

Healthwatch Halton Advisory Board Meeting

20 January 2022, 1.00pm

Foundry House, Widnes, or join via Teams

[Click here to join the meeting](#)

HW Advisory Public Board meetings include an opportunity for members of the public to feedback issues about local Health and Social Care issues at the end of the meeting.

		Item	Enclosure (Paper, Verbal etc)	Outcome (Noting, Decision etc)	Presenter
1.00pm		Private session to discuss confidential staffing/ operational issues. Closed Session- not open to the public.	Verbal		
		Close private session and open Public HAB Meeting			
1.15pm	1	Welcome and Apologies	V		Chair
	2	Declaration of Interests - discuss register of interests	V		All
1.20pm	3	Minutes and Action log from November HAB Meeting	V&P		Chair
	3a	Actions arising not covered in the main agenda			
1.30pm	4	Work Programme and Project Updates Team update Current projects 2022 HWH Priorities Accessible Information Campaign – HWE HW National issues	V&P		Staff Team
1.40pm	5	Meeting feedback reports by HAB members	P		LHM
1.50pm	5a	ICS and PCN – Update on its progress	V&P		LHM
2.00pm	6	Outreach/Intelligence/Feedback update – Now included in Item 4	V		LHM
2.40pm	7	Decisions to be made by the Advisory Board – discuss			
	7a	Escalation to HW England/ CQC / HWBB / QC	V		Chair
	7b	Publish a report/ agree a recommendation made in a report	V		Chair
	7c	Request information from commissioners/ providers	V		Chair
	7d	Enter and View plans	V		LHM
	7e	Decision about subcontracting/ commissioned work	V		Chair
	7f	Whether to report a matter concerning your activities to another person	V		Chair
	7g	Which health and social care services HW is looking at for priority project update on future projects	V		LHM
	7h	Refer a matter to Overview and Scrutiny committee	V		Chair
	7i	Breach/s of the decision-making process	V		Chair
2.50pm	8	Health and Social Care Issues from the public	V		Chair
2.55pm	9	Any other business	V		Chair
3.00pm	10	Date and Time of Next Meeting – 17 March 2022 at Foundry House, 1.00pm start			

Chair – Healthwatch Advisory Board Chair

LHM – Local Healthwatch Manager

Agenda item 2

Declarations of interest

Agenda Item 3

Minutes and Action Log

Healthwatch Halton Advisory Board

Public Board Meeting Minutes

25th November 2021

In attendance: Paul Cooke (PC)
 Maureen Isherwood (MI),
 Diane McCormick (DMc)
 Jane Pritchard (JP)
 Dave Wilson (DW, Manager, Healthwatch Halton),
 Louise Delooze (LD, Community Outreach Lead, Healthwatch Halton),
 Clare Screeeton (minute clerk)

Apologies: Elizabeth Learoyd) ECS Director, Kath Parker (KP) HAB Chair, Sue Connolly (SC) Dave O Conner (DOC) Irene Bramwell (community outreach lead) Jude Burrows (Engagement and Information lead Healthwatch Halton)

		Item
1.00pm		<i>Private session to discuss confidential staffing/ operational issues. Closed Session- not open to the public.</i>
		Public HAB Meeting
1.30pm	1	The Chair welcomed the Board Apologies are noted above
	2	Declaration of Interests – None
1.35pm	3	Minutes and Action log from Public Board Meeting update The minutes were agreed as a true reflection. Action Log - has been actioned and updated
1.40pm	4	Work Programme Project Updates The team have taken first steps to start-up outreach and engagement sessions. It has been a struggle to resume outreach and engagement to pre covid levels it appears that many voluntary sector organisations are reluctant to restart outreach sessions and support groups, or there are simply not the members of public confidently returning, hopefully this will improve over the coming weeks. LD went along to a “Eat@TheHeath” session at The Heath Business Park, which was a great opportunity for her to chat to members of the public and gather some feedback on local services. In addition we met the local PCSO who stated that things are very slow to return to pre-lockdown levels and very little had reopened. The team also been invited back to the ‘Coffee and Cake’ group sessions at the Heath. The team visited Widnes Library, and issued many of the GP access cards. They have many people, who English is not their first language, attending the library hoping for assistance. The team also attended Ditton Library, where they made contact with the local PCSO and told her about Healthwatch and our role. She also took GP access cards and leaflets. We also connected her and Eileen Miller from The Heath Business Park so that its over 50’s age group facilities could be promoted to a wider group. DW joined the Wellbeing Enterprises Team Meeting virtually to promote our role and work. Project Work - Dental services project – Our Big Dental Check-Up survey has now closed. In total we received 176 responses. Some initial stats: <ul style="list-style-type: none"> 31% (54) people weren’t registered with a dentist, 58% were registered as NHS patients and 11% private.

