Notes from the Community Partnership Forum meeting 26 July 2017

Declaration/conflict of interest – none

There was a request to the CCG from attendees and the Chair that when sending out future notes which have documents embedded, that we print these off and take them to the meetings.

Terms of Reference discussion

A discussion around Terms of Reference (TOR) took place and it was noted from one member that his feedback had not been reflected in the amended TORs. The Chair expressed the importance of ensuring feedback is taken on board in a consistent way. There was also mention around having a longer term plan for our agendas to avoid them being sent out last minute. The Chair reassured members that this was something we were all trying to develop and work on. Reassurance was also given around future planning and agenda setting involving others such as lay members and not just the Chair or CCG staff.

In principle, the amended and updated TORs were agreed during the meeting. A request was made for the CCG to avoid using acronyms.

The following question was asked by a member around whether CPF ran parallel to Patient Assembly.

Question: *I know that Patient Assembly represents 15 surgeries but are they not doing the same thing? I'm not sure what the differences are because it sounds as though they are all doing the same thing?*

This question was answered by Karen Maskell who stated the following: CPF is the only vehicle at present which works across all three CCGS bringing together councillors, CCG staff, clinicians, patients etc. It's a much broader stakeholder meeting that happens. Whereas the individual Patient Assemblies happen within each of the CCGs and are currently being worked up to be slightly different. Karen stated that they would be more focused on more specific areas within the individual CCGs as opposed to CPFs which is across a wider footprint.

There was also a question raised around could all such forums not be linked together as there was already a struggle to get patients involved in their own PPGs? Karen explained that it was beneficial to offer as many channels as we could and that it was up to individuals to choose what they wanted to get involved in.

The Chair acknowledged that specific topics 'hot topics' discussed and shared at CPF could influence the number of attendees such as tonight where there was a good turnout due to the Urgent and Emergency care discussion.

There was a question raised around whether CPFs were for members only or whether they were open to the public. Adrian Hayter, who was present on the night, explained that such forums had always been open to all.

A question was asked around how the CCGs fed back to people taking part in CPFs? The Chair said he hoped people would return to CPF meetings to get feedback and not just attend as a one off, however if a query came in via email we could respond as we had appropriate contact details. If that wasn't happening he would like to know.

Future Plans for Urgent and Emergency Care in East Berkshire presented by Rachel Wakefield – Associate Director Associate Director – Urgent and Emergency Care and Specialist Services

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e-presentation-cpf.pdf

Q – Traffic light system, when making a 999 call, sounds great but will it help? Are records available to everyone?

A –Share your Care, is a care record, so the person taking the call will know more details about you, different points in time when more information becomes available. This is all a long term goal.

Q – Bracknell surgeries struggling to get GP's to come and work for them. Concerns over increased population (in local area) and not enough resources. Burn out of GP's. How is that going to be dealt with?

A – Workforce is biggest risk and biggest challenge, takes time to get the right trained workforce in place particularly in the care market.

Q – How do the general public choose which place to go to? How many people really understand as lay people and professionals what the difference between urgent and emergency care is? Do the patients and professionals think the same? So many initiatives and still confusing.

A – The purpose of the workshop is to debate and receive feedback on what the public consider urgent/emergency care and how to persuade people to go to the right place, and that they're doing the right thing by going there. Generally Emergency care is life threatening, Urgent care is acute illness, so response within a couple of hours but not immediately to stop you dying.

Q – How many people got ambulances to A&E? Important to know as the paramedic is on your plan. RW has said she will improve the paramedics care and that they can then do more, however this intensifies the workload and they are already short staffed and over stretched. Will the CCG ensure that when they commission it out to private companies will they be choosing companies that pay pay increases and look at workloads?

A - CCG does not commission the service to private companies. The service provider is SCAS and if they need to sub contract the work they have to do that within the agreement

which we have as part of the contract and have to have certain assurances in place. But they have changed the paramedics training, it's now a green based force, so it's a longer process to getting paramedics in so there's been a little bit of a hiatus where they've had to change the education programme to get more paramedics in.

Q – In the stats at the beginning there was no mention of community nursing workforce or heart failure nurses or COPD nurses.

A – Only so much that can fit on a slide but total acknowledgement that they are a core part of the workforce

Q – 2% increase in A&E attendance, could this be down to lack of access to out of hours services or difficulties in getting a GP appointment.

Q –Some of the priorities you are mentioning as a strategy, I could not believe that they were not already happening, so what is the change going to be unless it's an increase in staff (GP's, Nurses).

A – Some work already being done in those areas, although not quite at the level of transformation change that they need to make the change going forward.

Q – What is the cost to the NHS, locally and nationally of Do Not Attend appointments? Figures not published. Challenge the public more over the cost of DNA's and where that money could be better spent.

