Meeting of the Community Engagement Partnership

Monday 12 February 2018
5.00 – 7.00pm
Endeavour House

PRESENT:

Vicky Thomson-Carr	Co-Chair	VTC
Lynda Cooper		LC
Gill Orves	Co-Chair	GO
Pauline Quinn	IESCCG GB Lay Member for Patient & Public	PQ
Richard Squirrell		RS
Caroline Webb	Involvement	CW
Claire Martin		CM
Gill Jones	Healthwatch Suffolk	GJ
Mike Hope		MH

IN ATTENDANCE:

Maddie Baker-Woods	Chief Operating Officer, IESCCG	MBW
Isabel Cockayne	Acting Director of Comms, EEAST	IC
John Troup	Acting Head of Comms, IESCCG & WSCCG	JT
Marielena Giner	Patient & Public Involvement Officer	MG

APOLOGIES:

Susie Mills		SM
Tony Bone		TB
Alastair McElroy		AM
Jo Marshall	Voluntary Sector Representative	JM
Linda Hoggarth		LH

This was a closed meeting.

No	Item
1	**Welcome and apologies**
	Declaration of conflicts of interest
	GO welcomed all to the meeting. There were no declarations of conflict of interest.
2	**Review of previous minutes for accuracy**
	Action Log – review and report on actions
	The minutes from the CEP meeting held on 08 January 2018 were agreed as an accurate record. It was noted that the finish time was 7.00pm and not 6.30pm. The Action Log was reviewed: **Rheumatology wait times:** PQ raised that the patient experience differed to that reported. GO has raised the issue at the hospital; the root cause appears to be staff shortages, which are now being addressed. MBW confirmed that the 22 week wait was indeed for new referrals with a goal of 18 weeks.

	Action: MBW advised for MG to pick this up with David Egan. **Hand sanitisers:** Highlighted by RS, MBW reiterated that the CCG had asked all surgeries to include hand sanitisers in their practices by sending out information to the practice managers. RS asked if a sign could be displayed next to the screens to remind patients to wash/clean their hands after signing in. ***Action: CCG to raise with PPGs to also encourage practices to have sanitisers as close as possible to the screens*** **Drug classes:** This action should have stated Controlled Drugs. RS expressed concerns at seeing the doctors every time you needed a prescription if these drugs became Controlled Drugs. MBW said this was necessary monitoring to ensure patient safety. RS worried that this was going to increase Doctor workload and could also cause problems in the support available to take patients off the drugs. Was there help for patients with this? MBW confirmed that pain management services were in place and patient leaflets were in the early stages of development. ***Action: MG to ask Cat Butler or Linda Lord about leaflets and to check the outcome of the national survey on this issue*** Care Market Review: CW was in renewed contact with the Contracts team about the review. Action closed. Patient involvement in the wheelchair and community equipment work: Linda expressed concerns at the lack of patient involvement, this is the same at Ipswich Hospital. ***Action: MG to speak to Linda and then with the Contracts Team to ensure appropriate follow-up*** Trusted assessment: Volunteers identified. RS would like to go but needs support with transportation. MBW advised that that usual support with transport for such meetings could be provided. Training for patient involvement at funding panel: MG has emailed Chris Hooper for dates IT training for CEP Members: VTC had had training today, which was excellent. Others did not wish to pursue. Action complete. Head of communications for STP: IC confirmed this is now Simon Morgan – changed to complete on log. Well-being service – This action remains outstanding.
3	**Member Updates and Current Issues**
	GJ: We would like feedback from NSFT. Time to change going well. RS:

	Well-being website still not sorted out. Clear accountability is needed for this issue. MG and JT advised that this is progressed through contract meetings. RS expressed his main concern was the lack of patient involvement from NSFT – they were not responding to service users. PQ advised that JT had a conversation with CCG Mental Health Leads. ***Action: JT to discuss and feed-back accordingly.*** MH: The East of England Rehab Network had met last week. Future options for the network were discussed within an STP context. Jo Marshall spoke about the excellent dementia project, which Sue Ryder was part of. This included support for individuals and family members. MH reiterated his request for a discussion about integrated care systems. JT advised that Ed Garratt is committed to this within the next three months. MBW commented that our local approach was founded in the Alliances, made up in each locality of the acute hospital, the Suffolk GP Federation, NSFT and the Council. The focus is on local collaboration to deliver the joined up care, which patients and staff need and want. RS asked if this 'working together' would be a contractual requirement as providers may not adhere to this. CM: Will be attending a conference for the Wellbeing Act revision and would feedback once attended. LC: LC reported very positively about the care navigation training; many elements of which the practices were already operating.
4	Ambulance Service
	Isabel Cockayne presented an update on the Ambulance Service. The below statistics and information was shared; The area is made up of: • more than 5.8 million people • 7,500 square miles • 19 CCGs • 17 acute trusts **In 2016/17 the Trust:** • received 1,140,394 emergency calls • handled 531,614 non-emergency patient journeys **Our resources and teams include:** • 324 front line ambulances • 202 marked response cars • 175 non-emergency ambulances (PTS and HCRTs vehicles) • 46 HART/major incident/resilience vehicles • more than 130 sites

	• three emergency operations centres (EOCs) (Bedford, Chelmsford and Norwich) • more than 4,000 staff and more than 1,500 volunteers. Our total income in 2017/16 was more than £247 million. In the run up to Christmas there had been a period of planning which was signed off by the CCGs. There was an extreme period of pressure and the high levels of demand resulted in a number of serious incidents which were currently being looked into including by the Coroners. The Ambulance Service was particularly concerned about the delays of ambulances in leaving hospitals. This was one of seven actions, which the Service and system partners were systematically trying to resolve this. This would inform immediate and future planning. The Service was working very hard to meet staff shortages. The Ambulance Service was seeking additional funding. A CEP member referred to a patient who had been advised that it may be quicker to drive to hospital rather than wait for an ambulance and asked whether this was a usual policy. It was confirmed that depending on the clinical circumstances, this may be the best advice. The whole question of accurate data and reporting in the press was raised. IC advised that there were discrepancies in the data and this was a further key area of focus. There were 4 different levels that people are assessed at on a 999 or 111 call – Category 1 – most life threatening, this makes up approximately 2% of calls received. Category 2 is approx 20%. Category 4's aren't issued with ambulance visits or recommended to attend A&E but given alternative advice. The issue of shift length was raised with a view that 12-hours was simply too long for an individual and this may be adding to difficulties in staff retention. IC said staff have made this choice, which most prefer as it fits into their lives better. Late finishes and difficulties in taking meal breaks are issues which impact on staff wellbeing and need to be addressed as staff wellbeing is paramount. A question was raised about how growth in local housing was taken account of in planning. MBW advised that the CCG and NHS England reviewed such data and worked with providers to take this into account when planning services. IC noted the important role of working within communities to prevent ill health; develop knowledge of health issues and how to use health services best. IC was thanked for her presentation and the Q&A session.
5	Record sharing update
	John Troup presented an update on record sharing: • The CCGs have been working with patients and partners since summer 2017 to increase the number of people consenting to share their health records. This was important as it saves time for health professionals, particularly in