		Item
		<ul style="list-style-type: none"> • Of the 54 who weren't registered, 42 (78%) couldn't find a dentist accepting NHS patients 31 (57%) had been removed from their previous dentist's patient list. 12 people weren't registered due to worry about treatment costs. • 75% (130) had tried to book a routine appointment in the previous 18 months. 43% (56) were unable to get an appointment. 25% had to wait more than a month 8% rated their care as poor • 51% (85) had tried to book an emergency appointment. Of those, 21% were treated the same day and 33% got it the next day. 12% (9) rated their emergency treatment as poor. • Just 15% (27) had used NHS111 to access treatment (20 just by phone, 4 online and 3 had tried both) Of those, 30% (8) rated their experience on NHS111 as poor. • 81% (140) had to pay for their NHS dental treatment 72% said charges were explained to them 30% were asked to pay prior to start of treatment <p>Digital exclusion project – The draft version of the ECS Digital Exclusion project has been completed and needs approval of the HAB</p> <p>Providing volunteers to review the GP websites – DMC brought this up at PPG but it was agreed that it would be best to start in New Year as December is an extremely busy month for everyone.</p> <p>DW has asked that all volunteers send their expenses to JB via email.</p> <p>The team have also received a lovely thank you card from a lady needing regular immunoglobulin infusions that they recently supported to access services.</p>
1.55pm	5	<p>Meeting feedback reports by HAB members</p> <p>PC Attended the ICB and ICT he said that communications are not as good as they should. DW said that it is still in its early development stage and as it evolves this should improve. He said that the public will not be concerned if the delivery remains the same. DW will be sitting on the Quality and Communications sub-groups as part of the development of the One Halton PLACE and will feed back to the HAB.</p> <p>DMC raised concerns that there would only be one representative from HW on the Cheshire & Merseyside ICP Board, she feels that this is not reflective enough of patient voice. How can they pick one member from the 9 areas that it covers? DW is working closely with the other HW and has said that HW is the only representative there that covers all 3 areas patient voice, Health, and social Care.</p> <p>PC said the the CCG are looking to set-up a Citizens Panel that the HAB should keep an eye on this. DW said he was looking into a People's Panel similar to the one in other Boroughs that is totally independent. He said that HWH will stay as involved as possible on the Engagement and Information Group of the CCG.</p> <p>PC – Primary Care Networks - PC discussed potential support from HWH for the PCN in highlighting the abuse received by primary care staff form the public. The HAB were shown the Practice Managers Network video video that has been used by HW Suffolk to support their local PCN campaign. PC suggested that HWH write a document to support this on the HWH website. DW is looking at this and will hopefully link in with the Warrington and Halton CCG comms teams.</p> <p>Meeting Action – DW/PC to discuss this issue with HAB Chair KP</p>
2.10pm	6	<p>Intelligence/Feedback update – public issues</p> <p>Intelligence / Feedback was covered under Item 4</p> <p>Other updates:</p> <p>Update on meeting at St Helens & Knowsley Hospitals Trust – Burney Breast Unit</p> <ul style="list-style-type: none"> • These were great presentations on work that has been done by the Trust to improve patient services. • The Burney breast unit at St Helens Hospital is in the process of improving waiting and clinic areas to provide a better service.

		Item
		<ul style="list-style-type: none"> The HOPE courses are at present online but will be available f2f from October. The Lilac Centre has received good patient feedback. Genetic testing is now in place to save patients travelling to Clatterbridge. Advanced care planning and safe transfer initiative has now been implemented. There is now hope to expand complimentary therapy services. They are now M&S nominated charity. The St Helens units are moving to more f2f consultations and in the Burney breast unit patients can bring along a friend or relative providing they wear a mask and have their temperature checked to ensure safety of staff and other patients
2.35pm	7	
	7a	Escalation to HW England/ CQC – None
	7b	Publish a report/ agree a recommendation made in a report
	7c	Request information from commissioners/ providers – None
	7d	Which premises to Enter and View and when (Completion of the Enter and View visit checklist is required) No progress made yet to the plans for visits to Care Homes face to face
	7e	Decision about subcontracting/ commissioned work – None
	7f	Whether to report a matter concerning your activities to another person- e.g. CCG, Voluntary Sector, another Healthwatch, Advocacy services – None
	7g	Which health and social care services HW is looking at for priority project – None
	7h	Refer a matter to Overview and Scrutiny committee -None
	7i	Breach/s of the decision-making process -None
2.45pm	8	Health and Social Care Issues from the public <ul style="list-style-type: none"> Dental Services – This continues to be the main issue we’re contacted about. We’ve heard too many stories of people being removed from dental lists as they’ve not been to the dental practice in the previous 2 years. We’re continuing to signpost people to the Emergency Dental Helpline if they need urgent treatment Urgent Treatment Centres - DMC has had feedback to say that people are confused about access to the Urgent Treatment Centre. There are many questions about closing times and this seems to differ on each site. Phlebotomy Clinic DMC also said that there was a lot of confusion for patients booking phlebotomy appointments as they have a new website. The information on the website gives a number but when they call there, they are told that they do not have access there to book appointments. <ul style="list-style-type: none"> MI said Phlebotomy service have also decreased the hours within the service according to the website. Eastern Sector Cancer Hub development - DMC asked when there would be a consultation now that the decision has been made to house it in St Helens. <ul style="list-style-type: none"> DW said that it will be going to the Overview and Scrutiny Committee so will be next year now. He said that there was a suggestion that it would be a 12-week consultation. They want transparency and for it to be spread far and wide DMC advised the Board that Appleton GP surgery was moving to new purpose-built premises shortly.
2.50pm	9	Any other business DW advised the Board that Louise Delooze will be sadly leaving HWH team at the end of the year. The HAB thanked her for all her hard work and praised her commitment to HWH. MI sent her thanks from the Widnes and Runcorn Cancer Centre and thanked her for all her outreach and support. Recruitment will begin in the new year.
3.00pm	10	Date and Time of Next Meeting 20 th January 2022 at Foundry House, 1.00pm

