



Meeting: Southport & Formby Community Champion Network Meeting
10am on Thursday 20th March 2025 held on zoom

**Themes: A spotlight on Southport and Formby Primary Care
Network and the Southport Recovery Programme.**

Chair

Diane Blair (DB) Manager. Healthwatch Sefton

Attendees

Jack Morgan (JM) Healthwatch Sefton Engagement & Participation
Officer

Ken Lowe (KL) Ainsdale Medical Centre Patient Participation
Group (PPG)

Julia Fahey (JF) Southport Macmillan Centre

Angela Delea (AD) Sefton CVS/ Cheshire and Merseyside Cancer
Alliance

Terry Nicholson (TN) Peer Support Group (parents and carers of adults
with Autism).

Jan Comer (JC) and
colleagues People First Merseyside

Guest Speakers

Clare Touhey (CT) Manager. Southport & Formby
Primary Care Network (PCN)

Steven Martlow (SM)

Assistant Director. Community
Recovery. Sefton MBC.

Apologies received

Linda Wright (LW)

Chair. Southport & Formby
Community Champion Network/
Locality Representative – South
Southport.

Anne Major (AM)

Locality Representative for
Southport Central

Tony Wright (TW)

Southport Centre for the Deaf

Helen Stanbury (HS)

Ainsdale Lunch & Leisure

Rosie Norman (RN)

Alzheimer's Society

Caroline Louise Hall (CLH)

Alzheimer's Society

Andrea De Cort (ADC)

Ainsdale Medical Patient
Participation Group (PPG)

Amanda Williams (AM)

Signposting & Information Officer.
Healthwatch Sefton.

1. Introductions and Housekeeping

DB welcomed all members to the March meeting and notified attendees that the meeting was being recorded. All attendees introduced themselves with their name and organisation and apologies were recorded.

2. Code of Conduct/ Declarations of Interest (in line with agenda items or changes)

DB reminded all members to abide by the 'Kindness and Respect' guidelines and follow the 'Healthwatch Sefton Code of Conduct' policy. No declarations of interest were received.

3. Community Champion Network notes for approval

DB had asked for a number of abbreviations used within the draft notes to be displayed in full. With no other amendments, and noting the minor changes, the notes were approved.

4. Southport and Formby Primary Care Network (PCN). Update on developments and services.

CT presented a comprehensive overview of PCN developments including the new base at Wight Moss Way, which provides larger facilities for the team and those working within the federation.

CT provided an overview of the 'digital coding hub' which had been established to relieve GP workload and support with administration and correspondence.

The care home alignment project which CT had updated on at a previous meeting had now been completed. This will improve continuity for residents and also reduce GP contact points per home.

The same day GP winter access service had been evaluated and there were plans for this service to continue.

Locally three GPs had been recruited through the national scheme and work continued with the additional roles reimbursement scheme (ARRS), with particular emphasis on the care navigation role.

Other initiatives spoken about included the pilot cervical screening campaign using the Living Well bus which had been successful, ongoing engagement through patient participation group (PPG) events and there is a current focus on health inequalities with a new hypertension project coming onboard.

Question: KL spoke about his concerns about the word project as they are always time limited and asked how the learning and work from projects is shared across all practices and how this is embedded into training for GPs

Answer: CT updated on the workstreams they have in place for which they receive ongoing funding but then how they were given pots of funding for projects which are often in place to 'scope/ pilot/test' pathways or services. CT commented that this funding can be frustrating as often with these projects, for example the cervical screening pilot,

there are aspirations to have this longer term so often they will look to find recurrent funding to continue services.

In terms of training, GPs go through rigorous appraisals and training and the 'Integrated Care Board' put on regular training events. As a PCN, meetings are held every quarter and updates are provided to all practices. Key performance indicators are also reviewed on a regular basis. There is regular communication with practices when new services/projects are being launched, with peer to peer support being in place, clinical voice being crucial to everything the network does. The PCN will often ask a practice to trial something and then the GP and the clinical team will then present this back to the wider practices. CT also spoke about 'TeamNet', a communication sharing platform and the protected learning time which practice staff have on a regular basis.

Question: TN asked what the current position was regarding booking non-urgent appointments in advance. TN stated that this would be with a GP at the practice and not part of the 7-day service. TN updated that she had tried to contact the network about this issue but had found it difficult to access a phone number or an email address.

Answer: CT shared that she could not comment on every practice but this was something which the PCN was working on as it continues to be an issue raised by patients. CT had understood that the booking of advance appointments had come into effect back in 2023 and practices should have the capacity within their booking systems for this, but was unsure if this had changed. In terms of specific booking horizons (how far in advance practices book), they will all work slightly differently and that's not helpful to patients. The aspiration would be to have a consistent approach but with practices having different clinical teams in place, this will impact the approach they take. CT updated that this would be something the network would be exploring further so that patients understand how far in advance they can book for non-urgent appointments. CT updated that she would be happy to come back and update on at a future meeting.

