

## Notes from Citizens' Assembly Meeting

Held on 10<sup>th</sup> January 2019  
In Taunton Rugby Football Club

### Meeting Notes

#### Present:

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| Joanna Parker – Healthwatch South Gloucestershire and CHAIR | Nick Pennell – Healthwatch Plymouth                      |
| Peter Buttle – Healthwatch Wiltshire                        | Rachel Perry, South West Clinical Senate Project Officer |
| Trish Trim – South West Clinical Senate Administrator       | Kevin Dixon – Healthwatch Torbay                         |
| Malcolm Watson, South Gloucestershire                       | Patricia Godfrey – Healthwatch North Somerset            |
| Ann Harding – Healthwatch BaNES                             | Gilly Gotch, Healthwatch Devon                           |
| Mike Hodson - Healthwatch Somerset                          |  |

#### Apologies:

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| Tessa Trappes-Lomax – Healthwatch Devon          | Sally Pearson – South West Clinical Senate Chair |
| Ellie Devine, South West Clinical Senate Manager | Margaret Abban – Healthwatch Cornwall            |
| Lance Allen, Healthwatch North Somerset          |  |

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| 1 | <b>Welcome, introductions: feedback from Senate Council meeting and latest news</b>  |        |
|   | <p>Round table introductions – attendance and apologies listed above.</p> <p>JParker gave a summation of the last SW Senate Council Meeting ( 29<sup>th</sup> November) around the topic of <b><i>Given the geography of the South West and the need to ensure equitable access, what are the essential clinical characteristics for networked delivery of Urgent Treatment Centres?</i></b></p> <p><b><i>As part of your deliberations please consider the following:</i></b></p> <ul style="list-style-type: none"> <li>· <b><i>Clinical responsibility for pathway/s</i></b></li> <li>· <b><i>Skill mix, distribution and training of workforce</i></b></li> <li>· <b><i>Essential diagnostics and networks thereof</i></b></li> </ul> <p>The Council Recommendations will be circulated when complete.</p> <p>Standardisation is key but also the recognition of regional differences.</p> | RP     |

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|  | <p>Key is provision be competences led so as to get the fullest cover of staff and also retain and upskill current staff.</p> <p>KDixon fed back on SW Patient Participation event that was held in Taunton 28<sup>th</sup> Nov.<br/>He flagged with organisers that some places should have been held for Patient representative bodies who were sent communications regarding the conference too late to secure a place. Other content reflected this poor understanding of the opportunity flagged above. GGotch agreed – community representation was limited and ongoing would affect the missed opportunity for networking.<br/>RPerry will feedback to Paul Spencer that CA members enjoyed the event but would welcome being involved in the planning of the next event.<br/>RPerry thanked all for the response to the survey distributed recently to feed into future CA meetings’ content.</p> <p>KDixon raised that Healthwatch representatives have received an invitation to meet with Sarah Woollaston (Chair of the Liaison Committee and the Health Select Committee in the House of Commons). The meeting is set for early evening which is not the ideal time for people having to travel any distance to get to /from London.</p> <p>RPerry updated re details of the Senate Assembly Conf 7<sup>th</sup> March 2019 (Sandy Park, Exeter). There will be a marketplace area and the senate will have a stand to promote the various ‘arms’ of the SW Clinical Senate and asked for volunteers or the Citizens’ Assembly aspect. Anyone who is interested to email RPE. KDixon has a good document that explains and underpins why the CA is such an innovative forum.<br/>RPE will circulate programme again.</p> <p>RPE spoke about the next Senate Council meeting 29.01.19 and the topic:<br/><b><i>Given the geography of the South West and the need to ensure equitable access, what are the essential clinical characteristics for networked delivery of Urgent Treatment Centres?</i></b></p> <p><b><i>As part of your deliberations please consider the following:</i></b></p> <ul style="list-style-type: none"> <li>· <b><i>Clinical responsibility for pathway/s</i></b></li> <li>· <b><i>Skill mix, distribution and training of workforce</i></b></li> <li>· <b><i>Essential diagnostics and networks thereof</i></b></li> </ul> <p>CA members present discussed various aspects from a patient perspective.<br/>NPennell will attend in place of JParker to present the CA (Lay person) perspective and CA members to send relevant input to NPennell.<br/>RPerry asked if there were specific topics that the CA could feed into the Senate Council programme and to email her with suggestions</p> | <p>RPE</p> <p>ALL</p> <p>RPE</p> <p>RP</p> <p>NP/ALL</p> <p>RPE/ALL</p> |
|  | <p><b>Clinical reviews updates</b></p>  |   |
|  | <p>RPerry gave an update on the current programme and encouraged CA members to become involved as there will plenty of opportunities to</p>   |   |

