West Area Health Forum Minutes

Wednesday 9th July 2025 10am-12pm

1) Welcome, notes and Introductions

There were 40 people in attendance. The minutes agreed as accurate, no matters arising.

2) Rethinking Our Health – Jo Crease and Claire Hines

- Project between HERE and Kings Fund with two local test sites – Wick and Hangleton and Knoll Project, to evaluate better ways to support people with long term conditions – MSK, Cardiovascular Disease and Diabetes clustered together
- Claire Hines is leading on engagement work to identify people's experiences of system, barriers, managing conditions, what would help/can be done differently
- Co-design workshop on 30th July at St Richard's, 10-12 with lunch provided to bring together health professionals and the community to look at engagement phase feedback and consider how services could be designed and delivered better in the future
- From autumn trialling ideas and outcomes which will be evaluated by Kings Fund
- Also linked to community health panel using existing community structures
- Jo extended her thanks to Tracy from Portslade – helped stratify patients for Claire to contact as a targeted piece of work

Feedback on targeted health event Saturday 5th July

- Successful event and helped continue conversations for the Rethinking our Health project
- HERE provided 4 physios also blood pressure and blood sugar checks available
- 42 attended - 29 had physio consultations, 5 people referred to GP as undiagnosed diabetic, some with high BP also referred
- Act on Cancer screening advice – 2 women with breast changes unreported
- Thank you to social prescribers for giving up their time too. Help to navigate what is out there for people

Q One patient from Portslade health Centre reported they had not been invited
A There was a very specific criteria for who was targeted - follow up with Claire Hines to get involved with co-design workshop.

3) Surgery and PCN updates

Emma Bourlet - Wish Park/Links Road

- Application for building work to increase physical capacity for 4 new clinic rooms
- New clinical Advance Medical Practitioner will be dealing with frailty and housebound patients
- New Advanced Nurse Practitioner starting in a few weeks
- New total clinical triage process – GP or clinician will triage and make decision what to do, signpost accordingly, aim to free up appointments
- In Oct asked to open eConsult from 8-6.30pm and encourage those that can go online and request appointments that way. Lots more info requested online which improves decision making process
- More services available than years ago, MSK extended services, social prescribing, Advanced Medical Practitioners etc. Triage GP will have appointments in the afternoon – help to improve people attending appointments

Links Road

- Health care assistant left last week – employed a new nurse associate
- Will start clinical triage in time at Links Road
- Total triage – Dr Rowan looking at best practise in accessing appointments with Goldstone PCN
- Big increase in DNA - 109 last month
- Dr Rowan had to attend an exam today but will revisit thinking about access in a future meeting
- Nina at Charter has feedback they have increased same day available appointments by implementing this system

Donna Blake – Mile Oak Medical Centre

- Community garden programme to provide step access is complete
- In talks with landlord to sign off work to allow community access
- Deputy practice manager raised over £850 for legend on a bench, suicide prevention to purchase bench, which provides 24/7 suicide support through quick access via QR code
- Car park now for disabled permit holdes only
- Screens for reception installed
- Senior partner on mat leave, another covering. New GP starting on 29th July
- Interviewing for new phlebotomist, as Max has moved to Links Road

- Beats event – feedback from Dr's lots of new diagnosis picked up which was very good, generated extra admin work for practice though

Andrea Schullar/Jade Hillier - Well BN

- June Appointment Stats: 6775 apps, 3889 face to face (3.6% increase last year), 2807 phone apps (2.9% less than last year), home visits 26 (91 % down) DNA's 472 (17.3% less than last week)
- New GP starting 11th August – 6 sessions per week initially as locum, with a view to possible partnership in December
- 2-3 other new GPs in pipeline
- Advert for paramedic – specifically to complete home visits
- New pharmacist
- New role- Patient Co-ordinator, reception and triage – starting on Monday
- Also need a new receptionist for Hangleton and Benfield – send advert to HKP for publicity in e-newletter as local opportunity
- Total triage system will launch 4th August. Have chosen Accurex as feedback was it is more user friendly than KliniK, had months trial, tested on PPG
- Paid for a mock CQC inspection as anticipating an inspection. Good feedback received
- Building work at Benfield to increase capacity – utilising unused space
- Signed up for new care home (6-8 beds)
- Transpride event on 19th July in Dorset gardens will be there all day 8-6.30 Jade – new member of senior leadership team
- Involved in a group consultation project with different demographics, all virtual, user friendly
- 4 main groups offered – mental health group, ADHD, menopause and two weight loss sessions
- Mental health consultation focuses on how to cope - any patient can join, daily hour sessions, guest speakers, Jade + 2 members of medical staff (Mental Health Practitioner and GP) – running since Jan. 12 people come daily. Vast range of topics, speakers etc.
- Details here https://secure.wellbn.co.uk/mh-drop-in/

Tory Lawrence - PCN

- Quality Improvement Project across West with Goldstone - focus on access, Dr Rowan will feedback on work next time
- Working on Rethinking our Health with Portslade, HERE and HKP

- Working across West with Jo/HKP and other health organisations to develop the West Area integrated neighbourhood team – direction of healthcare moving forward
- West area integrated neighbourhood team is now well established – lots of different projects driven from patient upwards
- Involved with pumping marvellous event at cricket ground – *a summary of the data collected is included at the end of the minutes*
- Rolling out frailty project across West Hove PCN – Wish Park next

4) Community Health Panel insight on access – Sharon and CHP reps

- Met 2 weeks ago, discussed rethinking our health project with Jo Crease
- Experience of patients will become central in planning better responses for the future
- Shared some powerful anecdotes of poor experiences of discharge from A&E – with reflections communicated back to local commissioners
- CHP listens to patient's healthcare experiences, consider if isolated occurrence or a pattern – managers from health and social care system to work on improvements e.g. addressing access to equipment
- New 10 year strategic plan – hearing patient voices is a priority

5) Digital Weight Management programme and local awareness project Lisa Douglas and Claire Johnson – 20 mins