Healthwatch Halton Advisory Board (HAB) Meeting – Action Log for January 2022 meeting

Task Number	Agenda Item	Task Description	Assigned to	Status	HAB Meeting Date	Notes
2	HAB06/2	Send bios and photographs to DW to update website	All	ongoing	17/06/2021	Few remaining bios to be completed
5	2104/04	Chase up recommendations from the Young Peoples Mental Health Report in October time	DW	completed	15/04/2021	Ongoing – DW to update at HAB
8	2106/04	Signposting project – DW to create a project out line for Board to approve.	DW	ongoing	17/06/2021	DW to update at HAB
9	2106/05	DW to share list of all the meetings attended by HWH to review.	DW	ongoing	17/06/2021	DW to update at HAB
10	2106/06	DW to source NHS guidance on Named Nurse and how this is communicated to patients.	DW	ongoing	17/06/2021	DW to update HAB
12	0710/05	DW to invite Leigh Thompson to Board Meeting	DW	ongoing	07/10/2021	DW to update HAB
14	0710/05	CS to send DW details of who is in charge of new triage service at Warrington hospital	CS	completed	07/10/2021	Dave to update HAB
15	0710/07	CS to share Oral Health in Care Homes Report	CS	completed	07/10/2021	Attached to meeting papers

Agenda Item 4

Work programme
updates and reports



November & December 2021 overview

Engagement Strategy outcomes

Monthly workplan to be updated and published on the website

Year 1 – 2021 outcomes

1. To have set up and established effective engagement working practices, including a toolkit, and having successfully taken part in the Engagement HQ digital platform trial.
2. To be effectively represented on relevant stakeholder groups and boards across Halton, to ensure good stakeholder relationships
3. To be working in co-production with other voluntary sector or other organisations on key health and wellbeing projects
4. To be building on our network of community and patient group connections through our engagement plan.
5. To be raising our profile across Halton.

Some of the work we've carried out over the past couple of months is highlighted below. I hope this also highlights how we're meeting this year's outcomes as listed above.

Team Highlights

Communications

3 e-bulletins sent out during November & December. We currently have 494 subscribers to the e-bulletin. In addition, it is sent to all local councillors and our local MPs.

There were over 17,000 visitors to the website in during November and December, a 43.5% increase on the same period in 2020. By the end of December we'd had more visitors this financial year than the whole of the previous year. To date this financial year, we have had 109,045 website page views, just 1,000 views below the whole last year's figures.

Interestingly, aside from viewing information around the pandemic, the most viewed page recently is an article on what to do if you are removed from your GP list.

We've continuing to check and update our information pages to ensure they are up to date.

263 messages were sent out across social media, which were viewed more than 37,000 times.

These have included:

- Promoting our outreach sessions
- Public health and local vaccination booster info
- Awareness days, such as sleep safe, Sepsis and Safeguarding Adults
- Local Health campaigns – Lung Health Checks, Cancer Roadshow
- Phlebotomy clinics and Urgent Treatment Centre information

Training and webinar sessions

More online training sessions have been completed by the team, including:

- Accessible information campaign – theory of change workshop
- Involvement in the Healthwatch national conference week including:
 - Ensuring patient voice in health and social care services
 - Grasping the intangible
 - How can you make your communications as accessible as possible?
 - Keynote: Tackling health inequalities
 - Putting equality at the heart of Healthwatch
 - Supporting volunteers in the new health and social care landscape

The team continue to take up any relevant opportunity for online training. Healthwatch England have been a good source of training sessions this year, which is good to see.

Meetings

We covered 18 statutory and local stakeholder meetings this month including:

- Volunteer Leads meeting - HWE
- Phlebotomy project group
- Engagement Leads meeting HWE
- Mental Health Steering Group
- Public Health webinar
- CCG Engagement & Involvement Group
- Children & Young People's EHW Board
- One Halton Health Protection Board
- Primary Care Network
- Safeguarding Week planning
- CCG Quality Committee
- Primary Care Commissioning
- PPG+

Engagement and outreach



Number of outreach sessions held – 14

People engaged with – 199

Outreach sessions took place

- Widnes Market
- Widnes Library
- Runcorn Shopping City
- The Heath
- Halebank
- Halton OPEN
- Halton Lea Library

Louise and Irene had been planning further outreach across the borough, but this has been put on hold following the guidance from Healthwatch England and ECS to pause all face to face outreach and engagement activities due to the spread of the omicron variant. The team will be aiming to expand our online activities while we wait for the go-ahead to resume face to face work again.

