

Healthwatch Portsmouth Advisory Board Meeting 8th December 2025

Report from Healthwatch Portsmouth Manager/HW Area Director

Future HWP Advisory Board meeting dates:

Joining online details and agenda for each meeting will be published on our website:
www.healthwatchportsmouth.co.uk

- Tuesday, 17th March 2026 – 5pm – 7pm Spark Community Space, Fratton

A new series of Advisory Board meeting dates for **June '26 through to March '27** will be available in due course and published on our website, at our information stalls and events.

Healthwatch structures and governance

We await further information from the Government announcement of its plans to abolish local Healthwatch. We were told at an update in October that there is an intention to bring legislation to parliament in spring '26. Information about how the transfer of functions of patient engagement and feedback gathering to Integrated Care Boards (for health feedback) and local authorities (for social care feedback) is still unclear. We are awaiting advice from Dept for Health and Social Care on this and on timetabling of during 2026-27. We raised many questions about the future provision of an independent patient voice and independent scrutiny of NHS commissioner and provider feedback gathering, how they will act on the patient and service user insight and demonstrate the changes made. We will receive a further update at the end of January and can report back to the Advisory Board.

The HW Area Director attended the Portsmouth Health Overview and Scrutiny Panel meeting on 19th November. At the meeting it was confirmed that a motion was passed at the Portsmouth CC Full Council meeting as follows:

PCC to write to the Secretary of State for Health and Social Care, expressing Portsmouth City Council's strong opposition to the proposed removal of Healthwatch and urging the Government to safeguard and strengthen its role. ii.

PCC share this letter with the leaders of all political parties represented in Parliament, and with Portsmouth's MPs, requesting their support in defending Healthwatch.

A Councillor from Havant BC was attending the HOSP meeting and said that she would be urging the councils across Hampshire to match what PCC had done and would be in touch with HWP.

see Section 11 (c) of [\(Public Pack\)Agenda Document for Full Council, 11/11/2025 14:00](#)

HW Area Director has been working with the HW leaders team within our host organisation (The Advocacy People) to identify the unique benefits of the Healthwatch function and what could be opportunities for taking things forward if there arose opportunities for commissioning of future independent patient voice entity. To that end, HWP has been looking closely at Government guidance on engagement functions being developed in NHS Trusts, within the Hampshire and Isle of Wight Integrated Care Board (HIOW ICB) and Portsmouth City Council. To support any future presentation of the value of the patient voice critical friend approach we have been supported by a HWP Advisory Board member to construct a mini case study (in the pack for Advisory Board members).

Updates from Healthwatch England – late autumn

Louise Ansari leaving Healthwatch England

Further to Louise Ansari's appointment as a non-executive director to the NHS England Board the local HW were advised that Louise is stepping down in early December from her role at Healthwatch England. Chris McCann at HWE will be undertaking the National Director's responsibilities until the Healthwatch England function transfers into DHSC.

Guidance for Volunteers: Handling Strong or Extreme Views in Public Conversations

All Local Healthwatch have received the following from HW England. It could be useful for HW Advisory Board members to be aware of the contents for when they are out and about meeting with the public and gathering views. It will form part of our 'volunteers toolkit'.

HWE Guidance:

When engaging with the public, you may occasionally encounter people who express very strong, extreme, or offensive views (for example, on politics, religion, or immigration). You are **not expected to challenge these views** or put yourself at risk. Your role is to listen, gather people's experiences, and ensure conversations remain respectful.

Key Principles

- **Stay calm and neutral** – acknowledge without agreeing.
- **Keep focus** – bring the conversation back to the topic at hand.
- **Set boundaries** – you do not need to tolerate racist, abusive, or threatening language.
- **Prioritise safety** – if you ever feel unsafe, end the conversation and step away.

Example Phrases You Can Use

Acknowledging without agreeing:

- "I can hear that you feel strongly about this."
- "That's clearly important to you."

Refocusing on the purpose:

- "I'd like to make sure I capture your experience with health and care services—could we focus on that?"
- "I'm here to understand your experiences, not to debate politics or religion."

Setting boundaries respectfully:

- "I'm happy to listen, but I can only continue if we keep the conversation respectful."
- "I'm not able to discuss those views. Let's come back to the questions I have for you."

Ending the conversation if needed:

- "I don't think I can help further today, so I'm going to end the conversation here. Thank you for your time."
- "I need to step away now, but I appreciate you sharing your perspective."

What To Do Afterwards

If you feel uncomfortable, shaken, or unsafe, please let the staff team know immediately.
Log the encounter if required.

Take time to debrief—get support from your line manager and/or colleagues.

There was also discussion about **training and practice**.

Role-play scenarios in a safe environment so volunteers can practice setting boundaries and redirecting conversations.

Share practical phrases they can keep “in their back pocket.”

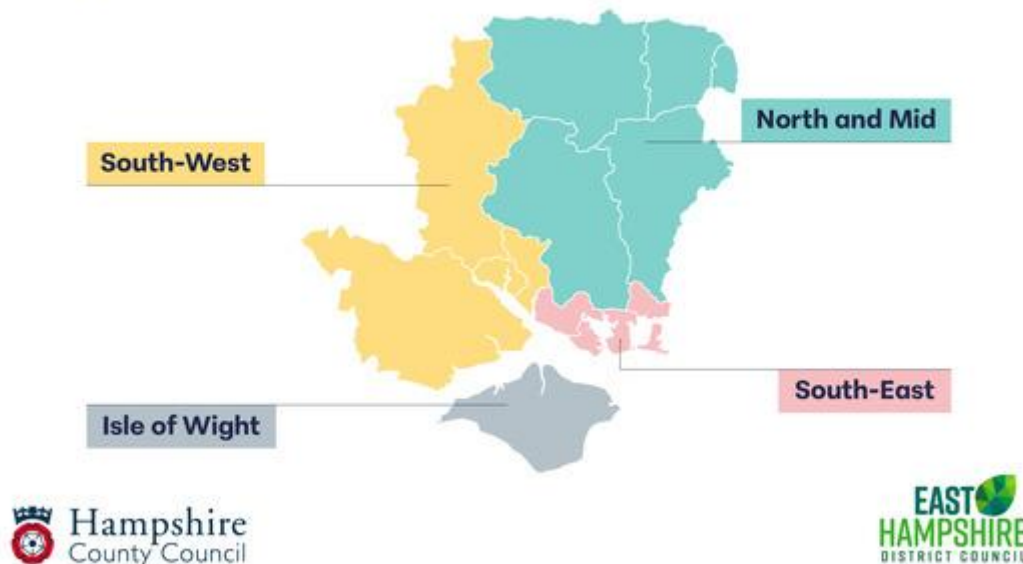
Local Authority Strategic and Unitary Authority boundaries – proposed model

Further to the update received in August about the planned local government re-organisation we await a decision by councils in spring '26 further to full public consultation.

The proposed unitary council areas are:

- **North and Mid Hampshire** (Basingstoke and Deane, East Hampshire, Hart, Rushmoor, Winchester)
- **South-West Hampshire and Solent** (Eastleigh, New Forest, Southampton, Test Valley)
- **South-East Hampshire and Solent** (Fareham, Gosport, Havant, Portsmouth)
- **Isle of Wight** (remaining as a standalone unitary council)

Proposed new councils



Healthwatch across HIOW have been specifically approached by Laura Taylor, Chief Executive of Winchester City Council to contribute to the consultation and has provided the following information. The 4 Healthwatch operating across HIOW are due to meet with Laura on 8th January. It would be helpful to Roger (HWP, Chairperson) for Advisory Board members to contribute their feedback and ideas on the proposals in preparation for that meeting on 8th January by either reading the information provided and sending to Roger their thoughts and/or attending the virtual partners meeting on 15th December to ask questions/ provide comment and send to Roger a brief report of their input/key issues.

"The government has now launched a consultation on proposals for local government reorganisation in Hampshire and the Isle of Wight. The **consultation** can be completed [here](#) and will **run until the 11th of January 2026**. Please see below message from Laura Taylor:

We would absolutely encourage you to respond to the consultation and I thought it would be helpful to include all the information in one place to make that a little easier.

The government is consulting on the following proposals:

1. A proposal from Hampshire County Council and East Hampshire District Council for a 4 unitary model (3 new unitary councils on the mainland with the Isle of Wight remaining an independent island unitary)

More details on their proposal including their full business case to government can be found [here](#).

2. Three proposals from 11 of the existing councils for a 5 unitary model (4 new unitary councils on the mainland with the Isle of Wight remaining an independent island unitary)

In these three proposals the existing 14 councils in mainland Hampshire would be replaced by four new unitary councils on the mainland, at an average population size of 500,000, with the Isle of Wight remaining an independent island unitary council. Each is based on having a unitary built around the population centres of Portsmouth, Southampton, Winchester and Basingstoke.

