# Swindon Locality Patient and Public Engagement Forum Business meeting notes (draft)

# Thursday 7 January 2021 | 1-2:30pm | Zoom virtual meeting

**Present**

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| **Name** | **Initial** | **Job title /role** |
| Julian Kirby | JK | Lay Member (PPE) Chair, BSW CCG |
| Ruth Atkins | RA | Head of Public Engagement and Insights BSW CCG |
| Ruth Jones | RJ | Quality Manager BSW CCG |
| Emma Frost | EF | Public Engagement and Insight Manager, BSW CCG |
| Sara Marriott | SM | PA to Emma Frost, BSW CCG |
| Ian James | IJ | BSW Governing Body member |
| Janice Guy | JG | Marketing Research Consultant, Jungle Green |
| Gill May | GM | Director of Quality & Nursing, BSW CCG |
| Sarah Adams | SA | Swindon SEND Families Voices |
| Michelle Coleman | MC | Patient Engagement Coordinator, Medvivo |
| Amanda Du Cros | AdC | Deputy Director Community Transformation (Acting) Swindon Locality |
| Michelle Lloyd | ML | Swindon SEND Families Voices |
| Susanna Jones | SJ | Chief Executive, Swindon Carers Centre |
| Siddharth D Pate | SDP | Chairman of Hindu Samaj Swindon |
| Steve Barnes | SB | Member of the public & Healthwatch Swindon Volunteer |
| Jo Osorio | JO | Development Officer, Healthwatch Swindon |
| Harry Dale | HD | Member of the public & Healthwatch Swindon Volunteer |
| Norma Thompson | NT | Chair of Swindon Seniors Forum (SSF) & Healthwatch Swindon Volunteer |
| Roy Worman | RW | Member of the public |
| Enid Worman | EW | Member of the public |
| Moya Pinson | MP | Healthwatch Swindon Volunteer & Member of PPG Forum at Ashington Way Surgery |

**Apologies:**

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| **Name** | **Initial** | **Job title /role** |
| Joe Backshell | JB | Healthwatch Volunteer |
| SH | SH | Moredon Medical Practice PPG |
| Nazma Bibi Ramruttun | NBR | Member of the public |
| Lee Rockingham | LR | Public Engagement Officer, BSW CCG |
| Vanessa Scott | VS | The Care Forum, Projects Portfolio ManagerHealthwatch Swindon & Healthwatch BANES |

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|  | **Welcome and Apologies** (JK) |
|  | JK opened the meeting and thanked everyone for attending.Apologies were received and noted. |
|  | **Declarations of Interest (JK)** |
|  | There were no declarations of interest. |
|  | **Quality Assurance Framework** Gill May, Director of Quality & Nursing, BSW CCG |
|  | **Highlights**GM showed members a quote from John Berwick and explained the importance of it with regards to learning from serious incidents; the power of persuasion and constant learning.This is a a real opportunity as Covid-19 has taken the NHS further forward quicker in the pursuit of:* Being far more collaborative.
* Shared learning and accountability.
* Changing language used; not to seek blame and fault.
* Talking about what did we learn and how to improve quickly.
* Quality assurance still needed, but no longer fit for purpose for the future in its current form.

**Definition given of quality care*** Safety, effective, evidence based.
* Positive experience (personalised & caring).
* Well-led collaboration and sustainably resourced.

**Main principles of the approach** * Trust, collaboration, transformation and transparency.
* Co-produced with you as colleagues in that.
* Strong leadership.
* Clear objectives.
* People, communities and place at the heart of quality improvement.

**Managing quality**Describes the functions of quality and how these can be categorised into three main areas of activity:* Quality Improvement, Quality Management, Quality Assurance.
* Escalate things to us, when things aren’t right.

**GM closed the presentation by saying what will be happening in the future:*** High trust between commissioner and providers; working closer.
* Collaborative working, apologising quickly.
* Open and transparent communication.
* BSW residents must be involved and heard; difference between engagement and involvement.
* Agile and enhanced approach to Quality Improvement.
* Access to the right people to make change happen.
* Transform the culture of quality monitoring and assurance.