A – Acknowledgement of a good point

Workshop Feedback

How do we currently access Urgent Care

- 111, GP's, Bracknell Urgent Care Centre in terms of minor injuries, A&E, Walk in Centres, Nurses and Mental Health
- 111 services, GP, going to A&E, walk in centres, use of the these centres based on previous experience at each one in terms of how much trust there was in the service. Looked at definitions of what was understood as being urgent or emergency - stemmed from the personal experience of the individual who had definition of whether it was felt need, enormitive need or crisis at that particular time.
- 111, would you use 111, how you would use, probably call GP first, opening times, based on time of day If the doctors surgery was shut would call 111 or go to A&E, or Urgent Care Centre, definition of Urgent Care changed based on time of day. Nearest point of care, if A&E is closer choose to go there. Out of hours, and extended hours discussed.

What is the public's knowledge of what Urgent Care is? / How can we help the public to choose the right place to go for their needs?

- What has happened to a patient in the past, understanding different CCG's and how they work differently, passing on information from friends and family, people ask where is my medical record kept, people ask what is an emergency, what is urgent care, point of access, adequate training for all staff, patients feeding back to CCG's about what is and isn't working. Also there is somewhat of a negative connotation around the topic of urgent care.

- Important to simplify language, drip feed effect rather than drip feed information, teach the children, use a variety of communication channels different things suit different people, the right message tailored using the right messengers, there are certain people who can cascade messages more effectively than others, based on own beliefs and values etc. Discussion on digital / app to access urgent care, initial reaction over 50's didn't use digital/internet but final agreement people from all ages and backgrounds do use the internet however a combined approach should be considered, not just digital or leaflets, also community leaders / champions.

- Public Health Leaflet, traffic lighting, educating people, repeating the message, more mail drops, consistent message, social media

Questions raised during the workshops

Q – What was the difference between out of hours care and 111?
Q – How do we access mental health services, quite different to health services?

RW – really helpful feedback, no point making changes if we don't have the right work force and the right technology, and how we put those two pieces together, public access to services who prefers social media, who prefers leaflets, if you've had a bad experience it does effect if you want to go back there.

Q – What happens if computers go down, is there going to be a back up system?

Discussion on how well our local services coped with the recent cyber attack.

Q – When minor injuries moved out of Heatherwood there was uproar because people hadn't been told where to go instead, earlier more consistent messaging about alternative services such as 111 so the public go on the messaging journey from the start, and not just have to accept a change when something is about to happen.

HealthMakers Presentation – Dawne West & Karen Maskell

HealthMakers is now available across the whole of east Berkshire.

Self-management courses – 2 years in B&A, improves people's confidence to self-manage, community building, 4 key areas:

- Self-Management Courses
- Facilitators – anyone can train having been through a course
- Peer support
- Patient Partners identified for leadership training

Future plans – courses run in Slough & Maidenhead, Facilitator courses, Patient Partners identified,

Need help from the community to encourage people to look into HealthMakers

Q – Why aren't carers allowed to attend? Especially the spouse.

A - The point is about self-management and changes the dynamic if careers are in the room, but the ideal would be to have a course dedicated to carers as well.

Q – CPF Attendee lives in Datchet and hasn't heard anything about HealthMakers despite living in east Berks.

A – Adrian Hayter, this is something that will be staying, it has a whole team behind it and will be encouraging all practices to promote

Q – Various other support groups currently run? Is this meant to replace them?

A – HealthMakers is not about replacing groups that already exist, more to provide a middle ground where we can signpost people to the appropriate places. HealthMakers puts all 4 elements together (as above).

Q – From previous HealthMakers attendee, who had attended with someone with mental health issues who did not complete the course, will mental health be part of the group in future?

A – There are other options for mental health available in addition to HealthMakers, however it's about doing what you feel is right for you at that time, which may be HealthMakers, it may be an alternative. The HealthMakers team is working hard on explaining what the course is, what else is available if they don't feel HealthMakers is suitable right now, to make sure they get the patient journey right. Living with a long term health condition will bring its own element of mental health, which is covered.

AOB

Q – From United Union, NHS sector & NFP, received a lot of phone calls from Slough Health Visitors & community nurses about Solutions for Health who have won the tender in Slough. List of questions from Health Visitors that need addressing, what is currently available in public consultation and could all the Health Visitors and community nurses get together to discuss with the CCG about the decision making process?

A - Jim – CCG's don't commission everything, the local authority commissions quite a lot of services locally, Slough Borough Council commissioned their public health department, they then commission services for HV and school nurses from within that. This was a decision taken within the Local Authority who are under huge national pressure, every local authority is feeling the reduction in spend, has to use its reduced means to make the best use of its resource for its population. Slough Borough Council have taken this decision and they haven't taken it lightly. The process was faultless as far as I can see, if people have a problem, its best to speak to the public health department through the local councillors, a number of them work on health or through the Public Health Associate Director in Slough. Solutions for Health don't have a history of providing these types of services in relation to children, but they do have a very strong record locally of delivering the services that have been offered to them like smoking cessation and Falls assessment service. They are regarded locally and probably nationally as a very good provider but the staff involved who are concerned should speak to Slough Borough Council and speak to the people there who were part of the commissioning service.

- CLOSE -