

## Notes from Citizens' Assembly Meeting

Held on 1<sup>st</sup> November 2018  
In Taunton Rugby Football Club

### Meeting Notes

#### Present:

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
Patricia Godfrey – Healthwatch North Somerset	Lance Allen, Healthwatch North Somerset
Ann Harding – Healthwatch BaNES	Gilly Gotch, Healthwatch Devon
Tessa Trappes-Lomax – Healthwatch Devon	

#### Apologies:

Clifford Puddy, Healthwatch Somerset	Sunita Berry – Associate Director South West Clinical Senate Chair
Nick Ramsey, Healthwatch B&NES	Sally Pearson – South West Clinical Senate Chair
Margaret Abban – Healthwatch Cornwall	Ellie Devine, South West Clinical Senate Manager
Malcolm Watson, South Gloucestershire	

		Action
<b>1</b>	<b>Welcome, introductions: feedback from Senate Council meeting and latest news</b>	
	<p>Round table introductions – attendance and apologies listed above. PButtle feedback on the successful Volunteer training day and that CA input was very well received.</p> <p>JParker sent apologies for the Peninsula Meeting.</p> <p>RPerry was able to update the CA regarding Isles of Scilly Healthwatch representatives soon to be in place (it is hoped they will participate in CA meetings via Skype). Bristol representation is also looking positive and there will hopefully be one new representative by the Jan 2019 meeting.</p> <p>RPerry wants to raise the profile of the SW Clinical Senate Assembly and will be seeking feedback and ideas from CA members.</p> <p>JParker gave a summation of the last SW Senate Council Meeting ( 27<sup>th</sup> September) around the topic of Colorectal Cancer and Pathways. The Council Recommendations will be circulated when complete.</p>	<p><b>ALL</b></p> <p><b>RP</b></p>

	<p>The collaboration with the Cancer Alliance (Jon Miller, South West Cancer Programme Lead, Cancer Alliance) in this Council meeting means that there is funding being made available to facilitate the rollout of some of the recommendations to improve the pathway and waiting times. JParker and RPerry are keen for the CA to participate in the Peer Review aspect of that outcome ( around using the rollout model in other Cancers' pathways). LAllen raised and KDixon concurred that the success of the recently introduced FIT120 Test is compromised as diagnostic tool because of the lack of take up by males. Increased positivity through social media to encourage their participation would aid increased take up. Encompassing Learning Disabled take up is also an issue due to the nature of the test, carers may not assist in its completion.</p> <p>JParker feedback on an event she attended in Manchester hosted by 2 Clinical Senates – they debated “what does good Public and Patient interaction look like. Her perception initially was that this was achieved through the Clinical Review process but it transpired it wasn't only that (please see JP's paper attached). An NHS Engagement Team is working centrally on this aspect.</p> <p>JParker outlined the Gunning Principles <a href="http://www.nhsinvolvement.co.uk/connect-and-create/consultations/the-gunning-principles">http://www.nhsinvolvement.co.uk/connect-and-create/consultations/the-gunning-principles</a> how applicable it still is.</p> <p>It also highlighted what a good model the SW Clinical Senate has ( inclusion of CA) the feeling from the event participants was one of they would really like to have the same set up.</p> <p>KDixon flagged the SW Patient Participation event taking place in Taunton 28<sup>th</sup> Nov. RP will send out the flyer again to CA members - ( subsequently there were no more places available).</p> <p>RPerry has completed the SWCS Annual Report for dissemination to Steve Powis amongst others. CA and its success and efficacy featured highly with a prompt, hope for the model to be adopted by other Senates nationally.</p> <p>There is a new Chair for Healthwatch, Sir Robert Francis, <a href="https://www.healthwatch.co.uk/news/2018-09-19/sir-robert-francis-confirmed-new-chair-healthwatch-england">https://www.healthwatch.co.uk/news/2018-09-19/sir-robert-francis-confirmed-new-chair-healthwatch-england</a></p> <p>RPerry will invite him to the 2019 SW Senate Assembly Conference. SWCS CA had no shortlisted posters for the 2018 National Healthwatch Conference Awards.</p>	<p><b>JP/RP</b></p> <p><b>RP</b></p> <p><b>RP</b></p>
	<p><b>Notes from last meeting</b></p>	
	<p>The letter to be drafted by the CA in response to MH sector status has been delayed in the light of the 10 Year Plan that has been published in the interim. The deadline to send in such responses was also extended accordingly and RPerry will update the CA when it is available.</p>	<p><b>RP</b></p>
<p><b>2</b></p>	<p><b>November 2018 Senate Council meeting: Urgent Treatment Centres (UTCs)</b> <b>Overview of CA's contribution: Patient Experience Library</b> <b>(see <a href="#">When to visit an urgent care centre</a> (walk-in centre or minor injury unit))</b></p>	

