positive response from the Deputy Chief Executive who is also giving a "nudge" to improve arrangements for patients/carers public parking that have a blue badge. There is a promise that if people are issued a fine for difficulties with blue badge parking, this executive will do his utmost to get it cancelled.
- There is talk of a HWP role on a disability/parking access group at PHUT.

SM referred to the DORA system that was mentioned at Portsmouth's Health Overview & Scrutiny panel, and it seems there is a problem currently with it. SM felt that HWP should raise this when next she visits PHUT, HIOWH and Hampshire Hospitals Foundation Trust and ask them if they could have any influence at national level.

#### **Item 7: Questions from the Public**

There were none.

#### **Item 8: Any Other Business**

SM showed a Portsmouth Inspiring Volunteer award presented to Healthwatch Advisory Board Members, presented by Hive Portsmouth. Lord Mayor of



Portsmouth has signed, and it will be displayed in the office and feature on the website.

AK referred to an agreement of some years ago to reach out to students at the University, he felt we hadn't made any progress in this matter. SM said she can update him on the work HWP has done on recruitment with the university students but no time at the meeting.

SM spoke on behalf of GL re follow-up plans for a meeting of Advisory Board members re sharing of workload. Due to the news about Healthwatch nationwide, it was decided that this meeting needn't take place now.

#### **Item 9: Close of HWP Advisory Board Meeting**

RB once again thanked all who attended and who volunteer, and thanked Bucklands Community Centre for their room.

The next meeting is to be held on 8<sup>th</sup> December from 2-4 p.m. at Cosham Baptist Church, 48 Havant Road, PO6 2QZ.