**Action RA:** Share GM presentation slides with forum members. **Questions for GM**1. **SB: Triangulated data, what is that?** GM: Data around complaints, performance, and serious incidents; what are they telling us, themes and trends that we are missing. Stop looking at data in isolation but bringing it all together and what the story is telling us.
2. **RW: How can you have quality planning if you don’t know what you’re seeking quality on?**GM: Providers need to respond to quality indicators; safeguarding training, certain things that happened have a specific process in how it is reported to us. The planning aspect; to know what is happening each month, that providers are compliant. Move quicker, we need to remove levels of bureaucracy so providers can simply ring us up and say this is happening. Our response, less formal; how can we help you and what do we need to do to very quickly mitigate it happening again.
3. **NT: Asked about domestic violence during lockdown, that people in domestic abuse could leave home. Any plans or arrangements made to where they can go?**GM: Explained that yes there are arrangements in Swindon; first with a 24-hour contact telephone hotline and also that extra housing is available. Also, that there is a very active group providing instant support to children living in a household where domestic violence is present.GM: Raised with JK that maybe people would be interested to see around the safeguarding agenda, safe houses; illustrating how quickly people respond when there is domestic abuse.**NT: Is there a number that people can contact?**GM: Explained that the contact number can be shared and also that the police can respond as well as the local authority.**Action RA:** To provide the contact number. Susanna Jones provided the contact number during the forum meeting. Swindon Domestic Abuse 24-hour hotline number is 01793 610610.
4. **HD: Raised the point that openness needs to be made available to staff and patients to report incidents; making sure people don’t feel oppressed.** That care is taken about who we partner with regarding their views or culture with regard to whistleblowing.GM: Referenced the quality schedule, that every provider needs to have a whistleblowing policy and also an advocate that staff feel that they can go to in confidence. Reassured that it is done so confidentially. Also includes the CQC. GM also mentioned the duty of candour; where commissioners and providers have a duty to be very open with people, patients, public, and families when things have gone wrong. Assured HD that whistleblowing is very tight, learned from previous experience.
5. **RW: Where does the draft communications and engagement strategy fit into this quality directive?**GM: Needs to be central to it; today is a great opportunity to start the conversation off. Then build this into the engagement strategy, then build the public and patient strategy into the Quality Assurance Framework. Not mutually exclusive.
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|  | **Minutes of meeting held on 29 October 2020** (JK)  |
|  | Spelling of Easter changed to Eastern in section 6.The minutes from the previous meeting were then signed off as accurate and complete. (JK)  |
| **5.** | **Action Tracker (JK)** |
|  | The October 2020 Action Tracker has been fulfilled apart from 6, 10 and 13 (see below), which are still in progress. **6: Public questions**Action HD: To share with RA email conversations relating to Video Consulting tech rolling.**10: BSW CCG draft Communications and Engagement Strategy**Action RA: Presentation slides to be shared, request sent to Tamsin May.**13: AOB**Action RW: To share with RA the information he has on the flu vaccination and pharmacies not having them. |
| **6.** | **Public questions** (RA JK) |
|  | In advance of the meeting provided by:**Q1 from Harry Dale****Can any part of the plans for rolling out the vaccinations be revealed, if so, would you please do so (not detail but the general strategy) there are a lot of confused people out there with regards it actually taking place.** A: We are following the national priority list of people to be vaccinated – the main message is please do not phone your GP practice and wait to be to contacted. The leaflet sent yesterday provides useful information about this. A ‘landing’ page is currently being set up on the CCG’s website with information on the vaccination.**Q1 further comments:**HD raised concern over the lack of information available for patients. Priority lists from the government and ‘everything will be ok in April 2021’. Patients need their questions answering; more comprehensive information required. Need to be on top of the messaging. HD raised concerns that first responders know nothing about when they will receive the vaccination; concern from hospital staff that they should be first in line. Rumours are spreading about admin staff receiving the vaccine ahead of frontline workers. The Pfizer vaccine is being given out to available staff members regardless of the department they work in, so the vaccine doesn’t go to waste; has to be used within a timeframe.**Action HD**: To send list of things to RA that he thinks are missing from the communications with patients.Agreement that communications need to be improved and an explanation regarding the spare Pfizer vaccines; people were grabbed and offered the vaccination so as not to waste them. Acknowledged that this doesn’t look good. RA: Informed the members that a generic email address is being set up to respond to queries and questions about the COVID-19 vaccinations. One place to direct questions and queries, etc. SB: Asked the CCG to avoid using generic responses to email queries; a more formulate, personalised response. If resources are limited at the moment, suggested to have an automated reply including relevant suggestions and up-to-date links to information. Acknowledged that the collective need to do better. It was also recognised that future forum meeting topics may come out of the email queries and questions.**Action RA:** 1. To share the generic email address when it becomes available.2. To pass comments on to colleagues about providing non-generic, more personalised responses to future emails. **Q2 from Sue Carvell** (could not attend the meeting)**Who is providing the COVID-19 vaccination to patients registered at Whalebridge as the Practice have confirmed that they are not taking part in this Enhanced Service?** A: A separate answer will be provided as this relates to an individual practice and the answer is being sought. **Action RA:** To report back with the answer to this question. Follow-up: GWH are providing the vaccinations for the Whalebridge practice registered patients. |
| **7.** | **Update on the Swindon Locality** Amanda Du Cros, Deputy Director, Community Transformation (Acting) Swindon locality |
|  | **What it is?*** Successfully merged with BaNES and Wiltshire CCGs bringing benefits for the wider region but still needing a locality voice and presence.
* Links into all different partners and cohorts, ensuring communication flow plus working with colleagues in BSW CCG around strategic responsibilities.
* ADC working alongside Chief Operating Officer, David Freeman and Clinical Chair, Amanda Webb.
* Very small team, roles include; children's commissioner both mental health and physical health, mental health commissioner, ageing well work, learning disability and autism commissioner, patient flow from GWH and a primary care team link in BSW.