- Project with HKP – increase access to a digitally enabled weight managed service
- Over 800,000 people in Sussex obese or overweight
- NHS commissioned digital weight management programme – targeting people with diabetes and/or hypertensions, marginalised ethnic minorities communities who are under represented in services
- Programme not operating well in Sussex – one issue is a lack of primary care referrals because of lack of staff awareness of the programme
- Digital exclusion barriers
- Looking to explore some of issues in more detail where have higher prevalence of weight management, diabetes and hypertension issues
- Currently not even filling 30% of spaces available
- HKP won a bid through small grants process to help raise awareness
- Claire J HKP devising a plan to improve access to programme
- Claire will be testing out whole programme, documenting her experiences and discussing in the community

- Coproduce and circulate publicity which is tailored to be more accessible for our community e.g. GP surgeries, pharmacies, PCN, networks etc.
- Raise awareness in community and system
- Conversations with Big Munch families (family food and activity sessions targeted to low incomes) as lots will be eligible
- Claire will talk about her experiences, barriers, and working with health lifestyles team and their offer
- Any thoughts/ideas or would like to be involved contact claire.johnson@hkproject.org.uk

Jo updated that there is a shift from analogue to digital in the 10 year strategic plan. Issues still exist for those without digital access, however, people using digital services should enable more time for those that don't/can't access digitally.

Jo reminded that HKP run weekly drop in session with David Purkiss, a qualified IT tutor, who is not just skilled but also very patient! **On Tuesdays 10-12 and Wednesdays 10-12, 1-3pm, 3-5 for anyone that needs help accessing health online**

6) Release for Women Dr Jackie Kopelman – support for women during menopause

- Dr Jackie Kopelman is a locum and Trustee for Release for Women charity
- Provides one to one counselling and workshops for women needing support following childbirth and throughout menopause
- Want to make more connections through this forum with primary care and GPs
- Several different courses offered, free to attend Meno care course
- Includes women that had medically induced menopause www.releaseforwomen.org.uk email: info@releaseforwomen.org.uk or call 07468 581675

Jo Highlighted the work HKP is involved with Dr Zoe Schaedel, a menopause specialist, several times a year. A range of topics have already been covered, and she is booked again for September 2025. It would be worth us linking with Dr Jackie for the future.

Sue Brown – Confidence After Cancer Coaching

- Coaching programme Confidence after Cancer - 12 week programme - 6 sessions, face to face, online, whatever suits client best.

- Nothing same as pre-diagnosis, often pressure to get 'back to normal' after treatment – coaching people at this point.
- Often grappling with range of needs and emotions, need help to move forward, self-identity and purpose.
- Self-funded and fully funded free coaching through Sussex Cancer Fund https://sussexcancerfund.co.uk/patient-care/lifecoaching/
- Can self-refer or be referred professionally. Always do a call to explain difference between coaching and counselling
- Counselling – more well known generally looks back at impact of past experiences
- Coaching – looking at where you are now and where you want to be i.e. future experiences – work, managing relationships, provides sounding board
- Confidential and non-judgemental – 45 places over next 9 months want to fill them
  e: info@thecrossroadscoaching.com m: 07720 761896

Q Would it be beneficial for bereaved people (that have lost loved ones to cancer) rather than counselling?

A: Depends on circumstances and what they're looking for suggestion to discuss outside the meeting
Claire Hines also suggested speaking with Macmillan Horizon Centre, in Brighton, as there are a range of services including free counselling or Cruse bereavement service who may be able to help

7) Active for Life – Public Health Strategy – Verena Quin

- Member of Healthy Lifestyles team within Public Health
- Manage Active for Life team – free opportunities for children, young people and adults through family hubs, as well as older adults, all free sessions e.g. health walks and instructor led sessions
- Let's Get Moving- Let's Get Moving Brighton & Hove, is a 10-year physical activity and sport strategy for the city
- Support to be active- various free/ low-cost opportunities for residents to be active
- Current Active for Life and Healthwalks activity programme
- Sport/exercise doesn't feel accessible to everyone so it's about moving more
- 20 objectives over 10 year plan one page summary document here
- 1 in 5 don't achieve 30 minutes of moving on weekly basis
- Less than 1 in 3 young people do min 30 mins per day

- Infrastructure supports delivery across city – 4 groups: Children and Young People Alliance, Ageing Alliance, Active Environment Alliance and Club Development network
- Working with partners to address inequalities e.g. girls and PE
- Women's Rugby World Cup is coming to B&H – have funding to work with residents e.g. walking rugby
- Want to work with primary care – physical champion training, raise awareness
- Training with Active Sussex to engage with people and facilitate actively moving more
- Story telling i.e. people living with long term health conditions inspiring others around how to live with condition, address pain managements, ways to move more
- Discounts for local activities and information about the Leisure Card

It was raised and discussed that walking is a key solution to moving more. Barriers for walking more include:

- state of the pavements in Brighton & Hove, as they are not safe
- Health walks information is no longer detailed in a brochure in libraries
- Difficult to access online
- Not enough volunteers for health walks also a contributing factor
- Dogs off leads on the seafront are not enforced and put people off walking and swimming on the front
- Adults and children riding bikes on pavements are not enforced
- Need opportunities for more seating so that people can stop and take a rest

Group highlighted that pavements were cited as the number one reason why Brighton & Hove is not an age friendly city. Jo and Verena will feedback to the council.

8) AOB

Wendy – Rethink updated that SOS Suicide Service has a further 5 years funding in the local area. No longer operate from an office at St Richard's but will still meet people here and at other venues across the city. Also attending health forums across city. Trend of GPs referring. Help to take pressure off GPs, staying well service between appointments.