	urgent care situations. Whilst many patients assumed the record was shared automatically and already, this was not the case and explicit consent had to be sought • Numbers consenting had increased from 50,000 in Oct 16 to 175,000 by December 2017 A Summary Care Record had basic information on that was useful for NHS clinicians, showing if you had allergies, including life-threatening ones, and listed medications; "Additional Information", enabled major health problems, vaccinations, operations and information on how you would like to be treated to be added. The full record enabled full information to be seen. Staff must still ask for your permission before they look at your record. Three ways of increasing consent • Patients asked during care • Partner/public events such as Feet on the Street and through the work of the CCGs/PPGs • Development of new tools – consent form on CCG website The public campaign would include: • Creation of dramatic 'Call to Action' images for use on street level ads (bus shelters/digital forecourt displays, posters and flyers etc • Video for GPs featuring consultants talking about how useful it is to them when records are able to be shared • Pop-up banners for every GP surgery/t-shirts for surgery staff • Social media campaign (paid for ads) on Twitter and Facebook Members made the following suggestions: An opt-out system, JT advised this would be the ideal scenario but legislation prevents this at the moment. Engaging pharmacies – this was agreed GP practices emailing or texting patients – this would be suggested Use of facebook and other means of social media. – this was in progress. Use of a prompt on the check-in machines or websites or on the prescription paper. This would be promoted Promotion within A&E departments – this would also be proposed Workplace and school promotion – this would be explored Translation – it was noted that materials had been translated into several languages for Feet on the Street and these could be re-used ***Action: investigate ideas put forward for record sharing campaign. JT/MG***
6.	**Comms update**
	John Troup gave a comms update:

- **Stay Well This Winter** messaging including **'Think Pharmacist', NHS 111, 111 Online, self-care messaging (medicine cabinet contents), flu jabs, Xmas and NY pharmacy opening times & advice for asthma sufferers** communicated via media releases, website, social media, Points of View (IESCCG) and Health Forum (WSCCG) newsletters, partner organisations, stakeholder letter to parish councils and postings on Mumsnet Suffolk. *Re 'Think Pharmacist' – NHSE says 18 million GP appointments and 2.1 million A&E visits are being taken up by patients with conditions that could have been treated at home.*
- **Stay Well This Winter** letter sent to all GP practices to print out and hand to patients (GA). Copy detailing advice around winter messaging provided for GP websites (JT).
- Media coverage facilitated included BBC Suffolk interviews with Dr Shenton on **flu jabs** and winter messaging coverage in the EADT/Ipswich Star.
- Production of the C-fold wallet and purse friendly, concertina-style 'Care Advice Cards' which have been distributed widely via 4YP, IHUG and others.
- Boosted Facebook adverts on Christmas Day, Boxing Day and New Year's Day regarding on-duty pharmacies. In December 2016, such postings reached just a few hundred people but this year we reached 7740 on Christmas Day, 2514 on Boxing Day and 6954 on New Year's Day. The ads cost just £20 for each boost.
- Postcards promoting availability of extra GP+ appointments distributed to libraries across Suffolk (excluding Waveney) by Vertas.
- Current campaign promoting **NHS111/111 Online** on petrol pump nozzles at supermarket and high street forecourts.

CW asked if we are getting any information on how people end up at A&E? I.e. were they advised by a pharmacy or 111? Are patients using their pharmacy as a first point of call? It was noted that an increasing number of pharmacists are now training as prescribers.

Action: MG to find out how many pharmacies are independent and where they are.

7. Any other business

CW: Ipswich A&E were on the national news last week which is very positive, do they communicate with the CCG on media coverage and positive news like this?

JT advised that yes they do. The comms team at Ipswich Hospital stayed in touch with the CCG comms team to ensure they were sharing information. IHT often asked CCG comms for 'mutual aid' support.

Action: CEP to be copied into major press releases in future

It was advised that the terms of some CEP members were drawing to a close. Each member would be contacted individually.

	Requests for future agenda items included the Burtzorg model of care which is being trialled in West Suffolk. A question was raised about whether the flu vaccination could/should be offered more widely. ***Action – David Kanker (MG to ask MBW and find out)*** A question was also raised about how long term care is provided to patients needing mental health support in the same way as it is committed for patients needing dialysis for example. ***Action – a senior representative from NSFT to be invited to a future CEP to discuss*** It was noted that the Endeavour House reception needs details of all CEP members and CCG staff. ***Action: JT to ensure reception have CCG staff details***
8.	**Next Meeting**
	Monday 13th March 5.00pm – 7.00pm The Key, Ipswich.