

## Notes from Citizens' Assembly Meeting

Held on Thursday 19<sup>th</sup> October 2017  
At Taunton Rugby Club

### Meeting Notes

#### Present:

Kevin Dixon, Healthwatch Torbay, Chair	Jo Osorio, Healthwatch Swindon, Guest
Kay Bunyan, Healthwatch Gloucestershire, Guest	Joanna Parker, Healthwatch South Gloucestershire
Ellie Devine, Senate Manager	Sally Pearson, Senate Chair
Pat Eagle, Gloucestershire	Nick Pennell, Healthwatch Plymouth
Tricia Godfrey, Healthwatch North Somerset	Sarah Redka, South West Senate Project Officer
Gilly Gotch, Healthwatch Devon	Tessa Trappes-Lomax, Healthwatch Devon
Ann Harding, Healthwatch BaNES	Jody Wilson, Healthwatch Cornwall, Guest
Pat Harris, Healthwatch Torbay, Guest	Daphne, Healthwatch Bristol, Guest

#### Apologies:

Lance Allen, Healthwatch North Somerset	Imelda Redmond, Healthwatch England
Simon Mathias, Healthwatch Wiltshire	Cliff Puddy, Healthwatch Somerset
Tori Jones, Healthwatch Swindon	Graham Taylor, Healthwatch Cornwall
Stacey Plumb, Healthwatch Wiltshire	

Chair: Kevin Dixon

		Action
<b>1</b>	<b>Welcome and introductions</b>	
	Round table introductions – attendance and apologies listed above. Special welcome to Healthwatch Managers and Healthwatch Guests in attendance who were invited for this meeting to join the discussion with Imelda Redmond. Sadly Imelda was unwell and unable to this meeting.	
<b>2.1</b>	<b>21<sup>st</sup> September Senate Council Meeting</b>	
	The topic for 21 <sup>st</sup> September Senate Council meeting was 'What would be the most effective methods for delivering smoking/tobacco prevention in the South West and how can we use our health community to support this?'. This was a topic brought to the clinical Senate by Public Health England (PHE). SPearson feedback two main points from the meeting: 1) there is a strong evidence base that there is significant benefits for tobacco/smoking prevention however this appears to have dropped down the STPs agenda. 2) Currently clinicians engaging with patients treat smoking as a risk factor in relation to medical procedures. The next step is to change the interaction with smokers to be focusing on treating tobacco dependence and making the most of the teachable moment	

	<p>which is presented when a patient is receiving treatment in hospital. The recommendations from the Senate Council on this topic as well as the presentations from the meeting will soon be published and shared with the Citizens' Assembly (CA).</p> <p><b>Action: CA members can go back to their STPs to question 'what they are doing about smoking' and to ensure this is kept as a priority for each STP.</b></p> <p>Part of the evidence fed into the deliberations on this topic, was the collated responses from the survey which KDixon developed with PHE. The survey was circulated via the Healthwatch in the South West and via social media to gain the public perspective on a total smoking ban at hospital sites and also the impact for mental health patients and pregnant smokers. Nearly 200 responses were received and the collated responses were circulated to the CA and Healthwatch prior to this meeting. KDixon and LAllan fed the patient and public perspective into the discussion at 21<sup>st</sup> September meeting. The survey results were well received and gave a valuable insight to the Senate Council members. Thank you to CA members and Healthwatch for assisting with this.</p>	<p><b>All</b></p>
<p><b>2.2</b></p>	<p><b>6<sup>th</sup> December Senate Council meeting</b></p>	
	<p>The topic for the next Senate Council meeting will be 'Biosimilar pharmaceutical patents'. This topic will look at current biologic medicines which are coming off patent and the biosimilar equivalent medicines which are being developed as cheaper alternatives. Biosimilar medicines work as well as the current patented medicines so it is not anticipated that it will be problematic to start new patients on biosimilar medicines on a medical basis. Link to a film explaining biosimilars: <a href="https://www.youtube.com/watch?v=Cxn37PIUhO4">mhttps://www.youtube.com/watch?v=Cxn37PIUhO4</a></p> <p>The aim for the clinical Senate Council will firstly be to examine the evidence and decide if the evidence supports the switch to biosimilars. Secondly the Senate will form some recommendations to facilitate the switch to biosimilars based on the clinicians concerns about the logistics of doing this and as well taking into account the patient's perspective and concerns about this.</p> <p>The CA was asked to assist in the gathering of evidence for this topic by way of a survey to gain the patient perspective. Some questions for this survey were put forward.</p> <p><b>Action: KDixon and SRedka will draft a survey to circulate via Healthwatch.</b></p> <p>Some queries/issues were raised with regards to this survey and the topic:</p> <ul style="list-style-type: none"> <li>• Switching medicines is a discussion between prescriber and patient so need to think about what can usefully be asked and gained from the survey</li> <li>• Awareness of the complex relationship between pharmaceutical companies and clinicians</li> <li>• Thought about trust of the medicine brands and related anxiety experienced by patients when medicine packaging changes</li> <li>• There is some history of issues with patients switched to synthetic</li> </ul>	<p>KDixon and SRedka</p>