Claire Hines – HKP Being Well in the West health event will take place on Saturday 11th October – date for diaries with further information to follow. Anyone that would like a health information stall please contact Claire

Date of next meeting: 8th October 10am -12pm, St Richard's Community Centre

Sussex Health&Care

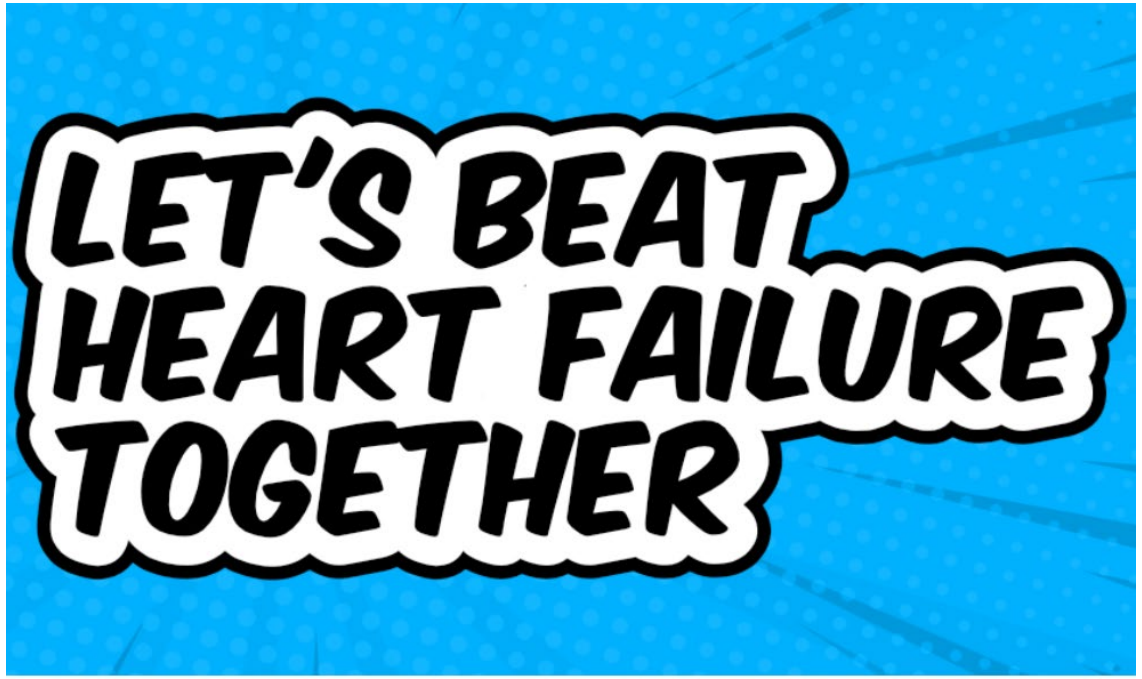
BEAT-Heart Failure Event Summary Data

June 2025

Improving Lives Together

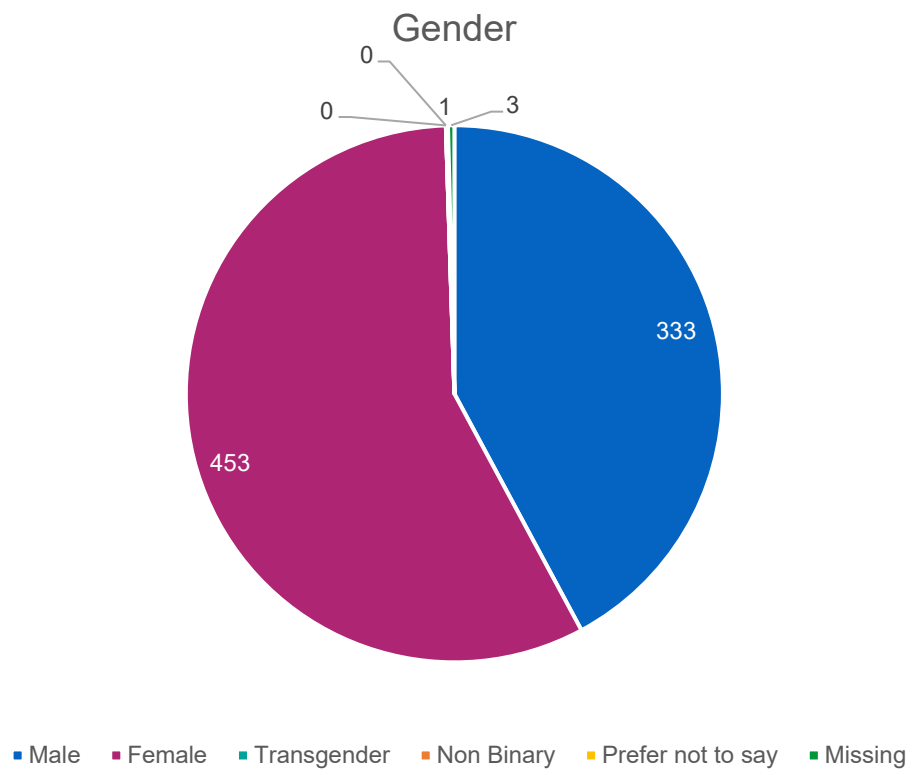
Background

- A total of 790 individuals were seen at the Hove Beat Heart failure event.
- The event uses the BEAT acronym (Breathlessness, Exhaustion, Ankle swelling, Time for a blood test) questionnaire to elicit key symptoms of heart failure.
- The screening include blood pressure checks and Atrial Fibrillation detection, as well as ECG and NT-Pro-BNP testing if indicated with the goal of identifying individuals at risk of heart failure and related cardiovascular risk conditions.