Enquiries and Feedback update

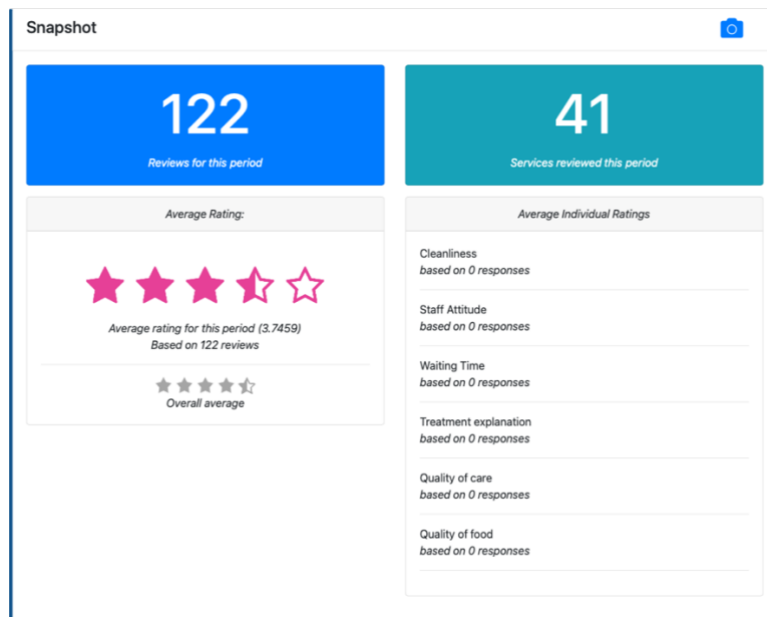
The main enquiries received via email, phone and social media continue to focus on three main issues

- Access or the lack of it, to NHS dentists
- Access to GP services
- Access to hospital treatment
- Covid vaccinations and the housebound
- Child Development Centre - assessments

Phone calls received have covered a number of other issues such as:

- requests for social care assessment support
- requests for NHS advocacy support
- difficulties in getting vaccinations for the housebound
- Care Home concerns – limited or no access for family members

November / December Stats												
Twitter		12		2432		2500	No. of Tweets	92		385		17570
Instagram	New Followers	21	Total	662	Target	650	No. of Posts	49	No of Engagements	132	No of reach/ impressions	1867
Facebook		15		853		900	No. of Posts	125		446		17929
WEBSITE	No of Visitors					No of news articles			Website Page Views			
TOTALS	17302					19			27724			
Newsletter/ E-Bulletin		New subscribers		60	Total	494	Target for Year		450			



We've collected 122 feedback comments during November and December, covering 41 services.

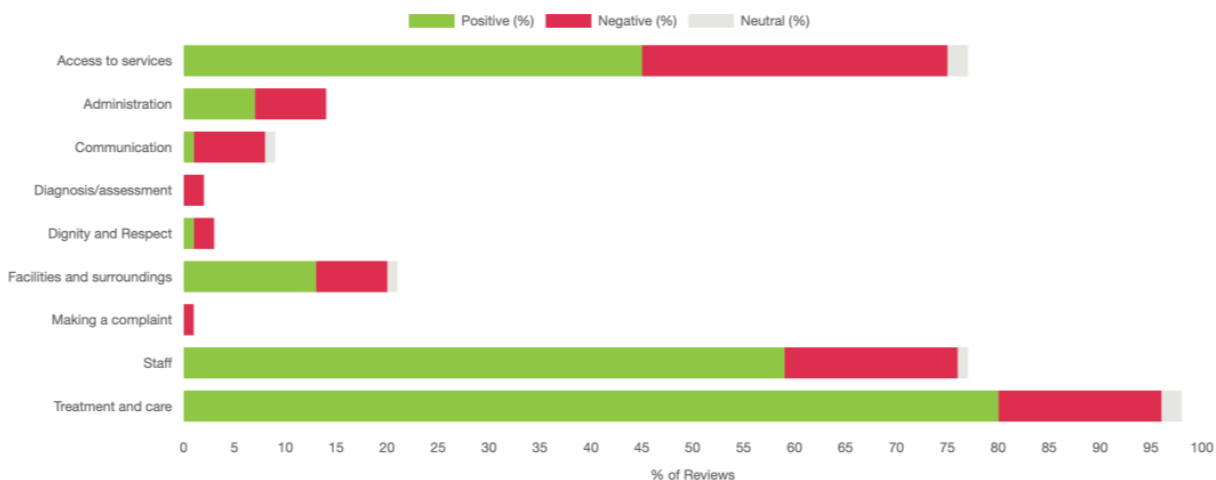
The top three areas we heard about were GPs, Hospitals and vaccinations.



Themes



Top 10 Themes



Theme	Count	Positive	Negative	Neutral	Subthemes
Access to services	77	58%	39%	3%	Sub-Themes >
Administration	14	50%	50%	0%	Sub-Themes >
Communication	9	11%	78%	11%	Sub-Themes >
Diagnosis/assessment	2	0%	100%	0%	Sub-Themes >
Dignity and Respect	3	33%	67%	0%	Sub-Themes >
Facilities and surroundings	21	62%	33%	5%	Sub-Themes >
Making a complaint	1	0%	100%	0%	Sub-Themes >
Staff	77	77%	22%	1%	Sub-Themes >
Treatment and care	98	82%	16%	2%	Sub-Themes >



**Engaging
Communities
Solutions**



Access to Primary Care and Digital Exclusion
Report on findings across eight Healthwatch delivered by
Engaging Communities Solutions CIC

November 2021



Introduction

Engaging Communities Solutions CIC deliver nine Healthwatch contracts across the Midlands and Cheshire. Healthwatch are locally commissioned and act as the independent voice for the public using health and social care services in their area.

