South-East London Healthwatch Reference Group Meeting

17:30-19:00

3 October 2022

NOTES

Present

Folake Segun (Chair) (FS)
Carly Roworth (Notes) (CR)
Saby Ghosh (SG)
Graham Head (GH)
Katie Barrett (KB)
Trevor Begg (TB)
Adrian Ingram (AI)
Michael Kerin (MK)

Fran James (FJ)

In Attendance
Rosemary Watts (RW)
Harriet Aygepong (HA)
Manpreet Maycock (MM)

Apologies: Tobi Aigbogun

1. Welcome

FS welcomed everyone to the meeting and thanked them for joining. The SELHW Reference Group (the Group) is a collaborative mechanism of the six local Healthwatch in south east London to feed user experience into regional health discussions and decision making.

The agenda items for the meeting were:

- Welcome, introduction, and apologies
- Setting the scene and Terms of Reference
- ICS 'faster treatment' leaflet
- 'Vital 5' screening checks leaflet
- Data Usage Committee update
- Local Healthwatch updates and feedback
- Any other business (AOB)

2. Terms of Reference: agreement of their adoption

The first point of discussion raised was the Terms of Reference for the Group. FS asked if there were any comments. A few questions regarding the Membership section were asked, and FS clarified. GH felt that 4.3 didn't completely reflect previous discussions and needed to be re-worded to create greater flexibility regarding membership; FS suggested removing the word "lay" so that just "key member" was stated and clarified that this (second) key member could be anyone i.e., a committee member or someone else, not necessarily a board member.

GH also queried 6.3 and FS clarified. No changes required.

It was agreed that there will be a review of the Terms in March 2023 (end of year) to determine whether anything needs amending.

Action: FS to update Terms of Reference and check that the Membership section ties up to the role descriptions.

Subject to the agreed changes being implemented, the Group agreed to adopt the Terms of Reference.

3. ICS 'Faster Treatment' Leaflet

HA explained the background to the faster treatment leaflet and the way in which she and RW have made an attempt to put it into plain, everyday English. Asked the Group for feedback on whether they felt the information was easy to understand, whether people would understand exactly what was being offered, and whether the audience would still be aware that they had a choice to accept/decline.

GH:

1. For people with ongoing health conditions such as diabetes, would the move to another location for treatment also be permanent, or a one off
2. There may be others reasons that service users find it difficult to get to other hospitals in SEL, not just disabilities (e.g., childcare); perhaps should be referenced on the leaflet
3. Is this leaflet planned around particular specialities in healthcare?

MK:

1. Is transport provided (not clear on leaflet)?
2. Can reassurance be added that any subsequent treatment will be more local ?
3. Print size.of14 pt minimum, which is good practice, not adhered to?
4. What about other languages?

TB raised the issue of ensuring that the leaflet didn't lead to greater inequalities in treatment access.

HA responded to these queries stating that it is unlikely that patients requiring longer term treatment (e.g., diabetes) would be selected; that people would have direct contact with the booking team in addition to the leaflet (who could discuss issues such as transport – this would be based on normal eligibility criteria); that the leaflet would be available on a website where font size could be adapted and other language options could be available.

Members thanked HA for clarifying, but emphasised that the clarifications needed to appear on the leaflet for service users as well. MK added that there should be a "if you have any questions, this is what to do…" section.

Finally, it was agreed that the Healthwatch logo and contact details of the six Healthwatch would be added.

Actions:

HA to update leaflet to reflect comments made where possible.

HA to also monitor potential equality issues.

FS to provide correct HW email address to place on the leaflet, and six HW phone numbers.

All to provide any other feedback on the leaflet to FS by 10 October (within one week).

4. 'Vital 5' Screening Checks leaflet

MM asked for and received feedback on the 'Vital 5' Screening Checks leaflet, to be given to people when they attend centres for vaccination.

GH noted that the placement and content regarding the cost-of-living crisis section could be improved. That is, it may be better placed elsewhere and there is a lack of information – a couple of sentences needed to be added to explain what is meant by cost of living crisis etc. Further, the table on page seven needs more clarity.

MK reflected that there needs to be sensitivities around reading ages, digital exclusion (e.g., QR codes present on this leaflet), English not being everyone's first language, small font, and so on.