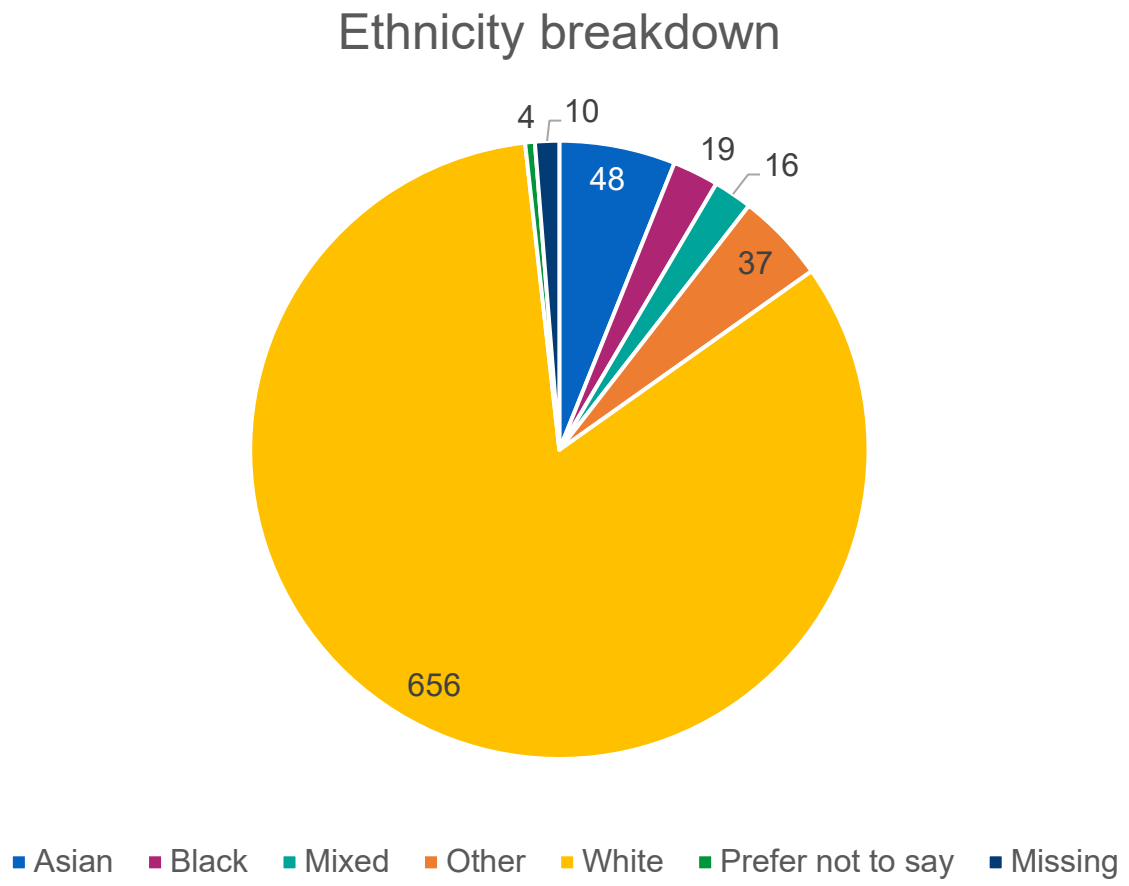
Gender

Most participants that attended were female (453) or male (333), with 4 missing or undisclosed and no entries for Transgender or Non-Binary.



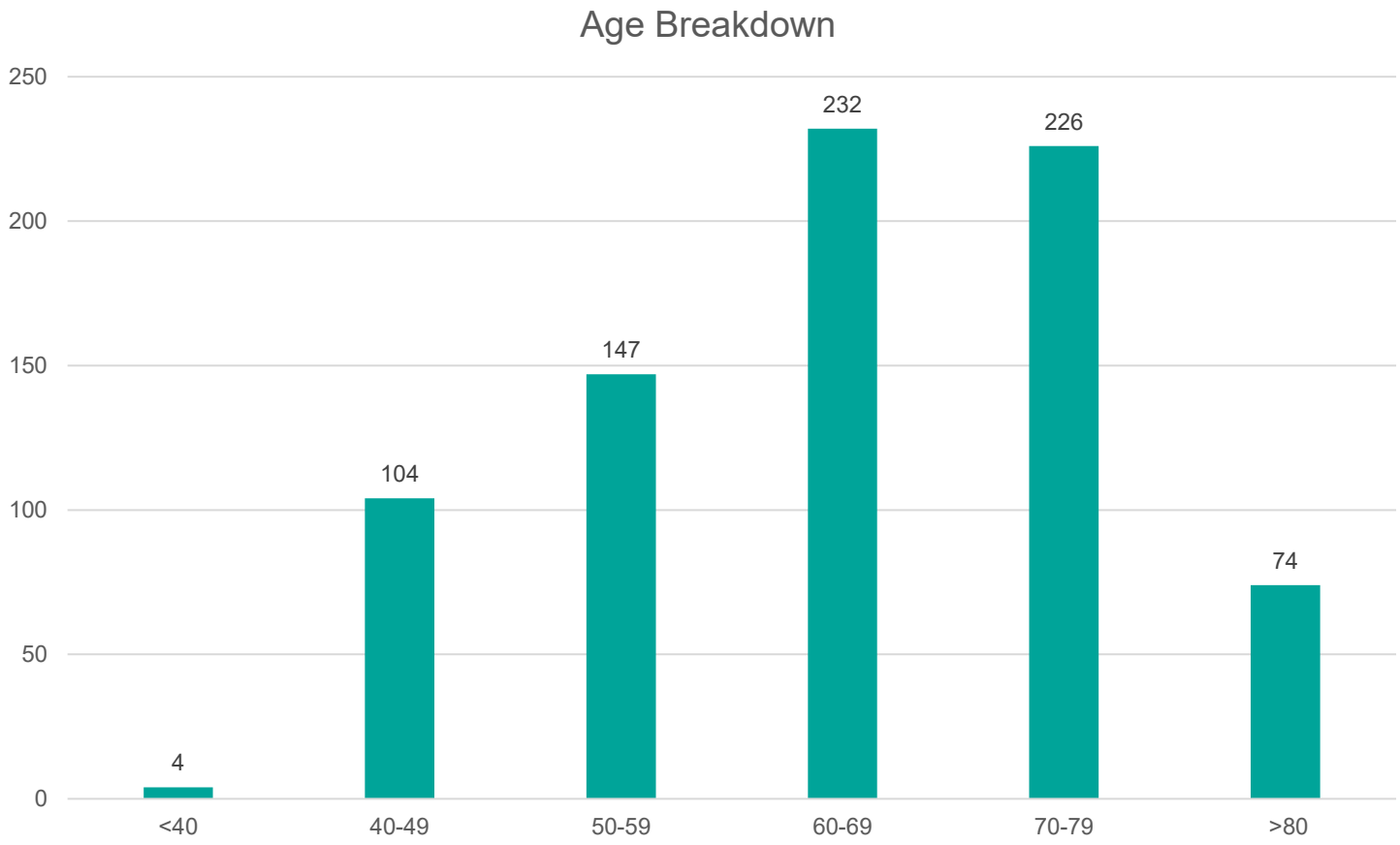
Ethnicity

The majority of participants that attended were White (656), with smaller groups identifying as Mixed (16), Other (37), Black (19), Asian (48), and 14 either undisclosed or missing.