The **main difference between these three proposals is which new unitary council would serve the current area of the New Forest**. The 11 councils who worked together to submit these three proposals, as part of a joint business case, are the two existing unitary councils of Portsmouth and Southampton and the nine existing districts and borough councils of Basingstoke and Deane, Eastleigh, Fareham, Hart, Havant, New Forest, Rushmoor, Test Valley and Winchester.

In our joint business case, we set out how we believe this would best deliver services while remaining close to communities, drive economic growth and save at least £63.9 million per year. More information on this proposal including our full business case to government can be found [here](#). I've also attached a set of slides that summarises the three proposals.

(these slides are being sent to HWP Advisory Board members – for information and to support participation in the public meeting on 15th Dec or Healthwatch meeting on 8th Jan.)

The 11 councils will be holding a virtual partners meeting, where there will be an opportunity to talk through the proposals and ask questions, on the 15th of December at 9.00am. It would be great if you or a colleague could join us.

You should be able to join the meeting at the link below but if you let me know you or a colleague is attending, we'll ensure they are sent the teams calendar invite.

Join the meeting now

Meeting ID: 339 355 891 446 23

Passcode: EG3LS2nJ

I am looking forward to following this up with you at the Healthwatch meeting on 8 January 2026.

Kind regards
Laura Taylor (she/her)
Chief Executive

Winchester City Council
Colebrook Street
Winchester, SO23 9LJ Tel: 01962 848 313 Ext: 2313

NHS England / HIOW Integrated Care System

Further to the **guidance issued to NHS Trusts on Performance Monitoring there was a significant guidance document NHS England » Strategic commissioning framework** issued to Integrated Care Boards (ICB) which is also aligned to their efficiency delivery via their Model ICB Blueprint

Updated (in May) ICB Blueprint **NHS England » Update on the draft Model ICB Blueprint and progress on the future NHS Operating Model** states what Integrated Care Boards need to do achieve their 50% costs reduction so that they spend < 19pence per head in their ICS.

HWP is looking at these guidance documents carefully to understand how this impacts on the opportunity for future patient engagement and involvement in shaping health services.

NHS Digital

Update HIOW ICB - Strategy Partnerships Innovation and Policy

A strategic manager from HIOW ICB provided an update on progress being made on one of the key focus points of the NHS 10 Year Plan – digitalisation of care. They emphasised that digital is not just about healthcare.

1.6million people live offline in the UK. 33% say it is difficult to interact with the NHS and 25% have low levels of digital capability.

'Hard to reach' groups find that services are not designed to meet their needs and this is a concern. HIOW ICB are focusing on the design of digital services but is keen to stress that it is aware that there will always need to be a non-digital option for everything.

HIOW ICB digital inclusion survey found that 25% of people are disabled and that, in this group 47% said they find it difficult to use digital tools.

30% of over 75s want to speak to a person.

HIOW ICB know the importance of 'joining things up'. Inclusivity and safety are concerns as well as people feeling they might be left behind. Young people also have concerns, mainly around data safety.

HW Area Director Hampshire, Portsmouth suggested that the HIOW teams include something in our planned joint survey on access to primary care to find out what help that patients are

receiving to help them use digital options e.g. have they used 'Cyber buddies' or any other means of help/training on the NHS App and where this was located, eg surgery/library etc..

There were also concerns around the use of 'Chatbots' which were only felt to be of use if people know which questions to ask, which is not always the case.

Helen said that PHAs help identify where the needs are and showed maps of areas where broadband is provided, which also features in digital exclusion.

Liz asked if frailty was considered in any of the data and Helen said it will be as more mapping is done.

The Government has launched a Digital Inclusion and Innovation Fund which will support local initiatives and this will be launched in Spring 2026.

A survey has been circulated by HIOW ICB for partner organisations to complete to get a better understanding of what is already taking place across HIOW.

HW across HIOW were given assurance by HIOW ICB that linkage in the digitalisation projects is happening with what is being developed regarding commissioning and provider compliance with the Accessible Information Standard.

Frailty

Is increasingly featuring as a key priority in the strategic planning across Portsmouth and SE Hants and the wider HIOW area. The inclusion of frailty services in plans for integrated neighbourhood care are currently being worked on. We will be involved where opportunity presents to raise the concerns of patients and carers to inform the shaping of services.

Access to NHS Dental services

With additional dental provision announced in November across HIOW we have been promoting the availability of NHS dental appts in Portsmouth. We have done a ring round of each practice in Portsmouth to check what the announcement means for provision and updated a blog [34,000 additional urgent dental care appointments for residents](#)

In addition to the presentation to PCC's HOSP, to which James Roach HIOW ICB Director for Dentistry provided an update on capacity (p83 -88) the 4 x HW across HIOW raised with James in a separate meeting in late November:

concerns about the UDA check-ups being only visual and then patients being told to pay privately for treatment. HIOW ICB Director of Dentistry confirmed that, if the dental examination showed that treatment was needed, this is included as part of the NHS treatment and that this needs to be made clear to patients.

In Portsmouth the most common themes are the availability of NHS dentists, the variance in waiting times for special care dentistry, reasonable adjustment in mainstream dentistry for disability and the cost of treatment, system delays, confusing information on availability.
(please see separate document on the intel we provided to HIOW ICB Quality Group mtg.)

Regarding urgent dental care, with just 20 practices across the entire HIOW area now undertaking additional urgent appointments, we asked what proportion of the demand for such is being met by these 20 practices ?

For Portsmouth Dental School opening Sept '26 will the newly qualified dentists be required to practice in the NHS for at least 3 years – as per the pledge on dentistry made in NHS 10 Yr Plan. Will any incentives be provided to encourage those newly qualified dentists from PDS to do their 3+ years in the city?

For the additional capacity being commissioned on the Isle of Wight throughout 2026, we asked what incentives (via flexible commissioning ?) will enable the UDAs commissioned to closely match UDAs delivered?

For the additional hours scheme being rolled out across HIOW we asked where will the capacity come from to fulfil the additional hours contracts available? Will Dental Therapists be able to provide treatment (a pledge made in NHS 10 Yr Plan).

How far advanced are plans to enable dentists, dental therapists and dental nurses to work within the currently developing Neighbourhood Health Services ?

Operational Matters

HWP Volunteers have been concentrating on the Enter and View activity, PLACE visits and getting involved in the HIOW Healthcare Trust engagement groups.

A visit to the Cosham Dementia Group provided insight for us to the continuing problems that patients and carers are facing despite the pledges of more joined up conversations between teams in the Hampshire and Isle of Wight Healthcare NHS Foundation Trust. HWP will continue to monitor and seek clarification from the Trust on progress and encourage them to provide clear updates on service improvement on their website, social media and during in-person meetings of the Community Engagement and Experience of Care team.

Further to the new patient experience feedback that we shared with HIOW ICB regarding support for deaf patients at QA Hospital we were advised that HIOW ICB had spoken with the Deputy Chief Nurse and Associate Director of Community Engagement and will also be taken through ICB Quality routes to track the PHUT Action Plan regarding AIS compliance.

HWP/HWH walk-thru of the new Emergency Department at QA Hospital.

We have shared with PHUT our recommendations and report on our observations from the HWP and HW Hampshire walk-thru that we conducted in March. We include in our report a recommendation that we visit the Discharge Lounge at QA Hospital to link in our observations made in the ED waiting room and Urgent Primary Care service with what is happening relating to 'patient flow' through the hospital. We are pleased that this will be organised soon by PHUT.

Of the 15 recommendations we made we are very pleased that PHUT are taking forward 8 of them as a direct result of our walk-thru. Report publication awaiting a quote from PHUT.

HWP hopes soon to publish a report of our walk-thru, stating

- our walk-thru observations
- the recommendations we made
- and the actions PHUT has taken as a result

This methodology will give the Trust a valuable opportunity to demonstrate how it has listened to patient and public feedback. We are seeking timescales for the HWP 8 recommendations that PHUT is taking forward so that we can reflect this in our final report, together with quote from PHUT for our website blog, reflecting our constructive working relationship and the Trust's commitment to responding to community insight.

We are waiting for a visit to be organised by PHUT for HWP and HWH to QA Hospital's Discharge Lounge –to look at the patient flow through the hospital and make recommendations.

The Lead Officers of HWH and HWP met with the site nurse directors of PHUT to take forward operational issues that HW has received local patient feedback on regarding the following issues:

- support for disabled patients parking,
- implementation to Martha's Rule,
- reimbursement for travel costs to hospital appointments,
- training for ED staff to support patients with additional communication needs
- a new card for patients stating that they have additional communication needs
- in-patient daytime activities,
- demonstrating how the Trust is using patient experience insight to improve.