CT explained that although the services of the PCN are patient facing, they had decided not to make their contact details available as previously an email address was being inappropriately used with patients sharing confidential information which should have been directed to their own practice. The network does have a communications group which a number of practice managers are involved in. CT agreed

that she would take this back and look at how the network could have something in place so suggestions and comments could be shared.

Question: KL spoke about the Ainsdale Health Fayre and how they had attracted nearly 3,000 patients over a two-day period last year. KL had been able to bring in many NHS colleagues, spoke about a big exercise with the University of Liverpool. KL also provided information about the last vaccination program in October, which had seen 1000 less patients attend and Ainsdale Medical Centre had lost £10,000 of vaccinations which it was agreed, was a complete waste of NHS resources. KL discussed how the push for local pharmacies to offer vaccinations was part of the problem. The Department of Health had just issued guidelines for this year's program and it looks like the focus is on cost rather than the impact on patients. KL was concerned about the number of vaccination programs and the information and advice which is available to support patients as patients are becoming confused.

Answer: CL provided information on significant funding changes over the last few years, community pharmacies being pushed to focus more on providing vaccinations. GP practices have been aware that this would have a detrimental effect and CL knew how significantly Ainsdale Medical Centre had been impacted. Conversations have been taking place about what will happen this year and whether there can be some joint working between practices and pharmacies. CT agreed that it was important that these issues were raised and explored and agreed to keep members updated.

Question: DB asked how the alignment of GP practices with care homes was working and if there was a general acceptance from residents and their families especially when there was a need to change practice?

Answer: CT felt that this process had been widely accepted and how communications had been developed to explain the reason and benefits of the process. Care homes are reporting the benefits as they have one practice to work with and this is improving relationships. There has been a handful of patients who have stayed with their existing practice for individual reasons and the process is constantly being reviewed, CT attending the care home partnership meetings to gain feedback from managers and provide updates. CT commented on how this work had been one of the networks aims and it was good to see it completed.

Actions: CT to feedback about progress in reviewing appointment horizon booking and availability of advance booking. CT will discuss with the networks communications groups how they can have something in place so that residents can share suggestions and comments. CT to keep the network updated on how local discussions develop about this years vaccination plan.

CT was thanked for the update and left the meeting at this point.

Agenda item 5 was taken later in the meeting.

6. Healthwatch Sefton Updates.

JM provided a summary of engagement activities since the last meeting and key insights.

Southport Action Group, Brighter Connections, and Southport Macmillan Centre had been visited, with opportunities to promote Healthwatch and gather feedback.

Themes which have been shared from engagement activities included; gaps in support for informal carers, transport issues and feedback relating to GP access.

There had been positive feedback on the NHS app, district nurse services, and services and support provided from Macmillan services.

JM updated on engagement with Ainsdale Medical Centre and an invitation to attend an upcoming Health and Wellbeing event in June at Southport Football Club.

KL suggested that in working with Ainsdale Medical Centre, Healthwatch could combine planned engagement to coincide with the coffee mornings which are held.

DB updated members on the funding of Healthwatch Sefton and how the contract had been extended for six months (April – September 2025) whilst Sefton Council worked through a procurement exercise for the future provision of local Healthwatch services.

DB provided information on the recent national announcements about the abolishment of NHS England and the changes to Integrated Care Boards, which locally will impact NHS Cheshire and Merseyside in terms of funding cuts. It was noted by members the importance of Healthwatch being able to monitor the impact on this and the effect on service provision and patient care.

Action

- **JM to follow up with Ainsdale Medical Centre to plan future engagement sessions.**

7. Community Champions sharing information on services/ emerging themes.

KL updated on his work with Ainsdale Medical Centre, and how he was planning a webinar with professor James Goodwin on continuity of care and health outcomes.

DB updated on work which LW was focusing on which is looking at hospital nutrition standards for inpatients with a diagnosis of diabetes.

5. Update on the Southport Recovery Effort.

SM was welcomed to the meeting and thanked for agreeing to provide an update. SM provided an overview of the work of the four recovery subgroups:

- a. Psychological support: there had been a rise in referrals post-trial. Monthly meetings continue to provide oversight of this work with escalation protocols in place.
- b. Education: work has progressed with the roll out of the 'Team Around the School' model, in place to enhance support.
- c. Community Impact: engagement has been taking place across Southport and Formby with individuals and communities. This has been undertaken via 'Belong Network' who have been commissioned to support Sefton Council to listen to local people and support community cohesion plans. There has also been work to enhance the youth offer.
- d. Business & Economy: local events are being planned to boost footfall across Southport to support the local economy.

SM also updated on the memorial plans and anniversary arrangements will be led and shaped by the families affected. Updates will be shared when available. There were no questions from members, SM agreeing that he could come back to a future meeting to provide further updates. SM was thanked for the update and left the meeting.

8. Feedback to be taken forward to the Operations Group.

DB noted that she had not picked up any specific feedback to share back with the Operations Group, other than to note the two comprehensive updates which had been provided and the themes from outreach for consideration. Members present agreed.

9. Any Other Business & close

There were no additional items raised.

The next meeting is scheduled to take place:
Thursday the 22nd May 2025 on Zoom.