Age distribution

- The event was promoted to patients over 40 with no diagnosis of heart failure.
- 67% of people attending were over 60, the age group most at risk for heart failure.
- 251 individuals aged between 40-59 attended and were screened for the event.



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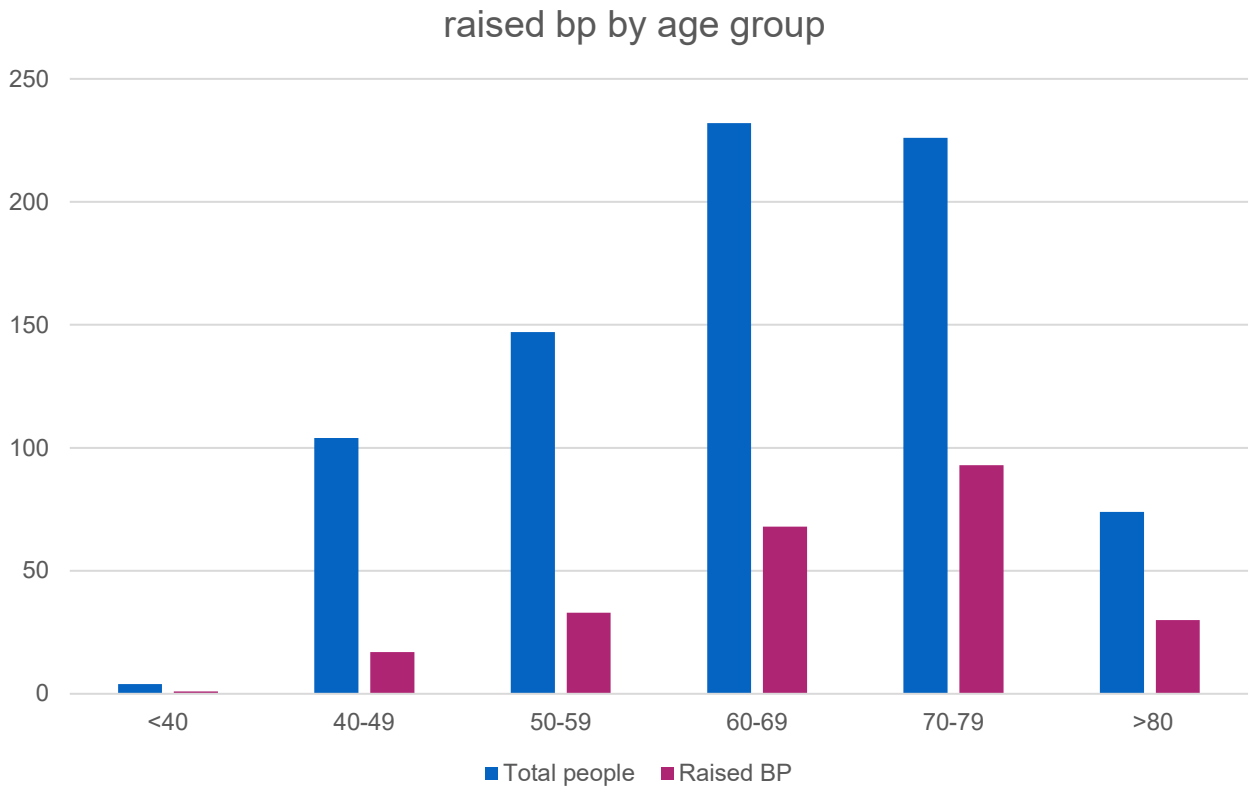
Age distribution

Raised BPs

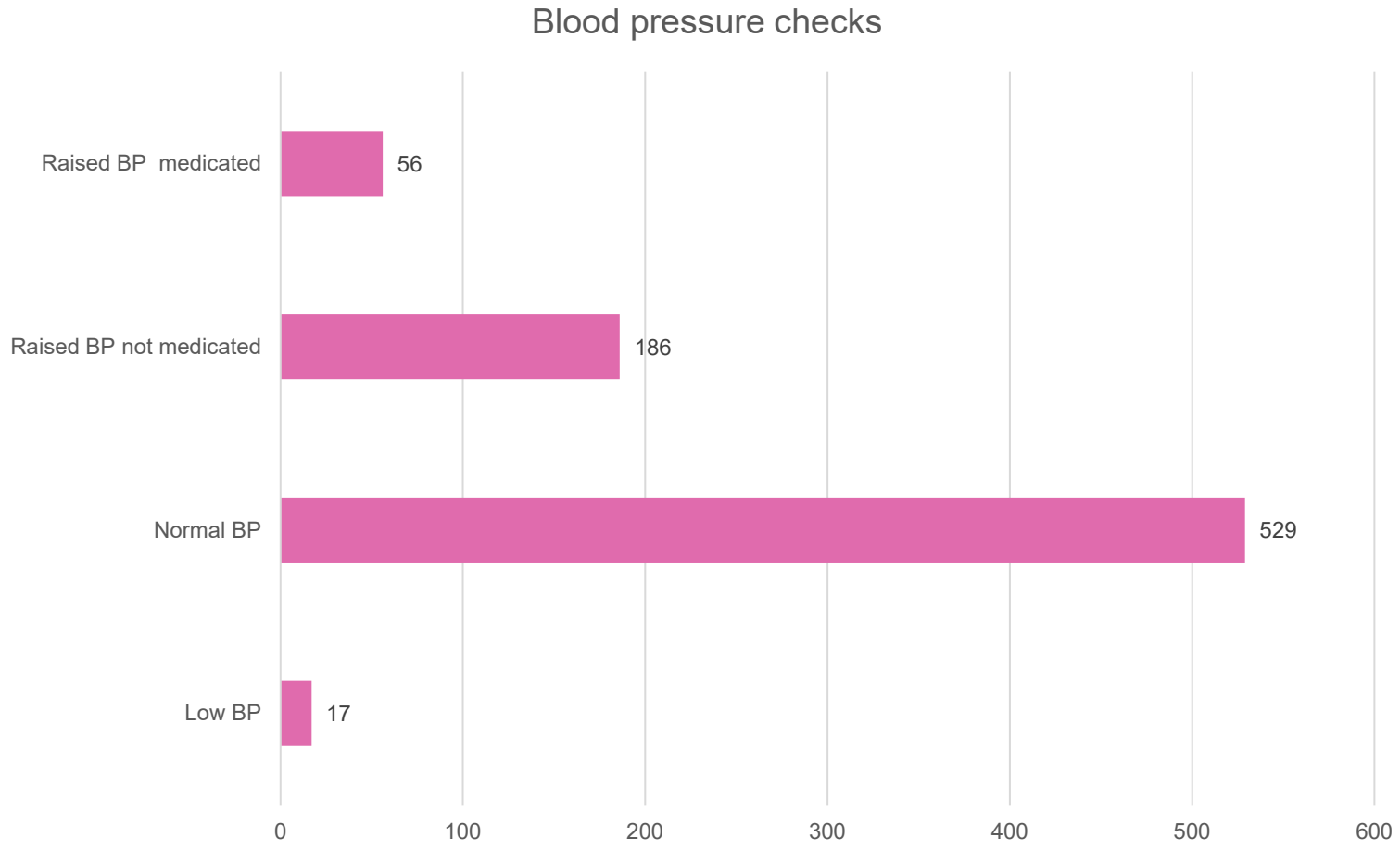
- 242 (31%) were found to have a raised blood pressure reading on the day.
- While the majority of these cases were in individuals over 60, a considerable number occurred in those aged 40-59 years.



