

Notes from Citizens' Assembly Meeting

Held on 25th April 2019
In Taunton Rugby Football Club

Meeting Notes

Present:

Joanna Parker – Healthwatch South Gloucestershire and CHAIR	Nick Pennell – Healthwatch Plymouth
Rachel Perry, South West Clinical Senate Project Officer	Ann Harding – Healthwatch BaNES
Trish Trim – South West Clinical Senate Administrator	Kevin Dixon – Healthwatch Torbay
Malcolm Watson, South Gloucestershire	Tricia Godfrey – Healthwatch North Somerset
Pat Eagle, Healthwatch Gloucestershire	Gilly Gotch, Healthwatch Devon
Nazma Ramruttun, Healthwatch Swindon	Peter Buttle – Healthwatch Wiltshire
Paul Greensmith, Healthwatch Swindon	Ellie Devine, South West Clinical Senate Manager
Sally Pearson, Chair South West Clinical Senate	

Apologies:

Lance Allen - Healthwatch North Somerset	Tessa Trappes-Lomax – Healthwatch Devon
Mike Hodson - Healthwatch Somerset	Margaret Abban – Healthwatch Cornwall

		Action
1	Welcome, introductions: feedback from Senate Council meeting and latest news	
	Round table introductions – attendance and apologies listed above. Two Healthwatch Swindon representatives attending their first Citizens' Assembly (CA) meeting were welcomed and it was noted that going forward MAbban is exploring dialling in to future CA meetings as the representative of Healthwatch Cornwall to improve participation and KDixon and NPennell to discuss Isle of Wight joining CA meetings via Skype/video call.	KD/NP

<p>JParker commented that the Recommendations from the January 29th 2019 Senate Council meeting, around Community Pharmacies were picked up for publication in “The Pharmaceutical Journal (a Royal Pharmaceutical Society publication)” and EDevine commented also by NHSE and a number of LPCs who were involved with the Council meeting. Michael Lennox, Somerset LPC CEO who participated in the meeting has agreed to review the progress of the recommendations in 6 months’ time to update the Senate.</p>	
<p>Imelda Redmond, National Director Healthwatch England responded to a letter written on behalf of the Citizens’ Assembly that JParker had written about the NHS App and whether or not Healthwatch (HW) would be involved with its development and whether Healthwatch would have access to patient feedback entered into the app. It was felt that in the light of recent budget cuts for local HW organisations, it would be a helpful resource for HW to gain up to date information/feedback from patients.</p>	<p>JP/RP</p>
<p>Darren Dodd responded on behalf of NHS Digital with the following: I have read the letter from the Chair of the SW Clinical Senate Citizens’ Assembly and find the suggestion of communication with Healthwatch via the App to be an interesting one. The NHS App itself will have a fairly basic offer service offer. The expectation is that it will act as a digital front door for patients and a platform for innovation for third party suppliers and developers. The expectation is that additional apps and services can be provided in a couple of ways. The NHS Apps library will be available via the NHS App. We also intend to publish APIs and standards that will allow developers to build services that directly integrate with the NHS App.</p>	<p>ALL</p>
<p>The proposed feature below (as mentioned in the letter from the CA) is not on the app roadmap and is therefore not planned as a future development. There followed some discussion in regard to local independent digital initiatives being launched through GP Practices and whether they will be competing with the purpose of the NHS App.</p>	<p>ALL</p>
<p>Discussions then turned to the circulation of the Recommendations from Senate Council meetings. RPerry confirmed that once confirmed they are circulated to all the area Healthwatch organisations but it is unknown what is done with them from that point. The SW Clinical Senate Citizens’ Assembly will try to ascertain what the wider circulation is within Healthwatch organisations and report back.</p>	
<p>JParker also commented that inclusion of the Recommendations in Healthwatch newsletters would be a specific method to ensure a wider reach.</p>	
<p>RPerry relayed that a wider External Stakeholders Bulletin communication is being considered by the SW Clinical Networks Comms team to raise the profile of the SW Clinical Senate and Networks. Its distribution will be targeted to engage relevant participation around both membership engagement and to inform users of the Senate of the opportunities around delivery of Senate business.</p>	

