Bath and North East Somerset, Swindon and Wiltshire Clinical Commissioning Group

# Swindon Patient and Public Engagement Forum

## 4 November 2021 | 13:30 – 15:00 | Virtual meeting via Zoom

**Present:**

| Name | Initial | Job title /role |
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| Julian Kirby | JK | Lay Member for Patient & Public Engagement, BSW CCG - Chair |
| Ruth Atkins | RA | Head of Public Engagement and Insights, BSW CCG |
| Lee Rockingham | LR | Engagement Officer, BSW CCG |
| Donna Peake | DP | Public Engagement & Insight Manager |
| Caroline Holmes | CH | Deputy Chief Operating Officer and Deputy Director for Community Transformation, Swindon locality |
| Martha Cox | MC | Independent Engagement Consultant |
| Harry Dale | HD | PPG Chair North Swindon / Member Healthwatch Swindon Volunteer / member Primary Care Committee BSW CCG |
| Jonathan Sheldrake | JS | Member of the public |
| Roy Worman | RW | Member of the public / Medvivo Group of 50 |
| Moya Pinson | MP | Healthwatch Swindon Volunteer & member of PPG Forum at Ashington Way Surgery |
| Nazma Ramruttun | NR | Healthwatch Swindon Volunteer and member of Victoria Cross PPG |
| Susanna Jones | SJ | Chief Executive Officer of Swindon Carers Centre |
| Sue Carvell | SC | Consultant with Brunel Federation Group |
| Steve Barnes | SB | Trustee of The Care Forum / Healthwatch Swindon Volunteer Advisory Board / Chair of PPG, Taw Hill, Swindon |
| Norma Thompson | NT | Chair of Swindon Seniors Forum (SSF) / Healthwatch Swindon Volunteer / Chair of Eldene Surgery Patient Participation Group |

**Apologies:**

| Name | Initial | Job title /role |
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| Siddarth Patel | SP | Chairman of Hindu Samaj Swindon |

| 1. | Welcome and Apologies |
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| | JK welcomed the attendees to the meeting and introductions were given from those attending the meeting for the first time. RA introduced Donna Peake to the group as the new Public Engagement and Insights Manager. |

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| | LR listed the apologies. |
| **2.** | **Declarations of Interest** |
| | JK asked members to declare any interests. No declarations of interest were given by the group. |
| **3.** | **Update on the Swindon Locality and ICS and Shaping a Healthier Future** |
| | CH introduced herself and shared her screen to display her presentation which was also circulated prior to the meeting.<br><br>CH explained that across England new Integrated Care Systems (ICSs) are being set up, with one being set up across BSW which is not statutory until April 2022. Currently, there is a health and care bill going through parliament which will supersede this. This sets out health and care at place based with a range of partnerships, because people access a wide range of services across their areas. This will be referred to as an Integrated Care Alliance (ICA) bringing together a range of partners including SBC, GWH, GPs, AWP and voluntary sector organisations, and Healthwatch. A new committee will form to plan and deliver services locally from April 2022.<br><br>CH was unable to share a short video within her presentation explaining what an ICS is and the approach to place-based partnerships – she advised forum members to review it in the presentation which was sent out. CH advised that residents/patients are living longer and leading healthier lives, but alongside this there are those that are dealing with multiple health problems, so there is a need to work with partners, the local community, education and housing. CH explained that the change in legislation means if we want to tackle this together and need to work more formally.<br><br>CH advised that the new ICS format being rolled out nationally is showing good outcomes and relationships. This is highlighting the need that health providers and commissioners need to work together to formulate and work towards a set of objectives. Historically, this has been a competitive process, but this is no longer the case. CH explained that the ICS will help to simplify and use budgets across the organisations and highlights how to use them more effectively.<br><br>CH gave a brief overview of health of Swindon. CH used the example that in deprived areas, women can live 12 years less, with men 14 years less than other areas across Swindon. CH advised that the aim is to improve health across these areas. The health service contributes a part, we know that education, housing, transport etc also contribute. CH also explained that hospital services funding will move to local areas.<br><br>CH explained that GP practices, the wellbeing hub and locality hubs are examples of place-based areas working together to meet patient needs at a local level. CH confirmed that services which come together to plan together, better meet the needs of |