Improving Lives Together

Blood pressure results

- 788 people had their blood pressure checked (2 readings were missing)
- 242 (31%) were found to have raised blood pressure
- Of those, 186 (77%) were not on medication – these patients were either undiagnosed or not on treatment
- 529 had normal BP, and 17 had low BP
- The community pharmacist at the event booked in 26 patients with raised BP (and no hypertension) for ABPM at Burwash. Others were signposted to different pharmacies or, if a WellBN patient, seen by their team who attended the event.



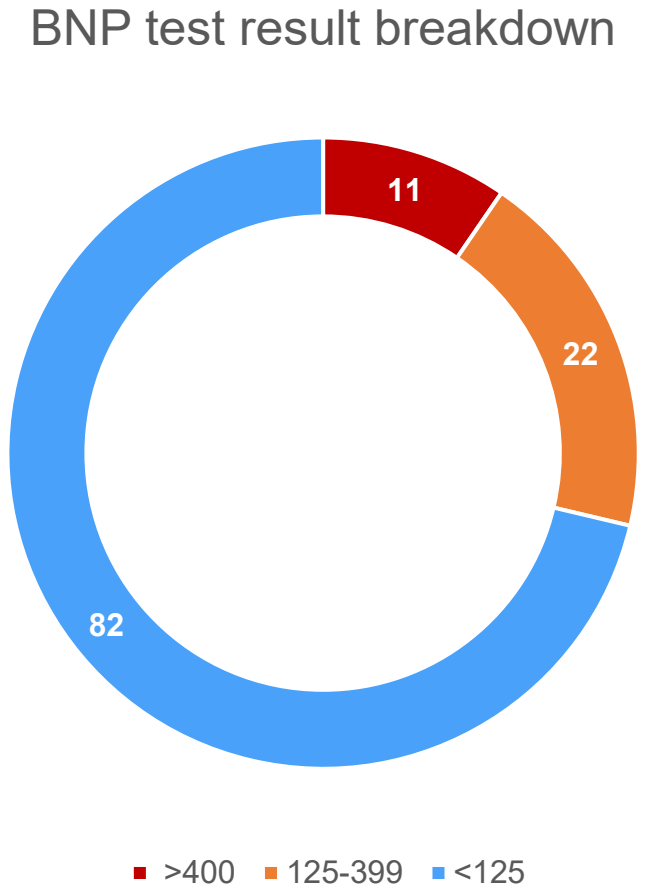
Improving Lives Together

BNP screening

- Out of the 115 people tested for BNP levels, 33 had elevated results – indicating potential heart failure or the need for further investigation.

- Eleven individuals had readings above 400, requiring urgent referral to the rapid access HF clinic, while 22 had moderately elevated levels between 125 and 400, requiring routine referral for further investigations.

Out of the 11 people:
- 5 are female; 6 male
- All of white ethnicity
    - 1 person between 50-60
    - 4 people between 60-69
    - 4 people between 70-79
    - 2 people >80



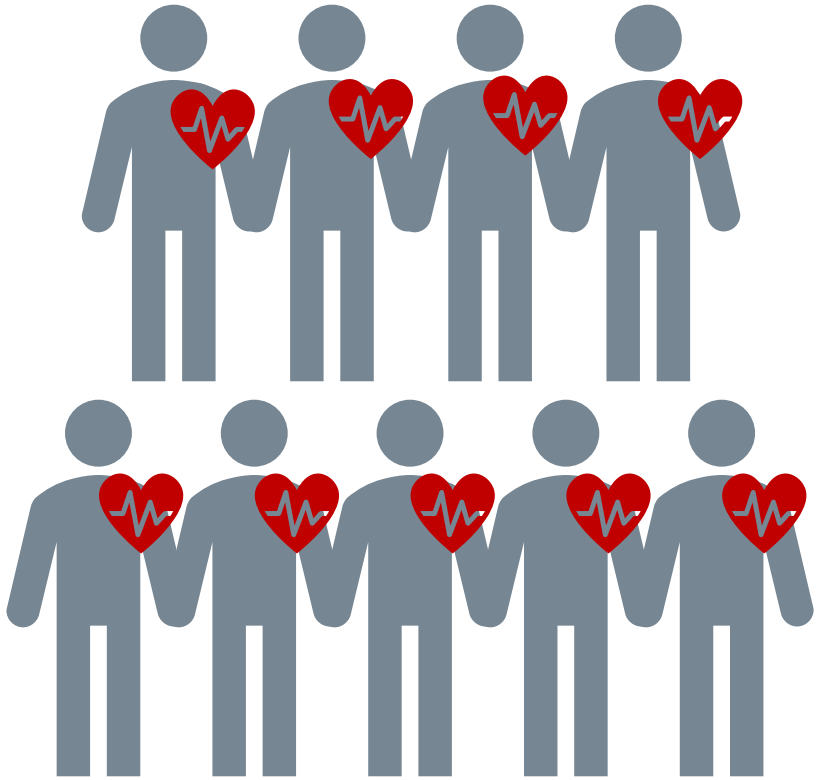
Improving Lives Together

Atrial Fibrillation (AF) findings

Atrial fibrillation, often asymptomatic, was newly detected in 9 individuals – two of whom also had raised blood pressure. These dual-risk individuals are at significantly higher risk for stroke and heart failure, highlighting the importance of integrated cardiovascular screening.

