healthwatch Rutland

# Paper 1

**Board Meeting in Public: Minutes**

**Date and time: 10/12/19 18:30-20:30**
**Venue: Voluntary Action Rutland, Community Hub**

**Present:**
Janet Underwood, Chair (JU)
Jacqui Darlington (JD)
Caroline Spark (CS)

**In attendance:**
Ellen Thomas, HWR (ET)
Tracey Allan-Jones, HWR (TA-J)
Lee Brentnall, East Midlands Ambulance Service

**Members of the public:**
Christine Spark (ChS)

**Apologies:** Kay Jaques, Barry Henson, Jean Henson, Karen Kibblewhite, Simon Mutsaars,

| Item No. | Item | Action |
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| 1 | JU welcomed attendees. LB,ET & ChS introduced themselves. | |
| 2 | No declarations of interest declared. | |
| 3 | The minutes of the 11 September meeting were agreed as correct | |
| 4 | <u>**Matters Arising,**</u><br>1. **'What would you do?' engagement-** both the Leicester, Leicestershire and Rutland (LLR) and the Rutland only report were sent to Better Care Together (BCT) team to inform their local plan which was due to be published in November but has been delayed. The Rutland report was well received locally by stakeholders especially as we had spoken to people from vulnerable groups.<br>2. **Electronic prescription service in Uppingham -** patients can request a repeat prescription via the internet, phone or by calling into the surgery. The original Electronic Prescription Service (EPS) does not permit any prescription-issuing surgery to dispense from their own surgery. As Uppingham has its own dispensary this would have meant a major loss of business and income. Like other surgeries nationally with their own dispensary, Uppingham declined to commit to EPS. EPS phase 4 is being rolled out nationally and will be available in Rutland in the first few months of 2020. It seems likely, but not certain, that surgeries who use the 'EMIS' computerised system will be able to link to their own dispensaries. It is unclear what the situation is for surgeries, like Uppingham, | |

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| | who use the 'System 1' computerised system. Advice/update is awaited by the Clinical Commissioning Group (CCG) from NHS Digital. There may be a 'patch' available to facilitate this but it will be at the surgery's own expense. The CCG advised that only one patient was supplying stamped addressed envelopes for prescriptions which were being obtained from an out of area pharmacy.<br>3. **Blood Pressure monitoring-** this has now gone around the loop. The CCG does not commission GP practices to loan blood pressure machines. If GP's do so, it is at their discretion and their own expense. The PCN is looking at what diagnostics can be carried out locally.<br>4. **Discussion about the terms of reference for the Better Care Together Partnership and Assurance groups** – Healthwatch Rutland (HWR) is not part of the Assurance Group. HWR has a seat at the table of the Partnership Group for which the terms of reference (TOR) are in draft form only, and has only met once. It was decided at the first Partnership Group meeting in September that a workshop needed arranging for members to explore the TOR more fully. Kathy Reynolds did not send the email detailing her concerns as agreed. The workshop has not been arranged and meetings suspended for the time being. | |
| 6 | The Chair welcomed Lee Brentall, Ambulance Operations Manager, East Midlands Ambulance Service (EMAS) who gave a presentation about the 'patient journey'.<br><br>LB described the 'blue light' collaboration across Northamptonshire, Leicester, Leicestershire and Rutland.<br>He also discussed the 'make ready' system for ambulances. He then described the patient's journey:<br><br>There are 4 call categories-<br><u>Cat1</u><br>Most serious emergency calls, life threatening, needing intervention or resuscitation e.g cardiac arrest, target response time is 7 mins (average)<br><u>Cat2</u><br>Emergency calls, potentially serious condition that may require rapid assessment/urgent on-scene intervention, e.g. sepsis, heart attack, stroke. Target ambulance response time is 18 mins (average). (The stroke treatment window is 6hrs.)<br><u>Cat3</u><br>Urgent calls, eg diabetic hypoglycaemia, late stages of labour, non-severe burns, conditions requiring treatment and/or transport to an acute setting (however may be treated in own home by paramedic). Target response time is within 2hrs.<br><u>Cat4</u><br>Less urgent eg urinary tract infection, diarrhoea & vomiting, stable clinical cases; advice may be given over the phone and patient referred elsewhere eg GP or pharmacy. The target response time is 3hrs, and patients in this category rarely need taking to hospital. | |