HWP and HWH Advisory Board members are next due to meet the executive team at QA Hospital in late January.

Follow-up to HWP Enter and View visit to Spinnaker ward – patient leaflet

No information was provided to HWP during the autumn further to the cancelled Quality Improvement meeting in July to produce a patient leaflet to introduce the purpose of Spinnaker Ward. HWP is keen for HIOWH Trust to explain to patients how to make the most of their stay, a key recommendation from our HWP Enter and View visit to the rehabilitation facility at St Mary's Hospital. We are still hoping the patient information resource will also include an offer of a virtual tour (conducted by a member of staff using a smart device) for patients who are on a hospital ward awaiting transfer. We asked about the production of the patient leaflet during our HWP Enter and View visit in September to the allied rehabilitation unit, Summerlee. We chased in late October for news on progress on the production of the leaflet for Spinnaker but were told that because the HIOWH Trust is still awaiting a decision regarding the future of the Summerlee Unit the QI project is not able to move forward. The Trust has advised that the leaflet which we understand is to be designed for use by patients in preparation and during their stay at either Spinnaker or Summerlee will need to reflect the service being offered. HWP has asked for an update on when we can re-engage on this project. We report separately about HIOWH Trust's engagement on plans for re-provision of bed capacity at Summerlee unit.

HWP Health Inequalities Research Project

HWP's work on its 'Health Inequalities Research Project part 3' work reached its final stage in November and December with the setting up of two city- based community helpdesks to reduce health inequalities in the city's areas most affected.

New HIVE Portsmouth Community Helpdesks | HIVE Portsmouth

The **Portsea** helpdesk is at John Pounds Centre (Library area), open Tuesdays & Thursdays.

The **Paulsgrove** helpdesk is at Paulsgrove Housing Office, open on Mondays & Fridays. Opening times will be flexible, aligned with other activities in the locations and reviewed.

These are startup locations; the team is working closely with residents and partners to establish a presence. HWP is delighted to hear that already there have been lots of people dropping in for free information, advice and guidance. **Please spread the word!**

HWP have used those same unmet needs* as stated by residents when we first gathered their feedback during guided conversations in 2023, to drive the purpose. What people told us mattered most was :

- improved awareness of how to access mental health teams
- reduced anxiety by speaking with someone about the challenges they are facing
- reduced stigma and judgement by others on people from underserved communities access the support they need
- an acquired baseline knowledge of everyday health and what is available to support people to be healthy

The setting up of the community helpdesks provides perfect early pilot work for the city's new Neighbourhood Health Centres. We are receiving a briefing from HIOW ICB's Portsmouth Place Director on Integrated Neighbourhood Working which sets this in context.

(*Portsmouth residents in underserved communities who did not know how to access information were seeking a non-digital way to help them find out about local services such as health and social care, housing, education, employment and support networks to improve their health and wellbeing.)

The structural model, starting with a clear framework will build towards an understanding of how services fit within the community. The project's steering group (that HWP sits on) is refining an overall working model, useful across health and care sectors and offers a chance for broader engagement and understanding of how this type of approach fits with Portsmouth's overall vision. HWP will keep reinforcing the message that in patient-centred work it is important to return to what matters most to patients and users of care services.

There is additional work taking place outside of the immediate project team activity to set up the helpdesks: that of the Health and Care Offer from teams and partners in Portsmouth to provide information and support on what matters most to residents. HWP has been contributing ideas to this, based on the feedback gathered from residents originally* about the type of information they were seeking: in a non-digital format to help them take more control over their health and wellbeing and wider determinants, such as access to education, good housing and employment options.

Agreements will be finalised soon on what services can be delivered at each helpdesk. HWP and the Independent Health Complaints Advocacy service hope to have a presence.

Hampshire & Isle of Wight Healthcare NHS Foundation Trust (HIOWH)

NHS Electronic Patient Records Strategic Review – public engagement best practice

The HIOWH Trust asked Hampshire and Isle of Wight Voluntary VCSE Health and Care Alliance (HIVCA) in October to contact and seek input from the voluntary and community sector as part of their Strategic Electronic Patient Record (EPR) Review.

***HIVCA** is the Hampshire and Isle of Wight Voluntary and Community Enterprise Sector Health and Care Alliance. HIVCA is funded by Hampshire and Isle of Wight Integrated Care Board (HIOW ICB) to gather feedback from the voluntary and community enterprise sector on health and care issues and to funnel this to the ICB to inform decision making in service commissioning.

HIOWH Trust are undertaking a strategic review to inform their approach to their electronic patient record (EPR) contracts in the future. As part of this strategic review the Trust organised a 1 hour online meeting 'to engage with all stakeholders who may use or access or share information into/from our clinical systems'. This meeting wasn't open to the public.

While the VCSE are being canvassed, the patients and the public for whom these electronic records are designed to improve the quality of care offered, did not appear to have been approached at the same time for their input. HWP have challenged HIOWH Trust on this, having reviewed what opportunities were published on the Trust's 'Have Your Say' webpage. HWP have asked what mechanism the Trust is using to seek patient and public views on what's important, from a patient's perspective for the Trust to consider in its approach to future contracts while it is doing a strategic review of its EPR?

Healthwatch attended the first of the 3 online publicly promoted meetings that appear to have been organised shortly before they were convened for early December. HWP attended but noticed that sadly there was low public attendance. We hope that more of the public have by now been become aware of the two meetings organised for this week.

During our attending the online stakeholder meeting in October Healthwatch asked:

Where do care plans sit in this electronic patient monitoring process? who does it and when is it done on the patient journey? Are care plans routinely referred to in discharge planning? Are decisions about discharge care recorded in the electronic patient record (EPR) system? Is there connectivity between EPRs, GP and community pharmacy records? The shift to the digitalisation of the NHS offers significant benefits but the tools to do so need to function well, connect to relevant parts of the IT system, be accessible by patients and focus on improving outcomes for patients along with system improvement. We wanted to learn of the metrics to be used and key objectives: eg reducing emergency re-admissions?

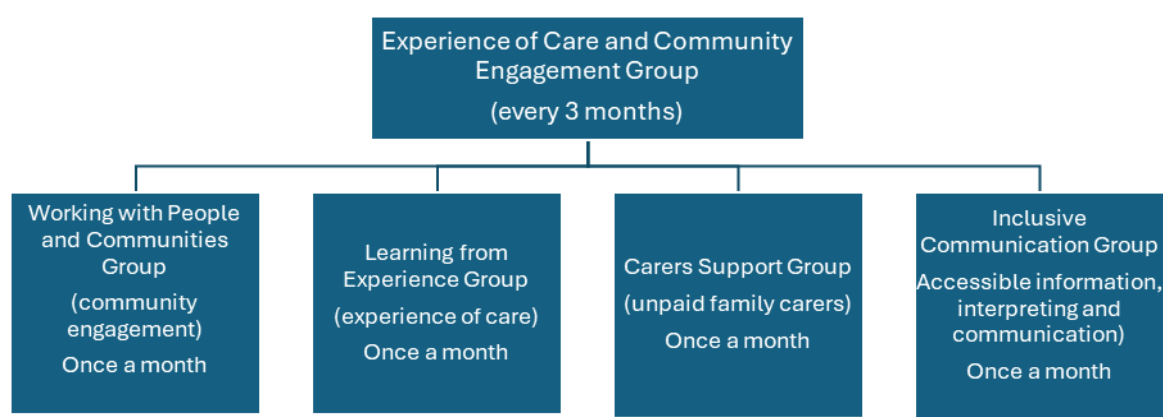
In early October, Healthwatch attended a separate community update meeting organised by HIVCA which informed their members on how HIOW ICB was engaging across HIOW. A question was raised by Healthwatch: "What is the ICB doing to reach out and engage with the public/patients?" the HIOW ICB admitted that this was a gap in the thinking presented

and have since responded to Healthwatch saying that they need to build this into their community involvement plan.

HIOWH Trust Experience of Care and Community Engagement function

HIOWH Trust informed local HW that further to the Trust's re-structure they have a fully integrated experience of care and community engagement team from 1st June 2025. The team are working on implementing a governance and quality framework to guide, support and challenge the Trust as they develop the activities of the experience of care and community engagement team.

There are five groups in total which report through to the Trust wide Quality Oversight Committee. HW has been invited to participate on any or all of them.



We sought clarification from HIOWH Trust on how all of these engagement groups link together and the reporting of intel up to strategic decision making boards. We are providing staff and volunteer resourcing to attend these groups to scrutinise the use of patient insight to shape services via Trust Board level decision making.