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|  | <p>participate.<br/>RPerry also explained the various stages and terminologies around the Clinical Review process for clarity (the presentation slides will accompany these notes). RPerry also gave a detailed account of the schedule of the previous Clinical Review Panel that sat on Healthy Weston. NPennell who had attended also gave a report of his experience and that he had found the process to be very thorough and fit for purpose and also felt valued and supported by the Senate Team. The CA input is very much about keeping the terminology and recording clear and understandable to members of the public for when consultations are conducted at a later date and it was suggested that the Senate Team can support this aspect going forward if a CA representative does struggle with very clinical or technical data that is presented.</p> <p>KDixon will circulate the Torbay Healthwatch Annual Report which is submitted to Parliament that is very complimentary in regard to the SW Clinical Senate's Citizens' Assembly relationship.</p> <p>TTrim requested that if in the process of participating in a Clinical Review it is necessary to book accommodation could CA members please arrange that through her as we benefit from the NHS England system.</p>   | <p>RP</p> <p>KD</p> <p>TT/ALL</p> |
|  | <p><b>Healthwatch updates</b></p>  |                                   |
|  | <p><u>Healthwatch Torbay</u> KDixon<br/>The organisation is at risk from budget cuts but also possible other identified sources and KDs role is increasingly about going out to find those funding opportunities.<br/>Seem to be attached to specific health groups e.g. MH, Maternity. There is a current Health and Arts bid in play.<br/>£12k was gleaned to fund a YP project garnering their views.</p> <p>Generally the background is as the Voluntary Sector shrinks more of these 'pots' of funding are how to go forward.<br/>2 new Community Care Homes have been opened but transfers within the system have led to 'blockages' again.</p> <p>Healthwatch Somerset MHodson- great interest in AI ( secondary care and community applications) and its possible uses in Health sector. Reported on software that RNIB have promoted for use by sight impaired patients (e.g. medication instructions). Also other attachments in regard to everyday tasks such as making a cup of tea.</p> <p>Healthwatch Plymouth NPennell – the 3 Healthwatches in Devon (Plymouth, Devon, Torbay) have received a letter reviewing capacity to look at one Healthwatch only. There isn't much further information available from the CCGs involved. The Plymouth contract is due to end March 2020 so there should be no change until then but there is concern at the lack of openness and transparency.</p> | <p>RP/TT</p>                      |

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|  | <p>Staff funding /replacement issues as in other Healthwatch's.</p> <p>funding up until the end of March 2020 contract will be rolled on with existing budget until then.<br/>Their existing manager has finished in post and so far has not been replaced because of the uncertainty post 2020. Simon Parnham has been recruited to a Deputy Manager role.<br/>The possible merger between Plymouth/Torbay Healthwatches have come to nothing to date but the STPs footprint does ensure close working already and with Healthwatch Devon.<br/>Health and Wellbeing –6 local centres proposed; 2 are live now. Brief is to encourage people to support their own healthcare. It's too early yet to garner patient feedback but is eagerly awaited.</p> <p>Healthwatch North Somerset TGodfrey<br/>Reported there has been local government intervention regarding funding contract to facilitate an extension until October 2021. 3 new part time staff members have been recruited but work stream is still needing to be essential business only.<br/>Tricia is representing HWNS as the lay evaluator for the Adult community Health service Procurement bids for BNSSG CCG.<br/>Every GP Practice in N Somerset is participating in a review vis Community Services.<br/>Going forward consultation processes are being launched around CCG services, funding etc. generally a lot of indecision going forward.</p> <p>Healthwatch Wiltshire - PButtle<br/>A camper van was hired to go around the area reviewing public opinion. e.g. waiting times to see your GP, Hospital staffing levels, Social Care Services.<br/>MH Services are always mentioned, Pharmacies and Dental Services.<br/>Keen to get a focus on Dementia and to get other Healthwatch's to join in.</p> <p>Healthwatch South Gloucestershire - JParker<br/>Public consultation re BNSSG Primary Care is continuing ongoing to October 2019.<br/>Staffing within the Healthwatch is "down to the bone" and thus impacts on workstreams.</p> <p>Healthwatch B&amp;NES AHarding<br/>Staff shortages are still prevelant. Have recruited a F/T Researcher to look at Loneliness.<br/>The Board is now bigger – people who were staff have moved on to the Board.<br/>64 new ambulances are coming online but it is unclear regarding recruiting /funding for staffing.<br/>LDs input is ongoing.</p> |  |
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**Next Citizens' Assembly 2019**

21<sup>st</sup> February  
25<sup>th</sup> April  
27<sup>th</sup> June  
5<sup>th</sup> September  
7<sup>th</sup> November