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PORTSMOUTH AND SOUTH-EAST HAMPSHIRE COMMUNITY HEALTH COUNCIL.

MEL/StrategyGroup.

October, 1999..

PRELIMINARY AGENDA.
EMBARGOED TO 2.00 P.M., MONDAY, 8th. NOVEMBER, 1999.**STRATEGY GROUP MEETING.****Monday, 8th. November, 1999., 2.00 p.m. C.H.C. OFFICE.**

**PORTSMOUTH & S.E. HANTS
HEALTH AUTHORITY**

25 OCT 1999

FAREHAM & GOSPORT PCGs

- 14.00 1. Welcome and Apologies for Absence.
2. Minutes of the Last Meeting (22nd. September, 1999.). ENCLOSED.
3. Chair's Items, including:-
1. Chairs/Vice-Chairs/Chief Officer's Meeting(s) ENCLOSED.
2. A.C.H.C.E.W. Commission Response;
3. Future Pattern of N.H.S. Services for Residents of Gosport and south Fareham;
4. The Gables – Re-Provisiom Proposals.
4. Chief Officer's Items, including:-
1. Reports, Papers, and Publications and Courses, Conferences, and Seminars Listings – November 1999.. TO FOLLOW;
2. Job Titles;
3. Representatives to Other Bodies – To confirm:-
- H.A. Communications Group – Chief Officer;
 - E. Hants. Health Alliance Management Group – Mr. D.A. Dann;
 - P'mth. Health & Care Sub-Group - Dr. D.M. Ottaway;
 - P'mth. Joint Children's Planning Group. – Mrs. C.R. Hampton.
- 14.20 5. Review of Current Projects and Determination of New Projects:-
1. Community Hospitals Development ENCLOSED;
2. Completion of Report on Questionnaires to Adult Mental Health Services Users TO FOLLOW;
3. Mental Health ENCLOSED;
4. Primary Care Groups ENCLOSED;
5. Profile TO FOLLOW;
6. Newsletter Editorial Team (SEE NOTE AT FOOT OF AGENDA) ENCLOSED;
7. Respite Care TO FOLLOW;
8. Visiting, including Visit Reports:-
- 1 Algiers Road, Copnor, 7th. June, 1999.. ENCLOSED;
 - 2 Rowner Health Centre, 30th. June, 1999.. ENCLOSED;
 - 3 Havant War Memorial Hospital, 16th. July, 1999.. ENCLOSED;
 - 4 Diagnostic Imaging, SMH, 23rd. July, 1999.. ENCLOSED.

Continued

(Strategy Group - 08111999 - Preliminary Agenda.)

- | | | | |
|----------|------|--|------------------------|
| 14.55 | 6. | Reports from Representatives to Other Bodies. | SEE ATTACHED LIST. |
| 15.00 | 7. 1 | Hampshire Ambulance NHS Trust Board Open Day
Havant Ambulance Station, Tuesday, 21 st . September, 1999.. | ENCLOSED. |
| 15.05 | 8. | Members Scheduled Items. | NONE KNOWN AT PRESENT. |
| 15.15 | 9. | Any Other Unscheduled Business. | |
| 15.20 | 10. | Questions to Primary Care Groups, Trusts,
and Health Authorities. | |
| | 11. | Date of the Next Strategy Group Meeting - To Confirm:
Thursday, 20 th . January, 2000., commencing at 1.00 p.m.
at the C.H.C. Office. | |
| By 15.30 | | Meeting to Close. | |

NOTE RE. ITEM 5.6, NEWSLETTER EDITORIAL TEAM.

Members are reminded that, if more than six applications for Membership of the Newsletter Editorial Team are received at the C.H.C. Office by the closing date of Thursday, 28th. October, 1999., a ballot will take place at the Strategy Meeting.

NOTE: The order of Items may be varied at the discretion of the Chair.

PORTSMOUTH AND SOUTH-EAST HAMPSHIRE COMMUNITY HEALTH COUNCIL.

MEL/021.

September 1999..

MINUTES OF THE STRATEGY GROUP MEETING OF THE
PORTSMOUTH AND SOUTH-EAST HAMPSHIRE COMMUNITY HEALTH COUNCIL
HELD ON WEDNESDAY, 22ND. SEPTEMBER, 1999., AT THE C.H.C. OFFICE.

MEMBERS			
A	MISS E BOWEN	A	MRS. J. KING
P	CLLR. MRS. E. BURLEY	P	MISS J. KNIGHT
-	VACANCY	P	CLLR. P. LANGDON
-	VACANCY	P	MR. J.L. NUNN
P	CLLR. H. CUNLIFFE	A	MRS. M. ORAM
P	MR. D.A. DANN	-	CLLR. I. ORR
P	MR. K.W. DOBSON	P	DR. D.M. OTTAWAY
-	VACANCY	A	MRS. P.J. PEETERS
A	CLLR. T. EVANS	-	CLLR. M.A. PRIOR
P	MR. W. FISH	P	MRS. K. TAYLOR
A	MR. P. FRANCIS	A	MR. T. WHITCHER
A	MR. R.V. JONES	A	MRS. C. WILKES
CO-OPTees			
A	MRS. C.R. HAMPTON	A	DR. D.D. HILTON
ASSOCIATES			
X	MRS. V. LINDRIDGE	X	DR. B. OLIVE
X	MS. P. MELVILLE-BROWN		-
OFFICERS			
P	MRS. M. E. LOVELL	P	MRS. A F. MUNRO
P	MR. N. EMERY	X	MRS. T. GEE
KEY: P = Present; A = Apologised; X = Not Involved; - = None of the Previous.			

S99/18 Introduction and Welcome.

Miss Joyce Knight, Council Chair, opened the Meeting and welcomed those present.

S99/19 Minutes of the Last Meeting.

The Minutes of the Strategy Group Meeting, held on the Thursday, 22nd. July, 1999., were agreed as being a correct record.

S99/20 Chair's Items.1. Chairs / Vice-Chairs / Chief Officer Meeting.

Miss Knight reported on recent Chairs / Vice-Chairs / Chief Officer Meetings.

Responding to a question from a Member, the Chair confirmed that liaison with the Isle-of-Wight C.H.C. was taking place and, for example, an invitation had been extended for Members to participate in the (Portsmouth & S.E. Hants.) C.H.C's. forthcoming Equal Opportunities Briefing Session.

Members received and agreed Miss Knight's Report on the Meeting held on the 1st. September, 1999.. [Copy held in Strategy Minutes File.]

2. Progress Working Group Meetings and Strategy Meetings.

Views were sought on the use and value of the Progress Working Group now that the C.H.C. held a full meeting each month, as well as the Team and Visit work, the Chair advising that it had been suggested to her by a Member that the Group was no longer required.

(Strategy Group - Minutes - 22091999..)

There was some debate. Most of those present felt that there had been a lot of duplication in reporting, the situation being that verbal up-dates at Progress Working Group Meetings were repeated through written - supplemented by spoken - reports at Strategy and Business Meetings.. A couple of Members were concerned that the opportunity for Members to consider matters informally would be lost.

Members noted, though, that the Team structure gave good opportunities for informal discussions, that any Member was entitled to raise an idea or an issue at the Strategy Group Meetings, and that it was appropriate for the C.H.C. to conduct as much of its business as possible in fora at which members of the Public might be present.

Bearing in mind that the C.H.C's. Annual Review Day took place instead of one of the Progress W.G. Meetings annually and the Council was prepared to utilise another session for an interim half-year informal review, Members noted that the loss would be only four sessions annually and that additional Meetings could be called were business to necessitate them.

Cllr. Bill Fish, seconded by Mr. Doug Dann, proposed that the Progress Working Group Meetings be ceased, that being agreed by a substantial majority of Members. (Mr. Ken Dobson asked that his dissent be noted.)

As a result of that decision, Mr. Ken Dobson said that he thought that the "Pairing" system of Members for Strategy Group Meetings should be discontinued, so that each Member was able to attend those sessions.

Reminder was given that the "Pairing" had been introduced so as to try to ensure that at least fifty per cent of the Council was present at any Strategy Group Meeting, not to prohibit involvement; indeed, all Members were not only entitled but encouraged to participate.

However, with the development of the C.H.C's. new structure and the establishment of the Team style of working, Members doubted that the "Pairing" remained appropriate and the decision was taken to cease the arrangement.

The Chief Officer reminded Members that there would be a need to up-date the C.H.C's. Working and Organisational Arrangements documents and that an appropriate amendment would be presented at the next Business Meeting.

3. C.H.C. Annual Review Day.

The Chair referred to the arrangements for the C.H.C's. 1999/2000. Internal Review Day, suggesting that it might be appropriate were the session (as with those in following years) to be held in late January/early February, rather than December.

There was some debate, during which various opinions were offered. The point was made by the Chair that the system of short-life Project Teams reporting to the Strategy Group lent itself to all project work being completed by the January Strategy Meeting, after which the Annual Review and development of the next Business Year's work programme might be considered in time for the beginning of April, the process taking place on an annual basis.

Members agreed that the C.H.C's. Annual Review Day normally should take place in late January/early February, following completion of project work by the January Strategy Meeting, annually.

Further, Members confirmed that the 1999/2000. Annual Review Day should be deferred from the provisional date set (11th. December, 1999.) to the beginning of 2000.. However, recognising the attention which the C.H.C. would be giving to further consultations in respect of health services for people in Gosport and south Fareham, it was accepted that the revised date to be set might have to be varied from the end January/beginning February, possible alternative dates including the 10th., 11th. and 12th. January.

(Strategy Group - Minutes - 22091999..)

4. ACHCEW Commission on Representing the Public Interest.

Members considered the C.H.C's. Draft Response to the Interim Report of the Commission on Representing the Public Interest, the Commission having been established by the Association of Community Health Councils for England and Wales.

Two minor amendments were made to the Draft Response, which had been composed by the Chief Officer following a discussion of the document by Members, on Wednesday, 1st. September, 1999., as follows:-

- Section 3.6, 2nd. Sentence: Change "that" to "thus", to read:-
"... any such meetings, thus making progress ...";
- Section 4.6, Correct typing error by changing "voluntary" to "voluntarily", to read:-
"... number of hours given voluntarily to serving the public ...".

There was debate about the intentions of the Commission and the nature of the C.H.C's., Response, coupled with whether or not it would have been better to submit a shorter paper. Whilst the majority of Members considered that the Draft Response well reflected the views expressed at the discussion session, a couple deemed that the conclusions were not sufficiently strong.

Members agreed that an Executive Summary or Conclusions Section might be added to the Draft Response and it was left for Cllr. Harry Cunliffe, who felt strongly on the matter, to provide a draft to the Chief Officer (by the beginning of the following week) for inclusion in the Final Response, which was to be forwarded to the Commission via the Chair/Vice-Chairs/Chief Officer Group but without further referral to the full Council.

The Chair and Members thanked the Chief Officer for composing the Draft Response and reflecting the opinions which had been expressed at the discussion session.

5. Clinical Governance and Equal Opportunities Briefing Sessions.

The Council Chair commented on the Clinical Governance Briefing Session which had been held on Tuesday, 24th. August, 1999., all those present who had participated saying that they had found the event to be extremely interesting and the way in which the subject was communicated exciting and stimulating.

With regard to the Equal Opportunities Briefing Session to take place on Monday, 26th. September, 1999., the Chair urged all Members to attend if at all possible, reminding those present that the morning was geared towards those who had not participated in the previous event whilst the afternoon was for both them and those Members attending for the first time.