Out of the 9 people:

- 6 are female; 3 male
- 7 are of white ethnicity; 1 Asian; and 1 of 'Other' ethnicity
    - 1 person <50
    - 3 people between 60-69
    - 5 people between 75-80



Improving Lives Together

Urgent cardiac conditions

- 4 patients were identified with significant ECG changes, reflecting a serious underlying cardiac condition, requiring urgent cardiology specialist attention.

GP practice data

Note: Attendees were asked to state their practice, and those who simply wrote ‘Hove’ were, for the purposes of this analysis, assigned to Hove Medical Centre. Due to some variation in data entry by clinicians on the day, not all activity could be consistently attributed to specific practices.

Brighton Station

- 40 people from Brighton Station screened at the event

- BPs
    - Low: 2
    - Normal: 28
    - Raised BP medicated: 2
    - Raised BP not medicated: 8

- 3 NT-Pro BNP carried out and all under <125 pg/ML
- No new AF detected

Hove Medical

- 224 people from Hove Medical screened at the event
- BPs
    - Low: 7
    - Normal: 142
    - Raised BP medicated: 20
    - Raised BP not medicated: 55
- 33 NT-Pro BNP carried out
    - 6 people >400 pg/ML
    - 4 people between 25-399 pg/ML
    - 23 people <125 pg/ML
- 5 people found with new AF and one person with a significant abnormality on ECG requiring urgent cardiology referral.

Links Road

- 72 people from Links Road screened at the event.

- BPs
    - Low: 1
    - Normal: 46
    - Raised BP medicated: 3
    - Raised BP not medicated: 22

- 5 NT-Pro BNP carried out
    - 3 people between 25-399 pg/ML
    - 2 people <125 pg/ML

- 1 person with new AF.

Mile Oak

- 95 people from Mile Oak screened at the event.

- BPs
    - Low: 1
    - Normal: 60
    - Raised BP medicated: 8
    - Raised BP not medicated: 26

- 14 NT-Pro BNP carried out
    - 2 people >400 pg/ML
    - 2 people between 125-399 pg/ML
    - 10 people <125 pg/ML

- 1 person with new AF.

Pavilion Surgery

- 20 people from Pavilion Surgery attended the event.

- BPs
    - Low: 0
    - Normal: 13
    - Raised BP medicated: 1
    - Raised BP not medicated: 6

- 3 NT-Pro BNP carried out
    - 1 between 125-400 pg/ML

- No new AF detected

Portslade

- 49 people from Portslade screened at the event.

- BPs
    - Low: 0
    - Normal: 36
    - Raised BP medicated: 4
    - Raised BP not medicated: 9

- 13 NT-Pro BNP carried out
    - 4 people between 25-399 pg/ML
    - 9 people <125 pg/ML

- No new AF detected

Saltdean & Rottingdean

- 1 person from Saltdean & Rottingdean screened at the event and had raised BP but was not medicated.

St Peters

- 79 people from St Peters screened at the event.

- BPs
    - Low: 1
    - Normal: 54
    - Raised BP medicated: 6
    - Raised BP not medicated: 18

- 14 NT-Pro BNP carried out
    - 1 person >400 pg/ML
    - 5 person between 25-399 pg/ML
    - 8 people <125 pg/ML

- No new AF detected

WellBN

- 75 people from WellBN screened at the event.

- BPs
    - Low: 3
    - Normal: 55
    - Raised BP medicated: 6
    - Raised BP not medicated: 11

- 13 NT-Pro BNP carried out
    - 1 person >400 pg/ML
    - 2 people between 25-399 pg/ML
    - 10 people <125 pg/ML

- 1 person with new AF.

Wish Park

- 109 people from Wish Park screened at the event.

- BPs
    - Low: 2
    - Normal: 76
    - Raised BP medicated: 6
    - Raised BP not medicated: 25

- 12 NT-Pro BNP carried out
    - 1 person >400 pg/ML
    - 2 people between 25-399 pg/ML
    - 9 people <125 pg/ML

- 1 person with new AF.

Other Practices

- 24 people from *various other practices screened at the event.

- BPs
    - Normal: 19
    - Raised BP medicated: 0
    - Raised BP not medicated: 5

- 1 NT-Pro BNP carried out <125 pg/ML

- No new AF detected

**Stanford, Trinity, Charter, Beaconsfield, Montpelier, Ship Street*

Summary of Screening Outcomes

- **115 people** showed signs/symptoms suggestive of HF warranting an **NT-proBNP** test
- **33** required referral to the UHSx Heart Failure team
  - **11** met the criteria for **urgent referral**

- **4 individuals** required **urgent cardiology referral** due to significant ECG abnormalities suggesting serious underlying conditions

- UHSx clinicians have created additional clinic capacity in July and August to manage the increased demand

- **242 attendees** had **elevated blood pressure** readings
  - **186** of these were **not on any treatment**

- **9 new cases of Atrial Fibrillation (AF)** identified
  - 2 of these also had raised BP and AF

Fit for the Future: The 10 Year Health Plan for England

Experts in health

The case for change

NHS is at an existential brink: In critical condition, public satisfaction has fallen from 70% (2010) to 21%; productivity down 20-25% post-COVID

Financial unsustainability: NHS consumes 38% of government spending, projected to reach 50%. Risks becoming a poor service for poor people

Demographic challenges: Aging population; 25% of population have long-term conditions, accounting for 65% of NHS spending

