

Friends of Fareham Community Hospital – CCG Meeting  
29/09/2016 at Fareham Community Hospital

Firstly let me clear up one point that has been playing on my mind since I first heard of this meeting - the refusal to allow videoing – apparently it is a policy of the NHS NOT to allow videoing because of patient confidentiality and the Data Protection Act. Their feeling was that everybody who attended would need to agree to the act and therefore refused. Fair enough although I don't see how either of these would apply to a meeting such as this and the representatives of the CCG that were delivering their speeches had no problem with it, but there you go. To try and clarify any interpretation issues, I have *italicised my personal comments*.

I have tried to be non-partisan in this resume of the meeting but the only way to ensure that the general public can make up their own minds is to allow a verbatim transcript, whether video, audio or written to be made available. Failing this personal feelings must always intrude.

The meeting started promptly at 19:00 with in excess of 40 attending, unfortunately from a quick glance around the audience I was probably one of the younger attendees, very few participants were from the generation that this establishment will need to serve for so long into the future. Very kindly the owners of the site – the Community Health Initiative agreed to make no charge for the evening – had they done so then it would almost certainly have cost the charity instead of adding to its fund.

All proceeds will obviously go to their fund raising which at the moment is aimed at a new treadmill for the physiotherapy department and landscaping the roundabout – apparently they have been having trouble with the gardening contractor *but why a charity should have to fund a task that should be down to the owner of the site is beyond me*. Long term the thoughts seem to be turning to renal dialysis, chemotherapy and other similar services.

Sara Tiller – Chief Development Officer for the Fareham and Gosport Clinical Commissioning Group and Dr. Tom Bertram from the Jubilee Surgery in Titchfield, one of the leads in the Local Care Initiative, then addressed the audience after the chairwoman spilt the beans that it was his first visit to the unit.

Many thanks to Ms. Tiller for giving me a copy of the PowerPoint presentation slides which I shall insert as appropriate. A lot of her talk is clearly shown in these slides so wherever possible I will let them to do the talking.

Ms Tiller started by explaining the function and makeup of the CCG, that every GP is a member of the group. The CCG controls finances for all of the primary care practices, most of the general hospital services, community and mental health services and all of the general work at Southampton and Portsmouth General Hospitals. They do not control the budget for highly specialised care like high end cancer treatment. They have been very involved with the hospital and are trying to ensure its future. They do NOT own the building which is actually owned by BHP, or hold the budget for leasing the space although they are liable for the costs of any unused space in the establishment. She also introduced the idea of Better Local Care but that was left for Dr. Bertram to explain later.

### Local health profile for Fareham

NHS Fareham and Gosport Clinical Commissioning Group

Population: 111,000  
Over-65s: 22,700  
Under 20s: 24,750




Life expectancy above average  
Fewer early deaths from stroke or cancer  
Fewer smokers, smoking-related deaths  
Obesity is an issue locally (1 in 4 of adults)  
Diabetes amputation rates remain high

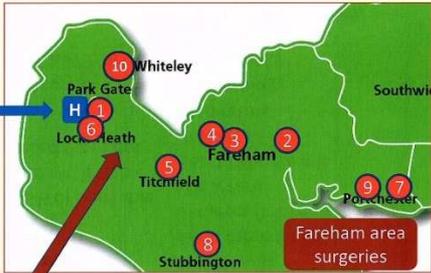
From this slide please note the population figure and the fact that there don't seem to be quite the preponderance of oldies over youngsters that some councillors would like us to believe. The big issues are definitely obesity and diabetes. Diabetes amputation rates are one of the highest in the country.

### Context: primary care

Potential demand for services from other surgeries just over the border...