6. Questions and Points to PCG's., plus Trusts and Health Authorities.

Reference was made to the C.H.C. possibly needing a mechanism to ensure that Representatives were appropriately briefed and prepared so as to be able, on the behalf of the Council, to ask questions and put forward points at meetings of the Primary Care Groups, Trusts, and the Health Authority.

After some consideration, Members took the view that the Strategy Group was the forum through which such issues should be identified.

7. Health Authority Away-Day.

The Chair informed Members of a Portsmouth and South East Hampshire Health Authority "Away-Day" to which she had been invited, saying that it had been an extremely interesting event and she was very pleased to be able to report that giving attention to patient experiences was at the front of the minds of those present.

(Strategy Group - Minutes - 22091999..)

S99/21 Chief Officer's Items.1. Reports, Papers, and Publications and Courses, Conferences, and Seminars - July 1999..

Members confirmed receipt of the September 1999. Listing of Reports, Papers, and Publications and Courses, Conferences, and Seminars.

2. NHS Executive: "Code of Conduct for Community Health Council Members", Revised Edition July 1999..

The Chief Officer advised Members that a copy of the Nolan Report had been ordered and was awaited at the C.H.C. Office.

3. October 1999. Business Meeting - Arrangements.

Members were advised that the key item at the Business Meeting would be a talk by Dr. Peter Howlett, Director of Development at Portsmouth Hospitals NHS Trust, up-dating on the Private Finance Initiative (PFI) bid and developments at the St. Mary's and Queen Alexandra Hospitals.

The Chair reminded those present that all the papers issued for the Strategy Meeting would be carried forward to the Business Meeting, no additional reports being required or expected.

4. Patient Experience Council - C.H.C. Survey Report.

The Chief Officer reminded Members of the involvement which the C.H.C. Personnel had in the development of the Patient Experience Council questionnaire and the analysis and reporting on the survey results, drawing to the Meeting's attention the report which had been produced subsequently by the Portsmouth Hospitals NHS Trust and the action plan developed to deal with the recommendations which had been made by the P.E.C..

Mrs. Jill Irish, Patient Liaison Officer for the Trust, was present (as a member of the Public) and added that the findings were being reported to the Clinical Governance Board, where any decisions about funding improvements would be made.

5. Representatives to Other Bodies.

The Chief Officer drew to Members' attention the need for Representatives to be identified to the following Bodies:-

- Portsmouth and South East Hampshire Health Authority Communications Group;
- East Hampshire Health Alliance Management Group;
- Portsmouth Joint Children's Planning Board;
- Portsmouth Health and Care Sub-Group.

It was said that paper notifications had been issued to Members and that a reminder would be issued soon, it being hoped that any applications (including C.V's., etc.) might be received at the C.H.C. Office by the 1st. October, 1999..

6. Trust Annual General Meetings / Open Fora.

Advice was given to Members that, this year, any Member who had notified the C.H.C. Office of his/her interest in attending the Portsmouth HealthCare NHS Trust Annual General Meeting (27th. September, 1999.) and/or the Portsmouth Hospitals NHS Trust Open Forum (6th. October, 1999.) might claim reimbursement for their travelling expenses from the C.H.C.. (The "official" Representatives for the C.H.C. were expected to be Mrs. Kate Taylor and Mr. Ken Dobson, respectively.)

(Strategy Group - Minutes - 22091999..)

7. Replacement Members Address List, Including Initials Used for Members.

Members confirmed receipt of the latest Members Address List, dated 16th. September, 1999..

The Chief Officer drew to Members' attention the initials which had been added under each name, they indicating the "shorthand" used by the Office to signify those involved in any matters, inviting Members to adopt them in the interests of compatibility and reducing the risk of confusion (where two or more Members appeared to share the same initials).

S99/22 Determination / Review of Current Projects.

1. Community Hospitals Development.
2. Completion of Report on Questionnaires to Adult Mental Health Services Users.
6. Primary Care Groups.

No Reports were due in respect of the above Projects, in respect of which actions were planned but had not yet taken place (following the issues being placed "on hold" whilst work related to the "Haslar" issue was carried out).

3. Haslar.

Mr. Ken Dobson had not submitted a written Report but gave verbal comments to the Meeting, saying that a written paper would be provided for inclusion with the documentation.

The Chief Officer reported confirmation of receipt of the C.H.C's. Response to the Consultation Document issued by the Portsmouth and South East Hampshire Health Authority. In her letter, Ms. Penny Humphris, Chief Executive, commented "... I very much appreciate the thoughtful and thorough approach taken by the CHC in contributing such detailed comments and suggestions. ..."

Also, the Chief Officer advised Members of the content of a letter which she had received from Brigadier G.E. Ratcliffe, that commenting on some of the points made by the C.H.C. in its Draft Response.

4. Joint Campaign with Local Medical Committee regarding Use of National Health Services over Christmas/New Year 1999/2000..

The Chief Officer reported that this project appeared not to be necessary now, but that the C.H.C. might wish to accept the Health Authority's invitation to send a Representative to its Communications Group meetings, so as to be better able to monitor the plans and preparations being made - particularly so far as communications to the general public were concerned. [Refer Minute S99/21(5) above.]

5. Mental Health.

The written Report was received and agreed by the Council.

An extension, for completion of the current work, was granted - to the November 1999. Strategy Meeting..

7. Profile.

There was some discussion regarding the Profile Team's Report, with Members debating whether or not the draft article for submission to local agencies for inclusion in their newsletters was acceptable - a few Members considered that the wording might be shorter, whilst the majority deemed it to be acceptable as presented.

(Strategy Group - Minutes - 22091999..)

The written Report (including the Draft article) was received and agreed by the Council, subject to the amendment of the word “dependant” to read “dependent”.

Also received and accepted was a proposal for a further work phase, with report to the Strategy Group being scheduled for the November 1999. Meeting.

Cllr. Harry Cunliffe and Mr. Ken Dobson said that they wished to join the Team, in addition to the Members listed already.

8. Respite.

The written Report was received and agreed by the Council.

An extension, for completion of the current work, was granted - to the November 1999. Strategy Meeting..

9. Visiting.

The written Report was received and agreed by the Council, including the Reports on the following Visits:-

- | | | | |
|---|-------------------------|---|-------------------------------|
| - | Guernsey Ward, S.M.H. | - | Thursday, 27th. May, 1999.; |
| - | Edith Keen Ward, Q.A.H. | - | Thursday, 17th. June, 1999.; |
| - | Dickens Ward, Q.A.H. | - | Thursday, 17th. June, 1999... |

S99/23 Reports from Representatives to Other Bodies.

Reports from Representatives to Other Bodies were received and agreed as per the List given as Appendix A to these Minutes, subject to the amendments listed hereunder.

- Item 6.35, East Hampshire Health Alliance Management Group.
First paragraph:
Delete “Our Chief Officer ... in her absence,”.
- Item 6.42, Fareham and Gosport Multi-Agency Dementia Forum.
Fifth paragraph, second sentence:
Delete “via” and replace with “between the SSD and”, so that it reads
“A brief look was taken at links and representation that could be
between the SSD and the CHC, and voluntary connections.”.

Although Item 6.43, Fareham and Gosport Learning Disabilities Forum, had been accepted by the Council, note was made that clarification was needed as to the purpose of the Reports, since it was expected that they should form the basis of report to the Council as to an individual Representative’s contribution in the name of and on the behalf of the C.H.C., supplemented by general information of interest or concern from the sessions.

The Council agreed that it was important that Members reported on their in-puts and activities in respect of Other Bodies (when attending as the “official” Representatives of the C.H.C.), and noted that the Grid might have to be extended further to provide for the receipt of information papers when the Rep’s. themselves had not been present.

With regard to Item 6.28, Portsmouth Hospitals Patients Access Group, Cllr. Cunliffe voiced his disappointment that, despite the work which the C.H.C. had done regarding access issues a few years ago, still people with disabilities faced many problems in accessing N.H.S. premises locally.

(Strategy Group - Minutes - 22091999..)

Mrs. Jill Irish, Patient Liaison Officer, Portsmouth Hospitals NHS Trust, assured the Council that the C.H.C.'s findings and recommendations had been treated very seriously indeed and had led, in part, to the current studies and actions taking place, in order that continually improving access might be developed.

S99/24 Members Scheduled Items.

1. Report on "Caring about Carers" Strategy Meeting, 31st. August, 1999..

The written Report from Mrs. Kate Taylor was received and agreed by the Council.

2. Report on Meeting with Mr. John Henly and Mr. John Kirtley, 8th. September, 1999..

The written Report, produced by the Council Chair, was received and agreed by the Council

S99/25 Unscheduled Business.

1. Patient Transport Services - Funding Arrangements.

Cllr. Peter Langdon queried the position with regard to funding for Patient Transport Services, commenting that he was concerned that withdrawal of ring-fenced funding and devolution of the monies to individual Trusts might mean that services needed by patients might be lost.

After some brief discussion, it was suggested to Cllr. Langdon that he might like to put forward a proposal for a project on the issue to a future Strategy Group Meeting.

2. Hampshire Ambulance NHS Trust - Annual General Meeting and Open Day.

Cllr. Harry Cunliffe informed Members that the Hampshire Ambulance NHS Trust was to take place on Tuesday, 28th. September, 1999., commencing at 2.30 p.m., in the Members' Room at the Guildhall, Portsmouth.

Also, Cllr. Cunliffe said that the Trust was to hold an Open Day at the Havant Ambulance Station on Thursday, 26th. September, 1999..

S99/26 Date of the Next Strategy Group Meeting.

The date of the next Strategy Group Meeting was confirmed as being Monday, 8th. November, 1999., commencing at 2.00 p.m., at the C.H.C. Office.

Miss Knight, Council Chair, then thanked those present for their attendance and closed the Meeting.

Strategy Meeting
Item 3.1

PORTSMOUTH AND SOUTH EAST HAMPSHIRE CHC

REPORT TO STRATEGY OCTOBER 1999

CHAIR/VICE CHAIRS/CHIEF OFFICER MEETINGS

Meetings have continued monthly, and the full report of these is held on file in the office. Discussion has continued to take place of documents, papers reports etc that arrive in the office. Some have been read by group members and these have then been placed on the reports/publications sheet; sent to members with a particular interest; circulated or filed.

It was noted that seminars on clinical governance and equal opportunities had taken place, and were well received by members who attended. The CHC was asked to consider whether formal consultation was required for the proposal to close The Gables - a home for people with severe mental health deterioration - and to transfer the patients to more suitable accommodation. The group decided to arrange an urgent visit to check that consultation with relatives and staff had taken place, and that the visit be organised to meet as many relatives as possible. This visit had taken place, and will be followed by a visit to South Africa Lodge to where it is likely the patients will be transferred. The visit report will be available in due course through the visiting team, but a response to the trust will also be made.

It was agreed that further information was needed about the nurse training contract, and to this end, a meeting will be arranged with Peter Howlett and other nursing managers.

It was also agreed that discussion take place to try to establish procedures and protocols for when the CHC should be involved in consultation. Plans are in hand to agree a workable format with the HA.

CO proposed re titling of staff to better reflect their role. This was agreed.

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REPORT TO STRATEGY GROUP ON PROGRESS OF COMMUNITY BASED SERVICES TEAM

AIM - To have modern Community based services in Havant, Fareham and eventually Portsmouth.

MEMBERS

D. Dann
K. Dobson
T. Evans
V. Jones
J. Knight
J. Munn
A. Ottaway

PLAN OF WORK

To canvas members of the public firstly at Havant on their views of Community Based Services.

