

South West Citizens Assembly Notes of Meeting Thursday 27th August 2015

Taunton Rugby Club, Taunton

In Attendance	Apologies
Christine Teller (Chair)	Mac Merrett
Kevin Dixon (Torbay)	Claire Bullock
Pat Eagle (Gloucester)	Copies of notes to:
Gilly Gotch (Devon)	Carol Clark
Molly Holmes (Devon)	Debbie Pritchard
Simon Mathias (Wilts)	Diana Hall Hall
Ann Miskelly (Plymouth)	Pat Harris
John Miskelly (Plymouth)	Lucie Woodruff
Joanna Parker (South Gloucester)	Peter Rowe
Brenda Prentice (Somerset)	Albert Weager
Cliff Puddy (Somerset)	CEO and/or Chair of HW North Somerset
Graham Taylor (Cornwall)	Malcolm Watson
Sunita Berry (Assoc Director SCN & Senate)	
Sarah Redka (SCN)	
Dr Phil Yates (Chair Senate Council)	

1. Welcome and Notes of Last Meeting

Christine greeted everyone and welcomed Ann Miskelly back, Dr Phil Yates was introduced as the new Chair of the Clinical Senate/Senate Council.

The notes of the last meeting of the 28th May 2015 were agreed as an accurate record.

2. Matters Arising

Page 3 re, Claire Bullock writing to Healthwatch England to obtain assurances that HW is providing a wide patient and public engagement opportunities for feedback and representation. Claire has been seconded to another role and Sarah will support the CA to ensure continuity is maintained.

Action CT to follow up with SR outside the meeting

Page 3 Teleconference took place with SB, CT and JP to gather views relating to the Clinical Co-Dependency report and to aid the development of a briefing paper.

3. Feedback from CA Members

Torbay

- A monthly report is produced
- A comprehensive Health & Social Care Sign Posting Directory has been published and distributed widely (copies provided)
- Budgeting for Health Care in the community is being explored.

- A 6 year project which aims to reduce social isolation amongst the 50 plus generation funded by the Big Lottery (leaflet distributed to members)
- Mental Health problems are escalating, demonstrated by 900 people attending a local event. A Committee has been established which includes police, A/E, hospitals

Action: Lawrence Minors new Clinical Lead for Mental Health to be invited to a future CA meeting

Wiltshire

- Issues with pharmacy identified, wrong medication being dispensed, staff unable to get lunch breaks
- Patient access to GP's difficult
- Review of patients in Care Homes found to be socially isolated with limited interaction

Gloucester

- Hospital discharge report published
- Non urgent transport report produced
- Clinical Commissioning Group has provided 1.6 million for Cancer Services for the hospital trust with a C Quinn attachment to monitor activity and progress.
- Cancer workshops for Breast, Prostate and Bowel have taken place
- An event has occurred to raise Healthwatch awareness
- Long waits in OPD identified
- Meetings to discuss and manage Challenging Behaviour and Assisted Dying

PE mentioned a recent experience with Cornwall's 'Fairer Charging Policy' Respite care provided Sat-Sat there is a 1/52 charge but if you arrive Sun or Monday it's a 2/52 charge.

Action: GT will follow-up

South Gloucester

Work plan priorities currently being focused on are:

- Gypsy and Traveller communities
- Engagement with mental health users; funding from SG Public Health to run focus groups and hoping to engage 10 mental wellbeing champions
- Seeking views from people with visual impairment, and those who are deaf, deafened or hard of hearing
- Raising awareness of Personal Health budgets
- Enter and View visits to Care Homes; care of people with dementia
- Repeat a 3 day visit to NBT Brunel building (new hospital at Southmead) to hear patient and visitors views
- Ensuring CYP have a say on services they use (in particular CAMHS), and have developed a Young Persons Healthwatch

Main issues and concerns raised by members of the public in the last quarter are:

- Public transport problems accessing NBT at Southmead
- Lack of parking at NBT Southmead
- Poor staff attitudes affecting care (this needs further exploration)

- Frustration felt by people not being able to make timely GP appointments. This covers having to hold a long time before the telephone is answered in surgeries and having to wait weeks (one person reported 6 weeks) to get an appointment.

The enter and view work (11 Care homes visited in past 12 months) was submitted to Hw England for their 'Making a Difference' awards, and although not successful, was shortlisted to the last 8 out of approximately 100+ applications.

Devon

Involved in HW England Survey 'Safely Home'. 100 Healthwatches took part with 3000 patients participating. Five common problems identified

- Delays caused by poor co-ordination between services
- Left without support on discharge
- Felt stigmatised, not treated with respect
- Not involved in decisions about their care or given information
- Full range of needs not considered

Devon has shared their results with the CCG and NHS Trusts. HW Devon are continuing to collect basic information relating to discharge. 42 people fed back in August with 17 good, 10 bad and 15 so-so.

- First enter and view report published (Dartington) positive feedback
- Attendance at lots of County Shows plus future events
- MOT workshops (Honiton)
- Dementia Awareness(Crediton)
- Have Your Say—Mental Health and Learning Disability, Paingnton, Honiton, Barnstaple
- Polio Information Day (Totnes)
- Transport survey relating to health
- Changes to use of Community Hospital is still raising concerns within the communities and more consultation and events are planned
- Reported that there is a NHS Mandate being introduced which states patients must be informed on how to contact HW
- NDDH has been identified as the 4th best place to work in the country.

Bristol

CT is no longer a member of HW but has become a member of the CCG's Patient Experience Group looking at PPI, equalities and communications.