Healthwatch gather feedback from members of the public and use that feedback to work with the providers and commissioners of health and social care services to improve services. One of the ways that Healthwatch gather feedback is to undertake focused projects that look at particular services or the experiences of particular groups in our communities.

On this occasion, the Healthwatch have carried out a project that looks at the experiences of people who were more likely to be digitally excluded than the general population in accessing primary care during the Covid-19 pandemic and its associated restrictions. Unlike the HWE project we did not interview GP practice staff as at the time the project was being undertaken local GP practice staff were taken up with the rollout of the Covid vaccination programme and felt unable to take part.

We found that booking appointments in the first instance had sometimes been difficult for participants although for many accessing GP appointments could be difficult before the pandemic but there had been changes to how appointments could be accessed with telephone booking being the main method.

Some participants were reluctant to access appointments at all, either because the process to access an appointment was difficult and not always successful or because they were shielding, lacked digital access but also did not want to physically go to the practice.

Telephone appointments were the main types of appointments that had been accessed by participants with mixed feedback about their experiences. Some felt that they were more convenient and were happy with the appointments or understood that they were necessary during the pandemic. However, for others telephone appointments raised concerns of quality of care, or were difficult to get the most out of because of language barriers or other additional needs.

Video consultations were not widely used by practices and there was only one participant who had used them only to find that the technology did not work. The use of email for booking appointments or sending information to the doctor was more widely utilised and caused some difficulties for participants. These included needing support to send information, finding the process slow or in the case of trying to book an appointment for one participant, unfathomable with the process going around in circles with no resolution.

Face to face appointments were experienced by some participants wither because they had been assessed as needing face to face appointments at the start of restrictions or because following a telephone consultation, they had been offered a further appointment. There was a lack of choice in types of appointments and none of the participants said that they had been given a choice, it had been made by the GP practice.

There was a strong preference for seeing a practitioner face to face from participants. The reasons given simply being more comfortable being able to speak face to face, overcoming communication difficulties and being more confident in the quality of care received.

Those who had long term conditions that needed regular check-ups were generally able to access appointments as normal and be seen face to face although there had been some delays with diabetes care and with annual health checks for people with learning disabilities.

Background

This project was carried out across eight of the nine Healthwatch contracts that are delivered by Engaging Communities Solutions CIC and is based on a similar project undertaken by Healthwatch England (HWE) with a small number of local Healthwatch undertaking the fieldwork.

The HWE project was a follow up project after an online survey was undertaken about access to primary care at the start of the pandemic. The initial survey found that people were generally happy accessing their GP remotely, but as a survey that was online it potentially did not reach people who were actually digitally excluded and struggling to access primary care.

Therefore, a qualitative research project was designed by HWE that targeted groups who were potentially more likely to be digitally excluded than the general population. The HWE report 'Locked out: Digitally excluded people's experiences of remote GP appointments' was published in June 2021.

Methodology

We followed the methodology that was set out by Healthwatch England for their project making use of semi-structured interviews that were conducted by telephone. Whilst it is recognised that using telephone interviews restricted who could take part as not everyone would have access to a telephone within the target cohorts, it was necessary due to ongoing Covid restrictions that meant face to face interviews were not possible at the time.

Semi-structured interviews meant that whilst there was a structure in place that ensured that key questions were addressed during the interviews, it was also possible for the researcher to explore with participants their answers, gain further depth of understanding and clarify responses where they were not clear. The interviews varied in length from just 10 minutes to up to an hour depending upon the experiences of the participant and the extent of their use of primary care during the pandemic.

The HWE methodology set out three cohorts in the target population for the project. The target cohorts were those deemed as being more likely to be digitally excluded than the general population. The cohorts were older people; people with disabilities including learning disability; and people who did not speak English as a first language.

A range of methods of recruitment were used with approaches being made to local GP practices in the first instance, following the recruitment method initially adopted by HWE. However, with the ongoing pressures on primary care and the covid vaccination programme it was not possible to secure enough support from GP practices to pursue this method although some participants were recruited this way. Therefore, local voluntary sector organisations were incentivised to assist with recruitment which provided some more of the

participants and finally local Healthwatch networks were also utilised and individuals that came forward from this approach were individually incentivised to take part in an interview.

In total there were 33 interviews undertaken across eight local Healthwatch contracts.

Cohort	Number of participants
Older people	11
People with a disability including learning disability	12
People who do not speak English as a first language	10

These were Healthwatch Halton; Healthwatch Leicester; Healthwatch Leicestershire; Healthwatch Staffordshire; Healthwatch Stoke-on-Trent; Healthwatch Walsall; Healthwatch Warrington; and Healthwatch Wolverhampton. Healthwatch Sandwell did not take part in the project as they were undertaking a similar project as part of their annual work programme.