PROGRESS

The meeting on 12th October discussed the canvas questionnaire and minor alterations were made reconfiguring it.

INTERIM REPORT

Representatives from the Gosport and Petersfield Community Hospitals gave their views on the current state of their hospitals at the meeting and made helpful suggestions to the team. Arrangements for the canvas were discussed. The date of the next meeting is 24th November after which an initial canvas will take place.

Code A

J. L. MUNN
Team Leader
18 Oct. 99

PORTSMOUTH AND SOUTHEAST HAMPSHIRE COMMUNITY HEALTH COUNCIL

REPORT TO STRATEGY MEETING ON 8TH NOVEMBER 1999

MENTAL HEALTH SERVICES FOR CHILDREN 11 to 16 YEARS

Ann has written to Education and Social Services requesting replies to the earlier letter from the C.H.C.

Invitations were sent to representatives from health ,social services and education to come and speak to the members of the C.H.C.

As a result, there will be a meeting of the mental health group and any interested members on Tuesday 19th October 1999

to meet Mr Ken Bowen , Principal Education Psychologist

 Mr Eddie Hawkes, Youth Offending Team Officer

Mrs Granger, Children's Mental Health Service has been invited , but no reply has been received at the time of this report.

A letter has been received from Debbie Kennedy indicating that she would be willing to talk to a group of members from the C.H.C in her office.

Next meeting 2nd November 1999 at 12 noon.

STRATEGY MEETING 08/11/99
ITEM 5.4

Report of PCG Team Meeting on 29 09 99
at 10 30 at CHC Office.
(for Strategy Meeting on 08 11 99)

19 10 99

Members Present : Mr D Dann
P Francis
J Nunn
Dr M Ottaway
Chief Officer

1. Notes of the previous meeting were circulated and agreed.
2. PF asked for information on numbers of the public attending PCG Board Meetings. There had been about 20 at the last Portsea Island Group. DD said there had been 2 at the Fareham Group.
3. It was decided to put forward two short-term Project Proposals to the next Chair's Meeting and the next Strategy Meeting:
 1. To attempt to ascertain patients' views on the impact of PCG's on patient care at GP's surgeries. The two Patient Participation Groups (one at Southsea and one at Leigh Park) would be contacted with a view to meetings on this subject. Action by DD PF and MO. This should be completed within 2 months. Also PCG Reps would raise this issue at PCG Meetings.
 2. To obtain PCG Groups Business Plans so that a comparison could be made with next years, and progress checked. This project was already partly complete.

PF agreed to fill out proposal sheets for these two projects.
4. JN stressed the importance of the role of PCG's in deprived areas.
5. The date of the next Meeting will be 01 11 99 at 10 30 at the CHC Office.

Code A P Francis.

PORTSMOUTH SOUTH-EAST HAMPSHIRE
30 SEP 1999
COMMUNITY HEALTH COUNCIL

PORTSMOUTH AND SOUTH-EAST HAMPSHIRE COMMUNITY HEALTH COUNCIL

PROJECT PROPOSAL

1. OVERALL AIM OF WORKING TEAM FOR TOTAL PROJECT AND PROVISIONAL TIME:

CHC Access to PCC BUSINESS PLANS

2. DOES THE PROJECT FALL WITHIN THE C.H.C.'S. ALREADY AGREED BUSINESS PLAN? YES NO

3. FOCUSED ELEMENT FOR CONSIDERATION AT STRATEGY GROUP:

PLANS ALREADY RECEIVED, STUDY PLANS WITH VIEW TO CRITICISING NEXT YEAR'S PLANS.

4. TIME SCALE (FOR FOCUSED ELEMENT):

2 MONTHS, NOV '99

5. ARE THERE ANY OTHER BODIES / GROUPS UNDERTAKING THIS ELEMENT? YES NO

6. WHAT ARE THE RESOURCE CONSIDERATIONS IN TERMS OF:

a.) FINANCE NILL.

b.) PERSONNEL PCC TEAM.

c.) PAPER GENERATION (I.E. SECRETARIAL TIME)? NILL.

7. WHO WILL BE THE TEAM MEMBERS?

AS (B) ABOVE.

8. ANY FURTHER SUPPORTING INFORMATION:

NO.

9. SUBMITTED BY: P. FRADW.

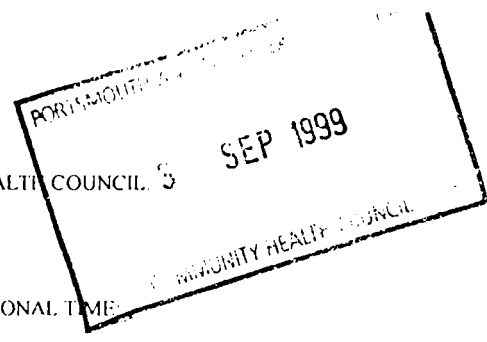
DATE: 20.09.99

ASSESSED BY STRATEGY GROUP ON:

ACCEPTED / REJECTED

IF REJECTED, REASONS FOR REJECTION:

IF ACCEPTED, PROJECT TEAM TO REPORT BACK TO STRATEGY GROUP ON/BY:



PORTSMOUTH AND SOUTH-EAST HAMPSHIRE COMMUNITY HEALTH COUNCIL

PROJECT PROPOSAL

1. OVERALL AIM OF WORKING TEAM FOR TOTAL PROJECT AND PROVISIONAL TIME:

ENSURE PUBLIC STILL GETTING THE
PRIMARY CARE SERVICES THEY
REQUIRE.

2. DOES THE PROJECT FALL WITHIN THE C.H.C.'S. ALREADY AGREED BUSINESS PLAN? YES/NO

YES NO

3. FOCUSED ELEMENT FOR CONSIDERATION AT STRATEGY GROUP:

CONTACT SOUTHSEA & LEIGH PARK PATIENT
PARTNERSHIPS GROUPS TO ASK FOR HELP
IN GETTING THIS INFO.

4. TIME SCALE (FOR FOCUSED ELEMENT):

2 MONTHS - UNTIL NOV. 99.

5. ARE THERE ANY OTHER BODIES / GROUPS UNDERTAKING THIS ELEMENT? YES/NO

YES NO

6. WHAT ARE THE RESOURCE CONSIDERATIONS IN TERMS OF:

a.) FINANCE TELEPHONE CALLS + SOME MILEAGE CLAIMS

b.) PERSONNEL D. DAW, M. OTTALDAY P. FRANCIS.

c.) PAPER GENERATION (I.E. SECRETARIAL TIME)?
NIL.

7. WHO WILL BE THE TEAM MEMBERS?

AS IN (B) ABOVE.

8. ANY FURTHER SUPPORTING INFORMATION:

NOT KNOWN.

9. SUBMITTED BY:

Code A

DATE: 20.09.99

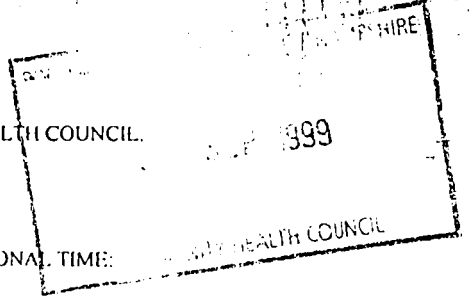
ASSESSED BY STRATEGY GROUP ON:

ACCEPTED / REJECTED

IF REJECTED, REASONS FOR REJECTION:

IF ACCEPTED, PROJECT TEAM TO REPORT BACK TO STRATEGY GROUP ON/BY:

PORTSMOUTH AND SOUTH-EAST HAMPSHIRE COMMUNITY HEALTH COUNCIL.



PROJECT PROPOSAL.

1. OVERALL AIM OF WORKING TEAM FOR TOTAL PROJECT AND PROVISIONAL TIME:

ENSURE PUBLIC STILL GETTING THE PRIMARY CARE SERVICES THEY REQUIRE

2. DOES THE PROJECT FALL WITHIN THE C.H.C.'S. ALREADY AGREED BUSINESS PLAN? YES NO

3. FOCUSED ELEMENT FOR CONSIDERATION AT STRATEGY GROUP:

APPROACH PCC, BOARDS AT NEXT MEETINGS EXPRESSING THE CHC INTEREST IN THIS AND REQUESTING INFO - PARTICULARLY ON PRESCRIPTION

4. TIME SCALE (FOR FOCUSED ELEMENT):
2 MONTHS

5. ARE THERE ANY OTHER BODIES / GROUPS UNDERTAKING THIS ELEMENT? YES NO

6. WHAT ARE THE RESOURCE CONSIDERATIONS IN TERMS OF:

- a.) FINANCE TEL. CALLS + MILITAGE
- b.) PERSONNEL CHIEF OFFICER + TEAM
- c.) PAPER GENERATION (I.E. SECRETARIAL TIME)?
NIL

7. WHO WILL BE THE TEAM MEMBERS?
D. DAWN, M. O'HALLORAY, FRANKO

8. ANY FURTHER SUPPORTING INFORMATION:
NO

9. SUBMITTED BY: **Code A** DATE: 20.07.99

ASSESSED BY STRATEGY GROUP ON: _____ ACCEPTED / REJECTED

IF REJECTED, REASONS FOR REJECTION:

IF ACCEPTED, PROJECT TEAM TO REPORT BACK TO STRATEGY GROUP ON/BY:

(Newsletter Editorial Team - Specific Terms of Reference - 12101999..)

PORTSMOUTH AND SOUTH-EAST HAMPSHIRE COMMUNITY HEALTH COUNCIL.

NEWSLETTER EDITORIAL TEAM.

- 1.0 Membership.
- 1.1 The Newsletter Editorial Team should consist of no more than seven Members, one of whom must be the Chair of the Council.
- 1.2 Members wishing to offer themselves for Membership of the Newsletter Editorial Team should submit application, including reasons why they are interested in that area of work and the particular knowledge, experience, or skills which they would bring to the N.E.T., in response to invitation notices from the C.H.C. Office.
- 1.3 In the event of more than six Members (apart from the Council Chair) being interested, a ballot will be held to determine the successful candidates.
- 1.4 Terms of Office normally will run for the duration of a C.H.C. Business Year, with election/appointment at the preceding March Strategy Meeting.
- 1.5 The Council Chair has the sanction in any matter appertaining to the Newsletter Editorial Team, partly as communications with the media in the name of the C.H.C. may only be undertaken by the Council Chair or Chief Officer.
- 1.6 The Chief Officer, or her Representative, must be present at all Meetings of the Newsletter Editorial Team, particularly in view of the funding implications.
- 2.0 Commitments of Board Members.
- 2.1 Membership should not be taken unless a full Newsletter Editorial Year may be followed through.
- 2.2 There will be a minimum of six Newsletter Editorial Team Meetings a year and Members must be prepared to attend additional Meetings when necessary to respond rapidly to urgent matters arising from the Newsletter.
- 3.0 Time-Scale for Meetings and Publications of the C.H.C. Newsletter.
- 3.1 Initially there will be two editions of the Newsletter per year.
- 3.2 Newsletter Editorial Team Meetings should be arranged in good time for material to be gathered, edited, and drafting to take place where appropriate, to ensure that the complete Draft Newsletter is available for issue to all Council Members with the papers for the relevant Strategy Group Meeting, where the full Council will be able to consider and agree the content for publication.
- 3.3 The suggested work flow and time-table for Meetings, initially at least, is given as Appendix A to this paper.
- 4.0 Content of Newsletter.
- 4.1 There should be a number of "constant" items, including a paragraph about the role of the C.H.C. and a list of the names of C.H.C. Members.
- 4.2 Also, there should be items concerning key elements and themes of the C.H.C. and the work currently being undertaken, dates/times/venues of public meetings, notices regarding Formal Consultations, review of the work carried out in the Business Year, and information on Visits and the achievements arising from them.