<p>In 2019 all Minor Injury Units will be rebadged Urgent Treatment Centres. This topic will be scrutinised and debated at the next Senate Council meeting 29<sup>th</sup> November.</p> <p><b>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?</b></p> <p><b>As part of your deliberations please consider the following:</b></p> <ul style="list-style-type: none"> <li>· <b>Clinical responsibility for pathway/s</b></li> <li>· <b>Skill mix, distribution and training of workforce</b></li> <li>· <b>Essential diagnostics and networks thereof</b></li> </ul> <p>RPerry gave an overview of invited Presenters; model examples of current networks so that options of the expected models within the change can be debated.</p> <p>A Solicitors' company representative is to input re Clinical Governance aspects; it impacts on equality of services delivered across all areas (rural v urban) e.g. which GP Practices extend their operating hours? Where UTCs are already operating in city centres mainly the uptake seems to be generationally accessed (i.e. very popular with young people).</p> <p>If any CA members would like to attend can you please contact RPerry to let her know to update the attendance list.</p> <p>KDixon flagged that he knows of some preparation work around UTCs at A&amp;E, Torbay Hospital and will try to get the data to be made available for the 29<sup>th</sup>. Interested in attending so far, LAllen (raised Hivewatch-impact on LD users) and JParker.</p> <p>It was expressed that A&amp;Es may not have appreciated their part in the loop of these changes.</p> <p>T Trappes-Lomax directed colleagues to access Patients Experience Library (also updated that Ex CEO Healthwatch Devon (Miles Sibley [MS]) now works for them.</p> <p>There needs to be clarity about points of access to X-Ray facilities as it has the potential to delay access to treatment in a timely way. Also will there always be a GP present all operating times as some procedures can only be carried out by or with GP supervision.</p> <p>Will there be a specifically trained, dedicated MH person available across operating hours? Adequate facilities e.g. Quiet Room availability?</p> <p><b>Overview of CA's contribution: Patient Experience Library</b></p> <p>T Trappes-Lomax reported back on her research into becoming a member of the library. Content is much 'Grey Literature' (MS ran an enquiry for T Trappes-Lomax and what it returned was very inaccessible in terms of understanding the returned results), Healthwatch Reports as well as patient contributions. The cost of accessing the library is still a sticking</p>	<p style="text-align: center;">RP/TT</p>
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	point; conversely with much crossover in content Healthwatch Library is a free resource.	
<b>4</b>	<b>Clinical Reviews updates</b>	
	<p>RPerry is keen to set up the 'buddying system' for CA representatives on SWCN Clinical Reviews but it was not appropriate for the current Clinical review re Healthy Weston (20<sup>th</sup> Nov) as the lead in time was so short in comparison to how Clinical Review timelines roll out. A training day/half day for CA members at the January CA meeting (?)/ additionally to the January 2019 meeting (?) is most probably the best way to progress that.</p> <p>KDixon flagged that having attended a previous review his own experience was that the pre reading and preparation was very technical and subject specific and he felt this did impact on his ability to comfortably contribute to the process i.e. make such things accessible to the lay person. His own process was read wider around the topic prior to the review.</p> <p>RPerry flagged that an update re 2019 SWCN programme of events will be circulated shortly for members to update their diaries.</p>	<p><b>RP/TT</b></p> <p><b>TT</b></p>
<b>5</b>	<b>NHS Nursing Workforce:latest facts</b>	
	<p>TGodfrey presented on Workforce planning. <a href="#">Workforce Planning in the NHS</a> Action: What SWCN/CA should be asking at <b>all</b> Clinical Reviews ~what are the Workforce plans regarding the specific topic?</p> <p>RPerry requested members send her the 5 top thoughts/questions about the 'crisis' in the Nursing workforce.</p> <p>LAllen flagged that the CCG Quality Strategy consists of 15 'areas' ~ Workforce strategy is not one of them.</p>	<p><b>ALL</b></p> <p><b>RP/ALL</b></p>
<b>6</b>	<b>Mental Health Link: Expert sessions: GP</b>	

