

South East London Healthwatch Reference Group Meeting

Monday 4th December 2023

17:30–19:00

NOTES

Present

Folake Segun (Chair) (FS)

Trevor Begg (TB)

Graham Head (GH)

Toby Aigbogun (TA)

Saby Ghosh (SG),

Alex Camies (AC)

Saby Ghosh (SG)

Michael Kerin (MK)

Nakkita De Silva (Notes)

Sam Hepplewhite, Director of
Prevention and Partnerships ICB, (SH)

Ashley O'Shaughnessy, ICB Deputy
Director of Primary Care, (AO)

Leanora Volpe, Anchor System
Programme Lead (LV)

Apologies: Fran James (FJ), Katie Barratt (KB)

Welcome

FS welcomed everyone to the meeting. 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, Introductions & Apologies
- Notes of the 07.08.2023 meeting and matters arising
- SEL HW Reference Group
- Action Log
- ICS Primary Care Access Recovery Plan
- ICS Anchor Programme Update
- London Independent Information Access
- Group and Data Usage Committee Update
- SEL Healthwatch Priorities, Updates and Insights
- AOB

Notes of the 07.08.02.23 meeting and Matters Arising

Notes from the last meeting were reviewed and approved.

Reference Group Action Log

Reading Group Update:

FS shared an update from Healthwatch Greenwich regarding the SEL ICS Co-production group, which has now started and will share information. This action is now closed.

Chief Officers Collaboration Update:

FS shared that the first SEL Staff meeting has taken place but did not have a large attendance. The Staff Meetings are a first step in ensuring collaboration across all levels of SEL Healthwatch. FS attended to provide information on the Quality Alerts system, report writing and Enter & Views.

FS added that COs are continuing to attend meetings and reviewing the ways of working document in the new year. This item is now closed.

MK questioned if item should be closed as it is an ongoing issue that needs to be routinely addressed. MK asked for a plan to systematically ensure this. FS responded that in addition to the regular conversations and staff meetings:

- a SEL Healthwatch Work Plan has been collated to give visibility of programmes of work and support collaboration.
- Healthwatch Lewisham's Trans Health Inequalities project has been shared across COs and agreement has been reached that all will share and publicise this work- once HW Lewisham have confirmed with the CQC that these findings can be shared.
- a SEL Healthwatch web page is being created and will be piloted on Healthwatch Greenwich's website as they have a dedicated Comms officer. The webpage will contain content about who everyone is, what they do and how we work together, with links to system levels reports and key insights that affect all boroughs. The web page will also include information about the Reference group. The webpage will link back to the ICS's Insights page.
- Quality Alerts submitted to the ICB will be shared with her for them to be collated and then shared across SEL Healthwatch to identify key issues and facilitate collaboration.

It was agreed that Healthwatch Collaboration be a standing agenda item.

ICS Primary Care Access Recovery Plan

SH joined to update the group on the South East London ICB 'Recovering Access to Primary Care' plan. The delivery of the plan is over the course of 2 years until March 2025.

SH shared a paper which documents the summary of progress against the plan thus far. SH also gave a brief overview of the plan's main focuses, including the strengths and areas of improvement for the plan.

AO added that whilst the plan is heavily focused on General Practice, it also extends to Community Pharmacies. AO also acknowledged that Digital Inclusion is also an important focus at borough level. PCNs are also included with a specific incentive for collaboration with constituent practices around the plan and access. Three specific areas of focus in regard to Patient Access are:

- Implementing new processes to reduce the 8am rush for appointments.
- Patients receiving clear responses during first point of contact thus reducing the need for follow-up.
- Ensuring GP's and PCN's are recording data accurately at every stage for system and national use.

AO & SH emphasised the systems desire to enhance the impact of Patient Experience feedback to drive change and improvements.

Questions and comments

GH

- Healthwatch Southwark receive significant feedback regarding the 8am rush and the time sensitivity of digital services operating during work hours, which isn't accessible to all.
- that those with Mental Health (MH) challenges face specific issues and noted that the 'improving access' part of the plan does not address this.

MK

- emphasised the need for focus on Digital Inclusion sharing that significant feedback given to Healthwatch Lewisham relates to this issue.
- leaflets given to patients suggesting the correct way to access GP's.

- queried SH's earlier point about increased appointments availability and greater demand for Primary Care, asking whether the cause of this was known.

SH attributed the rise to various things, including catching up with appointments from the pandemic; the increase in virtual appointments, which is more time efficient, freeing up additional slots; the national drive for people to manage their conditions. SH also agreed to provide data around the causes of increased appointment availability.

SH agreed that the plan did not include a specific focus on those with MH challenges and would feed this back to Primary Care leads. SH also welcomed any Healthwatch insight that could be shared on the topic.

AO explained that the survey had been corrected following acknowledgment of the error. AO also agreed that the rise of appointments is down to multi-factorial causes including catching up with the backlog caused by the pandemic. AO added that one additional reimbursement scheme role is for a joint MH practitioner with PCN's to provide quick access to patients in need of MH support. AO also acknowledged the difficulties with the need for 24-hour digital access for appointment requests, in terms of safety as urgent issues may not be dealt with or picked up without an assigned staff member monitoring the service.

GH fed back that admin enquiries don't pose a clinical risk but cannot be processed outside of office hours which excludes those who aren't available during that time due to working.

FS asked whether there was joint work across the point the six boroughs to track Patient Experience (PE), so that feedback can be compared and, so that it can be triangulated and learning picked up across the whole system. FS also asked for more information about the role of physician's assistants and the communication to the public about this new primary care role. FS added that SEL Healthwatch are receiving feedback regarding Primary Care suggesting patients turn to private care.