(Newsletter Editorial Team - Specific Terms of Reference - 12101999..)

- 4.3 Contributions should include articles from Team Leaders (as covered in Strategy/Business Meetings), and other Members, up-dates on topical national and local health information and issues, C.H.C. statements of intent, emphasis on public focus and feedback, photographs of Members and, possibly, brief light-hearted items.
- 4.4 The Newsletter Editorial Team will have the responsibility to accept, edit, reject, reconsider, or postpone any article submitted. The Chair and Chief Officer will retain overall veto regarding the Newsletter.
- 5.0 Format of Newsletter.
- 5.1 Folded A3 sheet, printed both sides, to provide four by A4 surfaces.
- 5.2 Possibilities for producing large type copies, tape recordings, and translations to be investigated, so that the Newsletter may be accessible to all.
- 5.3 Consideration to be given additionally to publishing the Newsletter on the C.H.C. Web-Page, the Internet, NHSNet, and HantsNet.

NOTE: The Newsletter Editorial Team is subject to the Portsmouth and South-East Hampshire Community Health Council's Procedural and Working Arrangements Documents, as with any other Team of the C.H.C.. These Terms of Reference serve only to illustrate the specific rights and responsibilities under which the Newsletter Editorial Team must function.

APPENDIX A.

Suggested Work Flow and Time-Table for Meetings - November 1999. to March 2001..

1999.

November 29th., 10.15 a.m.

Initial meeting;

December

Planning for first Newsletter / call for articles, etc.;

2000.

January

Collating of articles/ preparation of other items;

February

Composition of draft Newsletter;

March

Draft to STRATEGY GROUP-for approval;

April

PUBLICATION of Newsletter;

May

Feedback discussion;

June

Planning for second Newsletter / call for articles, etc.;

July

Collating of articles/ preparation of other items;

August

Composition of draft Newsletter;

September

Draft to STRATEGY GROUP for approval;

October

PUBLICATION of Newsletter;

November

Feedback discussion;

December

Planning for third Newsletter / call for articles, etc.;

2001.

January

Collating of articles/ preparation of other items;

February

Composition of draft Newsletter;

March

Draft to STRATEGY GROUP for approval;

April

PUBLICATION of Newsletter;

Strategy Mtg 8/11/99
Item 5.8.

PORTSMOUTH AND SOUTH EAST HAMPSHIRE CHC

REPORT TO STRATEGY OCTOBER 1999

VISITING TEAM

The visiting team has continued to meet monthly to plan enact and discuss visit reports. On the whole three visits have been undertaken, and at least two, per month. In addition extra visits have been carried out when indicated.

There appears to be some confusion about the re-designation of some care homes for people with learning disabilities as social services led rather than health. It is hoped to have an updated list of the homes and their current designation, soon. The team has been pleased to receive comments from service managers relating to recommendations made on the visit reports.

Visit reports which have been discussed are attached with the relevant comments from managers.

.....

PORTSMOUTH AND SOUTH-EAST HAMPSHIRE COMMUNITY HEALTH COUNCIL

Report of Visit to: 1 Algiers Road, Copnor, Portsmouth.
Occupier: Health Care Trust.
Use: Residential Home for People with Learning Disabilities.
Date of Visit: Monday 7th June 1999 2.00pm
Members Attending: H Cunliffe, M Ottaway, J King
Received by: Mr Roach - House Manager

As Mr Roach was just leaving for an appointment, Eve Wall and Gordon White - Health Care Support Workers - guided us through the visit.

PREMISES AND ACCOMMODATION: The accommodation is an end of terrace house with side extension, making a roomy home.

The sitting room, which is currently being re-decorated by the staff, is large, with windows to front and rear overlooking a small but neat and adequate back garden. The meals are cooked on the premises and the clients are encouraged to help in the preparation and clearing up. The kitchen is of a good size and well equipped, and there is a separate dining room. The kitchen's electrical appliances are checked regularly.

There is a bathroom on the first floor with a shower attachment over the bath, a WC and washbasin. The ground floor has a room with a shower cubicle, WC and washbasin.

The staff room for the overnight sleep in, also used as an office where the clients records are kept, is on the first floor. This room was suitably equipped with bed, desk and shelving.

There are currently only two clients, both males in their twenties, and their separate rooms are spacious and reflect their individuality.

STAFFING: There are presently 7 members of staff. Usually there are 8 but one member is on sick leave. None are fully trained for learning disabilities but are encouraged to go on as many courses as are relevant to their work in social care. They work a shift system of 21-24 hours with sleep ins, but this may change with the new European Directive. Bank staff can be called upon if necessary.

USER PERSPECTIVES: We met the two clients, but neither have verbal communication, which made it difficult for us to converse. The staff assured us that they make their wishes known by their actions. They both looked clean, well dressed and cared for. One client is regularly taken home by relatives and visits by family and friends are encouraged. Both clients have their daily routines and outings with "Outreach" and are taken away for annual holidays by two members of staff.

There is now a new program for each client's everyday care and life. A client file is kept titled "Model of Care", with client input. Each have their own bank account but no client's money can be spent unless agreed at a meeting of staff.

COMMENTS: The home seems to be running smoothly and nothing appears to be lacking. The staff appeared friendly, caring and dedicated to their work. The house was clean, spacious and reasonably decorated, with no unpleasant odours. Regular health and safety checks and fire practices are held. Many thanks to the staff for the time they spent with us and providing us with information.

RECOMMENDATIONS:

It was felt from discussion with the staff that they would benefit from training in physical conditions, such as epilepsy, from an organisation such as the First Class Training Association. (Information can be obtained by telephoning 01705 663969)

PORTSMOUTH AND SOUTH-EAST HAMPSHIRE COMMUNITY HEALTH COUNCIL

REPORT OF VISIT TO 1 ALGIERS ROAD, COPNOR ON 7TH JUNE 1999

Comments from Lesley Humphrey – Quality Manager for Portsmouth HealthCare NHS Trust:

It should be noted that this is a social care home not a healthcare home. C.H.C. comments are welcomed, however social care homes are probably outside C.H.C. sphere of responsibility

PORTSMOUTH AND SOUTH-EAST HAMPSHIRE COMMUNITY HEALTH COUNCIL

REPORT OF MEETING TO 1 ALGIERS ROAD, COPNOR, ON 7TH JUNE 1999

Comments from Nicola Hepple – Service Manager

Thank you for your report following the Community Health Council's visit to 1 Algiers Road.

Thank you for the comments made by the Officers who visited.

The Team Leader for Algiers Road has arranged for a training session for staff on Epilepsy, using a training pack provided by the Community Nurse for Epilepsy.

The clients and staff are due to move into an upgraded property on Locksway Road, Milton in the summer and we will notify the Council of this change when a move date is known.

Strategy Mtg
8/11/99

Item 5.8.2

PORTSMOUTH AND SOUTH EAST HAMPSHIRE
COMMUNITY HEALTH COUNCIL

REPORT OF VISIT TO: Rowner Health Centre, 143 Rowner Lane, Gosport

OCCUPIED BY: HealthCare Trust

DATE AND TIME OF VISIT: Wednesday 30th June 1999 11 a.m.

MEMBERS ATTENDING: Rosemary Hampton, Mary Ottaway, Christine Wilkes

RECEIVED BY: Sue Chapple. Receptionist, Pamela Taylor Secretary from Gosport Health Centre who was standing in for the Manager, Susan Morley, Senior Receptionist and Ann Smith, Dental Department.

SERVICES PROVIDED: Full details of the clinics held, opening times for surgeries, staffing and numbers of patients were produced for members prior to the visit.

PREMISES: The Health Centre is in a good position on a main road with nearby bus stops. The premises are well kept throughout but space is at a premium. In the main waiting room the chairs are all of uniform height and there is a small area for children to play with the toys provided but no provision for drinks. Patients are called to their GP surgeries by name. There is a large Health Education room where a baby clinic was in progress. The staff room is pleasant and of reasonable size. In addition to the general practitioners', and health visitors' rooms there is a room for the practice nurse and speech therapist, a dental suite with two surgeries used for children and people with learning or other disabilities where two dentists each worked two days a week, and a therapist 2-1/2 - 3 days a week. At the time of the visit one of the dentists was off sick and waiting time for an appointment was approximately two months.

There are toilets near the main entrance, in the dental suite and the general practitioners' area which includes a toilet for wheelchair users although it would be difficult for large wheelchairs to swivel round with the door closed. There are ramps for wheelchair users at the main entrance and into the dental suite. Automatic doors are awaiting installation.

A small room inside the main door has been allocated to storing incontinence pads and a system is in place for them to be collected monthly between 12 and 2 each day or at other times by arrangement.

PATIENT PERSPECTIVES: A well-produced Patients' Charter is provided in 4 languages as well as English and there are many pamphlets available as well as topical information on sun awareness and men's health being prominently displayed.

We were told that with the increased emphasis on preventative medicine and the fact that people are living longer more space and staff are needed. The Doctors' lists are now closed and average waiting time for an appointment is two weeks. Patients normally see their own GP but when the need is urgent they may be seen by another GP who visits them at home. Doctors do out-of-hours calls but use is made of the Doctor's Deputising Service.

A specialist community nurse now works with the over 70-year olds who have regular home visits. Patients with mental health problems are referred to Hewat House. If a young person is mentally distressed they are given immediate help.

Most links with hospitals for referrals, discharges and information from consultants to general practitioners are working well. However, concerns were expressed over the waiting times to get people into hospital for treatment in a number of specialist areas.

COMMENTS: This Health Centre seems to have taken care to provide the patients with the information they need about opening and clinic times. Other information about particular conditions is readily available and is also provided by the patient's surgery. We give our appreciative thanks to the staff for spending time with us, answering our questions and showing us around the Health Centre.

PTO

RECOMMENDATIONS:

1. As we were told that due to the increase in the number of houses built in the area there was a serious shortage of space and staff to cater for the health needs of the local population, and there are fears that the closure of Haslar Hospital will increase the difficulties, we feel that urgent attention is needed for discussion of solutions to meet the demand.
2. We were also told that some of the equipment shared by the all the Health Centre staff is outdated and because of the pressure on it there are frequent breakdowns (e.g. photocopier). Consideration should be given to reviewing shared facilities throughout the Health Centre so that necessary replacements could be made as soon as possible.
3. As we had observed that there were no chairs of different heights, nor facilities for drinks in the waiting room, consideration could be given to providing some higher chairs and a water dispenser.

Portsmouth HealthCare NHS Trust
MEMORANDUM

From

Bernadette Beresford Manager Rowner
Health Centre

BB/PJT

To

Margaret Lovell Chief
Officer P & S.E. Hants
Community Health
Council

31 August 1999

Re: Rowner Health Centre Recommendations.

Item 2.

The comment was made by Susan Morley, Senior GP Receptionist. The GP's have not provided their staff with a photocopier having been requested to do so on many occasions. However we at Community Health have two machine, the main machine being located within Community Health area for all staff. I have chosen to leave the antiquated model to help the GP staff out of their situations, but Community Health are not responsible for GP office equipment.

Item 3

The new replacement seating purchased August 98 is Health & Safety approved for hospital and health centre waiting areas. Children's table and chairs are being discussed for the future.

Drinks dispensers for waiting areas have been looked at over a number of years and deemed unnecessary as staff provide cold drinks on request.