The numbers of interviews varied from each Healthwatch varied and have not been broken down according to location.

The feedback from the interviews was recorded in written notes by the researcher using the participants' own words in answer to the questions, notes were then written up and analysed using thematic analysis. This meant that the text was coded, and then common themes were identified from the coding.

There are some limitations with the methodology and the resulting findings from the project. The use of semi-structured interviews meant that this was a qualitative project with a relatively small sample size. Unlike a large-scale survey where the results can be generalised across populations, the methodology used in this project provides snapshot of the experiences of the participants rather than across a whole population.

The use of telephone interviews meant that those who did not have access to a telephone or who had communication difficulties that meant that they could not be interviewed via the telephone were mainly unable to take part, although some adjustments were made enabling a participant to answer the questions in writing.

The recruitment of participants meant that the sample were self-selecting in that they responded to requests for participants through various networks, therefore, they may not be particularly representative of the wider population of people who are digitally excluded.

Findings

The feedback has been analysed to identify common themes and these are presented below.

Themes

Appointment booking process

The process of booking an appointment had changed for some participants with appointments only being accessed via telephone when they had been able to call in person to the surgery to book an appointment in the past. One participant told how they had *'first made contact by walking into the surgery'* but was told that they needed to book a telephone consultation. The participant was deaf and had to *'return home and make contact via minicom.'* Another participant told of their friend who lacked access to a phone and so *'just pitches up and waits to see someone'* despite their surgery having a message on their telephone system saying that *'you can't just go down and be seen.'*

Difficulty with being able to get through on the telephone was a recurrent theme. One participant commented that they were *'unable to get through on the phone. Have to phone early but can't get through. When I do get through all the appointments have gone'*; another commented that when they telephoned *'there was a queue of 30 people in front of me.'*

The need to call early in the morning was discussed by a number of participants with times ranging from 7.30am to 8.30am to be able to book appointments but even with calling early in the day participants repeatedly mentioned that they missed out on appointments. One participant questioned how the system worked as *'if I manage to get through just after 8am the appointments have already gone'* they went on to say *'the phonelines don't open until 8am, how are all the appointments getting booked?'*

This theme is common in other research that has been carried out around GP access prior to the pandemic too so it is difficult to understand if this has worsened or is simply the same as before Covid-19 however, one participant commented that it was *'harder to get through'* since the pandemic. There was one participant who reported that they had found it easier to get through by telephone and book appointments for their disabled family member than it had been before the pandemic saying that that it had been *'easier than normal times'* and when that it had *'just taken a phone call, that's all.'*

Reluctance to access appointments

There were some participants who were reluctant to try to book appointments with their GP practice during the pandemic. For some this was because they were shielding and were concerned that they would have to go into the GP practice. It was commented by one participant that *'if I thought there was a problem I would have done something but it was important to me to shield so I cut out as many risks as possible.'* Another participant told us that their disability meant that they could not use the phone or video for a consultation but neither did they want to physically attend the practice saying that *'I am physically vulnerable and at risk of the virus, so I chose not to attend as it scares me.'*

Another said that they did not contact their GP because *'I knew I wouldn't be seen'* and there was *'no point me trying to get an appointment with my GP.'*

Not being able to get an appointment meant that some stopped trying to access appointments with one saying that they *'didn't even try after a while as I wasn't able to access any appointments'* Another told how they had not been able to get through when they had tried and so had taken to using home remedies rather than making contact with their GP saying that *'I have had to start making my own treatments and medication for myself and my whole family'* as their *'GP is not helpful.'* They went on to say that the situation meant that they were *'constantly worried.'*

Types of appointments

Telephone appointments

Most of the participants who had accessed an appointment with their GP practice since the start of the pandemic had experienced a telephone consultation. For some participants the use of telephone appointments was a positive experience with it being more convenient for some and others being reluctant to physically attend the surgery because they were clinically vulnerable so shielding. It was commented by one participant that it had *'saved me a journey'* and for another *'it feels safer on the phone anyway at the moment because you don't have to go out or sit in a waiting room.'*

Others felt that telephone consultations were appropriate for the current situation with one saying that they had *'no issues having a phone consultation given the circumstances.'*

However, there were some who did not feel that telephone appointments were appropriate in any circumstances. One participant commented that their GP *'seem to be so frightened of the virus it is affecting patient care'* and that they were *'impossible to see.'*

It was commented that participants were sometimes unsure who it was what was calling them back as they are not necessarily familiar with all the staff at a practice. As such they were reluctant to have a telephone appointment where they were discussing personal details with someone they did not know and could not see. For example, a participant commented that *'when they called me back it was a name I didn't recognise'* and that they were concerned about *'someone saying they are a doctor, and it is not someone I recognise'* going on to say that *'telephone scams are a concern.'*

For those that did not speak English as a first language telephone appointments presented particular problems with communication both in explaining symptoms to the medical practitioner and also understanding what they were being told. One participant commented that *'I am not confident to explain my symptoms'* saying that *'English is my second language and I do not know all the medical terms or description to accurately explain my health on the phone.'*