- Wickham
- Bishops Waltham
- Bursledon
- Hedge End
- St Luke's & Botley
- Blackthorn HC, Hamble

Population size c.66k



Good performance for:  
GP patient survey  
Friends and family

Fareham Practices	Pop	Fareham Practices	Pop
1 Brook Lane Surgery	11546	6 Lockwood Surgery	13344
2 The Centre Practice	14596	7 Portchester Health Centre	8993
3 Gudgeheath Lane Surgery	8375	8 Stubbington Medical Practice	13136
4 Highlands Medical Centre	15902	9 Westlands Medical Centre	10164
5 Jubilee Surgery	9401	10 The Whiteley Surgery	13111
Total population		118568	

An interesting point to note is that the previous slide claimed that there were 111,000 patients; this slide states 118568 and the NHS Choices website claims 119205, that's a 7.5% discrepancy between the highest and lowest figures.

Sara suggested that perhaps the Community Hospital should try to attract clients from the surrounding, non-Fareham areas.

**Context: estates**



**Fareham campus**

Hospital cost £10m

Hawthorne Court - 80 beds, GP cover, 7-day access

Hospital: 2,709m<sup>2</sup> (208m<sup>2</sup> 'bookable' space and 921m<sup>2</sup> 'lettable')

Hospital: 85% of bookable space is used. All lettable space is leased – but not used fully

And... rental cost is prohibitive: £1,379/m<sup>2</sup>

**Fareham services now**

ENT  
MSK  
Phlebotomy  
Physiotherapy  
Audiology  
Dementia Clinic  
Child Health  
Adult mental health  
Diabetes (inc retinopathy)  
Midwifery  
Heart failure clinic  
Urology  
Respiratory  
Dermatology  
Gynaecology  
Orthopaedics  
Neurology... and more



*If we assume a 24/7 availability for 365 days a year that equates to a rental cost of 15p per square metre per hour, just about the space it takes for one person to stand stock still. I think the word prohibitive is a slight understatement.*

There is also an 80 bed facility on site at Hawthorn Court which is serviced by local GPs 24/7. This is run by Hampshire County Council not the NHS so the provision of services is split between two different authorities. Sara suggested a closer tie-up between the two organisations.

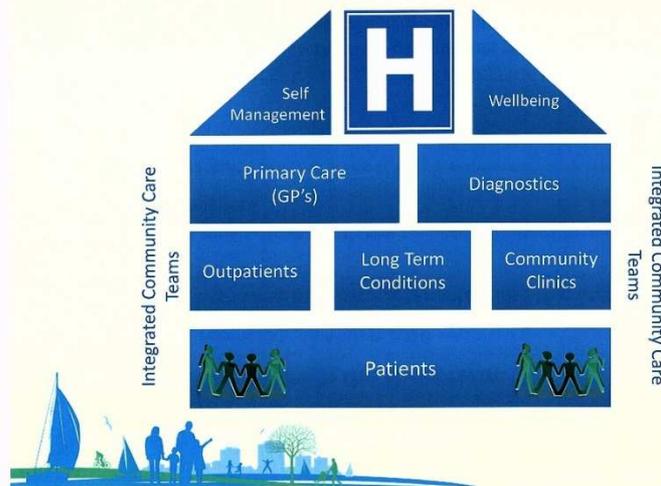
She then explained the difference between bookable and lettable space – bookable can be 'booked' by anybody, presumably the local ukulele band could book it (*if they could afford it*). Lettable is space that is let specifically to organisations like the local surgery, Southern Health, Solent Health Services, etc. but it is only 40% utilised. Basically the statement was made that the hospital is too expensive for local care providers, why should they pay these extremely high level rates when a cheaper building would free up more cash for services?

One of the problems appears to be that local people are unaware of the services available *but from my point of view why should we be aware as for most of them you would need to be referred by your GP.*

This is how the CCG see the organisation and use of the hospital. The idea is possibly that instead of GPs employing their own diabetes nurse for example, there could be a diabetes nurse unit here that could be shared by all practices (*assuming they can afford the running costs*).