FS added that the leaflet is very wordy and the language is very clinical. It needs to be revised so it can be understood by the average member of the public.

Note: the leaflet was only provided for review on the morning of the meeting.

Actions:

All to review leaflet and provide feedback within a fortnight. Revert to FS by Monday 17th October with comments. FS will collate within a couple of days and forward to MM.

5. Data Usage Committee Update

GH summarised the report provided to members of the Group on the SEL Data Usage Committee meeting that took place on 20th September 2022. He asked whether there were any questions in particular regarding the Guy's and St Thomas' application (diabetes waiting list prioritisation). There were no questions.

No actions.

6. Local Healthwatch updates and feedback

FS updated the Group regarding the upcoming ICB System Quality Group meeting next Wednesday, stating that insights from all the boroughs were being compiled into an Insights report that will be provided at the meeting.

Action: FS to share Insights report once finalised.

TB spoke about work at Healthwatch Bromley including the development of their annual workplan. He also noted concerns from Bromley care organisations feeling frustrated that there was no engagement with carers in the development of the ICS Strategy.

GH stated their priorities for the next 18 months revolved around engagement, quality framework, and the composition of the board (likely to be a recruitment drive).

MK talked about the possibility of establishing a patient engagement group, and to the HWL work on digital exclusion.

Actions: TB to send summary note of issues raised. FS to escalate issue regarding carers at appropriate level.

7. Any Other Business

KB raised the issue of the leaflets being discussed earlier in the meeting. Suggested it was not an effective use of the Group's time and a separate reading group may be more efficient.

Addendum: Follow up notes from HA, 12 October 2022

Feedback	Update
If the faster treatment intervention only applies to patients waiting for particular procedures, some of these issues may be addressed automatically, but that is not clear in the leaflet.	This leaflet is intended to be a generic leaflet, as we would like to use if as broadly as possible. Patients receiving this leaflet will have a follow up phone call to discuss any issues and concerns and the detail of the transfer.
The leaflet needs contact details i.e. where the patient can make further enquiries about the process, etc.	The patient will be able to raise any further enquiries about the process when they have contact from the booking team. We have changed the wording in the leaflet to ensure that this stands out.
The leaflet suggests that mobility issues are the only likely reasons for having problems attending elsewhere (top 3rd Column). Individuals may have many reasons for being unable to travel to a different site, including caring commitments and financial difficulties. Is there help available for them? A possible solution is to either provide a link to what the transport criteria are or, preferably, as this is a complicated area, the text should advise people to raise the matter when contacted if they have been selected.	Agreed that there may be other issues why a patient may not want to transfer and we can't enlist them all in a generic leaflet so have further clarified that they can ask questions when they are contacted by the booking team.
The leaflet doesn't discuss people who are being treated for long-term conditions - will they effectively have a permanent move to the other institution, or are they excluded for selection for faster treatment?	The wording has been updated to cover this.
What will happen to people with multiple conditions being treated at the same site - there can be advantages to this. Will all their care be moved?	The wording has been updated to cover this.
If a patient agrees to be treated at a different site, but it proves impractical because of their circumstances, can the patient change back?	Yes of course, and this has happened already.

Paragraphs 2 and 7 on the first page are arguably duplicates	Paragraph 2 is intended to say what the issues are. Paragraph 7 is intended to say what we are doing about it.
At the Healthwatch Reference Group meeting, the Booking Team were referenced as mitigation several times. This mitigation will be effective, provided that the booking team members have: a. The correct information to hand. b. The additional time that may be required, per call, to respond.	Agreed, I have raised this with the colleague leading on the administration of this initiative across SEL.
Clarity on issues like carers accompanying patients if necessary and transport would be helpful.	We can't include this in the leaflet as there will not be a single answer to this question, however as with the other issues mentioned above this can be picked up with the booking team.
Ability and tools to communicate with ALL SEL communities to avoid acerbating health inequalities	Agreed, we have raised both the monitoring of the scheme in terms of equalities and fair access to the scheme with the Acute Provider Collaborative. The leaflet will also be put on the ICS website which has a suite of accessibility tools to aid communication.