However, there is transformational opportunity: unparalleled population health data, single-payer efficiency, and digital healthcare revolution driving genomics leadership and new era of patient choice

Three major shifts

From Hospital to Community

- **Neighbourhood health service** to bring care into the places people live. Will restore GP access and introduce 2 new neighbourhood provider contracts ('single' and 'multi' neighbourhood serving 50,000 and 250,000+ people)
- **Infrastructure**: Neighbourhood Health Centres open 12hrs/day, 6 days/week, 'one stop shop' for patient care, co-locating NHS, council and voluntary services. £120m for ~85 mental health emergency departments co-located with A&Es.
- **Patient empowerment:** 95% of complex patients to have care plans by 2027; 1 million personal health budgets by 2030
- **Financial reallocation:** 15% lower non-elective, 10% lower ambulance observed in systems spending more on community services and £100 spent on community care can unlock £131 of acute savings (citing **CF/NHS Confed** research)
- **Digital transformation:** 2/3 of outpatient appointments (costing £14bn a year) to be replaced by digital advice

From Analogue to Digital: Power in Patients' Hands

- **NHS App** as "front door": shifting power to patient via AI-powered advice, appointment booking, self-referral, medicines management, care plans. Supplemented by HealthStore: a marketplace for approved digital health apps for patients
- **Single Patient Record:** Patients to control their data, accessible via NHS App by 2028, starting with maternity. Supplemented by advances in genomic data for personalised and predictive care
- **Staff liberation**: Ambient voice technology reduces paperwork by 51% ; procurement framework 2026/27. New AI tools being tested on the Federated Data Platform, which connects information across healthcare settings and links siloed sources, increasing productivity

From Treatment to Prevention

- **Tobacco**: Create smoke-free generation (£6.6bn savings by 2100)
- **Alcohol**: mandatory requirement for health warning labels for alcohol; increasing 'alcohol free' threshold to 0.5% ABV
- **Obesity**: Expand Healthy Start scheme, free school meals (Sep 2026), increase soft drinks levy. Collaborations with industry to test weight loss service delivery models, like GLP-1. Digital NHS points scheme, rewarding people taking healthy actions
- **Mental health**: national coverage of mental health support teams in schools and colleges by 2029/30
- **Genomics Population Health Service:** for predictive and personalised medicine. Universal access (via SPR and NHS app) by decade end; 150,000 adult sequencing study; babies and all cancer patients to be offered genomic analysis
- **Vaccinations and screenings for disease elimination:** increasing uptake via Neighbourhood Health Service. Cervical cancer eliminated 2040; end HIV transmissions by 2030; 10,000 cancer vaccines to clinical trial patients in next 5 years

Underpinned by 5 key enabling reforms

New Operating Model

- Merge NHSE with DHSC, central headcount halved by 2027.
- Reintroduce earned autonomy; every NHS provider to be a Foundation Trust by 2035. Some to be Integrated Health Organisations (from 2027) holding population health budgets
- Integrated Care Boards to be strategic commissioners; close Commissioning Support Units. ICBs to aim to be coterminous with strategic authorities

New transparency of care

- League tables of providers and patient-reported experience measures to be published, to make data easier to understand and more accessible (NHS App) to providers and patients. Maternity care to be a priority
- National Quality Board to be revitalised, and be single authority on quality, supported by Dr. Penny Dash's report.
- AI led warning system building on Federated Data Platform, to identify services at high risk, based on clinical data

Workforce transformation

- Fewer staff than previous projections but better equipped (AI training for all), releasing £13bn through technology-enabled productivity
- Advanced practice roles for nurses/AHPs; reduce international recruitment to <10% by 2035
- Ultra-flexible employment contracts; eliminate agency staffing by parliament end; prioritise staff wellbeing to save £12b cost of poor wellbeing among NHS staff

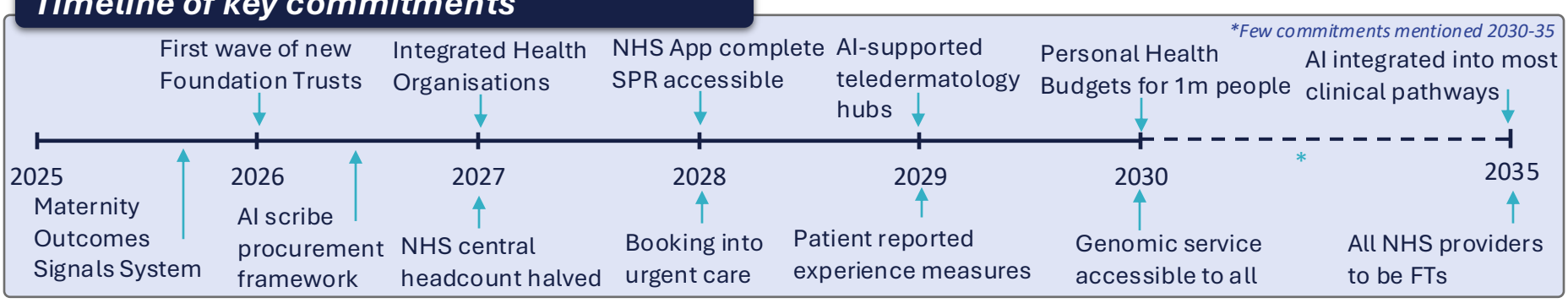
Innovation & technology

- Five "big bets": Data, AI, Genomics and predictive analysis, Wearables, Robotics
- Global Institutes for each bet (NIHR funded) to drive global leadership; Regional Health Innovation Zones to bring together ICBs, providers, and industry.
- Clinical trial set-up: 250→150 days by March 2026; participant volunteering via NHS App
- Pro-innovation regulation: MHRA and NICE joint process (Apr 2026) to improve speed of medicines access
- £600m Health Data Research Service

Finance & productivity

- 2% annual productivity gains; return to pre-pandemic levels by parliament end
- Phase out deficit funding from 2026/27
- Introduce multiyear budgets and require 3%+ of budget for service transformation
- Patient Power Payments: patient satisfaction to influence provider payments
- New capital models including private finance and pension fund partnerships

Timeline of key commitments



Source: Fit for the future: The 10 Year Health Plan for England