## Community Hospital: the vision

NHS  
Fareham and Gosport  
Clinical Commissioning Group



To support these aims the CCG are involved in the following ideas:

## The hospital: actions now

NHS  
Fareham and Gosport  
Clinical Commissioning Group

### Unlocking better usage in the short term:

- "Occupeye" room audit in March 2016
- Results in July showed that existing tenants utilise that areas they rent less than 40% of the time
- The CCG are now working with the tenants on how they can better use the space they rent
- Community Health Partnerships (CHP) are investing in a new management system, which will improve the efficiency of the bookable space.
- A new charging model for the Community Hospital is being developed by CHP & CCG to remove the financial barriers to using the hospital. This is a national pilot which, if successful will be rolled out to other LIFT buildings.

*Not sure whether the 40% utilisation rate is over a 24 hour day or something less than that.*

They are trying to arrange that the CCG takes over the full leasing facility and they will then be able to sub-let but this needs approval from much higher up, they spoke with Jeremy Hunt during his visit when the junior doctors were on strike and are trying to arrange to become a pilot organisation for this approach.

This ended Sara Tiller's presentation.

Dr. Tom Bertram – Clinical Lead for Better Local Care

He apologised for this being his first visit to the hospital and agreed that the local medical professionals need educating about the facilities that are and could be offered by the hospital. He stated that all GPs obviously want to offer the best care that they can but the system needs to change for a number of reasons that we should know about, *presumably lack of funds, lack of facilities, lack of manpower and surgeries among others, although he did not specifically mention any reasons.*

He mentioned the 5 Year Forward View, the government's last plan to save the NHS which was apparently a radical plan to deliver care in a new way by localising resources (he did mention the word cynical in connection with this plan). It all started with 29 pilot sites called VANGUARD (*a different one I trust to the one oft quoted at FBC meetings*) but this could have multiple names depending on the context and who is speaking – presumably just to confuse everybody so that we can't quote anything in particular. Vanguard is exactly the same scheme as BLC, Better Local Care, Multi-specialty Community Provider, and MCP.

### **What is a Multi-specialty Community Provider (MCP) ?**

- Centred around registered population of **GP practices**
- Supporting a population based around a **natural community of care**
- An **extended team of GPs and specialists** offering more straightforward access to a wider range of health and care closer to people's homes
- Enhanced support and promotion of **self-care and prevention**

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**Better.  
Local.  
Care.**

**Your health, in your hands, with our help.**

Hampshire is attempting the Better Local Care route which is based around the GP registered list but as we saw in Sara's presentation, we don't really know how big that actually is in Fareham. The idea of using this list as the basis of care is that you and your GP are supposed to have a relationship and that forms the heart of the patient's care.

## Our MCP is called 'Better Local Care'

In Fareham **Better Local Care** is a partnership of:

- Local GPs
- NHS Trusts
- CCGs
- Hampshire County Council
- Voluntary and third sector organisations
- Community groups and patient representatives

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A continuing theme of Tom's was that we can't keep doing things in the same way that we have done in the past – things must change. His attitude was that we need to take specialists out of the main hospitals and into community units, working closer with GPs, empowering existing community services (*whatever that means*) and using the voluntary sector far more. He accepted that the GPs can't deliver all of the services so how can they assist this sector more, also that the services that are required for 'wrap-around care' don't, at the present time, talk to each other and that they need to start this flow of cross-departmental communication

The key aspects of this approach are:

## Better Local Care - our Vision

"To improve the **health, wellbeing** and **independence** of our population."

We are doing this by:

- Improving access to care
- Joining up the professionals that support the same people
- Reducing the steps to specialist support
- Promoting prevention and self-care, and the use of alternative sources of community support

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A clear point was made that the younger generation require more assurance about more things than older people. This is one of the aspects that is using GPs time meaning that those people that actually NEED medical attention are not getting it in a timely fashion. – *So maybe an older population will require less local medical attention than a younger one – now that's a new twist on an old theme.*

They are now looking at same day services that do not require the services of a GP, a cough or a broken elbow were the examples given. Trained nurses could do this just as well, if not better than, GPs. GPs are needed for long term and complex conditions and the above approach would allow them to offer 15 minute instead of 10 minute appointments for example.