Strategy Mbs 8/11/99

Item 5.8.3

PORTSMOUTH AND SOUTH-EAST HAMPSHIRE COMMUNITY HEALTH COUNCIL

REPORT OF VISIT TO: Havant War Memorial
 OCCUPIED BY: Portsmouth HealthCare NHS Trust
 DATE OF VISIT: Friday 16th July 1999
 MEMBERS ATTENDED: Doug Dann
 RECEIVED BY: Ann Dalby – Clinical Manager

BUILDING: The three storey building was constructed as a war memorial in the 1920's and is in an excellent state of repair and decoration, inside and out. Since the last C.H.C. visit over 3 years ago, a reception area and a relatives sitting room have been created and a WC and showers for the disabled have been provided. A stair lift has been installed, and a state of the art Parker bath has been installed and is popular with patients.

A number of new hoists and wheelchairs were in evidence and a new fire escape serving the top floor of the hospital has been installed. Finally, the main front door is now automatic.

USE: The 23 beds are mainly for elderly patients, who are over 65. Occupancy in 1998/99 was approximately 84%. The ratio of men to women varies but there is no mixed sex ward problem. Average length of stay is 14-21 days. The hospital is used by a large number of GP's from Havant and Hayling Island for acute admissions, for patients who cannot cope at home, for respite care and for palliative and terminal care. Outpatient clinics are now held for general surgery, gynaecology, asthma (now a respiratory clinic). The hospital staff 2 of the 3 colo-rectal clinics held at Emsworth hospital. A blood clinic is also held. Outpatients clinics are held on the first floor and the Community Night Nurse Services (service between 5 and midnight). Physiotherapy and Occupational Therapy are based at the hospital, together with Occupational Health Services.

Relationships with GP's are good and a link social worker now attends regular meetings. There are also good links with dieticians and with mental health services, an enrolled mental nurse has now joined the hospital staff. Nursing notes are held by patients and taken with them on discharge, and I was assured that no problems had arisen as a result of this policy.

There is an active League of Friends which has provided a great deal of equipment over the years and is currently seeking a drinks vending machine for the use of visitors. Pending the fitting of such a machine, visitors/relatives are able to obtain drinks from the trolley that supplies patients, and small donations in the tin provided are welcome but are voluntary. The League of Friends paid for the turfing of a small courtyard garden which has an attractive border of large hardy fuschias supplied and maintained by the Havant Fuschia Society.

The local Huntington's Disease Support Group now meets monthly at the hospital and Relate (formally the Marriage Guidance Council) have weekly sessions there.

Ground Floor: There are 6 wards, 3 of which are single bed rooms, the larger wards have 6-8 beds and each has a pleasant sun lounge. All beds have pressure relieving

mattresses. During my hour and half visit I was able to speak to a number of patients who all spoke highly of their nursing care and of the hospital generally. Staff also said that it was a great place in which to work and this was confirmed by my own observations.

Reflective Practice has been successfully implemented and cascaded to all members of the nursing teams. Last year the hospital won a Trust award for the work in this area.

The 24 hour Minor Injuries Unit is managed by nurses who are able to call on GP's when necessary.

There are two clerk/receptionists and two in house catering staff who now provide food for Emsworth Cottage Hospital and the Gables. Meals are transported by taxi in small containers that maintain heat for 45 minutes. Cleaning is by contractors and there are two volunteer workers.

Second Floor: This is taken up with staff changing rooms and storage areas.

STAFFING: 10 qualified - 5 staff morning/Afternoon (minimum 2 qualified)
8.5 unqualified 3 staff evening (minimum 1 qualified)
3 staff night (1 qualified - 2 unqualified)

Increase in HealthCare Support Workers establishment
Nursing staff are organised into two teams, and full details of staffing are available on file.

COMMENTS: I was impressed by the many improvements since the last visit some years ago and by the whole atmosphere of the hospital, it is obviously meeting a need in the Havant area and there may be some scope for an increase in joint provision shared with Emsworth Hospital.

Many thanks to Ann Dalby, Clinical Manager, for giving so much of her time and she is to be congratulated for her great contribution, with her staff, to the work of the hospital in recent years.

PORTSMOUTH AND SOUTH-EAST HAMPSHIRE COMMUNITY HEALTH COUNCIL

REPORT OF VISIT TO HAVANT WAR MEMORIAL ON 16TH JULY 1999

Comments from Ann Dalby – Clinical Manager
Thank you for this very fair and encouraging report.

Strategy Mtg 8/1/99

Item 5.8.4.

PORTSMOUTH AND SOUTH-EAST HAMPSHIRE COMMUNITY HEALTH COUNCIL

REPORT OF VISIT TO: Diagnostic Imaging St Mary's Hospital

OCCUPIED BY: Portsmouth Hospitals NHS Trust

DATE OF VISIT: Friday 23rd July 1999

MEMBERS ATTENDED: Ken Dobson, Tom Whitcher, Ann Munro,
Tina Gee

RECEIVED BY: Barbara Keefe – Office Manager

PREMISES/STAFF: This department carries out G.P's walk in X-rays, as well as appointments and ward work. This department is extremely busy, we were informed that they deal with 64,000 patients annually. The G.P's work averages about 70 patients per day. The department has 5 clerical staff. They have been given permission to increase staff numbers and are currently advertising the positions. We were informed that students were currently working at the location, mainly dealing with filing, and the students were found to be more than useful. The department has got 5 reception windows but normally only 2 are in use. There were 3 windows open when we left. Reception staff rotate at 2 weekly intervals at 3 locations. The department has a low turnover of staff but a high level of sickness.

PROVISION FOR PEOPLE WITH SPECIAL NEEDS: The department has a LOOP system fitted for the hard of hearing. For the visual impaired we were told that the staff were very helpful but no specific details given. For patients with dietary or diabetics they have 2 sometimes 3 nurses available. But we were not told how these patients were identified. There is currently a review and rewrite of patients literature. DNAs were low for X-rays but high for Ultrasound.

We were then introduced to Diana Hobden, Superintendent of main X-rays. Diana gave us a tour of the area. There are 5 X-rays areas, St Mary's hold their own X-rays while Q.A. hold theirs, X-rays are requested back when required. G.P's get their X-ray reports within 10 days.

There are 6 Radiologists based at St Mary's. The Radiologists work at other hospitals as well.

There are 16 equivalent full time Radiographers, the department is half a person short at present. Also 3 were away training. Training is an ongoing scenario that is encouraged. We were informed that there is a national shortage of Radiographers.

We were informed there is a trial ongoing since February, where G.P.'s were advised to inform their patients that the department was open between 8.30 to 6.30 pm to try to alleviate the lunch time peak. A recent survey showed G.P.'s were not always passing this information on to the patient.

We were then introduced to Val King, Superintendent of Nuclear Medicine. The department was very quiet, it was explained that patients were seen by appointment, and the appointments were at hourly intervals as the diagnostic tests take roughly 1 hour. There was a water cooler available for patients use as patients sometimes need to drink a lot of water before treatment.

We then spoke to patients waiting, in all 10 patients were spoken to. Of these 6 had been waiting in excess of 2 hours while the other 4 had only been waiting a short time. None of these patients had been advised how long their wait would be. There were 2 signs, one stated that wait for appointments was 30-40 minutes, but the other stated that G.P. walk-ins the wait would be 1-1.5 hours. Patients were not advised that refreshments were available or where they could be obtained from – no signs were visible to coffee lounge. When asked patients said they were reluctant to leave the area in search of tea/coffee in case they missed their turn.

COMMENTS: The department is extremely busy and there seems to be a good rapport between management and staff. There seemed to be an air of overcrowding at the initial reception desk. Also some of the departments need to be more clearly marked. Lack of refreshment facilities and waiting time for G.P.'s walk in X-rays are unacceptable. More clerical staff and Radiographers would be desirable, recruitment for more clerical staff is current.

RECOMMENDATIONS:

1. Initiative to speed up patient waiting times
2. Drinks machine in patient waiting area
3. Move initial reception to second window to alleviate congestion
4. Ultrasound window needs to be more clearly marked
5. Better signposting in main reception and corridor
6. Need to keep patients updated on revised waiting times

PORTSMOUTH AND SOUTH-EAST HAMPSHIRE COMMUNITY HEALTH COUNCIL

VISIT REPORT TO DIAGNOSTIC IMAGING AT ST MARY'S HOSPITAL ON 23RD JULY 1999

Comments received from Diana Hobden – Superintendent Radiographer
Barbara Keiffe – Office Manager
Val King – Superintendent Nuclear Medicine

On the morning of the visit we were dealing with patients from an outpatient haematuria clinic. These patients require an ultrasound examination and an x-ray of their abdomen, that together takes 10-15 minutes. There is only one ultrasonographer for this investigation so delays are inevitable if large numbers of referrals are sent from outpatients.

The 6 patients who were questioned about waiting times and answered that they had been here for 2-2.5 hours were in fact, including the time they had been waiting in the outpatient clinic. Checking through the computer printout for that day, no patient waited more than one hour for any examination.

There are 2 signs indicating waiting time. The printed sign states 30-40 minutes which is our target time. The other is a chinograph board which enables us to update the current waiting time.

We accept your comments concerning lack of signs to the coffee lounge and this has now been addressed. Considerations have been given in the past to the provision of a drinks machine in the waiting area, but it was felt that the close proximity of the coffee lounge obviated the necessity for this.

The department has more than 5 clerical staff but only 5 receptionists working on the reception at any one time. There are places for 5 reception windows, one window which is always closed is the area for staff to book patients on to the system, the other window is used to house the printer and to place x-rays which are booked on for patients awaiting x-ray, making them easily accessible to the radiographers. Three windows are generally open. It is rare for just 2 to be open. When this happens, it is due to staff shortages or lack of patients.

The ultrasound window is for ultrasound appointments only. Patients who already have an appointment waiting area.

PORTSMOUTH AND SOUTH-EAST HAMPSHIRE COMMUNITY HEALTH COUNCIL
VISIT REPORT TO DIAGNOSTIC IMAGING AT ST MARY'S HOSPITAL ON 23RD JULY 1999

Comments from Sue Damarell Kewell – Quality Manager for Portsmouth Health Authority:

Recommendations are sound and have been noted – will be highlighted at next quality meeting for discussion and action.