Primary Care

Quality assurance - Uni-City Med Centre – CQC inspection report

Further to the support that HWP were given assurance on that HIOW ICB Portsmouth primary care team were giving to Uni-City Medical Centre's 'Inadequate' rating from the Care Quality Commission's (CQC) inspection visit we sought an update in the autumn.

The local primary care commissioning team have reviewed the practice's action plan for any areas that link with the GP contract. The primary care team is pleased to confirm that the practice was able to describe (and evidence where requested) actions that had been taken to ensure contractual requirements were met. Infection Control requirements are being reviewed separately by the ICB's Infection and Prevention Control (ICP) Lead and they have offered and provided support to the practice in this regard. The CQC report from

their re-inspection visit should indicate more. The IPC Lead is on standby to follow up with the practice again as necessary, as are the primary care Quality team.

HW X 4 across HIOW to receive updates on Primary Care

The 4 x Healthwatch from across Hampshire and the Isle of Wight are being provided with updates from the Director of Primary Care in a series of quarterly meetings from October. This helps us to seek clarification on issues relating to access to primary care. It is also helpful as we develop our **survey** to assess patient experience from October when the parity of access was introduced under the new GP Contract offering patients equality of access by phone/online consultation/in-person between 8am and 6pm.

During the quarterly update meetings with the Director of Primary Care the 4 x HW have sought clarification on how the HIOW ICB can provide to each Healthwatch data on the **number of GP appointments and non-GP appointments offered/month**.

HW across HIOW as well as HIOW ICB are working on a set of questions to ask in a future **HW across HIOW survey** to find out patients' experience of accessing primary care since 1st October when significant changes came into force regarding equal access across phone, online and in-person bookings.

HW England recently profiled survey results that the BMA published recently on their survey findings saying the change has negatively impacted patient care.

HWE have said they would be interested in local HW intelligence since 1 October on how people are finding the change. HWP has posted on the network for local HW that the 4 HW across HIOW will be launching a survey around the end of the year and could include a Q asking what method patients use to contact their GP surgery if they have an urgent care need.

In the meantime we have been promoting the HIOWH Trust's survey **Have your say in the NHS app survey**. **Closing date is 31st Dec 2025**. The Trust may extend the end date.

We have been in touch with all surgeries in Portsmouth trying to find out whether there any of the ICB promoted Digital Care Co-ordinators based in GP surgeries in Portsmouth. We have discovered that South Coast Primary Care Network has employed a co-ordinator who covers the Craneswater and Trafalgar surgeries. These staff help people use the NHS app.

Portsmouth Health Overview and Scrutiny Panel members (Public Pack)Agenda Document for Health Overview & Scrutiny Panel, 19/11/2025 13:00 a report was provided by the Director for Primary Care, James Roach from HIOW ICB which focused on winter planning, the number of primary care appointments, including information about the Resilient General Practice Enhanced Service offering 6,000 more same day appointments in GP surgeries across Portsmouth and SE Hampshire in the last 3 months as well as seasonal vaccinations campaigns.

The 4 x HIOW HW met with James Roach in October regarding primary care and we discussed feedback received on GP contract changes with some GPs saying they are not ready. James had shared a document in the Chat about the best way to follow-up patients such as via the NHS App for example. He agreed that some practices are better prepared than others. Practices will be supported in the implementation of the new contract and they will lead with relationships. Repeat prescriptions are around 2 million via the App. There is a broad question around ease of access and it would be useful to understand people's experience of the front end and a question around ease of booking appointments

and the number of people who have an appointment with their preferred professional (continuity of care). HIOW HW plan have agreed to do a piece of work about patient access across primary care.

HIOW ICB will do a staff experience report and suggested a joint report from him and HIOW.

Access to Primary Care is the main reason people contact HW on IoW and want to compare feedback before and after the new contract to see if access is easier. Sharing the results will enable HW to support practices which do not see a positive change after October 1st.

HW have also been looking at the opportunity for HIOW ICB to link access to primary care in to Pharmacy First which is being underutilised. James agreed that people could start by going to the Pharmacy. James suggested that they will try to connect Pharmacy First with online appointments and the aim is to educate people around this. Looking at why Practices are not using this as they should and push this as Winter approaches.

Portsmouth did a Pharmacy First report and people did not know about it, but when they did know about it they liked it. More awareness raising is needed. James: 89% of people who use it reflect a positive experience. HW HIOW will promote Pharmacy First.

James agreed to supply the figures across HIOW GP surgeries to show the breakdown of the type of appointments patients are attending (GP, Nurse etc. including DNAs) with HIOW. There were half a million DNAs in the last year. James said clinical conditions change and patients do not cancel or may find an alternative route, plus it can be difficult to cancel. HW welcomed the ICB's future work to look at ways to make it easier for patients to cancel.

Similar in dental practices and, if a patient DNAs then the practice does not get paid, which has a financial impact

Pharmacy

Change made to Portsmouth Pharmaceutical Needs Assessment

Healthwatch Portsmouth effected a change in the Pharmaceutical Needs Assessment Portsmouth Health & Wellbeing Board (HWB) mtg 24.09.25 - full papers [here](#)

	<p>1 respondent disagreed or strongly disagreed with:</p> <ul style="list-style-type: none"> • "The purpose of the pharmaceutical needs assessment has been explained within the draft document." • The draft PNA identifies gaps in service provision • "The draft PNA reflects the needs of your area's population." <p>Detailed feedback by one respondent highlighted ambiguity in Section 6.1 regarding "late evening" and "extended weekend coverage."</p> <ul style="list-style-type: none"> • Action Taken: Section 6.1 revised to define evening hours as 7pm–9pm (Mon–Sat) and clarify Sunday opening hours (until 8pm for one 72–100-hour pharmacy).
Has anything changed because of the consultation?	Yes
Please provide details	Section 6.1 revised to define evening hours as 7pm–9pm (Mon–Sat) and clarify Sunday opening hours (until 8pm for one 72–100-hour pharmacy). These changes do not affect the PNA's overall assessment of accessibility and the overall conclusions have not changed following the consultation.

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Did this inform your proposal?	Yes
Please provide details	Section 6.1 revised to define evening hours as 7pm–9pm (Mon–Sat) and clarify Sunday opening hours (until 8pm for one 72–100-hour pharmacy). These changes do not affect the PNA's overall assessment of accessibility and the overall conclusions have not changed following the consultation.

During our HIOW HW x 4 meetings we discussed with the HIOW ICB Director for Pharmacy about the Pharmacy First scheme (PF). PF is being expanded and James wanted to talk about this as HW HIOW had raised the issue of general practice access and how to improve patient experience. Community pharmacy is a key part of this system and so its expansion is a key foundation and there will be a 'primary care' model instead of a 'general practice' model.

Pharmacies can be the first call in terms of managing routine conditions rather than wait for a GP appointment..

HWP's Pharmacy First report was referenced – in which we outlined a lack of public awareness of PF. This winter HIOW ICB has a comms plan to encourage people to use PF. The focus is to use pharmacies for minor illnesses and straightforward Urinary Track Infections (some age restrictions on this) as well as independent prescriptions and this will increase in 2026. There are seven common prescriptions covered plus PF can be referred to by GPs and 111 as well as walk-ins.

There are 7 conditions where patients can self-refer. Can HIOW ICB wishes to help encourage adults to change the way they and their children access healthcare.

99.2% of pharmacies are signed up to Pharmacy First and delivering (they receive payment for each referral but they have to hit a threshold to received this.)

Currently PF sees around 17-18,000 patients per month in total across HIOW. Total of 120,000 referrals April – October 2025. UTIs were 13,700 between April and September 2025. Many of these were for repeat prescriptions and should help with intervention and managing crises. How do we get patients to see this as a key part of primary care? HIOW ICB would like to get feedback from the HW survey on patients and work together to educate the population around this. There is currently 50% update of capacity.

ICB need to change the public perception that everyone is too busy. ICB can use their data to indicate update and which communities could be targeted to promote awareness campaigns. ICB also need to be aware of pharmacies' individual capacity to deliver ; some people have to queue for long periods of time – if there are no seats, patients may chose instead to attend Emergency Departments.

Liz mentioned that there seems to be a lack of understanding across the different parts of primary care as to what they all do and it would be good for them to link up more. GPs do not seem to realise that pharmacies have their own set of patients. Hinal said they are working on comms and also to patients reminding them via text messages that they can go to the pharmacy on the day. This is part of a Winter campaign.