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| | the patients and deliver local services more efficiently. Reducing health inequalities, e.g., smoking and healthy weight are also a priority. CH advised that sharing resources, use of funding, use of staff and systems on projects and within services will make the best time and use. Greater sense of team working and purpose to support people in Swindon.<br><br>CH confirmed that a supported vision is being created by the Local Authority through the Health and Wellbeing Board and the professional network of organisations to help think about health and care services.<br><br>CH asked the group if they had any questions that they would like to raise:<br><br>HD: There is a wider session with Healthwatch members 15 November.<br>**Action**: HD advised that he would have a number of questions following that meeting so will put these in writing and send to RA.<br><br>RW: If we take the Swindon model how does it fit into bigger picture?<br>CH: The good thing about health care model, is that what resonates in Swindon also resonates across BSW. It matches up with other area's needs too. We want to promote using technology where appropriate improving health across Swindon. In Swindon there are some areas we will focus on where we have shorter life expectancies, i.e., smoking, diabetes, weight and obesity all of which has a major impact on life expectancy. We also want to work on support for obese children and how we can improve their health in Swindon.<br><br>RW: Using data, are you basing your model on what has gone wrong in the past and how can we use this to measure improvement?<br>CH: If we want to focus on specific activities, the Public Health team in Swindon are helping need a set of measures. How do we measure in the short term and longer term? With Healthwatch we are gathering people's experiences of health and care services and tracking this over time. Questions gone out in a survey from Swindon Borough Council to the public to help set a baseline.<br><br>RW: Communications is the weakest link in NHS. How will these partners talk/work together as the systems don't talk together at the moment?<br>CH: There are lots of good examples of where we are working without IT, it just takes more effort and organisation, but we can work together without integrated IT systems. Longer term aim is that staff can share inform across teams more effectively. The number one annoying thing is not being able to see other diaries and critical information. However, we must work within the information governance remit.<br><br>MP: A reminder of where the council and other people have been involved in the past. An example of this would be swimming pools were it was only £1 to get in, but this is no longer happening. Also, health walks have now stopped. MP explained that Health Walks have closed down in some areas, as well as libraries closed down. |

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| | CH: I have taken a note of these. We are working closely with health and improvement team will take these back, thanks.<br><br>MP: How do we turn the model of heath from a vision into reality?<br>CH: The care model was started by CCG before COVID and priorities were published for health and care services. The pandemic came along, and it felt the right time to refresh the early thinking and bring it back out to everybody to see how we might change services and support the community.<br><br>CH handed over to MC who addressed the group to discuss the Shaping a Healthier Future project.<br><br>MC explained that she is an independent engagement consultant, who is talking to people across BSW about how the public view the proposed new health and care model.<br><br>MC shared her screen and gave a presentation regarding the Shaping a Healthier Future project. MC advised that there will be opportunities for people to get involved over the coming months, and that today is being used to highlight and introduce the project. MC advised that the project launched on 2 November 2021 and runs for the next 6 weeks, up until 14 December 2021. MC advised that the engagement aim is to raise awareness for local communities, confirm and explain the key principals and explain the impact on those with health inequalities.<br><br>MC advised that there will be a blended approach for the engagement, with some digital online engagement and some in person engagement opportunities, as well as the production of offline materials such as posters, leaflets and a written survey.<br><br>MC explained there is a limited timeframe with this project, so the focus will be on health inequalities.<br><br>MC advised that she is working collaboratively with partners within the voluntary sector to get help to get the message out to a wider audience. MC advised that the project will also be using a storytelling approach by to having scenarios of how the model could impact different groups, as well as how it works in practice.<br><br>MC confirmed that this model covers the whole of BSW but there will be specific topics for specific areas.<br><br>MC explained how engagement will happen. An online survey went live a on 2 November 2021, and MC encouraged the group to complete this and provide their feedback. MC confirmed that production will start on printed copies, and if anyone within the group would like to complete a paper copy please contact either RA or LR.<br>Online survey: https://www.surveymonkey.co.uk/r/62X5T3D |