	<p>NPennell gave an update to the members.</p> <p>3 main points to cover of a new Mental Health strategy:</p> <ul style="list-style-type: none"> <li>Steering Group Mental Health link – University of Plymouth and Gail Bridgeman. Next meeting December.</li> <li>Active participation with Plymouth STP specifically about <b>listening</b> ( social factors determinants of health (critical ingredient in early intervention) e.g. continuity of Outpatient attendance.</li> <li>GP Experts session – proposal of a ‘Question Time Panel’ comprised 3 experts ( GP, Psychiatrist, MH Service User) to drive the direction and quality of the debate; To feed into process of reducing MH issues naturally become long waiters.</li> </ul> <p>NPennell is keen to encourage get this third strategy up and running as soon as possible aiming for rollout in possibly March 2019. Amelia Randle (GP Senate Council member) is very keen to participate too. RPerry will Liaise.</p> <p>LAllan flagged that N Somerset Healthwatch can report that CAHMS referral averages at a 46 week wait to get access to a MH Professional. It is hoped the new Schools strategy around MH will encourage a self-referral by young people and an increase of support online.</p> <p>PButtle was able to report that Healthwatch Wiltshire has won an award for the School Peer Support scheme launched there (Youthwatch Wits). It is an exemplar of a proactive approach at a low cost.</p> <p>He also attended a workshop arranged by Healthwatch York ‘Art With Heart’ Sarah Emmett –which was very affecting. RPerry thought this might be a good slot for the Senate Assembly Conference.</p>	<p><b>NP/RPE/AR</b></p>
<p><b>6</b></p>	<p><b>Our Vision ...continuing discussion</b></p>	
	<p>We are aiming for:</p> <ul style="list-style-type: none"> <li>A solid foundation</li> <li>An effective link with other (clinical) networks</li> <li>Better use of social media</li> <li>Evidence based experiences from patients (Healthwatch Library access included)</li> </ul> <p>( asked where the data collected by CQCs ‘goes’- is it in the Public Domain?)</p> <ul style="list-style-type: none"> <li>Stronger links with Senate business e.g. more CA participation in Clinical Reviews driving forward the more understandable to Lay Person aspect and the Workforce to support any changes issue</li> <li>Training Day(s) to facilitate that</li> <li>Raise profile through Publication ( e.g. NHS Digital) KDixon flagged that this may highlight themes with other Senates lead to greater collaboration.</li> </ul> <p>It is essential that it is clear that the SW Citizens’ Assembly business is not the same as Healthwatch’s – it is a raising awareness brief, not providing</p>	