Access to translation services was not always available on telephone appointments. It was felt by one participant that the appointment being on the telephone and requiring support from family members meant that their relative had lost their privacy and medical confidentiality. They commented that *'language is a problem because my Mum doesn't speak English very well and my sister has to translate'* and this *'reduces my Mum's privacy.'*

Another participant who was Deaf explained that they needed an interpreter for their appointments and because they were only able to access telephone appointments this meant

that *'the interpreter then has to phone my Dr's surgery. The interpreter and the Dr are connected to each other and then the interpreter has to face time me... it is such a palaver and so unnecessary.'*

For some participants who had experienced telephone appointments there were concerns about the quality of the care received. One participant spoke of how worried they had been after a fall that they had injured themselves more seriously than the doctor thought saying *'I could have broken something and nobody would have known because the doctor would not see me.'* They also said how they were concerned about being prescribed medication without being seen in person saying that the doctor *'just prescribed me pain gel without a consultation.'*

Quality of care was raised by other participants with comments being made about confidence in the care that they were receiving. One participant said that only having telephone appointments *'reduces our confidence in the effectiveness of our care.'* However, others felt that it had *'made little difference'* with one saying that *'the quality of my care was affected in a positive way'*.

The timing of telephone call backs were raised by some of the participants. For some the lack of specific appointments was not an issue with one commenting that the *'call backs are between 9 and 6, anytime during the working day. I have my mobile with me and wait for them to ring'*.

However, for others not having a specific call time was problematic with one participant saying that because they are not given a specific time it meant that *'my husband has to take a full day off work to have a telephone appointment... as he is not allowed to use his phone in his workplace.'* Another spoke of their autistic family who had called the GP for an appointment and then called their parent to let them know they were going to be called back. They said that *'the doctor must have called back immediately, and the phone was engaged'* as a result their family member *'was told off for wasting time and resources.'*

There were also some who experienced significant waiting times before they were called for a telephone appointment with one participant saying that the *'GP was supposed to call today ... after 7 weeks. It is now 16.50 and no call has been received'* they went on to say that the *'GP often doesn't call back.'* Another said that *'they gave me a date and a time, and it was three weeks.'*

Video consultations

Very few of the participants had experienced a video consultation with their GP practice. One participant who had experienced it told how *'the technology for the video consultation failed and the doctor could not see my [child]. I had to describe [their] symptoms'*. Therefore, making it *'more like a telephone appointment.'*

Most participants said that there was no availability of video consultations at their practice or that they had not been offered a video consultation. Generally, there was little interest in video consultations with one participant commenting that *'I do not have a computer or smartphone to enable me to do video consultations'* and another saying *'I use Google for looking things up. I wouldn't want to use the internet to see my doctor.'*

However, for some that experienced language difficulties access to video consultations would have been beneficial as they could have had an interpreter present as described by one participant *'where the Dr, myself and an interpreter are present online to be able to see and communicate effectively with each other'*. Or they would have been able to show the medical practitioner their symptoms rather than having to try to describe them.

Use of email

There were some participants who had experienced using email either to try and book an appointment or as part of a consultation. When booking appointments, we were told about the need to fill in an e-form and this was sent to the practice in order to receive a call back. One participant told how their practice *'won't take details on the phone' and that the form was 'very thorough but it takes a long time to complete it.'* They felt that *'people who are alone or have challenges would struggle with it.'* They did not have access to a computer themselves and therefore, had to use the library if they needed to contact their GP via the form.

Another participant had a similar experience accessing their GP in a different part of the country and had found that although they had completed the form, they were still unable to access the GP practice and such felt that they were *'stuck in the loop of talk to the receptionist, fill in the e form, talk to the receptionist again.'*

For those who had used email to send in pictures to their GP as part of their appointment there were comments about how they had found this difficult with one participant saying it was *'a bit hard to send the photo. It wasn't accessible'* and another saying that *'I am not very good at this but I have my daughter to help.'* A third participant expressed concern about if sending in pictures remained in place in the long term for people who had less support *'as not everybody knows how to do that.'* They spoke of a neighbour who had *'needed to and [they] said that [they] they couldn't send in a photo, could [they] just come in and [the GP practice] said no.'*

The lack of speed in the exchange of pictures and then receiving a response was also commented upon by one participant who said, *'I was asked to send a picture and it takes ages'* and that *'you would think it would be quite an instant thing'.*

Face to face appointments

Most of the participants who had experienced any kind of GP appointment during the previous 18 months had not had a face-to-face appointment. One participant commented that they had *'not been able to access a face-to-face appointment with my GP since the pandemic started'*

However, some participants had been able to see a GP face to face with one participant telling how they had been *'assessed as being in need of this at the start of the pandemic and the receptionists know I am able to have face to face appointments'* and that this was because *'my health needs are too great'* to have telephone appointments. Another said that they had *'been in to have a face-to-face appointment after several telephone appointments have taken place.'*

Choice of types of appointments

Participants generally said that they had not been given a choice in the type of appointment that they had. Most had gone through a telephone appointment with the health practitioner they spoke to determining whether they then needed a further face to face appointment. One participant said that they had *'called reception and I was told that I would be contacted by a GP by phone.'*

Preference for face-to-face appointments

There was a strong preference for face-to-face appointments amongst the participants although there were a small number who preferred telephone appointments because they were more convenient or meant that they did not have to go out when they were shielding because they were vulnerable to covid.