Strategy Meeting, 081199

Item No: 6

PORTSMOUTH AND SOUTH-EAST HAMPSHIRE COMMUNITY HEALTH COUNCIL

REPORTS FROM REPRESENTATIVES TO OTHER BODIES

No.	Name of Body	CHC Rep.	Meeting Held Yes/No	Meeting Attended Yes/No	Report Required Yes/No	Report Received Yes/No	Report issued (Date)
1	South East Regional Association of CHC's.	Chief Officer J.A. Knight	Yes	Yes	Yes	Yes	201099
2	Hants. C.H.C's. Transport Rep's., Chairs & C.O's.	R.V. Jones Chief Officer					
3	Portsmouth & S. E. Hampshire Health Authority	J.A. Knight	No	No	No	No	
4	Portsmouth Hospitals NHS Trust Board	J.A. Knight					
5	Portsmouth HealthCare NHS Trust Board	J. A. knight					
6	Hampshire Ambulance NHS Trust Board	R.V. Jones/ H. Cunliff	Yes	Yes	Yes	Yes	201099
7	Local Health & Social Care Partnership	Chief Officer					
8	Health Improvement Programme Steering Group	K.W. Dobson					
9	Joint Consultative Committee	K.W. Dobson					
10	Joint Commissioning Board for Elderly Services	-	-	-	-	-	-
11	Joint Commissioning Board for Mental Health	D.M.Ottaway					
12	Joint Commissioning Board for Services for Vulnerable People	CR Hampton	No	No	No	No	
13	District Ethics Committee	E.Bowen	Yes	No	No	No	
14	District Clinical Governance Committee	J.A. Knight	Yes	Yes	Yes	Yes	201099
15	Research and Development Support Unit	Chief Officer	Yes	Yes	Yes	Yes	201099
16	Health Authority Nurse Prescribing Group	J.A. Knight	Yes	Yes	Yes	Yes	201099
17	Ethnically Sensitive Services Group	K. Taylor					
18	Maternity Services Liaison Committee	C.R.Hampton	Yes	Yes	Yes	Yes	201099
19	Health Authority Mental Health Promotion Sub-Gp	D.M.Ottaway					
20	Portsea Island PCG	P.Francis	No	No	No	No	
21	Fareham PCG	D.A.Dann					
22	Gosport PCG	D.M.Ottaway					
23	East Hampshire PCG	J.A. Knight	No	No	No	No	
24	East Hampshire PCG Partnership Sub-Group	-	-	-	-	-	-
25	Local Medical Committee	Chief Officer	Yes	Yes	Yes	Yes	201099
26	P'mth. Hospitals Quality Dev. and Support Group	Chief Officer	Yes	Yes	Yes	Yes	201099
27	Portsmouth Hospitals Patients Council	K.W. Dobson					
28	Portsmouth Hospitals Patients Access group	P. Melville-Brown	Yes	Yes	Yes	Yes	201099
29	Portsmouth Health Care Adult Mental Health Clinical Governance Group	D.M.Ottaway	Yes	No	No	No	
30	East Hants District Council Health & Care Panel	Chief Officer/ H. Cunliffe					
31	Portsmouth Health Executive	K.W. Dobson					
32	Havant Health Alliance	D.A. Dann					
33	Healthy Fareham Alliance	-	-	-	-	-	-
34	Healthy Gosport Alliance	C.R.Hampton	Yes	Yes	Yes	Yes	201099
35	East Hampshire Health Alliance Management Group	D.A.Dann					
36	Portsmouth City SAP for Older People Health And Care Sub-Group	-	-	-	-	-	-
37	Portsmouth City Older People and Health Group	-	-	-	-	-	-
38	Portsmouth Mental health Consortium	K. Taylor					
39	Havant & Petersfield Mental Health Forum	D.M.Ottaway	No	No	No	No	
40	Fareham & Gosport Mental Health Forum	C. Wilkes	Yes	Yes	Yes	Yes	201099
41	Fareham & Gosport Multi-Agency Dementia Forum	K. Taylor					
42	Fareham & Gosport Learning Disabilities Forum	C. Wilkes	Yes	Yes	Yes	Yes	201099
43	Portsmouth Council of Community Service	K.Taylor					
44	Havant Council of Community Service	K. Taylor	No	No	No	No	
45	Fareham Council of Community Service	K. Taylor					
46	Gosport Voluntary Action	C.R.Hampton	Yes	Yes	Yes	Yes	201099
47	Voluntary Action for East Hampshire	H. Cunliffe					
48	H.A. Communications Group	Chief Officer					
49	Portsmouth Joint Children's Planning Board	C.R.Hampton	Yes	No	No	No	
50	Portsmouth Health and Care Sub-Group	D.M.Ottaway	No	No	No	No	

Strategy Mtg 8/11/99
Item No.....6.....

PORTSMOUTH AND SOUTH-EAST HAMPSHIRE COMMUNITY HEALTH COUNCIL

REPORT TO STRATEGY MEETING ON 8TH NOVEMBER 1999

S.E. Region Association Meeting on 21st September 1999

The Chief Officer and I attended this meeting and enjoyed a full and interesting day.

In the morning, papers were tabled by Winchester C.H.C. and Isle of Wight C.H.C. on the Epilepsy Taskforce Services Development Kit and the NHS Responsibility for the Provision of Long Term Nursing Care, relevant papers are held on file in the Office and the Long Term Nursing Care issue has been referred to ACHCEW.

Dr Ian Bogle, Chairman of Council, BMA spoke on the theme that "The NHS needs a Doctor Patient Partnership". He is a long serving Liverpool G.P who has been able to move with the times, he welcomes the demise of the internal market but had some reservations about the speed of current changes, in particular the move from PCG to PCT status.

After lunch, Professor Sir Michael Rawlins, Chairman of NICE, spoke on the subject "NICE or NASTY", The National Institute for Clinical Excellence, and listed the formidable number of issues which are already being considered. Finally, Mark Davies, Team Leader, Health & Social Care Joint Unit, DoH, spoke briefly on "Partnership, Provision in the Health Act 1999", and I later attended a workshop which he led and which quickly developed into a question and answer session.

Margaret, I believe attended the Acute Services Reprovision/Reconfiguration workshop, and will probably report separately on it.

All papers are held on file and are available to all Members.

Doug Dann

Strategy Meeting 02/11/99
Item No. 6.6.

MEMORANDUM

TO: Mrs M. Lovell M.H.S.M., Dip H.S.M., M.R.S.H.,
Chief Officer, Portsmouth and SE Hants C.H.C,

COPY: (1) Sdn. Ldr G Whittle DFM,
Chairman, Health & Care Panel, EHDC

(2) Hampshire CHC Offices as appropriate

FROM: Cllr H. Cunliffe

DATE: 30th September 1999

SUBJECT: Hampshire Ambulance NHS Trust Board Meeting
28/9/99 at 10.00am in Portsmouth Ambulance Station

PRESENT: Mrs S. Murray, Chairman.
Mr R. Mawson, Ch. Exec.,
Dr B. Avient
Mrs M. Berryman,
Mrs C Blatchford
Mr D Taylor
Mr C Fisher
Mr N Humphreys

IN ATTENDANCE: Mr L. Yates, Basingstoke & N.Hants CHC
Cllr H. Cunliffe, Portsmouth & SE Hants CHC

Eight members of the general public were present

Proceedings

(1) Matters Arising, Millennium Arrangements; Mr Taylor reported that no extra money other than that already planned would be available. Subject to be debated at October's Board meeting.

Executive Monthly Report; Mr Taylor expressed concern that pressures unconnected with Millennium funding may arise. We could not be complacent. Dr Avient suggested mentoring by Non-Exec Directors

Health & Safety Inspection Recommendations; Mr Enokson presented a report on this matter. Dr Avient made the point that this report is turned into good sound practise.

Corporate calendar was reported to be under development

(2) Investigations The policy and procedure for conducting investigations was presented to the Board as paper 99/45. In brief the Trust will investigate the circumstances in accordance with the protocols described in the parent document which is available to CHC members. Dr. Avient praised the comprehensive nature of this document but queried who justifies the investigations?

(3) Annual Accounts The accounts for the year ending 31st March 1999 were accepted by the Board. The surplus for the financial year was £312,000 which after payment of the Public Dividend Capital dividend was £4,000.

Mr Taylor reported to the Board that the External Auditors were pleased with the accounts.

(4) Working Time Mrs Berryman explained the under-lying principles of the Working Time Regulations 1998, who stated that the bottom line would be minimum disruption to the present system. The full impact must be known by January, for the financial estimates. Mrs Berryman went on to say that these regulations were rather "fussy", and that the definition of night work was not clear

There was some discussion on personnel taking on part time jobs such as coach driving

The regulations were adopted, Mrs Murray thanked Mrs Berryman for her presentation.

(5) Health & Safety The problem is that over 1,000 man/days are lost because of injuries mainly to the back. This represents 7.5% of the income budget. Mrs Berryman stated that her target is to reduce this figure by half, and to this end proposed that the Trust employs a physiotherapist.

This led to a discussion of the relative merits of a physiotherapist against a chiropractitioner. The cost and benefits were debated. It was asked if there was a bench mark for this situation, and if so, how do our figures compare with this norm?

It was minuted that this subject will be discussed at the next Board Meeting. Manual handling training is to be progressed.

(6)Operations A chart of the Trust's Emergency and Urgent activity during 1999 allowed a comparison with 1998. No deterioration of performance standards was detected

Hants Ambulance Trust had achieved all targets. Pragmatically, it is considered that the introduction of rapid response vehicles together with the prioritisation of 999 calls, will be of value in keeping these standards

(7)Complaints Two full complaints review were held in August '99. One for Emergency and Urgent, the other for patient Transport A cause for concern shown by both these reviews is the average time taken to investigate complaints

These figures must improve. Investigating officers with complaints outstanding by more than 28 days may be invited to detail the problems to the Board.

(8)Next Mtg The Board will next meet on 16th November.

(H. Cunliffe)
Portsmouth & SE Hants CHC,
Elected Member,
East Hants District Council

Strategy Meeting 8/11/1999
 Item No.....6.7.....

PORTSMOUTH AND SOUTH-EAST HAMPSHIRE COMMUNITY HEALTH COUNCIL

REPORT TO STRATEGY MEETING ON 8TH NOVEMBER 1999

Health and Social System Partnership on 22nd September 1999

I attended the first meeting of the Partnership on Wednesday 22nd September at St Mary's Hospital, in place of our Chief Officer and Chairman, but was fundamentally handicapped by the fact that the relevant papers were not available to me prior to the meeting. The meeting was chaired by Penny Humpris and serviced by Richard Samuels, Project Manager.

Those present included 3 PCG Chairman, Dr Elizabeth Jorge, John Henly, Brigadier Radcliffe, Max Millett, Andrew Brooker for Hampshire Social Services Department, and Rob Hutchinson Portsmouth Director's of Social Services.

There was an interesting discussion on the Draft Mental Health Strategy for Portsmouth and South East Hampshire, led by a speaker from the Centre of Mental Health Services Developments, and third and hopefully final draft on The Future Direction of Mental Health Services in this district was tabled, and hopefully will be considered by the C.H.C. at an early date.

A Health System Development Workshop at the Marriott Hotel on 15th and 16th September, arranged by South East Region was attended by our Chairman and I have not yet been able to ask her for her news on this rather expensive exercise..

Some partnerships members had found it somewhat disappointing, and Penny explained that there had been a problem in as much as the outside facilitator, due to some sort of misunderstanding, had been absent on the first day, which consequently been handled by a further member of the Region staff. An action plan was in fact agreed and is on file.

The work programme to develop a vision for the future configuration of local health services was tabled and had a lively discussion ensued. In view of the importance of the document and the time-scale involved, I would suggest that it should be copied to all C.H.C. Members as soon as possible.

Dr Jorge had produced a paper which referred throughout to health care, Rob Hutchinson felt strongly that we were dealing with health and social care, and reminded her that he had written a lengthy letter to her on this subject. He thought that the Partnership was heavily neglected health wise and Penny agreed that both Portsmouth City Council and Hampshire County Council should in future have one extra member.

I said that Margaret saw herself as the C.H.C. Member and Penny was happy to leave the decision to us as to who should attend, there is of course provision for replacement at any meeting if necessary.

Doug Dann

Strategy Mtg 8/11/99
Item 6-11

PORTSMOUTH AND SOUTH-EAST HAMPSHIRE
COMMUNITY HEALTH COUNCIL

STRATEGY MEETING 8th NOVEMBER 1999

REPORT ON JOINT COMMISSIONING BOARD FOR MENTAL HEALTH MEETING
HELD ON MONDAY 18th OCTOBER 1999

As this was the last meeting of the Board the new committees/groups for dealing with mental health issues within the Health Improvement Programme and the National Service Frameworks at local and regional level were discussed. The CHC will be included on the Adult Mental Health Services Strategy Group for services in Portsmouth and S.E. Hants. Local and regional groups will aim to provide models for future management and joint working, implementation of the National Service Frameworks, and accountability within all levels of service including to the service users who will be involved in the work of the strategy steering group.*

MENTAL HEALTH NATIONAL SERVICE FRAMEWORK

Summaries of the National Service Framework were presented. There is to be a final draft of the Mental Health Section of the HiMP for 2000 and onwards produced by 12th November and comments have been requested before that date.