	<p>outcomes. Other regional Healthwatches do not fully understand the efficacy of the SW Citizens' Assembly. When members liaising with other Healthwatch members nationally raise what the CA model in the SW looks like and where it fits in in the SW Clinical Network it is looked at as best practice and good 'corporate' way for Healthwatches to be more impactful in their areas' NHS Services. Also important to decide 'who our audience is' to be most effective and this informs the platform that we would raise our profile. JParker will research around suitable platforms.</p>	<b>JP</b>
<b>7</b>	<b>Regional Conference preparation: New Technology: introduction/overview</b>	
	<p>The SW Senate Assembly Conference is on 7<sup>th</sup> March 2018 at the Mercure Rougemont Hotel, Exeter.</p> <p>Topic is around What is Artificial Intelligence (AI)?</p> <p>Quick wins using AI</p> <p>How will AI impact on patients ? " The computer will see you now.....</p> <p>Currently due to resistance of embracing what is already available from some clinicians there isn't a good data set of evidence around these questions.</p> <p>It is seen as weighting towards patient empowerment which isn't necessarily what the Medical Profession are ready for.</p> <p><b>NHS App (see LAllen <a href="#">Presentation</a> )</b></p> <p>This is up and running and there are some concerns that patient intelligence that would otherwise be fed into the Healthwatch system will instead come into the system through use of the App.</p> <p>JParker asked LAllen to prepare an A4 one side CA proposal for the attention of Imelda Redmond, Healthwatch National Director to raise profile through a link within the App to Healthwatch website. Liaise with RPerry re circulation and this action.</p>	<b>LA/RP</b>
<b>8</b>	<b>Healthwatch updates</b>	
	<p><a href="#">Healthwatch Cornwall</a> KDixon Discussion around CA role and AI introduction – sourcing funding from bodies supporting greater Patient involvement.</p> <p>Healthwatch North Somerset LAllen- update on tendering for funding. CCG has been told it has to produce a Quality Strategy- HW NSomerset will be involved in the consultation although no brief has been provided yet.</p>	



<p>Are other Healthwatches involved in this in their areas?</p> <p>Update on CAMHS –major priority at a public meeting to address MH issues. £150k had been ‘earmarked’ for CAHMS services but ultimately wasn’t spent on those services.</p> <p>Healthwatch Plymouth NPennell – funding up until the end of March 2020 contract will be rolled on with existing budget until then. 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. 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. 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 2 staff members left in the summer including a volunteer member; these have now been recruited to and also the process to recruit their CE has started. As well as these changes how they rollout has been changed. After the slow summer due to the staffing deficiencies input is starting to pick up again – Dental Practices, GP Practices. The AGM was recently held. Meetings were held in collaboration with South Gloucestershire and Bristol groups around Community Health Services; where these mergers are happening local services will be streamlined. Healthwatch are hoping to persuade Elaine Cook, CE Devon Community Together to stay on beyond December until March 2019 and the uncertainty then in regard to funding.</p> <p>Have been looking into ‘Loneliness’ and impact on health and ran a photographic campaign around what do you understand about loneliness and have a p/t researcher collating what is collected to feed in to the national strategy. Mainly going forward are trying to involve more volunteers to enable the level of workplan to continue.</p> <p>Healthwatch Wiltshire - PButtle Reported that they are receiving up to date newer feedback from people attending related external groups. A database has been established and proving very useful.</p> <p>Continue to promote the democratic nature of Healthwatch to aid recruitment of genuine volunteer contributors.</p> <p>Healthwatch South Gloucestershire - JParker</p>	<p>RP</p> <p>JP</p>
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<p>Funding from March 2019 is out to consultation.</p> <p>They too have been involved in their local Health and Wellbeing Board. They held a Learning Disability event. Ran a series of focus group events around older people with South Gloucestershire Council.</p> <p>Healthwatch B&amp;NES AHarding        New Contract is slow. There is some input from Virgin Care with a meeting having taken place with their Chief Executive resulting in Healthwatch possibly being invited to attend their quarterly Quality meeting.        It would seem to work for both parties as Virgin Care need to build in more public participation in their service rollout and it fits with Healthwatch's brief to widen public participation.</p>	
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**Next Citizens' Assembly 2019**

- 10<sup>th</sup> January
- 25<sup>th</sup> April
- 27<sup>th</sup> June
- 5<sup>th</sup> September
- 7<sup>th</sup> November

DRAFT