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| | <u>Falls</u><br><br>TAJ asked about the protocol for falls; HWR has received feedback that patients themselves don't believe that it's the right thing for a first responder or paramedic to be tied up with them waiting for a 2 man crew to get them off the floor. There was a discussion about falls within buildings versus outside in bad weather conditions. LB spoke about community first responders having non-injury fall training and also spoke about the RAZOR and MANGAR ELK/ CAMEL chairs for lifting patients from the floor.<br><br>LB asked if there was any interest for the board members to visit a control room. JU agreed to agree a date with interested board members and volunteers<br><br>TAJ suggested EMAS might improve their communications with, and information for, the public, about when to call for urgent care (111) and when to call for emergency care (999). The Healthwatch network is always happy to help boost and publicise such messages. | LB to send ET/TA-J information on this<br><br>JU |
| 7 | **<u>Healthwatch Rutland Update</u>**<br>1. Monthly newsletters have been published.<br>2. TA-J welcomed new Healthwatch Officer, Ellen Thomas.<br>3. **Update from Young Health Watch Rutland (YHWR)** – this has been recommenced and new members are being recruited. There are currently 4 members in the group and ET has been communicating with three of them. Recruiting will continue after Christmas alongside scoping and planning of the group's next project.<br>4. **Engagement**- ET is to engage with renal patients who use Thames Ambulance Services Ltd transport services to the Loughborough renal unit.<br>5. **The LLR Long Term Plan engagement reports -** ELR CCG informally raised a question about the wording of some survey questions. JU explained that these were set by HW England and the surveys were used across the whole country. Of relevance to Rutland, transport difficulties to health care facilities have, as a result of the survey, been noted by HW England as a big problem. Sir Simon Stevens, chief exec of NHS England has been made aware and stated publicly that this will be addressed at national level. Rutland Health Policy Consortium's (RHPC) report, drawing on the HWR report, had omitted to mention that HWR had engaged with 80 people living with either dementia or learning disabilities. HWR asked for this to be corrected but RHPC declined.<br>6. **Health and Care needs of the armed forces in Rutland, Harborough and South Kesteven Report.** – The report was presented in Market Harborough in October. Over 700 people had responded to the survey. The report recommends: better access to suitable mental health help for veterans and serving personnel; further support with transition from service to civilian life; support for families of serving personnel who may be lonely or isolated; and a greater awareness of the armed forces covenant.<br>7. **Ketton surgery closure -** no Ketton-specific survey about patients' subjective experiences has been done by East Leicestershire and Rutland (ELR) CCG but regular auditing has been carried out. There have been no complaints from Ketton residents, but satisfaction rates are good. Some Ketton residents have transferred from | |

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| | Stamford practices to Uppingham practices and no Ketton patients staying in the area have transferred away in the last six months.<br>8. **BCT public participation and involvement group-** this has now disbanded. The 10 members (2 from Rutland) of the Assurance Group was established by an external company. Members' identities are not yet in the public domain. The Citizens Panel has been delayed by the general election purdah, but it is hoped for a 'soft launch' in the New Year. The Partnership group had its first meeting in September, however, due to political issues about the role and governance of the forthcoming integrated care system, further meetings have been suspended until agreements/resolution achieved.<br>9. **University Hospitals of Leicester (UHL) reconfiguration-** UHL has been awarded £450m to reconfigure 3 acute hospital sites into 2. Acute care will be at Leicester Royal Infirmary, elective care at Glenfield Hospital (GH) and Leicester General Hospital (LGH) will become a community hub, diabetic centre of excellence and an imaging centre with, subject to consultation, a midwife-led birthing unit. Land is to be sold for housing at LGH and GH. Public consultation is to commence in April 2020 (delayed due to Election purdah)<br>10. **Community Service Redesign (CSR)** Phase 1- Home First started 1st December. Phase 2, which will be looking at the future of beds and planned care in community hospitals in LLR, has just started. This includes Rutland Memorial Hospital. Attention was drawn to the HWR Manager's report which mentions public concerns about UHL consulting on acute hospital & maternity reconfiguration before plans for community services are clarified.<br><br>For more in depth notes and further information see paper 3 of the meeting notes. | |
| 8 | **Questions from the public-** none submitted | |
| 9 | **Terms of Reference**<br>Review deferred from September. The terms of reference have since been reviewed and changes agreed by the board. | |
| 10 | **AOB**<br>The next board meetings in public are:<br><br>10 March 2020, 6:30-8:30pm<br>9 June 2020, 6:30-8:30pm<br>16 September, (Annual meeting 1:30pm followed by Board meeting 4-5pm)<br>1 December 2020, 6:30-8:30pm | |