SUICIDE

To reduce suicide rates Graham Collingridge, Hants. Social Services said that a specialist clinician interested in suicide is needed. There is a well-established local deliberate self-harm group (SR) and a suicide prevention group would be involved.

COMPULSORY TREATMENT

A motion has been put by the County Council (copy available for members if required) which considers compulsory treatment issues including safeguards. Graham Collingridge requested that concerns about compulsory treatment should be sent to him. A paper was to be ready in December, if possible.

MENTAL HEALTH CARE SERVICES

A draft Action Plan was submitted. Neil Stubbs (HealthCare Trust) pointed out that the Pfi is not going to cover what is now needed. Services must be able to reflect the changing services and the differences in issues. As the Government is moving money from the special hospitals all services will be affected.

* NEW PARTNERSHIP PROPOSALS

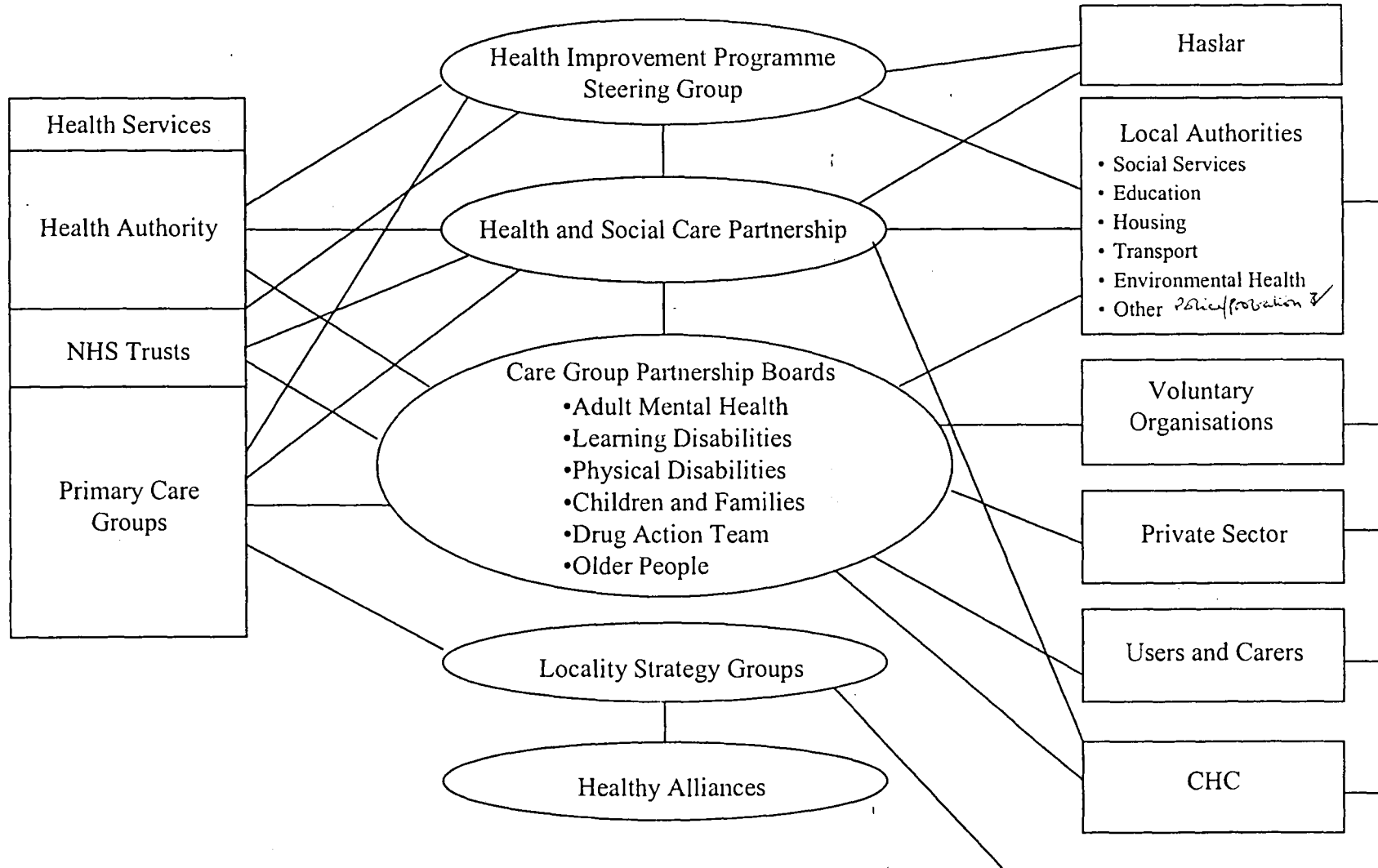
See attached chart. You will notice that the CHC has been included via routes to all levels.

IF YOU HAVE ANY COMMENTS ON THE ABOVE OR WISH ISSUES TO BE RAISED AT MEETINGS PLEASE LET ME KNOW AT THE STRATEGY MEETING.

Appendix 2

PORTSMOUTH AND SOUTH EAST HAMPSHIRE HEALTH AUTHORITY

Proposed Partnership Arrangements



Strategy Meeting 8/11/99
Item 6.11.a.

PORTSMOUTH AND SOUTH-EAST HAMPSHIRE
COMMUNITY HEALTH COUNCIL

REPORT FOR STRATEGY MEETING 8th NOVEMBER 1999

REPORT ON JOINT INVESTMENT PLAN FOR SERVICES FOR ADULTS WITH MENTAL
ILLNESS - MEETING HELD ON 13th OCTOBER 1999

This was the first of the new stakeholders meetings which would replace the Joint Commissioning Board (see JCB report).

Previous work in the JIP dealt with services budgeted for and tied in with the HiMP. It was not multi-agency.

Comments on the Report of the last year's work were requested by 15th November 1999.

The new multi-agency group would consider how information can be gathered and disseminated; the kinds of information needed so that the targets set by the National Service Framework can be monitored; development of joint measures by Health and Social Services; links with clinical governance; and ways of identifying locality differences so that they can be addressed.

Small working groups would be set up for specific tasks to involve services users and carers as well as appropriate multi-agency workers.

PORTSMOUTH AND SOUTH EAST HAMPSHIRE CHC

HEALTHCARE TRUST CLINICAL GOVERNANCE OCTOBER 1999

The Trust Clinical Governance group held a morning study session with all the managers, to share the work of the panel (of which I am a member), clinical audit and to progress the work of Clinical Governance in the trust.

This was a most interesting session with the need to involve the consumer as a high agenda item. I was working in a group looking at this specifically, and felt able to put a lot of the CHC views forward, and to share some of the work we have done in obtaining consumer views. The people in the group included the consultants in charge of family planning services, forensic psychiatry, and managers from learning difficulties, palliative care and mental health services. There was a willingness to involve consumers, but a difficulty in how to do this without significantly increasing work load and resources to an unrealistic level. Suggestions ranged from, including a consumer on all interview panels, to obtaining views from customers in supermarkets.

Many people knew little about the work of the CHC and I was able to give information and to give examples of our work with consumers. All the managers were interested in the imminent publication of the survey from users and carers of mental health services, and a suggestion was made that we approach Martin Severs at the university, to consider getting it published in an appropriate journal. We will see !!!

Many people said how pleased they were that a consumer group was represented, and some even felt there could have been more members. The next meeting of the panel will review the seminar, and continue to process the work. I enclose a copy of the group work guidance with which we worked for your information.

Joyce Knight

GROUP WORK

Developing a Trust wide action plan (and helping individual services to further develop their action plans).

“Involving Users in Service Assessment and Planning”

Task

To consider how the identified gaps can best be filled in a Trust wide approach.

Feedback

- Best filler for gaps
- Barriers
- What needs to happen to make it work
(ideas can be more widely developed during feedback/discussion)

Gaps identified by Baseline Assessment of District Audit

- Work on gathering users' views needs to be more focused and the process strengthened
- Users / carers rarely involved in clinical audit projects
- Users / carers rarely involved in assessing clinical risk
- Complaints follow up action is patchy
- No formal systems for involving users / carers
- Much user feedback is instructional / informal
- Little systematic and structural engagement
- Service users seldom involved in service / planning reviews

Actions Proposed by Individual Services

- Seek advice and support
- Identify support / IT skills for design and analysis
- Target specific areas each year, according to clinical concerns
- Research how best to involve users in audit
- Seek audit topics which can include users
- Develop system for recording / monitoring informal complaints
- Encourage better use and feedback from complaints and audits for service planning
- Implement process for developing clear action plans following complaint
- Review client feedback system used by Social Care Service
- Implement client feedback system
- Use patient / carer experience in evaluating treatments
- Trend analysis of complaints
- Develop / pursue consumer involvement strategy
- Involve clients more overtly in care planning
- Invite representative groups to participate in service planning
- Consider establishing a Patients' Forum

PORTSMOUTH AND SOUTH-EAST HAMPSHIRE COMMUNITY HEALTH COUNCIL.

MEL/013.

October 1999..

RESEARCH AND DEVELOPMENT SUPPORT UNIT (ADVISORY COMMITTEE).

A Meeting took place on Tuesday, 5th. October, 1999..

Dr.Tara Dean, Portsmouth and South East Hampshire Research and Development Unit Co-Ordinator, gave an up-date regarding the Research and Development Consortium's Staffing arrangements was given, following the departures of both Dr. David Foxcroft and Dr. Myles Gould.

In particular, there attention was given to the R. & D. structures which would have to be put in place to meet NHS Executive South East requirements, considering the need for units to have linked with Universities, and the effects that would have on the Support Unit.

I asked that a table be produced to show the various elements involved, for issue with the Minutes of the Meeting, that being agreed by the Group.

Members were reminded about the forthcoming annual conferences, both of which appeared to be receiving a good degree of interest. The main Research and Development Unit event was scheduled for Tuesday, 7th. December, 1999., with the Primary Care one on Thursday, 18th. November, 1999..

I re-affirmed the C.H.C's. interest in the Conferences and confirmation was given that invitations to both were to be extended to the C.H.C., but places were very limited.

Finally, Dr. Graham Moon said that he felt that it was time that he stood down as Chair of the Research and Development Support Unit Advisory Committee. Dr. Moon was thanked for the considerable contribution which he had made in seeing the Unit started and leading its work over the past few years.

Margaret E. Lovell.
Chief Officer.

PORTSMOUTH AND SOUTH EAST HAMPSHIRE CHC**REPORT TO : MEETING 1999****NURSE PRESCRIBING STEERING GROUP**

A meeting was held on 21.09.99. The following were reported.

Work is proceeding on the production of a nurse prescribing formulary, this to ensure there is a list of products available for nurses to prescribe, eg stoma appliances, dressings ointments etc.

It was reported that the second cohort of nurses had completed the course and the next one was due to commence in December. Some discussion took place about the "in fill" mechanism to replace nurses on the course. Some difficulties were expressed not the least being the shortage of HV's to "in fill".

The action plan from October was to run updating courses for recently trained nurses, and support for all trained nurses.

Discussion took place about the need for a system to be agreed for pharmacists to contact nurse prescribers in the event of a difficulty. A protocol was determined.