Secondary Care

Martha's Rule roll-out across HIOW

Martha's rule update as of June 2025



	Component 1 (at least daily patient wellness question)	Component 2 staff escalation)	Component 3 (patient escalation)	Comments /Update
HHFT	Piloting on 1 ward	In place across all inpatient areas and ED.	In place across all inpatient areas.	Pilot started mid-June
HIOWH	Entered programme April 2025, in scoping/ planning phase			Part of national mental health pilot – Jun 25 Awaiting feedback re: community pilot
IOW	Piloting on 3 wards	In place across all inpatient areas and ED.	In place across all inpatient areas.	Pilot started March, looking to start spread
PUH	Relaunching Pilot w/c 30/6	In place across all inpatient areas and ED	In place across all inpatient areas.	Initial pilot started Feb, digital solution proved ineffective and therefore stopped and relaunching on paper
UHS	Due to start piloting in stroke ward July	In place across all inpatient areas and ED. Maternity escalates via a different route.	In place across all inpatient areas.	Operational issues impacted piloting which stopped in Feb, due relaunch Presented at national celebration webinar Part of national pilot for MatNeo – Jun 25

#

HWP has been seeking an update from local Trusts further to this information provided to NHSE earlier in the year. We are awaiting an update from PHUT.

Further to HWP raising in October with HIOWH, Chief Executive Ron Shields provided an update: with Martha's rule being focused by NHSE to get acute Trusts to introduce it the mental health Trusts are in the second wave, hence the plan at HIOWH for a pilot. Whether

'second opinion' has been provided across HIOWH will be audited by MH Trust HIOHW and a report provided to Healthwatch.

Portsmouth Hospitals University Trust and Isle of Wight Trust

PHUT Equality Delivery System (EDS) – Local and National Engagement Update

Further to HWP in the early autumn contacting NHS England with our concerns about best practice on local engagement by Trusts regarding their Equality Delivery System (EDS) we were advised to take the issue to HIOW ICB who said best to raise with provider. So HWP has contacted PHUT to encourage an improvement in the quality of community engagement to support the Trust to respond to the metric:

After attending PHUT's scoring session in January 2025, we submitted formal feedback to NHS England and Healthwatch England in June. Our concerns focused on the lack of triangulated evidence, the absence of independent input (such as Healthwatch, PALS or complaints data) and limited participation from marginalised communities.

PHUT has organised another EDS event in early 8 October and invited HWP to attend. However, without any changes in local process or approach we were concerned about prospects for improvements in the quality of engagement. The Domain 1 event involves reviewing NHS Trusts (in this case PHUT) with the EDS providing a tool to "help NHS organisations improve their services" by engaging with the public (etc.) to ensure that services are inclusive, and free from discrimination.

This event was hosted by members of the PHUT team at the Charles Dickens Activity Centre with representatives also from community groups inc HIVE, PASCO (Portsmouth Asian Socio-Cultural Association), Patient Families and Carers Collaborative).

The objective is that community representatives rate (score) each service on the following criteria:

2025 Event: 3 presentations were given by PHUT subject experts:

- 1 - Patient Experience & Patient Safety
- 2 - Maternity Services
- 3- Cancer Care

Those present were asked to score each service under the following instruction "We ask that you approach the evaluation with an open and objective mindset, focusing on the information shared during the event. While your lived experience is valuable and informs your perspective, we encourage you to base your feedback solely on the evidence and presentations provided on the day."

Overview of HWP observations:

Headlines of activities undertaken by the Patient Experience Team were provided over the past year. References were made to PHUT's internal meetings, forums and processes to support content but no comparative evidence was included to qualify or moderate the presentation (e.g. Healthwatch; CQC; community groups), metrics used or methodology explained or demographics for protected characteristics other than age; sex of patient. In Maternity services PHUT was able to provide good levels of data as well as an externally validated benchmarking report that patient needs are being met, the service had good safety systems in place, and 87% patients who answered the survey reported positive experiences. A week later additional information in the form of data from the PHUT's Friends and Family Test scores was sent to participants after the event. HWP feel that the provision of this data set is likely to have been generated for participants due to the HWP questions raised during the meeting. We are always happy to act as critical friends to improve the quality of services.

Portsmouth Health Overview and Scrutiny Panel members ([Public Pack](#)) [Agenda Document for Health Overview & Scrutiny Panel, 19/11/2025 13:00](#) meeting received from Portsmouth Hospitals University Trust's Director of Nursing an update on activity from April to November. The update focused (on p95 -98) QA Hospital Emergency Department patient attendance and waiting times, ambulance handover, the new Urgent Primary and Emergency Care Centre, rapid triage from ED front door to adult urgent care, data on the current numbers of patients with non-criteria to reside as well as winter planning.

Hampshire and Isle of Wight NHS Healthcare Foundation Trust (HIOWH)

The 4 x HW across HIOWH met with the Chief Executive of HIOWH as part of our series of quarterly meetings:

Ron Shields gave an overview of the current situation:

We are having a CQC well-led review inspection in the first week of November. We expect that CQC will make contact with Healthwatch to talk about whatever observations you wish to make.

The financial position for the system does not get any better. It is challenging. As a trust, we are on plan. We are looking to be delivering the biggest cost improvement programme we've ever delivered: It's a £55 million savings package that we're working on. University Hospital Southampton is quite significantly off plan and that has implications for the system. But we're working with colleagues in all of the acute Trusts to support them and have that common agenda about how people can be supported earlier, and closer to where they live.

In terms of other areas of focus, it's working it with our acute colleagues, around the numbers of people who are in hospital who don't need to be there in the acute hospitals, who are there longer than they need to. Hampshire is the second worst in the country in that respect in terms of the numbers of people who shouldn't be there. 22% of all the beds that we've got in Hampshire are said to be occupied with people who should be somewhere else.

There's a huge cost that's tied up with that in the acute trusts, and it shows the scale of challenge of what we need to be doing in the Community and what we need to be doing in different settings. The big challenge is how we bridge between the people being admitted, because we don't necessarily have the interventions early enough and then they're being discharged, but their discharge is being delayed, because we don't have the interventions and support to enable them to come out.

That's what we've been grappling with for a number of years and there's more and more focus working in partnership with the acutes around it. But that challenge of changing the flow and changing where people are supported in their health and well-being and we have to demonstrate significant progress in that respect in the next year.

Mental health services continue to be under significant strain. Our wards are full. At any one time we have probably 20 to 30 patients in our acute beds who shouldn't be there. If we and our local authority partners need to organise the packages for those people who've got quite complex rehabilitation needs (mainly housing needs), it's people who may have been troublesome and are not good tenants. It makes them a very difficult group to put a package around, but the wrong place for them is in our acute beds.

We don't think that we need more beds. We think we've got enough beds across Hampshire and the Isle of Wight. But as it stands at the moment, it's too difficult for when a patient needs to get into a mental health bed for them to get into a mental health bed.

And some of those patients are in the emergency department and there are delays in the emergency department in getting them across.

We need to provide alternative pathways, particularly for 'emotionally unstable personality disorder' (EUPD), then we have women who shouldn't be in our wards, and some people would say that it actually is harmful. They should not be in a ward setting, but we don't have the Community support. If we were able to deal with those patients who are in beds who don't need to be there, we'd have enough beds. It would probably be more therapeutic on the wards due to having fewer beds, and we would be able to relieve the community services when they have somebody who's at serious risk. At the moment there isn't always a bed available. Working with the ICB there is a commitment for us to make progress around that and to support us in that development. So I'm positive in terms of the strategy for the ICB and we're seeing some of that in the commissioning intentions that we've received this week, that the ICB is committed, working with us on both the physical healthcare and the development of neighbourhoods in particular, which includes mental health.

HIOHW acknowledge the Children and Adolescent Mental Health Service waiting times. Currently two years in Hampshire but in some areas it is eight years. There has been a dramatic increase in young people and adults looking for an ADHD diagnosis, which does not then give any follow-up support. GPs and other practitioners are able to diagnose, which would be quicker than waiting for a specialist.

Currently girls with disordered eating conditions have no specialist support available. We are working with our local authority partners on these issues.

HWP Chair asked about savings being made and Ron said one of the main areas is to stop using agency and locums by December 2025 as they currently spend £2m on these staff.

Additionally across Hampshire there are usually 600-700 people per day who are in acute beds and do not need to be there and they need to be stepped-down into community beds or have support at home. Beds will be reduced and funding for support at home will be

increased. Also need to give more support to care homes so that people do not end up in acute hospital beds.

HWH asked about proactive care planning for older people and Ron said that they are looking to focus more on keeping people out of hospital by checking medication and other conditions more proactively.

Ron also mentioned Virtual Wards and that they currently have 120 beds in these wards. Also know that half the people who turn up to A&E with mental health issues are already known, so there needs to be an improvement in providing support to them earlier on.