	<p><i>RPerry will circulate the monthly bulletin entry written for the South West Clinical Networks and Senate's Comms team to the individual SW Healthwatch organisations for onward distribution.</i></p> <p>JParker flagged that the Annual Reports from individual Healthwatch organisations are due to be published shortly.</p>	
	<p>Previous meeting notes (circulated)</p>	
	<p>The notes from the 21st February 2019 meeting were agreed. Matters arising: RPerry asked if the SW Clinical Senate CA members present had any comments, changes or additions to the promotional video that SW Clinical Networks Comms team (JSanders) had produced prior to it being available for a wider circulation. The completed version of the video will be finalised at a 29th April 2019 meeting between RPerry and JSanders.</p> <p>RPerry continues to liaise with Olly Grice, Engagement Manager (South) Healthwatch England to invite him to attend one of the Autumn 2019 meetings. He has agreed to attend the meeting on 5th September so a decision will need to be made about his involvement (ie. Should he present etc?)</p> <p>The 'matching' of individual CA members to be linked to the various South West Clinical Networks is ongoing. NPennell is the Mental Health CA link and will liaise with RPerry in regard to the preparation of the 18th July SW Clinical Senate Council meeting which is around the south west student population and mental health.</p> <p>A discussion arose around CA membership in terms of duration of membership of the CA and led to a wider need to review the Terms of Reference for Citizens' Assembly. It was agreed to discuss it further as an agenda item for the next CA meeting in June 2019.</p>	<p>ALL/RP/JS</p> <p>RP</p> <p>ALL</p> <p>RPE/NP</p> <p>RP/JP</p>
	<p>Clinical reviews updates</p>	
	<p>The South West Clinical Senate Work Programme has been recently updated and EDevine will ensure it is circulated to CA members. It includes the latest update of Clinical Reviews status. Currently, the Reviews schedule has the potential for full Panel Reviews to possibly 'bottle neck' in Autumn 2019 and EDevine will keep members apprised. CA members participation in full review panels will continue to be sought.</p>	<p>ED/RP</p>
	<p>" Sharing my medical images: a patients' perspective" BIR presentation-22nd November</p>	
	<p>PButtle, (Healthwatch Wiltshire) has been asked to present at 'Big Data Conference BIR, November 22nd 2019'. Peter sought CA input on draft Presentation slides he has compiled to date as part of his preparation. The resulting discussion highlighted that going forward the input of e.g. NHS services of support researchers to his</p>	

	preparation will focus and develop the design of his survey. His preparation is ongoing and will continue to have CA participation.	
	Senate Assembly Annual Conference Review/ 2020 Conference Latest	
	<p>A video of highlights from the Senate Assembly Annual Conference 2019 is now available to view on the South West Clinical Senate website http://www.swsenate.org.uk/the-south-west-clinical-senate-assembly-annual-conference-video-summary/2394/</p> <p>GGotch flagged that having attended consecutive SW Senate Assembly Conferences, the event continues to “get better and better” year on year and provided a very comprehensive overview content and of how the conference rolled out.</p> <p>EDevine announced the date for the 2020 conference (March 26th 2020) and welcomed input from the CA in regard to content and potential speakers.</p> <p>A change of venue for 2020 was also discussed resulting from the 2019 Conference Evaluation responses and CA feedback; it was agreed that an alternative venue to The Mercure, Rougement Exeter would be explored.</p>	TT/RP/ED
	Senate Council Meeting: Primary Care Networks	
	<p>The May 23rd 2019 Senate Council Meeting, discusses Primary Care Networks (PCNs). The draft question being: <i>“What is the role of Primary Care Networks in the development of high-quality health and social care services, care pathways and improved clinical outcomes in the South West?”</i></p> <p>Pre reading prior to this CA meeting and individual Healthwatch organisations’ feedback from the public were discussed.</p> <p>GGotch raised that smaller population centres and geographical spread of the south west could mean that patients would need to travel long distances to avail themselves of the correct centre for treatment: conversely EDevine flagged the opposite effect in a city the size of Bristol; reducing local area.</p> <p>JParker raised that GP Practices are already merging in a cost benefit exercise and also that patients do not always get to see a GP for their appointment; patients are seen by other members of a Practice Team e.g. nurses, pharmacists. There is an educating the public aspect to that management of expectation around access to GPs.</p> <p>NPennell relayed that in areas of GP Practice shortages such as exists in Plymouth, the grouping of Primary Care Networks may help to alleviate that shortage.</p> <p>“Neighbourhood Planning” is part of long term planning (i.e. ensuring new towns, large scale housing developments have new GP Practices and not rely on the services that exist already.</p> <p>Anecdotally, from the Healthwatch organisations, the current merging of GP Practices trend is extending and improving the access to see a GP.</p>	