Financial monitoring was discussed, and I raised the need to plan for qualitative evaluation from GP's nurses and patients. This will be explored. We were shown the information going to surgeries and pharmacists, and the slip to be given to each patient participating, explaining the role of the nurse prescriber.

An interesting meeting where I felt able to represent the consumers interest.

Strategy 8/11/1999
Item No.....6.18.....

PORTSMOUTH AND SOUTH-EAST HAMPSHIRE COMMUNITY HEALTH COUNCIL

REPORT TO STRATEGY MEETING ON 8TH NOVEMBER 1999

Maternity Services Liaison Committee

I have attended a meeting on the 13th September. Much concern was expressed as to the shortage of midwives, this is a national problem but has not previously concerned St Mary's unit.

Contingency plans have been prepared. Mrs Dillow Associate Clinical Director of maternity has offered to speak to us.

We received copies of "Review of Portsmouth Maternity Services" on which we have been asked to comment, included in this review are proposals for the unit which will be at Q.A.

We also received copies of two clinical audits.

- a) To establish whether all patients receive a copy of "Now you are pregnant" and whether the information given was helpful and useful. The main conclusions were that checks must be made to ensure all women received the information pack, and that it must be continually reviewed to ensure that accurate information was given.
- b) To establish whether women were given the choice of where their baby could be delivered. If there were restrictions both clinical and other were explained. The main conclusion appears to be that maternity services need to be proactive in ensuring that an informal decision takes place and that "booking" guidelines are adhered to.

Rosemary Hampton

PORTSMOUTH AND SOUTH-EAST HAMPSHIRE
COMMUNITY HEALTH COUNCIL

STRATEGY MEETING 8th NOVEMBER 1999

REPORT ON GOSPORT PRIMARY CARE GROUP MEETING
HELD ON THURSDAY 21st OCTOBER 1999

The meeting discussed the Finance and Activity Report and the Primary Care Investment Plan for 1999-2000 and passed the recommendations made on the latter.

The recommendations made following the Service Review of Physiotherapy, the Rapid Access Prostate clinic and Ultrasound, arising from discussions with GP representatives of all the Gosport practices, were accepted to maintain Physiotherapy and the Rapid Access Prostate Clinic. Ultrasound, however, which had also been funded from Fundholders could no longer continue the privately provided practice-based service. A review of ultrasound services with Portsmouth Hospitals Trust and Royal Haslar Hospital would link the need for this service in with their proposals to 'improve access to ultrasound for all practices'.

Consideration was to be given to the role of social service attachments to GP surgeries to link in with the 'District Nurses as Care Managers' Project. The project is a collaborative one with Portsmouth HealthCare Trust, the PCG general practices and Social Services.

Concerns about ambulances and the availability of transport and A. & E. provision due to the closure of Haslar Hospital were mentioned the understanding being that there would be central funding to deal with the consequences of closure. At present weekend dressings are carried out at Gosport War Memorial Hospital, but if its use is altered other provision would be needed.

The current work of the CHC was mentioned: our representation on the committees of 52 statutory and voluntary bodies; 11-16 mental health and the possibility that GPs might be picking up problems when no one else is; respite care and whether there is adequate provision in the area; the public consultation meetings early in the new year about provision when Haslar closes; and patient participation groups in general practices. A request of us to see if we would be prepared to assist in the setting up of groups was made which needs to be followed up by the Patient Participation Team.

PORTSMOUTH AND SOUTH-EAST HAMPSHIRE COMMUNITY HEALTH COUNCIL.

MEL/013.

October 1999..

LOCAL MEDICAL COMMITTEE.

A Meeting took place on Thursday, 23rd. September, 1999..

The agenda included items such as the Year 2000 planning and the Government's introduction of universal antenatal hepatitis B screening from 1st. April, 2000..

Reports were given by participants of continued problems with Discharge Reports not being received from the Portsmouth Hospitals and HealthCare NHS Trusts and there was some debate regarding the documentation used, reference being made to a single type of form to be used by all Departments possibly being a solution.

I advised the Meeting that the Community Health Council currently was working on its identified key areas of activity for 1999./2000., until such time as Consultations regarding future N.H.S. services for residents of Gosport and south Fareham re-commenced.

Local Medical Committee Members were interested particularly to hear of the C.H.C's. work regarding Respite Care and said that G.P's. might have information or comments to offer.

The C.H.C. was invited to submit an appropriate article about its interest, concerns, and work on the subject for inclusion in the newsletter circulated by the L.M.C. to all General Medical Practitioners in the Health District

Margaret E. Lovell.
Chief Officer.

PORTSMOUTH AND SOUTH-EAST HAMPSHIRE COMMUNITY HEALTH COUNCIL.

MEL/013.

October 1999..

QUALITY DEVELOPMENT AND SUPPORT UNIT.

A Meeting took place on Monday, 18th. October, 1999..

Some general business was covered, including Patient's Charter reporting and compilation of clinical incident/complaints/core standards scoring.

However, much of the thrust of the Meeting was given to considering the position of the Group in the light of the developing Clinical Governance agenda.

Consequently, the decision was made to suspend the Quality Development and Support Unit pending consideration of the needs of the wider organisation.

Further information was to be provided in due course to all existing Group Members, including proposed revised Terms of Reference, etc., as appropriate.

Margaret E. Lovell.
Chief Officer.

Disabled Hospital Access Visits

Report on Meeting 7 September 1999

Attendees: Ray Leach
Gail Kirk
Emma Martin
Gill Turner
Jill Irish
Penny Melville-Brown

1. Visits. Many visits have taken place at both QA and St Mary's hospital; resultant reports produced several common themes. Further visits will be arranged for other disabled groups: those with learning difficulties, mental health problems and carers.
2. Future Strategy. It emerged that other staff may be initiating action and that the key Health Service Circular 1999/156 had received very limited circulation not extending to meeting participants.
3. It was considered that the following initial strategy should be developed:
 - a. Gain Executive Board commitment. It was suggested that Peter Howlett (Director of Development) might be the appropriate Board member to lead further action.
 - b. Action Group. It was suggested that a single composite group should be convened to cover the main areas requiring action. Typical members might include representatives of Estates, Clinical, Communications, PICs, Training and Development, Environmental Audit, Capital Planning etc. plus current staff members. It was thought unlikely that all representatives would be required at all meeting after the initial few planning meetings.
 - c. Action Group Chairman. It was suggested that the Chair should represent the area where most action (and, therefore, funding) would be required. Familiarity with training in the issues would be an advantage.
 - d. Workload. It was considered that a dedicated full or part time Project Manager might be required to co-ordinate activities.
 - e. Composite Report. A single report covering key strategic themes will be produced.
 - f. Circular 1999/156. This document requires an initial assessment to identify its implications for the hospitals.

4. Action Plan.

a. It was suggested that the work outlined in paragraph 3 above should be completed and submitted to the Executive Board for approval/commitment.

b. An inaugural action group meeting would be required within the next few weeks to address in more detail:

- i) Detailed DDA 1995 s.21 implications (HSC 1999/56)
- ii) Composite report strategic themes
- iii) Visit report detailed actions
- iv) Research into existing initiatives
- v) Priorities
- vi) Timetable
- vii) Costings
- viii) Risk and reasonableness
- ix) Produce action plan

c. It was suggested that the work outlined in paragraph 4 b above should be completed during October 1999 taking account of the DDA deadline.

d. It was suggested that the plan should also take account of associated initiatives e.g.:

- i) Hampshire Accessible Transport Strategy
- ii) Health Authority activities
- iii) Other Service Provider activities
- iv) linked future Government policies
- v) hospital employment policies

5. Way Ahead. The above schedule is ambitious but much time has been lost since the issue of the Circular. Delay will increase the risk of litigation under s.21 DDA 1995 when it comes into force in October 1999.

PMB

8 Sep 99

Strategy 8/11/1999
Item No.....6.34.

PORTSMOUTH AND SOUTH-EAST HAMPSHIRE COMMUNITY HEALTH COUNCIL

REPORT TO STRATEGY MEETING ON 8TH NOVEMBER 1999

Gosport Health Alliance

I was unable to attend the meeting on September 30th, however I sent in the information the C.H.C. had conducted a small survey amongst voluntary groups to seek views on the Health Authorities draft document on the The Provision of Health Services for Gosport and south Fareham when/if Haslar closes.

Rosemary Hampton

PORTSMOUTH AND SOUTHEAST HAMPSHIRE COMMUNITY HEALTH COUNCIL

REPORT TO STRATEGY MEETING ON 8th NOVEMBER 1999

FAREHAM AND GOSPORT MENTAL HEALTH CONSORTIUM

At the meeting on the 8th September , held at the Potteries, Wickham Road Fareham , a letter was drafted to the members of various local groups , inviting them to attend the launch of the new Fareham and Gosport Mental health Consortium on the 20th October 1999 10.00 to 12.00 M.D at the Potteries, Fareham. It is hoped that at least twenty people will accept the invitation. The C.H.C. will be represented.

C.Wilkes 18.10.99

PORTSMOUTH AND SOUTHEAST HAMPSHIRE COMMUNITY HEALTH COUNCIL

REPORT TO STRATEGY MEETING ON 8TH NOVEMBER 1999

FAREHAM AND GOSPORT LEARNING AND DISABILITY FORUM

The last meeting of the forum in September 1999 was cancelled. The next meeting will be in February 2000 when the group will be reconvened.

C. Wilkes

Strategy 8/11/1999
Item No.....6:46..

PORTSMOUTH AND SOUTH-EAST HAMPSHIRE COMMUNITY HEALTH COUNCIL

REPORT TO STRATEGY MEETING ON 8TH NOVEMBER 1999

Gosport Voluntary Action

I attended the A.G.M. on the 4th October the meeting was well attended. G.V.A. has had a very good and successful year. A copy of the annual report is available. It was agreed the G.V.A., in line with other councils, would become a company limited by guarantee.

Rosemary Hampton

MEMORANDUM

TO: Mrs M. Lovell M.H.S.M., Dip H.S.M., M.R.S.H.,
Chief Officer, Portsmouth and SE Hants C.H.C,

COPY: (1) Sdn. Ldr G Whittle DFM,
Chairman, Health & Care Panel, EHDC

(2) Hampshire CHC Offices as appropriate

FROM: Cllr H. Cunliffe

DATE: 26th September 1999

SUBJECT: Hampshire Ambulance NHS Trust Board Open Day
Havant Ambulance Station 21st Sept.

PRESENT: Mrs S. Murray, Chairman.
Mr R. Mawson, Ch. Exec.,
Mrs M. Berryman, Human Resources, Amb. Trust
M/S A Shaw Comm. Officer NHS Direct
Mr Silvestre, Havant Ambulance Station

I attended this Open Day and was welcomed by Mr Silvestre who gave me a tour of the station, which is also shared with the Fire Service.

The Rapid Response vehicle was demonstrated, and I had a discussion with Mr Silvestre on the difficulties of providing a response in line with the figures required by the Ambulance Charter at some of the remoter villages in East Hampshire. These difficulties are well known. One solution being considered is to train a local person in the use of defibrillators, and to have this equipment available within the village. I expressed reservations on this idea.

A normal ambulance was also available for inspection together with the equipment contained in the vehicle.

NHS Direct had an exhibition stand on display. M/S Shaw is keen to make the services of NHS Direct known to the general public and is willing to talk to groups who have an interest in community matters.

The Open Day was not well attended by the general public. The Mayor of Havant was present - no other Councillors were there.

(H. Cunliffe)