Siobhain mentioned the importance of shared decision-making with patients and Ron agreed that any decisions should be discussed with the patient/family. Where rehabilitation is required, for the majority of patients support is better at home. Often patients and families are less confident in their ability to cope. Rapid deterioration of the elderly in hospital is an important factor to consider. Working with the Princess Trust to see how more support can be given to patients and their families when recommending they are supported at home.

At the Portsmouth Health Overview and Scrutiny Panel members [\(Public Pack\)Agenda Document for Health Overview & Scrutiny Panel, 19/11/2025 13:00](#) the Chief Operating Officer and Divisional Director provided an update on Hampshire and Isle of Wight Healthcare NHS Foundation Trust on winter planning, urgent and emergency care admission avoidance – focussing on putting more resources into the crisis resolution treatment and urgent care response teams, increasing the Trust's presence in ED (physical and mental health teams) to further support admission avoidance if patients could be identified by the teams as being more suitable to be cared for by crisis resolution home treatment teams, by providing care plans for frequent attenders with support to re-direct home and proactive identification of patients suitable for community services. These seem sensible ways to re-direct demand in ED. HWP would like to discuss further the patient feedback we receive during a visit to the QA Hospital Discharge Lounge that we hope PHUT will organise early next year with the PHUT Hospital Admissions and Discharge Group that we have been invited to join.

NHS Electronic Patient Records Strategic Review

The HIOWH Trust asked HIVCA* in October to contact and seek input from the voluntary and community sector as part of their Strategic Electronic Patient Record (EPR) Review. Healthwatch was approached and attended but numbers from the community were low. Additional sessions are being provided this week.

***HIVCA** is the Hampshire and Isle of Wight Voluntary and Community Enterprise Sector Health and Care Alliance. HIVCA is funded by Hampshire and Isle of Wight Integrated Care Board (HIOW ICB) to gather feedback from the voluntary and community enterprise sector on health and care issues and to funnel this to the ICB to inform decision making in service commissioning.

The HIOWH Trust are undertaking a strategic review to inform their approach to their electronic patient record (EPR) contracts in the future. As part of this strategic review the Trust organised a 1 hour online meeting 'to engage with all stakeholders who may use or access or share information into/from our clinical systems'

While the VCSE are being canvassed, the patients and the public for whom these electronic records are designed to improve the quality of care offered, have only been approached much late on. HWP have challenged HIOWH Trust on this, having reviewed what opportunities were published on the Trust's 'Have Your Say' webpage.

In early October, Healthwatch attended the community update organised by HIVCA which informed their members on how the ICB was engaging across HIOW. A question was raised by Healthwatch: "What is the ICB doing to reach out and engage with the public/patients?" the HIOW ICB admitted that this was a gap in the thinking presented.

During our attending the online stakeholder meeting Healthwatch asked:

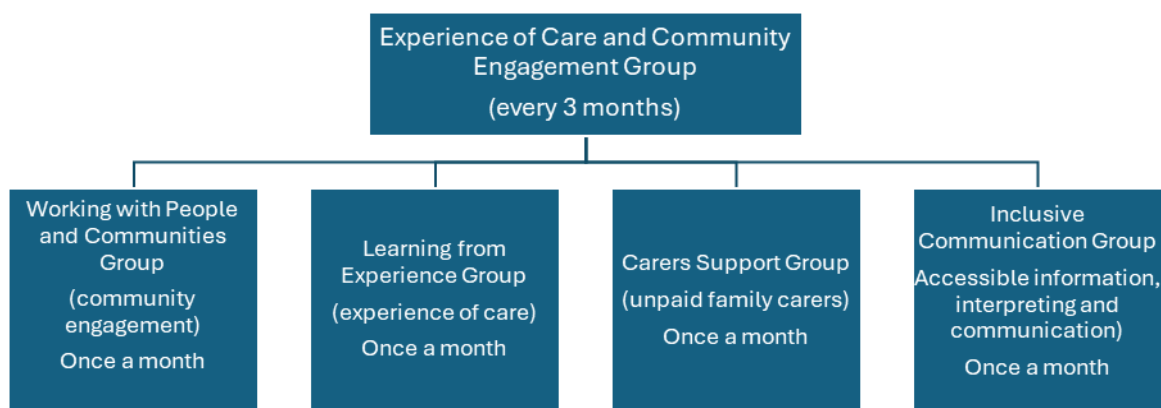
Where do care plans sit in this electronic patient monitoring process? who does it and when is it done on the patient journey? Are care plans routinely referred to in discharge planning? Are decisions about discharge care recorded in the electronic patient record (EPR) system? Is there connectivity between EPRs, GP and community pharmacy records? The shift to the digitalisation of the NHS offers significant benefits but the tools to do so need to function well, connect to relevant parts of the system, be accessible by patients and focus on improving outcomes for patients along with system improvement. We wanted to learn of the metrics to be used and key objectives: eg reducing emergency re-admissions?

We understand that feedback from staff and VSCE stakeholders will be considered along with feedback from patients and the public on a 50:50 basis. We will find out at the February HIOWH Trust Board meeting how results of their engagement and feedback gathering exercise will be included in the trusts service plan for Electronic Patient Records.

HIOWH Trust Experience of Care and Community Engagement function

HIOWH Trust informed local HW that further to the Trust's re-structure they have a fully integrated experience of care and community engagement team from 1st June 2025. The team are working on implementing a governance and quality framework to guide, support and challenge the Trust as they develop the activities of the experience of care and community engagement team.

There are five groups in total which report through to the Trust wide Quality Oversight Committee. HW has been invited to participate on any or all of them.



We sought clarification from HIOWH Trust how all of these engagement groups link together and the reporting of intel up to strategic decision making boards. We are providing staff and volunteer resourcing to attending these groups to scrutinise the use of patient insight to shape services. We were concerned at the lack of strategic level information provided at the launch events regarding the intention of these sub-groups and their role in shaping decision making.

We are seeking clarification from HIOWH Trust how all of these engagement groups link together and the reporting of intel up to strategic decision making boards. We are providing staff and volunteer resourcing to attending these groups to scrutinise the use of patient insight to shape services.

Community based care

Update on Blood Pressure Monitors loans via Libraries end September

Library blood pressure monitor loan scheme NHS Hampshire and Isle of Wight Integrated Care Board and Portsmouth City Council are working together to implement a blood pressure monitor loan scheme. Having monitors in libraries provides easy access to those residents required to monitor their blood pressures in their own homes. The project is in its early stages of delivery but has already been well received by the library staff. North End Library and Southsea Library have recently received training from our NHS CVD pharmacist and are in the process of creating a blood pressure station where loanees will be able to borrow a blood pressure monitor with full instructions including a blood pressure diary to help the record their readings. The diary enables the loanee to record their readings over a seven-day period and if necessary, take it into their GP who coordinate a response. Early data from the first libraries showed 5 residents have accessed BP monitors; 3 women 2 men and all aged over 55 years old. Two of the participants reported they borrowed it as per request from health professionals. In terms of satisfaction, everyone gave it 5 out of 5 and appreciated the staff, and the option of borrowing a BP monitor.

Plan for 2025/26: Further roll out is expected across the remaining interested libraries, along with further evaluation once numbers begin to increase.

Health Kiosks in General Practice GP Practice

Health Kiosks allow patients to answer health questions from a library of 18 plus Care Pathways and take vital signs measurements independently of a clinician. Results are automatically integrated into the patient record, with alerts enabled for irregular readings. There are now **13 Health Kiosks** installed across surgeries in Portsmouth. Total activity from the system as a whole shows there have been 2,851 blood pressure readings taken by the kiosk for the period from 20/05/2024 - 19/05/2025. The kiosks also offer access to other pathways, for example NHS Health Checks, oral contraception etc. Signposting to the kiosks is now part of the community BP monitoring pathway, where there is a patient who already has an existing diagnosis of hypertension, or is unable to be signposted for ABPM. Plan for 2025/26: Monitoring use of kiosks in general practice, to ensure uptake of blood pressure activity continues.

Reablement

HWP have made an observation regarding the approach taken by the HIOWH Trust to bring about, albeit potentially positive change for rehab and reablement services in Portsmouth. We feel that there is a missed opportunity to have engaged much earlier with stakeholders on the part of HIOWH which has been acknowledged by the Trust from a meeting with the comms team in early October.

HIOW ICB's Solutions Group was not initially approached, in which Healthwatch across HIOW could have offered best practice advice to Trust teams on engagement approaches to service planning and reviews. HIOWH's Working in Partnership Committee could also have been a great place to discuss the ideas for improving provision of rehab and reablement. Summerlee bed reprovision wasn't tabled at the Working in Partnership' meetings held earlier this year in which the carers' community concerns about the lack of provision of support services available from the voluntary sector could have been discussed and ideas tabled regarding appropriate levels of provision being made available.