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| | MC also confirmed that she will be running workshops across the region, for community groups and with engagement groups later in the month. Interviews with key stakeholders and local people will also be taking place.<br><br>MC advised that another colleague will be working with children and young people to find out what they think of proposals.<br><br>MC advised that she will be compiling a report upon completion of the project on 14 December, and this will be made available when completed.<br><br>JK encouraged the group to become part of this and advised that if they have any questions to send them to RA or LR. |
| **4.** | **Meeting notes from** 2 September 2021 |
| | JK discussed the minutes of the meeting and confirmed them as accurate, as no objections were made by the group. |
| **5.** | **Action Log** |
| | JK discussed the actions listed in the log.<br><br>**Action 1:** Can be closed once it has been confirmed that CH and MC are including learning disability services in their consultation process.<br><br>**Action 2:** Confirmed as closed. |
| **6.** | **Public questions** |
| | RA advised that some of the questions could not be answered at this time due to staff sickness, but the answers would be sought following to the next meeting.<br><br>**Action:** LR to seek answers to these questions and share with the group.<br><br>The following questions had been sent by Jonathan Sheldrake prior to the meeting:<br><br>**Q: Is the vaccination centre in Commercial Road Swindon operational? Are there any other plans for central Swindon locations given the dependence on bus travel for the 20 percent of the Swindon population who have no access to a car?**<br>A: We are not aware of a vaccination centre in Commercial Road. The Steam Museum is a central location and served by a number of bus routes. |

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| | There is also a walk in facility in Sanford House on Tuesdays – Search - Find a walk-in coronavirus (COVID-19) vaccination site (www.nhs.uk)<br><br>The Steam museum have not been offering walk-ins due to the demand for boosters, 3 dose and supporting the 12-15 supplementary offer. This is always reviewed, and any extra capacity is advertised.<br><br>**Q: Why has the CCG consistently failed to get any allocation of Moderna vaccine when other health authorities like Bristol and North Somerset have no issue getting supplies.**<br>A: Moderna is due to be available at some vaccination sites in BSW soon.<br><br>**Q: What has gone so badly wrong with the 12-15 year old cohort? It was on Points West last Thursday that only 7.5% had been vaccinated. By far the worst performance in the entire West Country.**<br>A: More than 45,000 children in Bath and North East Somerset, Swindon and Wiltshire are eligible for a Covid-19 vaccine, and the immunisation team from Virgin Care, who have a wealth of experience in providing school-based immunisations, is working hard to ensure the vaccine is provided to as many young people as possible in a safe and timely fashion.<br><br>However, the logistics associated with such a large rollout are complex, and unfortunately a small number of planned vaccination sessions have needed to be postponed due to unforeseen issues, such as staff sickness and school isolations following a positive Covid-19 case.<br><br>To support the schools-based programme, parents can now arrange for their child to be vaccinated at Salisbury City Hall, the Steam Museum in Swindon or Bath Racecourse. Appointments at these sites need to be secured via the National Booking Service.<br><br>**Q: Is the CCG working effectively with Swindon Public Health. I note there seems no attempt to push vitamin D pills or work on obesity, both things could reduce the number of people going into hospital if tackled effectively?**<br>A: Yes, Swindon Borough Public Health colleagues are working really closely on this programme.<br><br>**Q: Could the CCG not Public Health talk to the bus companies about overcrowding on buses and keeping the windows open to improve ventilation?**<br>A: This is a question for Swindon Borough Council.<br><br>**Q: Does the CCG understand that the Lawns and Highworth facilities are far away from the town centre and not easy to reach by public transport. Does the CCG also understand that under capacity in Steam means people often have to** |