CT has been asked to sit on a Bristol CCG panel to consider applications for specific individual payments (IRF panel). She will be meeting the Chair of the CCG on 15/9/15 to discuss her involvement further.

Involved in bi-monthly UHB Patient Surveys (recently completed OPD survey at the Heart Institute. (Patients OK with waiting times beyond appointment, as long as this is identified/made clear at reception).

Involved in joint Bristol and Gloucester Mental Health visits. ~~DELETE THIS SENTENCE~~

Somerset

Monitoring suicide numbers (currently 4 per week)

CQC completed in depth mental health investigation which preceded a public meeting which was not advertised (HW informed Brenda), only 7 attended of which 5 had been prompted by Brenda. One patient was banned from the building (owned by MH Trust) not neutral ground. Some variation on how public meetings arranged, MH trusts responsible for providing list of people to invite/inform

Somerset HW have established a partnership supporting Stroke Rehab, Life after stroke and what's provided, following the whole journey.

Care.data will be ready to launch in September but a trial in Gloucester only managed to sign up 67 GP's, less than half

Plymouth

Training provided on 'Safe Guarding Health, Confidentiality and Enter and View.

Derriford has monthly 'Enter and View' arrangements which help to maintain reviewer's skills. Volunteers have tablets to record patient and public feedback but not popular, people prefer face to face, tablets a distraction.

HW developed 1 day pop up shops (£35 a day) to further engage with the community

Cornwall

Involved in issues re Mental Health Care

Community project, Pharmacy Access Study

Looking at Personal Health Budgets (individuals/advisors grappling with the rules) Changes unfolding re independent status.

Dr Phil Yates introduced himself; he has worked in South West for many years in a large GP practice, has been Chair of a PCT for 6 years and on the professional executive. He now chairs the 100 GP practices in the BNSSG area. Now looking at valuing and pushing more care in the community. It has been recognised nationally that there needs to be a link to all organisations including commissioners and providers to enable care to be provided x where people live. Dr Yates has a national role on the Federation of GP's who are concerned re access to Primary Care and its need to be strengthened. He has been on the Senate for 2 years and as Chair will ensure there are organised Agendas and enough lead time is provided for big projects e.g. A/E provision.

The group extended a welcome to Dr Yates to attend future CA meetings

4. Recruitment of Chair/Deputy

CT's tenure comes to an end in January 2016 so it is vital a Chair elect and Deputy be appointed to ensure a seamless transition. At present there has been no expression of interest.

A discussion took place and whilst it is possible for an independent chair to be appointed the group did not want to lose the skills and expertise developed by the members it was therefore agreed to extend the time until September 10th.

Action: Expression of interest to be sent to SR by 10/9/15. If there are no expressions of interest by this date consideration will be given to looking outside the CA for suitable candidates

5. Update SCN and Senate

Urgent Care Review

Integrated Urgent Care need to work more closely looking at GP out of hours, 111 service, ambulance provision, primary care, community.

Launch Swindon/Wiltshire Sept 11th, PCN 11th September

Action: SB asking her PA to send out details of the event(s)

The SCN and Senate is holding an annual conference on 27th November 2015, it will focus on the SCN work and progress. All CA members are welcome to attend.

Action: At the request of the CA, SB agreed that a member of the CA could join her in her slot to present the CA perspective.

The Agenda consists of the 5 year 'Moving Forward' plans, stake holder strategy for cancer and several 'break out' sessions in the afternoon, looking at e.g. problem solving, integrated personal budgets. Members were asked if they would help co –chair joint sessions with the Network Managers.

Action: SR to send out information re the event

6. Launch of Emergency Surgery Project-Update

A review, supported by the Royal College of Surgeons, on how Emergency Surgery is managed in the SW is taking place, and early evidence has shown that patients treated at the weekend do less well than patients who undergo elective surgery. A x work plan to review each unit is being devised and a project manager is to be appointed in September. Once completed a report will be compiled and a conference organised to share the findings.

7. Clinical Co-Dependencies

Discussions have taken place with NHS England and the National Assessment Team. The Senate has requested an implementation plan from South Gloucestershire CCG and a brief has been written.

The report for clinical co-dependencies of acute hospitals by the SE Clinical Senate has raised some concerns: x

- Insufficient engagement with the public
- Language used not plain enough for the public to understand
- Who was the audience, mainly related to professionals?
- Professional's perception and understanding varied
- Needs to be in an 'easy read' version
- Style of document, more visual

Action: Consideration be given to the development of a CA Project Planning group to look at the above issues. Contact SR if interested

8. Development of 7 Day Health and Social Care Services and the Senate Council Question

CA Members received the question on 26th August for consideration and is as follows:-

Giving due attention to issues of local clinical engagement and ownership whilst retaining focus on economics of scale, how will all health and social care communities move from their current provision of urgent and emergency care to meet the emergent national service standard?

The questions:

(SM took notes of the questions discussed/devised)

What services need to be co-located, consolidated or decommissioned?
Which sectors need strengthening and investment?
What is the work force redesign required to support the National Guidance?

Currently there is a big review on Trauma Services

A/E are affected by patients limited access to GP's, 111 often recommend patients go to A/E and 50% patients go to A/E under their own steam. The SW is also affected by tourists who attend A/E as first port of call (can double attendance in holiday season)
People are confused by what is available and who to access, e.g. what is a minor injury.
90% of people with dental pain go to A/E when a pharmacist is more suitable

A discussion took place and several points were documented.

Action: SM to send his notes of the questions to SR to send out to CA members followed by devising a Survey Monkey

Next Meeting: November 5th 2015, Location TBC