SG added to concerns regarding Digital Inclusion, echoing that those for whom English is not a first language or with MH challenges face significant challenges with access.

TB

- having seen SEL ICB data regarding low intake of the GP Pharmacy Referral Scheme compared to other London ICBs and with the Pharmacy First

scheme in mind, if there is confidence within the system that a significant number of appointments can be shifted into Pharmacy? TB added if there was capacity for this and the space for understanding peoples experience of this, as the requirement to conduct a PE survey had been dropped.

SH proposed inviting the Pharmacy Alliance to address TB's inquiry regarding PE in an upcoming meeting. While expressing optimism about the GP Pharmacy Referral Scheme, SH acknowledged that it is still in its early stages of development. SH assured the group that the Community Pharmacy successfully executed the vaccine program, but highlighted the importance of dedicating sufficient time to establish the necessary infrastructure for program delivery, especially in terms of communication and information provision. Additionally, SH mentioned that the scheme had been collaboratively developed with GP's.

SH will share links to videos that are being developed to describe the additional general practice roles, including that of Physician's Assistants.

AO added that the additional information in the paper shared details how PE will be collected. AO said all Lewisham Primary Care networks have Digital Inclusion hubs that regularly engage with patients. AO also shared a link to the SEL ICS resource which describes additional roles within Primary Care.

ICS Anchor Programme Update

LV joined to share an update on the Anchor System Programme. The Programme aims to bring together the assets, resources, and influence of anchor institutions across SEL to improve health outcomes, reduce inequalities and share power with communities. A listening campaign was launched in June in partnership with Citizens UK to understand, from communities, what impacts their health and wellbeing, what makes it harder for them to thrive and to co-produce solutions.

2500 community members from across 6 SEL boroughs have been listened to. Five key themes emerged around housing, work wages and cost of living, mental health and social isolation, children, young people and parents, migration and race. ICS hosted five co-production workshops with communities, bringing together decision makers from the anchor institutions involved (Trusts, Universities and Councils) and community leaders from organisations from across the system.

Five pledges have been developed from the key themes that emerged from the listening campaign. LV briefly detailed that the pledges:

- a focus on expanding the real living wage in SEL. Improving access to English as a second language.
- To work more broadly with underrepresented groups to understand and tackle barriers to good work.
- To map spaces owned by anchor institutions that community groups could book and use.
- Working with Citizens UK and system partners to look at the evidence based on housing and health to build an action plan that identified solutions.

More detailed slides on the five pledges will be circulated to members of the Reference Group.

GH followed up on a suggestion at the last Reference Group meeting from a previous meeting, about involving businesses and widening the type of organisations involved.

LV responded that the ICS did widen reach by connecting with new VSCE organisations.. LV acknowledged learning from the programme so far suggest that a future approach is build a more embedded and coherent approach for system engagement with those they don't already know or have connections with.

LV said listening had been done through the Safer Surgeries initiative after suggestions were made by the SEL HW Reference Group to include Patient Participation groups but acknowledged there is more to be done to map out a broader and more local level of groups.

TB expressed that the housing pledge was very limited, as in Bexley and Bromley there is no council owned social housing,. TB suggested that larger social housing associations need to be involved in the conversation.

LV acknowledged is the limitations but pointed out that the pledge is framed to allow action across a the breadth of the housing challenge and health impact. . LV also agreed that Housing Associations should need to be included and agreed to take this back.

London Independent Information Access Group and Data Usage Committee

Update

Members were asked to email any questions about the paper to GH, copying in a member of the Group.

FS update

Management Cost Reduction:

FS gave an update on the Engagement and Quality team structures in the proposed ICB Management Cost Reduction Programme

Quality Alerting System:

FS referred to the paper circulated which has been shared with SEL HW staff through the staff team and COs meetings. A paper that went to the Themes and Issues group has also been shared with colleagues to give them a better understanding of what Quality Alerts (QA) are. FS pointed out the important opportunity for HW qualitative data to be triangulated with system data. SEL Healthwatch are the only HW with access to a QA reporting link.

GH queried how to track improvements that arise. FS suggested that consistent inputting into the system is one way as it makes it easier to follow up.

SEL Healthwatch Priorities, Updates and Insights

HW Bexley

- Conducting a public consultation on the Erith Hospital refurbishment, will be looking at current and future needs from the public.
- Visiting 3 libraries every month, Bexleyheath, Sidcup and Blackfen to conduct engagement.
- Secured 3 volunteers from Greenwich university for 40 hours on a rolling contract.
- Visiting Queen Elizabeth, Queen Mary's & Durham valley Bi-monthly.
- Online public consultation on access to Dentistry in the borough.

HW Lewisham

- New Chief Officer and Project Officer in post.
- Procurement pushed for back for at least a year.

- Priorities remain around Health Inequalities and listening to views of groups that are less often heard.
- LGBTQ+, Trans Health exclusions project, payment for project participants available.
- QE & Lewisham parking problems persist, particularly around Blue Badge holders.

HW Southwark

- New chief officer, Rhyana Ebanks-Babb, has joined.
- CEO of Community Southwark, has been very supportive whilst HW Southwark was short staffed.
- Latin American communities report is published.
- Black Mental Health access to healthcare services project has started.
- AGM tomorrow.

Healthwatch Bromley

- Ophthalmology project, is in research phase.
- Mental Health focused project pending, aware of overlap with Lambeth in focusing on secondary care/ adult area.

Healthwatch Greenwich

- Regular slot at QE for volunteers to collect feedback from service users on monthly themes.
- Maternity project is at report stage.
- Carers project is in writing stage.
- Clover health centre project completed, report expected end of the month.
- Pharmacy project.
- 2 new board members.

AOB

None.