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| | **go long distances elsewhere for their vaccinations and many do not have cars. For sure this means less people are being vaccinated than should be.**<br><br>A: Local pharmacies are independent of the CCG, and it is up to individual pharmacies whether to participate in the Covid-19 vaccination rollout.<br><br>**Q: I am aware that the performance of the entire health authority in terms of vaccinations is ok: but why is Swindon so far behind and has been consistently? I note Steve Maddern's team did a successful campaign to vaccinate 16 plus teenagers in this context.**<br><br>**National Figures 86.6% two doses and 79.3% Swindon 81.5 two doses and 75.5 two doses 28th October. Please note i regard an answer that states the entire CCG figures as irrelevant.**<br><br>A: In Swindon, 91 per cent of all people in cohorts one to nine have received two doses of the Covid-19 vaccine. This means that, across the town, more than 101,000 of the people most at risk of falling seriously ill from Covid-19 have been fully protected.<br><br>Work is ongoing to ensure that adults in Swindon outside of the top nine cohorts, including those aged between 12 and 49, are vaccinated as soon as they are eligible to do so. Young adults have been visited at their places of education, and vaccinations have also taken place at the sites of large employers in Swindon, such as Amazon.<br><br>JS raised a question around the pharmacy in Commercial Road – not known to CCG but this is a separate contract undertaken by pharmacies. JS felt this was a lack of joined up thinking.<br><br>HD added at Steam there is a twin queue in operation for younger people to have their vaccinations.<br><br>JS – there are currently walk in facilities in Salisbury and other parts of Wiltshire and not one in Swindon. JK advised that this can be looked into.<br>**Action**: LR to find out more<br><br>SJ - Sandford House in Swindon has been offering walk-ins as people have been queueing outside every Tuesday.<br><br>JS – only once weekly not representative of what's needed in Swindon. JS advised that the answers given today have not reflected the overall performance and have not fully answered his questions.<br><br>SJ asked if the vaccination bus still in operation. RA advised that it is not available at present as there is no heating in it. |

| 7. | End of life integrated care record engagement |
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| | MS introduced herself and shared her screen to display her presentation.<br><br>MS explained that within the NHS and sister organisations different teams will work from different IT systems. MS explained that Mr Jones (made up patient used as an example) could visit a hospital that is using a different system to the system at his GP practice, which could be a different system to the paramedic who may have also seen Mr Jones. Being held separately is not ideal in 2021.<br><br>MS advised that the Integrated Care Record (ICR) project is trying to rectify the disconnection between the different services as well as trying to reduce the "silo working" that is currently in place. MS advised that the aim is to create a single record across all healthcare professionals, which will provide an up to date record regardless of which organisation they work for.<br><br>MS explained the need for a continuity of care in line with the wishes of the patient, as well as lots of input across the healthcare providers involved, because as the needs of the patient increase, they may become too sick to say when they want. This would then be recorded when the patient can't tell us. NICE guidelines say we should support co-ordinated end of life (EoL) care.<br><br>MS explained to the group that currently healthcare professionals use multiple systems, with multiple usernames and passwords. Using the technology explained in the presentation, every organisation will use a host system, which will use a single sign in so that any organisation/provider/service can access the patient record and update it. MS advised that the electronic palliative care co-ordination system (EPaCCS are the same as the Integrated Care Record.<br><br>MS advised that funding has been given to roll out the Integrated Care Record across BSW. A rollout in Swindon will be first as a test pilot/blueprint for the rest of the system.<br><br>MS explained that there will be conversations with patients throughout the process and any documentation will be kept where all parties can see it. MS advised that the various forms used during medical consultations e.g., resuscitation or refusal of medication will also be kept here.<br><br>MS advised the group that certain diseases come with predicable symptoms and the crisis that comes with these. This will allow healthcare professionals to write a contingency plan so that there are drugs in people's homes so that a professional can view the guide to treatment at home to avoid hospital admissions. |