*The impression that I gained from this was that organisations like the Community Hospital would take the place of your local GP in a lot of cases.*

He suggested the need for a 'signposter', somebody that knew just what services were offered by organisations as he didn't know what was available in Fareham and rather than find out he could just point the patient in the direction of the signposter who's job would be to know these organisations and what they could each patient to help their condition. This is already being done in Gosport and the New Forest and is about to be trialled at some practices in Fareham.

Sharing of patients records via IT obviously raised its head again, but no mention was made of true data security, *will the data be sold on whether anonymised or not? The trouble is that every man and his dog in the NHS would then have access to your health records – but that is just my interpretation. So far the NHS hasn't succeeded very well in this field despite massive investment.*

One of the key costs in the system is bed blocking because Social Services is failing, trying to improve this is a fine aim and Dr. Bertram suggested that they look far more towards the voluntary sector to help resolve this problem.

## Work to date in Fareham

- All 10 GP practices in Fareham are part of this MCP locality
- eConsult pilot area, a web based platform that provides patients with a suite of health care options
- Launch event and follow-up sessions, attended by a range of people and organisations including patient representatives to determine what we should focus on.
  - **Frailty:** better support for older people and those with long-term
  - **Mental Health:** supporting local people with mental health needs
  - **Children:** helping those with children to know when and how to use primary care services rather than Urgent Care
  - **Partnerships:** increasing awareness of services available in local areas

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eConsult as far as I can tell, is a friendly version of NHS Choices website. *Why is there a need to re-write a perfectly accessible system locally to make it user friendly? Why not modify NHS Choices so that one system serves the country? How many versions of the same program does the NHS need to support?*

## Looking ahead: the Fareham future

### Better Local Care hub at Fareham Community Hospital:

- Natural 'hub' for new model, serving c. 70-100,000 people

**LTCs:** Diabetes, heart failure clinic, respiratory, dermatology, memory clinic

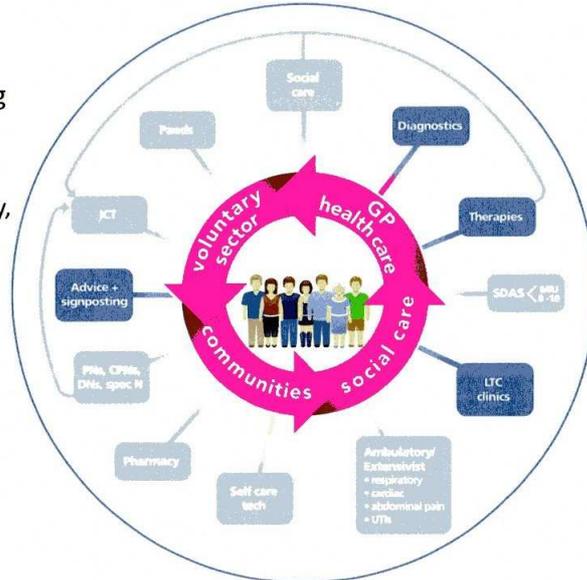
**Diagnostics:** X-ray, mobile MRI, ultra-sound, retinopathy, phlebotomy

**Therapies:** Physiotherapy/MSK

**Advice and signposting:** dementia, surgery signposters, LoF

**Clinics:** audiology, child health, midwifery, urology, gynaecology, orthopaedics, neurology, general surgery

**Mental health:** Adult mental health



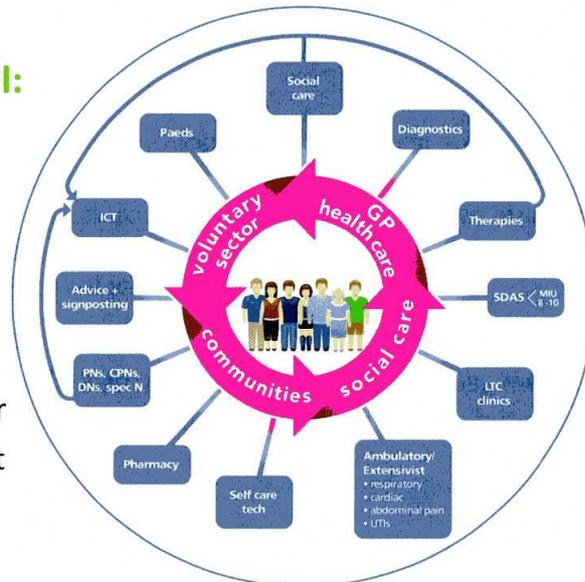
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## Taking forward the BLC model