	<p>insulin and the resulting difficulties controlling diabetes for some patients</p> <ul style="list-style-type: none"> <li>• Consideration of the rewards GPs receive for prescribing certain brands</li> <li>• Research into a paper about the double placebo effect – the more costly branded medicine appearing to be more effective. This is based on the finding that 'belief changes brain chemistry'. <b>Action: TTrappes-Lomax to share article.</b></li> <li>• Patients need to be shown the financial savings of switching to biosimilars to aid with preparation for switching</li> <li>• Healthwatch role in spreading the message that biosimilars are not worse for patients</li> <li>• It would be useful as part of the evidence gathering for this topic for the Senate to know how many people will be affected by the switch to biosimilars</li> </ul>	TTrappes-Lomax
<b>2.3</b>	<b>CA and Senate work plan</b>	
	<p>Updated versions of these were circulated prior to the meeting. The CA work plan mirrors the priorities of the Senate work plan.</p> <p><b>Action: Please forward any areas of interest or topics which CA members would like to explore to SRedka to be added to the work plan and scheduled into a meeting.</b></p> <p>Reference was made the CA's continued role in providing input to clinical reviews which the clinical Senate undertakes. It is likely that the Senate will convene clinical reviews in the new year and for each review, the CA will be asked for a representative to be part of the clinical review panel in order to give the patient and public perspective on the proposals presented. It was confirmed that the CA members who join clinical review panels will be offered the opportunity to discuss the review content, the key lines of enquiry and their input to the review prior to the clinical review panel meeting. Furthermore, it was suggested that CA members use the 'Principles for Transformation' checklist developed at the 28<sup>th</sup> June 2017 CA workshop to guide their preparation and contribution to the clinical review panels.</p> <p>There was discussion around the evaluation of the Senate's recommendations and how the CCGs implement the recommendations. The Senate work plan includes evaluation and follow up of recommendations. Senate recommendations are also fed into and used to guide the key lines of enquiry during clinical review panel meetings as well as used to benchmark or as a checklist when recommendations are made in the clinical review reports.</p>	SRedka
<b>2.4</b>	<b>Expert Advisors Role</b>	
	<p>It has also been recently agreed that CA members who participate in clinical review panels can claim a fee for their time spent preparing for and inputting to clinical review panels as 'expert advisors' in line with the NHS England 'Working with our patient and public voice partners – reimbursing expenses and paying involvement payments' policy. This is a fee of £150 per full day or £75 per half day and the total amount of time will be pre-agreed with the Senate Manager prior to the CA members</p>	

	involvement. <b>Action: SRedka to update CA terms of reference to reflect this.</b>	SRedka
<b>2.5</b>	<b>Senate Assembly Annual Conference 22<sup>nd</sup> March 2018</b>	
	<p>The CA were invited to discuss and bring a topic or presentation to the annual Senate Assembly conference scheduled for 22<sup>nd</sup> March. The CA are keen to showcase the great work the CA has been involved in over the last year and is keen to explore the possibility of running a workshop. Suggestions made:</p> <ul style="list-style-type: none"> <li>• Imelda Redmond from Healthwatch England</li> <li>• Using the conference as an opportunity to strengthen the patient voice</li> <li>• Input to STPs - 'Alignment between clinical leadership and the patient voice' and the pathway for doing this.</li> <li>• Realistic Healthcare – 'what matters to you instead of what is the matter with you'</li> <li>• South East Coast Senate values paper which looked at linking patient outcomes with what the patient wanted</li> </ul> <p><b>Action: All to send ideas of topics for this to SRedka</b></p>	SRedka
<b>2.6</b>	<b>Dementia Improvement Group Update</b> – deferred until next meeting	
<b>3</b>	<b>Healthwatch England Update</b>	
	<p>Imelda Redmond the National Director for Healthwatch England was unable to attend the meeting however EDevine was able to give a brief update based on what Imelda had presented at the national Senates meeting which took place on 11<sup>th</sup> October.</p> <p>The priority goal for Healthwatch England is to bring the public voice into service delivery. This is what the CA provides for the clinical Senate. Healthwatch is not a campaigning group. It is about gathering views, a listening ear and in support of public engagement.</p> <p><b>Action: SRedka to invite Imelda to a future CA meeting.</b></p>	SRedka
<b>4</b>	<b>Any Other Business</b>	
	<ul style="list-style-type: none"> <li>• Clinical Networks conference on 23<sup>rd</sup> November. CA members are invited. Link to register for this has been circulated. SPearson will be giving an update on the clinical Senate's work including celebrating the work of the CA and links with Healthwatch. <b>Action: Please send key messages from the CA for SPearson to feed into this presentation directly to EDevine.</b></li> <li>• Some discussion about how all the patient and public involvement in different organisations links up. i.e. Healthwatch, Academic Health Science Networks and Collaboration for Leadership in Applied Health Research and Care South West Peninsula (PenCLAHRC) and quality improvement teams.</li> </ul>	All

**2018 Meetings:**

Thursday 18th January, 10am-1pm, Taunton  
Thursday 19th April, 10am-1pm, Taunton  
Thursday 21st Jun, 10am-1pm, Taunton  
Thursday 6th Sep, 10am-1pm, Taunton  
Thursday 1st Nov, 10am-1pm, Taunton