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| | MS explained that patients can have varying confidence levels in ambulance clinician knowledge, so a guidance and plan can empower those professionals to enact the plan. This talks about where people want to be at EoL, and relevant and important contact names.<br><br>Finally, MS confirmed that key stakeholders and a steering group are now in place.<br><br>Questions were shared with the group and MS asked the group to reflect on these and come back to her if they had any responses or wanted to explore further. MS explained that her email address is at the end of her presentation<br><br>MS asked the group if they had any questions, they wanted to pose to her:<br><br>NR: resuscitation status asked if carers and families are involved with this<br>MA: Yes, legal requirement to have families involved.<br><br>NR: What about dealing with other languages?<br>MA: We use Language Line – formal translator and phone number and choose which language you want to use.<br><br>SC: Does this exclude cancer care?<br>MA: No, there was a previous focus on cancer care, but we have an elderly growing population with multiple morbidities. It is wider to cover both malignant and non-malignant conditions. There is a register for last year of life which professionals use to identify patients and is aimed to cover these individuals.<br><br>RW: Will the CCG be monitoring this so we can introduce it to other systems?<br>MA: The ICR is multifunctional, one area is about frailty and Parkinson's disease so there is a Parkinson's specialist consultant is covering this, as well as mental health.<br><br>RW: How does the patient input this?<br>MA: Currently this would involve a health care professional completing this with a patient and family with wishes into an integrated care record, so we don't have multiple conversations and record it once. Technology is available on computer or mobile phone so that people/patients can input to this, but it may take a few years for this service to be available. The patient is critical but currently the professional will document it.<br><br>RW: Contracting out of data sharing?<br>MA: All organisations involved in this have come up with a data sharing agreement, so each organisation has signed the agreement. There is a consent process built into the process.<br><br>SB: Are patients' wishes included in what was known as the TEP. |

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| | MA: The TEP has now changed to “ReSPECT” which focuses on the patient. The IT people are trying to get an online version of this so that the GP or professional does not need to take a paper copy, and scanning is not needed and can be held by the patient electronically.<br><br>SB: Could there be a translator note/communication for each patient?<br>MA: Advised that she would need to go away and check<br><br>SB: Will this be included in the NHS App?<br>MA: There may be an alert built into the app but not the full care record.<br><br>SJ: re carers in Swindon. People don’t want to have to tell their story time after time. Unpaid carers should be included as part of the integrated care plan and factored in as specialists/part of family input.<br>MA: Agree that carers are an important part of the input.<br><br>SB: Actual example that a Swindon patient and their carer EoL care plan was changed because a new Dr was dealing with the case.<br>MA: Exactly the situation that these care records are looking to avoid. All records and guidance will be available so all professionals will be able to use it.<br><br>NR: Single people and people without families, how does this work for them?<br>MA: We will talk to any person without carers and families and record their wishes. We are trying to find people in the early time of their final year of their life, so we want to have conversations early and keep them updated.<br><br>NR: Is there a form I complete, what is the process?<br>MA: If you have a GP, hospital appointment or district nurse they will identify people within last year of their life, so they are registered onto the system to complete an EoL care plan. Eventually a patient could record this but at this point it’s available to last year of life.<br><br>HD: How do you get the word out to other medical professionals, third party organisations e.g., Medvivo<br>MA: These third party organisations are on the steering group and on this board. Looking at patients on EoL register, those discharged from hospital (patient clusters). First phase will be the creation of the records involving stakeholders, then starting to spread the word.<br><br>HD: Can we have an update in the future?<br>MA: Yes, will keep in touch with Ruth and the team to book a future update |

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| **8.** | **AOB** |
| | RA informed the group that this would be her last forum meeting as she will be leaving to start with the NHS England Public Participation team. RA advised that she will be sad to be moving on but hopes there will be other opportunities to link with the group again in the future.<br><br>The group thanked her for all her work and wished her well in her new job role and for the future. |
| | **Closing remarks and next meeting** |
| | The next meeting date will be confirmed. |