HWP understands that the HIOWH Trust wasn't aware of the petition lodged on Change.Org earlier this year [Change.org - Results page](#) the petition is written from the point of view of patients, families and carers fearful that they will be losing capacity rather than if they had received comprehensive information (some of which was belatedly uploaded to the Trust's website pages) that could have explained earlier in the year that capacity was being reviewed to make better use of resources. The aim of the Trust's proposals to better respond to current demand in the system rather than simply 'cut' what the community consider to be vital services has been lost in the subsequent discussions.

As the independent patient champion and our amplifying the patient voice/ scrutiny role that Healthwatch performs has highlighted there was a missed opportunity for engagement and involvement by HIOWH Trust in co-production decision making with communities regarding rehabilitation and reablement services in Portsmouth. Latterly, from early October the Trust started to engage with the patient and carer community to find out what is likely to be needed if more rehabilitation care at home is to be provided out of hospital.

In a meeting with the Chief Executive of HIOWH Trust it was recognised that the Trust had not engaged early enough in the process of service review and planning with patients and the community most likely to be affected with the plans. Healthwatch Portsmouth was instrumental in raising the patient and community voice and encouraging the Trust to

engage, to build in community insight to inform the proposals they had so far drawn up. The Trust acknowledged it should have found out what were the concerns of patients, families, carers and confirmed in their early co-production materials there would always be an opportunity for shared and informed decision making regarding discharge to rehab bed/home - the absence of confirmation of which in plans raised anxiety in the community.

Portsmouth Health Overview and Scrutiny Panel (HOSP)

(Public Pack)Agenda Document for Health Overview & Scrutiny Panel, 19/11/2025 13:00

(p13 -36) Portsmouth Cllrs scrutinised HIOWH Trust plans for **Summerlee** –they queried the Trust's use of language regarding 'remaining bed capacity' rather than system capacity.

Within the Portsmouth PCC Adult Social Care update April – October (p37-78) there was a section: **Developing PCC Engagement**

Over the past six months, engagement has become a core part of our everyday work. Customer reference groups will be mapped to identify gaps and evaluate resource requirements to support their effectiveness. Co-production is established in most areas, with a focus on developing coproduction to support with our business activities starting with the review and development of our annual Local Account.⁹ Equality, Diversity, and Inclusion (EDI) and the Workforce Race Equality Standard (WRES) are now woven into workforce strategy. The Improvement Board continues to bring in a wider range of stakeholders, and work is ongoing to enhance relationship management and communication with key partners. This work aims to widen the involvement of residents in how our services are delivered and ensure that the improvement plan is overseen outside of the service.

All teams in Adults Care and Support (AC&S) have now implemented a mechanism to seek feedback from 10% of service users on the conclusion of their work with them.

In addition it was noted that PCC community development officers also seek feedback from participants in the many groups and projects that they facilitate in the community, and this often leads to a chain of improvement activity.

Enter and View visit: Summerlee Unit - early highlights from our report

Summerlee is an in-patient unit providing rehabilitation and reablement care predominantly serving Portsmouth patients. Summerlee is located on the first floor within Harry Sotnick House. Harry Sotnick House is operated by Portsmouth City Council to provide residential care. Summerlee is operated by the Hampshire & Isle of Wight Healthcare NHS Foundation Trust (the Trust).

Prior to May 2025, Summerlee operated with a maximum capacity of 40 beds of which 10 beds provided 'surge capacity' which was directly funded by NHS Hampshire & Isle of Wight (the ICB). When surge capacity funding was withdrawn, total capacity reverted to 30 beds.

Mostly, patients are referred into Summerlee from Portsmouth Hospitals University Trust (PHUT) for short-term, in-patient rehabilitation care (Step-Down). A minority of patients receive 'step-up' care having been referred either through the Trust's Community Nursing Team or by the patient's GP as requiring preventative care to avert escalation to acute hospital admission.

One bed on the Unit is designated as a 'Flexi-bed'. At the time of our visit, 24 out of 30 patients were receiving 'Step-Down' care.

The timing of this Enter & View Visit coincides with significant national and local strategic changes in NHS services.

The Government's 10 Year Plan requiring '3 big shifts' in the way the NHS works:

1. **from hospital to community:** more care will be available on people's doorsteps and in their homes
2. **from analogue to digital:** new technology will liberate staff from admin and allow people to manage their care as easily as they bank or shop online
3. **from sickness to prevention:** we'll reach patients earlier and make the healthy choice the easy choice

The ICB's plans include:

1. enhancing recovery outcomes following a crisis or hospital admission through expanded workforce (therapy) capacity
2. timely and proportionate onward care supported through community-based rehab and recovery.

The Trust's strategic aims include:

1. A shift from hospital to community care through the delivery of neighbourhood models and closer integration of physical and mental health interventions.
2. Providing 'right care, right place, right time, right professional' to improve flow through healthcare services through 'person-centred care – "we will deliver compassionate, empathetic, personalised care"'.

The Trust's proposals for rehab services in Portsmouth

The Trust has proposed changes affecting Summerlee Unit "to better meet the needs of the Portsmouth residents" by reallocating some resource from inpatient capacity to community-based care to increase home-based rehabilitation/reablement.

Importantly, the Trust intends that the pre-May 2025 total number of beds (in-patient plus care at home) will be maintained but the proposed change will enable more support worker capacity so care hours can be increased and flexed based on patient need.

Based on its strategy, the Trust expects its '**home-first**' approach via this proposal will enable: -

- a reduced length of stay
- supporting people at home where this is their choice/appropriate
- better patient outcomes
- comfort and familiarity of home surroundings
- mental and emotional wellbeing
- personalised care
- greater independence and control
- a lower risk of infections
- cost effectiveness
- a significantly lower carbon footprint.

The ICB's and Trust's proposals were discussed at the Portsmouth Health Overview & Scrutiny Panel (HOSP) on 11 June but HOSP wished to receive an updated paper at its 19 November

meeting. A full report was presented and discussed ([HLOWH Increasing Home Based Rehabilitation Summerlee proposal Nov 2025.pdf](#)). The recent meeting of HOSP was attended in person by Siobhain McCurrach. The minutes from HOSP have not yet been published. The panel were concerned by a lack of public information and engagement with Portsmouth residents by the Trust.

During August HWP had been made aware of public opposition to changes in Summerlee provision through a public "[Petition · Stop closure of ward at Summerlee Unit in Portsmouth - United Kingdom · Change.org](#)". At that time, it had attracted 1262 verified signatures.

It was good timing to conduct an Enter & View visit focusing on three core purposes:

1. To learn from staff how in their view, Summerlee plans and delivers successful rehabilitation outcomes for patients
2. In the service, to view, observe, listen, and hear from patients about their experiences of care and treatment as well as any concerns they have about the service.
3. To learn about the Trust's public communication and engagement plans for service changes, hearing patients' and family members' views on receiving rehab care at home.

The timing of our visit took place during a sensitive period of change for staff who have been made aware that reductions in bed capacity will lead to reductions in staffing on Summerlee as well as new opportunities to join the Community Rehab Service.

Unusually, and in view of the public's concerns we combined our visit plans with a questionnaire, inviting feedback from a larger selection of patients (and family members) than would be possible during our two-hour visit.

Our visit team included three HWP Authorised Representatives (Jonathan Crutchfield, Senior Engagement Officer, Roger Batterbury Volunteer and Chair, HWP Advisory Board, and Jan Dixon, volunteer).

We received a warm welcome by senior staff and heard about some very positive aspects of the service with evidence of a well organised service and examples of excellent practice.

We spoke privately with two patients who spoke highly about the service and our survey (13 respondents) confirms positive feedback from patients (and family members) about their experiences and effectiveness of the service on Summerlee. However, 62% of respondents expressed concerns about the suitability and likely success of their rehab had they been discharged 'home first', doubting that they would achieve sustainable, functional independence.

We identified **five key recommendations**. Our draft report has been forwarded to the Trust for accuracy checking and comments about our recommendations. These cover:

1. Care Planning
2. Improving communication with relatives of patients
3. Patient information about the service
4. Organised and coordinated patient activities
5. Home based assessments

We expect the finalised visit report will be published in mid-December.

Dementia Services

Working with carers of people with dementia.