**What does it look like?*** A presence in Swindon alongside ensuring our Covid-19 response was as robust as possible. A successful interface and liaison with health & care services, community partners and all other organisations in Swindon responding to the Covid-19.

**Priorities so far?*** Working within BSW CCG framework; continued collaboration with partners not just around the Covid-19 response.
* Working with partners about planning and delivery of recovery response, on hold for the moment due to third lockdown situation.
* Development of Professional Leadership Network, again working with all of our partners to deliver services within the Swindon locality.

**Action RA:** To share the presentation slides with forum members.**Questions**1. **JO: Can you explain why Medvivo isn’t part of the Integrated Care Alliance in the way other significant agencies are?**AdC: They are part of the partnership in terms of BSW CCG but not locality engagement because of the links they have with Wiltshire and Swindon. Engagement work has taken place with Medvivo around the High Intensity User service. AdC said that JO’s point was a good one and that the locality team could explore how to get Medvivo involved as part of the Professional Leadership Network.
2. **JO: Development of the integrated care structure, what is the future of the established Swindon locality, future longer than 12 months?** AdC: Gave her personal view that the Swindon locality will just keep evolving.JO: Let’s make sure we hang on to the Swindon locality, as we are not Wiltshire or Bath.JK: Formal consultation ongoing from NHS England and NHS Improvement (NHSEI) as to legislative structure they might or might not put in. Might impact on the locality structure.IJ: Gave his personal view that localities will be even more important under the ICS.
3. **RW: Links to Swindon Borough Council, always confused about medical matters. Can we confirm that when SBC have scrutiny meetings involving medical matters, that we know who is going to turn up?** Still trying to work this through as a CCG, RW: Councillors want to understand what is being said at the meetings regarding medical matters and feedback correct information to others. Can be very confusing for them.Action: AdC: Advised that she will look into this issue to see if there is an easier way.
4. **NT: Is this a reinvention of the locality, sure this is going to stay as is it now and not disappear like the four localities?**AuC: We can’t guarantee that things won’t change; personal view that the Swindon locality works. JK: Still being shaped; important to understand that Swindon isn’t Wiltshire or Bath. Balance between local and economies of scale.
5. **SB: Working with GWH and Hubs, is there duplication of effort taking place, across borders?**AdC: Advised that there isn’t duplication within patient flow and discharge services.JK: BSW CCG working to smooth off the edges regarding cross-borders. The ICS will exist across the area but with local structures in place.
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| **8.** | **Our Health Our Voice (Citizen’s Panel) Survey 4 results** Janice Guy, Marketing Research Consultant at Jungle Green |
|  | JG understood that the forum had looked at a survey in the last meeting; decided it might be helpful to have a representative from Jungle Green to come and talk members through the panel structure and profiling. Survey 4 has since been conducted and JG explained that she would also go through the headline results from this.**Action RA:** To share the Jungle Green presentation slides.**Panel Structure**JG explained how they recruit panel members, using social media, digital and face-to-face recruitment; reaching BSW CCG’s targeted objective of 1000 members. Actual number is 1013 and hoping to increase this figure in the future. Recruitment began in January 2020 and on and off throughout the year responding to Covid-19 pressures. Profiled the BSW region and individually Swindon, Wiltshire and BaNES; then worked towards achieving this representation. Reweighting takes place accordingly, so the panel is as representative as possible.**Survey response rate*** Average response rate to the surveys is 40-50%.
* Max in other regions is up to 30%.
* Jungle Green offer interviews by telephone, email and face to face.
* Census is happening March 2021; we can check the new data and make any necessary adjustments.