	<p>From its introduction in 2015 the Primary care home model is an innovative approach to strengthening and redesigning primary care.</p> <p>Developed by the National Association of Primary Care (NAPC), the model brings together a range of health and social care professionals to work together to provide enhanced personalised and preventative care for their local community.</p> <p>Staff come together as a complete care community – drawn from GP surgeries, community, mental health and acute trusts, social care and the voluntary sector – to focus on local population needs and provide care closer to patients’ homes.</p> <p>Primary care home shares some of the features of the multispecialty community provider (MCP) – its focus is on a smaller population enabling primary care transformation to happen at a fast pace, either on its own or as a foundation for larger models.</p> <p>Four key characteristics make up the primary care home:</p> <ul style="list-style-type: none"> • an integrated workforce, with a strong focus on partnerships spanning primary, secondary and social care; • a combined focus on personalisation of care with improvements in population health outcomes; • aligned clinical and financial drivers through a unified, capitated budget with appropriate shared risks and rewards; • provision of care to a defined, registered population of between 30,000 and 50,000. <p>SPearson flagged the discussion is very much do PCNs provide added value to the existing GP Practice model for the patients and their experience?</p> <p>KDixon flagged that currently Patient Care Committees and Patient Participation Groups are aligned to GP Practices and asked is it intended that PCNs retain this close association with patient representation? He is to circulate toolkit for setting up successful PPGs</p> <p>EDevine gave a steer for individual Healthwatch organisations to try to gather feedback around ‘social prescribing’ to feed into the discussion.</p> <p>JParker asked that CA members feed back their findings from Healthwatch organisations and Patient Participation Groups by 16th May in order to inform the discussion for the 23rd May Senate Council meeting.</p>	<p>KD</p> <p>ALL</p>
	<p>Healthwatch updates</p>	
	<p>Healthwatch, Torbay, KDixon</p> <ul style="list-style-type: none"> • Digital Health Devon has now been launched: https://www.digitalhealthdevon.co.uk/ • The Youth Report is now available https://healthwatchtorbay.org.uk/news/recommendations- 	