### Better Local Care hub model:

- Cohesive, integrated system
- Extended primary care teams
- Rapid access
- Diagnostics
- Partnership with social care
- Strong links to voluntary sector
- Clinical and public involvement



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The last 2 slides are meant to show how the system will work. *Unfortunately, as far as I can see, so much of it depends on a good relationship with an underfunded and undermanned social services organisation that it is still very much wishful thinking.*

## Questions from the floor

The big problem about reporting the questions is that the majority were more in the form of a statement to which the respondents gave an opinion so I have tried to summarise as best as I can.

Q1.

Because there is only a 40% usage of the facilities within the hospital how will they force the issue that reputable health professionals will deliver services on behalf of the NHS in the hospital now that we have lost Blackbrook Maternity Hospital, St. Christopher's, Gosport MIU?

Answer from Sara Tiller and Carol Andrews (Builders and part owners):

There are no plans to extend the hospital. Efforts are being made to ensure that the building is better utilised. New ways of working with GPs are the focus. There is a task force in place which heavily involves Suella Fernandes MP to try and increase the use by health providers. Hopefully if they manage to instigate the new method of charging whereby the CCG is the sole lessee, they can control and use the space more flexibly. As the building is maintained by a third party maintenance is quick (*but not when it comes to looking after the roundabout*) for example a light bulb will be changed within 24 hours *but at what cost was not revealed*.

Q2.

Advertising is inadequate and rental costs are too high. GPs are not being given adequate information about the available facilities.

Answer from Sara Tiller

She agreed that advertising is inadequate although there was an open day 3 years ago. One of the employees is working on a database of relevant Hampshire wide organisations possibly to make more of an information bureau facility with 'signposting'. The questioner also made comments on exercise, and on-going cardiac care. Dr. Bertram then suggested that general meetings about health, fire and related subjects could be held here.

Q3.

What about non-Internet users?

Answer

General agreement but answer came there none.

Q4.

There is a lack of district nurses

Answer from Dr. Bertram

He agreed that there was a lack of district nurses and also that the personal link between nurse and patient has been broken. Any member of the nursing team was now being sent in, *rather like agency carers now*. He felt that working as a team would improve the situation.

The comment was then made that in Portsmouth care receivers were being charged at rates that they could not afford and hence a hospital revolving door situation was occurring. Sara Tiller then stated that they are further advanced at bringing together the relevant teams but they are better than we are at this *so presumably we will soon see the revolving door syndrome in Fareham*. The NHS is inadequate at proactive action but instead

relies on being reactive so they wait until the crisis has occurred and then try to fix it instead of trying to stop it happening in the first place.

Q5.

Occupational therapists have not been mentioned and they seem to have fallen down a hole.

Answer from Dr. Bertram

Apologised for the oversight and mentioned that somebody has been told to source their own perching chair as they don't supply them (*I didn't quite understand all of this as it was a bit over my head*) and this caused him to waste time writing letters to try to obtain one.

Q6.

Lack of hospital beds

Answer from Cllr. Brian Bayford.

Apparently there were originally plans for beds but it was felt that there would be insufficient call for them when the unit was first developed. There is though, a facility for a minor injuries unit but it would be too expensive for services to use apart from which there would need to be a few beds for overnight stabilisation. Sara Tiller said that if they can become the sole lessee then that could be unlocked and the costs could then be charged against Southern Health. He also commented on the lack of district nurses being caused by a reduction in training places by 50 % since 2006 and there is no commitment to train new ones.

Finally:

No suggestions were made at this meeting as to where or what the attendees wanted the hospital to become but the insight into the way the health service is arranged was extremely interesting.