**Age groups**Discussion at the last forum meeting with agreement that there needs to be a higher number of 75+ year old on the panel. JG explained that in the 65+ age group 21% has been commissioned. This is slightly less with 75+ year olds but there is planned recruitment to address this and always looking to fill the gaps. **Black Asian Minority Ethnic residents**JG reported that Swindon has twice the number of BAME residents than Wiltshire and BaNES; Swindon 11% Wiltshire 3% and BaNES 5%. Explaining that over-recruiting the smaller groups results in a more robust representation and to get a better body of knowledge.JK: Advised that the CCG is comfortable we have the right representation based on the data we have available.**Citizen’s Panel Survey 4*** The survey ran from 16 November to 15 December 2020.
* Questions tracked different themes, feelings, concerns, NHS 111 First and coronavirus vaccines.
* After the COVID-19 vaccine announcement; the older age groups said they were less worried.
* Younger generations becoming increasingly bored, as they can’t go out or see their friends.
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|  | **Survey 4 highlights**JG gave a brief overview of responses to questions asked in Survey 4: Covid-19 vaccines; sharing patient information digitally across healthcare systems, NHS Healthcare app and the NHS 111 First service.**Covid-19 vaccines*** 81% will definitely or probably have the Covid-19 vaccine. 7% definitely no, 11% unsure.
* Many believe the vaccine is the only way to get out of the pandemic alongside personal and community benefits.
* Concern over the speed at which the vaccine came out and testing.

**Personal healthcare record shared digitally*** 90% agreed it was important for this to be happening across healthcare services.
* Others concerned about data protection element; sharing info across systems, how well it would be looked after.

**Interactive NHS app*** 75% said they would use the app.
* 50% of 75+ age group would not find the app useful; issues with access to and using technology.
* Patients would be able to viewing pathway and test results; and allow post-event reading of advice and information, discuss with others. Of value to people.

**NHS 111** * 54% had ever used 111, in the 25-44 age group.
* Three fifths of users said the service met with their expectations and was effective. Quick response; knowledgeable and caring call handlers.
* Slow call backs, or none at all. Scripted questions. Creating frustration. Lack of knowledge; user may know more than the call handlers.
* Most encouraging aspect to use it: 24/7, knowing that a clinician is available to speak to and not having to wait in A&E.

**Questions and comments**1. **Susanna Jones:** Representation is based on last census meaning the data is 10 years out of date. Data from the new census will be vital. Current figures for unpaid carers are more than 1 in 10 and has been at least 1 in 8 over the past few years. Because of the pandemic we have seen more unpaid carers come into being; estimated to be in the millions. There are currently 21000 unpaid carers in Swindon.JG: Agreed that the new census data will help get a more reflective picture and suggested that unpaid carers is another group that should be over-sampled. We can over-sample and then down-weight if needed. Good to know this information from the forum members; more target focus of BAME residents, unpaid carers and the over 75s. SJ: Regarding targets; how do you ensure that young people are represented in unpaid carers; is this done across the board?JG: Absolutely across the board and many of our existing panel members are young people.
2. **Roy Worman: What happens to the surveys, who is responsible for actions arising from the survey results?**JG: Advised that the results were sent through to Emma Frost, Ruth Atkins, Tamsin May and Dominic Fox for analysis and used appropriately.
3. **Roy Worman**: **One question not mentioned in the survey, about how many people can’t have the Covid-19 vaccines. Who themselves thought they would not be able to have it; regarding allergies, which includes a significant amount of people?**How many people were offered the vaccine and didn’t turn up?RA: Explained that it was too early to ask those questions as the COVID-19 vaccines were not fully established and underway when Survey 4 took place. The actual data will come out in due course; need real data and not representative data.
4. **Norma Thompson: At the moment we are not hearing about the flu, how many people are being admitted to hospital with the flu, is there any record of that?** RA: Advised that the CCG wouldn’t have that data and that GWH will hold this information.**Action RA:** To try to find out from GWH about current figures for flu admissions.JO: Didn’t have an up-to-date answer but informed that as of the last Infection, Protection and Control meeting he attended before Christmas, there were no people with flu at GWH. May be some now but zero at that time.HD: Reported hearing similar news to JO regarding flu admissions, and that the situation with flu was very much improved this year. Suggesting reasons for this being due to a better uptake of jabs or/and because of the situation arising from the pandemic.
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| 9. | **Any Other Business** |
|  | * RA requested suggestions for future topics and deep dives and to please send these to her or to the BSW engagement inbox. ruthatkins@nhs.netBSWCCG.engagement@nhs.net
* BSW CCG is considering using Microsoft Teams to hold future forum meetings; please email any comments or issues with this to Ruth Atkins. ruthatkins@nhs.netIt was noted during the forum meeting that some members do not have Microsoft Teams.
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| 10. | **Closing remarks and date, time & venue of next meeting (JK)** |
|  | **CANCELLED** BSW CCG Swindon Deep Dive Wednesday 10 February 2021Due to the current COVID-19 system pressures the Deep Dive meeting has been cancelled to enable colleagues to support the COVID-19 response.Thank you and take care.  |