ACTION NOTES WHITEWATER HEALTH PATIENT PARTICIPATION GROUP (PPG) MEETING HELD ON THURSDAY 18 SEPTEMBER

Present
Hannah Hirst (Chair) (HH)
Gill Harden (GH)
Chris Harris (CH)
Dr Lynne Heathorn (LHe)
Lily Hilzer (LHi)
Stella Potter (SP)
Jane Chalmers (Notes) (JC)

Apologies
Paul Kinge
Ann-Marie Mawson
John Mitten
Annette Rushmere
Adrian Shefford

Item 1 – Welcome and apologies
Completed

Item 2 - Review of Minutes of last meeting 21 Aug
No changes

Item 3 – Matters Arising
- No Oct PPG meeting, next meeting 20 Nov

Item 4 - Practice Update - LHe
Total Triage
Very busy, call volume up from 2000 to 4000 a week. There are occasional complaints usually from older residents who are finding it difficult to access the system using e-consult or awkward to use. Practice looking into understanding why this is. CH offered examples of how people are having trouble getting through the AI at the beginning of the process. Concerns also about who is answering the phone is it a Whitewater staff member or someone unconnected with the Practice, LH explained it can be a remote receptionist acting on behalf of Whitewater Health and who has been trained by Whitewater Health.
Suggestions to help resolve these emerging issues included the development of a list of Frequently Asked Questions and Total Triage specific communications from the Practice using all available channels - digital, verbal, video, social media, print – to ensure maximum coverage of patients.
Action – PPG to draft list of frequently asked questions (FAQs) and possible answers for discussion with/completion by the Practice. Other Practice websites to be viewed to see if there are already FAQs on their sites which can be used by Whitewater as a basis for an initial list.
HH to Lead

Flu/COVID Vaccinations Programme
All set up, lots of clinics in place. PPG members supporting the Clinics when they can. HH passed on Annette Rushmere's (PPG Chair) thanks to all those PPG members who have offered to help

Batch Prescriptions
No further update.

Veterans
Building on the success of the VE Day Coffee Morning in May, the Practice is considering setting up a drop in/networking event in Nov maybe in the evening or on a Saturday. More details to follow when plans have firmed up.

Item 5 – PPG Update
1.1 Chair Led Items (HH)
COVID/Flu Vaccination Programme Support – already covered earlier in the meeting (item 4)

JC gave an update on the Primary Care Network meeting she attended on 16 Sept. Notes attached as annex A

Cancellation of PPG meeting on 16th October

1.2 PPG Facebook - LHi
September health topics published.
Action – HH to speak to Rob Whitfield about some positive messages from the Practice to publish on the Facebook page

1.3 PPG email
Nil

1.4 Monthly topics-set a list for year
Nil

1.5 PPG notice boards
Nil

1.6 Planning Hook and HW
Nil

Item 6 – Any Other Business
Action - CH to send HH example FAQS for E-Consult from other Practices - **Complete**
Action – JC to speak to PCN Manager about possible promotion of E-Consult at Frailty and Carer event on 23 Sept - **Complete**

Next Meeting – Thursday 20 November 2025

Annex A

WHITEWATER LODDEN PCN STEERING GROUP – 16 SEPT 25

Notes to be read in conjunction with slides circulated by JC on 18 Sept

No one from Chineham PPG was able to attend

1. Overview of NHS 10 Year Plan – Fit for the Future – slides
2. Key shifts in the how, what and where of delivery of care

- Hospital to community – shift care closer to home – key issue capacity in primary care
    a. Lack of availability of Primary Care Estate to accommodate clinics , may see new builds or using wider public estate e.g. local government buildings
    b. Resources – use of Health Care Professionals (HCP) in the broadest way – right person, right place, right time. Practices are being innovative in how they use their workforce and their workforce mix but that can only go so far. Additionally, shifting from hospital to closer to home will still require hospital-based staff to deliver some of the care e.g. consultants and supporting Teams to run outpatient clinics – is there enough capacity to do that in the existing hospital-based workforce?
- Analogue to digital – embrace tech for faster, smarter services
- Sickness to prevention – focus on predicting and preventing illness

3. Lot of debate in meeting about how far along the continuum the NHS is already especially in primary care. Things that are already in place include:

- Multi-disciplinary HCP Teams in General Practice
- Clinics out of hospital for some specialities/conditions
- E-consult has to be in place for all GP Practice by 1 Oct 25, NHS App
- Screening programmes for multiple conditions and more coming along, vaccination programmes for multiple diseases and across many age groups

More evolution than revolution

4. Neighbourhoods – discussion about what can be done effectively at a scale of 50000 population or 250000 population
Lots of discussion about how to communicate effectively with patients in a relevant and timely manner both reactive e.g. power cut and proactive e.g. planned changes/improvements

5. Discussion about what the key messages are patients in next few weeks as we move into winter.

- E-Consult by 1 Oct nationally mandated as part of contract
- 10-year Plan looks like a lot of changes but primary care/NHS already quite a long way along – give examples
- Key points to make about preparing for winter