Our current Annual Workplan includes an 'all year' plan: supporting the needs and experiences of unpaid carers of people with dementia

An invitation to attend the Cosham Tea Party Club, an informal carers' peer support group, in November 2024 highlighted significant and distressing losses in community support and services among carers of people in advanced stages of dementia. We provide a **separate case study document** that provides the detail of two particular areas of concern:

1. How the loss of funding, earlier in 2024 for two Specialist Dementia Nurses and a Healthcare Support worker had had a devastating effect on carers. We were told that carers had become reliant on this service which had been delivered by Rowans Hospice and funded through Solent MIND.
2. Frustration on exclusion from a Solent MIND dementia / carer support group by Solent MIND based on observed assessments and decisions of individual patients deemed to be 'no longer able to engage with, and benefit from' group activities. As advancing dementia increases, a patient's dependence on support and personal care also increases. When this happens, unpaid carers (spouses/family members) without extensive informal support networks, lose opportunities to engage socially, increasing their isolation which impacts the mental wellbeing as well as that of loved ones.

In Summary:

Unpaid dementia carers are a hidden community who have felt powerless individually to speak up in order to receive good quality care. Their contact with HWP has led directly to the concerns of the dementia carer community being heard and not forgotten. We will continue to monitor the situation from the broader perspective of dementia carer community. A few individual carers have been contacted by HIOWH Trust and offered re-assessments of patients' needs but this is not happening for all carers across HIOW area.

Autism

Portsmouth City Council publishes [Autism Strategic Action Plan 2025 - 2028.](#)

In addition to the wide scale autism review we met with in late September with EnableAbility regarding patient experience in reference to the Accessible Information Standard.

Feedback was gained from this small group of 6 learning disabled young adults (aged 25 - 49) about their difficulties in accessing care without information and communication support. Although all members of EnableAbility rely on their parents to navigate their healthcare journeys, we heard accounts of inpatient experiences at QA Hospital when alone without parental support on the ward. All group members spoke about not understanding consultation information when seeing doctors. General agreement that written information needs to be in Easy Read formats. Just one member confirmed that her medical records at PHUT have an alert to say she has communication support needs. None of the group were aware of the Yellow Folder system at QA Hospital Emergency Department.

Questionnaires were completed by each member (details uploaded to HWP Annual Collated data spreadsheet (SharePoint)).

The session was well supported by the EnableAbility team and HWP Volunteer, Michael .

News from HIOWH Trust weekly bulletin mid Aug – room 101 and neurodiversity team

NHS Hampshire and Isle of Wight and Portsmouth City Council's Portsmouth Neurodiversity Service has been shortlisted for the Early Intervention and Prevention for Children, Young People and Families Award at the prestigious 2025 HSJ Awards. This recognition highlights the exceptional work and innovation demonstrated by the team and a testament to NHS Hampshire and Isle of Wight, and Portsmouth City Council's dedication to driving healthcare excellence.

The Portsmouth Neurodiversity Multi-Disciplinary Team were shortlisted following a rigorous judging process and has been recognised as a standout example of excellence in healthcare delivery.

The Portsmouth Neurodiversity Service is transforming how neurodivergent children and young people are supported focusing on early intervention and needs-led help. The service was co-produced with parents, carers, and young people, and the profiling tool they developed enables families and professionals to understand a child's needs so that tailored support can be provided at an early stage.

[Read more.](#)

HWP is keen to include the feedback from neurodivergent children on their experience of accessing services as part of our children and young people feedback on mental health services.

Children and Young People's access to Mental Health support

Mental health experiences of children and young people in Portsmouth report

HWP published last week its review of 8 sources of pre-existing information that capture detailed feedback from 1,534 children and young people (CYP) and 125 parents and carers in Portsmouth. This broad and In depth feedback gathering and research undertaken by a range of services summaries what are the problems for children and young people in trying to access mental health support.

With excellent timing we are able to provide insight from this report via our HWP Chairperson, Roger to contribute to the discussion planned for Wednesday's Health and Wellbeing Board.

We reference in in the report the brilliant work by HWH Youthwatch and their Friend in Need project which has a tangible peer support tool that could be used in Portsmouth schools (if adapted for the local landscape).

We hope that this work across both Portsmouth and Hampshire Healthwatch, which responds to a top priority as stated in the What Matters Most survey responses from residents

will inform future decisions to support children and young people access mental health care.

PCC Suicide Prevention Strategy – presentation to Portsmouth Health and Wellbeing Board end September, a HWP critique

Suicide Prevention Strategy is comprehensive with multi-dimensional approach.

However, while the strategy does well in recognising risk factors commonly reflected in local coroner reports, it is not clear how the role of local safeguarding team is explicitly incorporated into the strategy. This is a significant omission.

From our local insight, Healthwatch is concerned about the fragmented out-of-hours safeguarding response across the city. In urgent situations where community members or staff raise concerns about vulnerable individuals showing suicidal tendencies or behaviours, the response from safeguarding services is often delayed or inconsistent. This undermines the otherwise proactive preventative aims of the strategy

Health and Care Portsmouth Joint Forward Plan 2025-6

At the PCC Health Overview and Scrutiny Panel (HOSP) in November, Health and Care Portsmouth provided an update on their 5 pillars describing their key objectives:

1. Health & Care Portsmouth Plan for children & young people
2. Health improvement and reducing health inequalities
3. Adults with the most complex lives and needs
4. Integrated community care
5. Person-centred care

Appendix 1

Health and Care Portsmouth Joint Forward Plan 2025-2026 Plan on a Page



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ICS priorities expressed through the ICP strategy and ICB Plan

City Vision: "We do everything we can to enhance wellbeing for everyone in our city by offering the education, care and support that every individual needs for their physical and mental health. All our residents and communities live in good homes where they feel safe, feel like they belong and can thrive."

Health and Wellbeing Strategy 2022-2030

HCP Vision: Our vision is for everyone in Portsmouth to be enabled to live healthy, safe and independent lives, with care and support that is integrated around the needs of the individual at the right time and in the right setting. We do things because they matter to local people, we know that they work, and we know that they will make a measurable difference to their lives.

Health in Portsmouth – what our data and intelligence tells us

	<p>HCP Pillar 1: Health & Care Portsmouth Plan for children & young people</p> <p>We will:</p> <ul style="list-style-type: none">- Improve education attendance and attainment- Improve multi-agency protection of children from harm- Improve children's health outcomes- Improve children's social, emotional and mental health- Improve outcomes for children we care for and care experienced young adults- Improve outcomes for children with Special Educational Needs and Disabilities 0-25- Develop the Best Start for Life offer locally- Develop a youth strategy for the city- Implement locally the national reforms in SEND and Children's Social Care	<p>HCP Pillar 2: Health improvement and reducing health inequalities</p> <p>We will:</p> <ul style="list-style-type: none">- Embed population health management (PHM) with a focus in care closer to home- Strengthen primary and secondary prevention with a focus on inequalities including:<ul style="list-style-type: none">• Implementing CVD prevention plan• Achieving ambitions of Smokefree Generation funding- Improve physical activity levels and ensure a clear weight management pathway- Embedding importance of wider determinants of health e.g. cost of living, housing, and employment opportunities- Support primary care resilience and transformation- Support Integrated Neighbourhood Working development including through community centred approaches	<p>HCP Pillar 3: Adults with the most complex lives and needs</p> <p>We will:</p> <ul style="list-style-type: none">- Improve the targeted response to support positive mental health and wellbeing for people with complex needs- Develop the approach to supporting neurodivergent adults, so that as a system we are assessing and meeting need effectively- Implement the measures in the Suicide Prevention Action Plan and monitor via the Real Time Surveillance group to reduce suicide and its impact on communities- Reducing harm caused by substance and alcohol dependency- Tackling recurring factors that lead to homelessness and rough sleeping, and the resultant poor outcomes for individuals- Support healthy ageing at all stages of life	<p>HCP Pillar 4: Integrated community care (BCF)</p> <p>We will:</p> <ul style="list-style-type: none">- Work collaboratively across health and social care to support the shift from hospital to community and moving from sickness to prevention- Develop approaches and services that build on people's strengths, supporting people to remain in their homes as long as possible, avoid unnecessary admission to hospital, and ensure a smooth transition from hospital back to their home- Focus on supporting people to help them retain or regain their skills, confidence and resilience to maximise their independence.	<p>HCP Pillar 5: Person-centred care (CHC)</p> <p>We will:</p> <ul style="list-style-type: none">- Work with care providers and the community to develop a range of quality options to address the care, support and accommodation needs of residents, based on understanding of local supply and demand- Ensure that wherever someone comes in to contact with health and social care, they are provided with an appropriate and timely response. Services collaborate and create efficient and transparent referral pathways to ensure people get what they need when they need it.
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Blueprint for Health & Care Portsmouth (setting how we work together at place)
Section 75 agreements supporting and enabling the alignment and pooling of resources to achieve shared priorities

This Plan on a Page is included for HWP Advisory Board members separately in larger scale.

A very big thank you to all of our Healthwatch Portsmouth volunteers. Please join us for some seasonal nibbles.



Ends. 8th December 2025

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