	<p>from-torbays-young-people-on-the-agenda-at-strategic-meetings/</p> <ul style="list-style-type: none"> • Torbay is developing the PPG Toolkit for Devon • Safeguarding has funded Torbay Healthwatch to initiate Quality Checkers in the Bay • Torbay is taking the lead on the Devon wide Ten Year Plan engagement • The CCG is funding the first Devon PPG Conference in June <p>Healthwatch Devon, Tappes-Lomax Staff shortages continue to impact on business but hopefully the consolidations will ease that.</p> <p>Healthwatch Plymouth, NPennell Organisational change continues to be an issue; Plymouth is part of any future mergers and consequential revision of contracts. The Plymouth members have realised that they do not always “close the circle” which has resulted in reviewing past subjects. There is also a move to try to gain better engagement from a younger demographic to participate.</p> <p>Healthwatch North Somerset, Lance Allen / TGodfrey</p> <ul style="list-style-type: none"> • Public “consultation” (this had a very narrow, cost reduction scope) on Healthwatch commissioning by N Somerset Council ended on 21st February. They will now decide on how to re-commission services, potentially combining with Bristol and South Gloucester. The current contract ends in October 2019. • Several staff changes, but new staff have been recruited on temporary contracts in the light of re-commissioning plans • HW NS are currently working on revisiting the Enter & View in the 27 GP practices in N Somerset to see if suggested changes resulting from the reports have been implemented. • HW NS are involved as PPV representatives on the recommissioning of Community Services across the BNSSG STP area • HW NS have completed a CAHMS survey and are in the process of compiling a project report • Future plans at the moment are to look at patient experience in the transitioning of services both from a hospital to home point of view and also from juvenile to adult point of view • HW NS are actively involved both in the public consultation on the Healthy Weston plans and also the STP wide Healthier Together programme • HW NS have also been involved as PPV representatives in the procurement of Urgent Care services which go live in March with a new integrated 111/Out of Hours/GP model 	
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	<p>Healthwatch South Gloucestershire - JParker Healthwatch South Gloucestershire report for the CA meeting notes:</p> <p>Current work around 3Rs and Falls and Frailty continues. Only able to undertake short term planning as current contract is just for six months, until October 2019. The Lead Commissioner for Hw across BNSSG has put out a call for bids to cover 3 Hw, Bristol; North Somerset, and South Gloucestershire. Funding has been cut by 50%. HwSG will only have £54K pa. HwSG has been awarded funding from HwEngland to undertake a survey about the NHS Long Term plan. This is to be completed by the end of May.</p> <p>Healthwatch B&NES, AHarding B&NES Healthwatch has continued to hold open meetings with Age UK with regard to those "over the counter medicines" which are not readily available on prescription. However there would appear to be scope for the GPs to prescribe them for individual cases where they feel such an approach is necessary so the policy is not being uniformly applied. At one of our Open meeting we had several representatives from Action On Hearing. They brought to our attention that Specsavers although accepting money from the NHS for tests refuses to book signers for deaf patients Action on Hearing have a way of booking signers independently but this should not need to happen. We are also hearing about problems with transport to & from hospital. The conditions for patient transport are apparently national ones but the call handling service is not at all empathetic to patients needs & sticks strictly to the guidelines. Patients are asked if they can get into a car. If they reply yes they are refused transport. This happened to one patient who was blind & yhus could not get into a car unaided</p> <p>Gilly Gotch, Healthwatch Devon <u>Sexual Health in Young People-</u> During engagement work and surveys, we are consistently told that Sexual Health is an issue of utmost important to young people in Devon. Findings from our report, Children and Young People Speak Out on Health and Care services (2016), reported Sexual Health as the second most important healthcare issue to respondents. From 5 March to 26 March</p>	
	<p>2019, Healthwatch Devon released an online survey aimed at 16-20 year olds in Devon to find out "The Existing and Desired State of Sexual Health Services and Education in Devon". A fantastic 632 responses were received (60.6% identifying as female; 36.27% identifying as Male; 3.1% giving a different gender identification). Workshops, in colleges and youth centres, are being held during April and May, 2019, exploring the survey results further. All findings will be passed onto decision makers in education and public health sectors.</p> <p><u>-NHS Long Term Plan-</u> Healthwatch across England have been commissioned by NHS England to carry out engagement work into their Long Term Plan. The Long Term Plan sets out areas that the NHS wants to make better: improving how the</p>	

	<p>NHS works, Helping more people to stay well, Making care better and more money invested in tech. Local HW are working together to find out what local people think in order to help inform how these priorities will be delivered in the local area. There are 2 surveys that have been set up, one is a general survey and the other is specific to those with cancer, mental health, dementia, lung and heart diseases and learning disabilities, such as autism. We are also looking to run focus groups in the area over the next couple of weeks (I believe the dates will be 1st and 8th May but still waiting for confirmation!), these groups are specific to Cancer and Heart and Lung disease and will focus on themes around prevention, the community and the future role of technology in the LTP.</p> <p>https://www.healthwatch.co.uk/what-would-you-do-general https://www.healthwatch.co.uk/tell-us-what-would-you-do</p> <p>I believe they may be making an official statement soon (as this was only decided last week) but they have now decided not to go ahead with the move to the originally planned office and we will now remain in what was our temporary base at Basepoint, Matford- still with DCT. Elaine is now the confirmed CEO of Healthwatch Devon, not an interim chief exec and will be in this role until the contract comes up for tender again, along with management support from the rest of the DCT team.</p> <p>Healthwatch Swindon, Paul Greensmith Healthwatch Swindon are currently leading on gathering feedback on the NHS 10 Year Plan across the STP which includes delivering focus groups on Frailty and Primary Care Trusts. We will be reporting on this in the next few months.</p>	
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Next Citizens' Assembly 20th June 2019

20th June
 5th September
 7th November