Some of those who stated a preference for face-to-face appointments were unable to give a reason for it other than it was what they preferred. However, there were some themes amongst the reasons for preferring face-to-face appointments. For some they related to being able to read non-verbal signals and being able to have *'eye contact'* with the practitioner. The need to be able to read non-verbal signals was particularly important for those with a language barrier with one participant saying, *'I could look for visual clues, facial expressions and body language.'*

It was also commented that being face to face with a practitioner meant that they were able to *'seek clarification'* and as such *'would have gained more knowledge about my health needs.'*

Others spoke about being more confident that their health needs would be met if they were seen face-to-face, with one participant reflecting on their experience of a telephone appointment and saying that *'if I had a face-to-face appointment, I think the diagnosis would have been more accurate.'* Another said that they'd had experienced a health problem in the past that if they had not been seen face to face would not have been picked up *'it was such minor changes'* and for this reason they felt that face to face appointments were necessary. Another commented that *'it makes me feel more reassured to know a GP can see me and may pick up on symptoms I don't realise are important to mention.'*

Routine appointments

Some of the participants who had long term conditions, such as diabetes, told of their experiences of accessing routine health checks. One participant said that they had *'managed to get blood tests done to monitor my diabetes'* and another said that *'I went last year for diabetes check-up'*. Most of the participants who said that they were diabetic said that they had been able to be seen face to face for their check ups although one said they had only recently been after they *'hadn't had a routine diabetes check for 18 months.'* Another participant had opted not to have their *'routine blood tests and retinopathy'* because their *'diabetes has been quite stable for a number of years'*, and they preferred to shield than go to the GP.

Others told how they had had routine blood tests and their practice had contacted them to go into the surgery after some initial delays at the start of the pandemic with one participant

saying that they had phone calls to go in and they had *'continued in the pandemic. I wouldn't say all the way through, but they called and said they were up and running, could you come in.'*

Participants with learning disabilities or their carers spoke about annual health checks and how they had been conducted since the start of the pandemic. Not everyone had had their health check although they were about to go for their health check, they *'weren't seen at all last year.'*

Conclusion

The Healthwatch England report of June 2021 found that there needed to be more flexibility in the types of appointments available to people who may lack access to digital technology. Whilst participants in this work were on the whole able to access appointments with some exceptions, these were not always in a form that was suitable to meet their perceived needs.

Booking appointments was an issue for some participants with the only routes being via the telephone and being met with problems getting through to their practice to make an appointment.

Most participants had experienced telephone appointments rather than any other type of appointment and there were some concerns raised in relation to the quality of care that was received as well as concerns about being able to communicate effectively by telephone.

There was a preference for appointments to be face to face although some participants did prefer to have their appointments by telephone because they found it more convenient. Those that wanted face to face appointments gave a variety of reasons including improved communication, improved quality of care and the reassurance that they felt in being physically seen by a medical practitioner.

The overall conclusion to the project is that there needs to be increased flexibility and choice in the types of appointments offered to patients who may experience digital exclusion either because they lack access or due to their additional needs such as language barriers or disability.

Recommendations

1. It is recommended that practices ensure that there is flexibility in their system to ensure that patients who lack digital skills or equipment are able to access appointments in a way that is most appropriate to their needs.
2. It is recommended that where patients do not speak English as a first language (including those who use British Sign Language) there are measures in place to ensure that interpretation services are available and that these are able to be accommodated face-to-face where necessary.
3. Where face-to-face appointments are not available it should be communicated to patients clearly why this in order to manage patient expectations. Communication

should be tailored to different mediums and to different needs such as easy read for people with learning disabilities.

4. Telephone systems should be reviewed to ensure that they are working effectively in order to manage peak demand and ensure that calls are successful.

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What issues are we monitoring

Summary of the key health and care issues we are monitoring
20 December 2021

Key issues we'd like you to tell us about

Issue	Description	Min equalities focus	Healthwatch England action
Access issues caused by COVID-19	People's experiences of accessing health and care support after the reintroduction of COVID-19 restrictions.	All	Starting to monitor and report to stakeholders
Care home visiting	People's experience of trying to visit loved ones in care homes following changes in Government guidance	All	Starting to monitor and report to stakeholders
Accessible information	People's experiences of receiving information in a format they can understand	All	Gathering more information from the public. Reviewing existing evidence.
Access to GP services	People's experience of trying to access GP services	Digital exclusion	Continue to monitor and report to stakeholders
Dentistry	Experiences of people accessing dental services	Low income	Reported in December and continuing to monitor
Hospital waiting times	People reporting delays in treatment and care	Low income/ transport	Reported November findings continue to monitor
Hospital discharge	New guidance produced for people leaving hospital.	Age	Monitor new guidance implementation
Social care assessments	Are people getting social care assessments and are their needs being met?	Low income/ ethnicity	Monitor and report to DHSC on levels of unmet need

Issue	Description	Min equalities focus	Healthwatch England action			
Vaccine access, attitudes & passports	People's experiences of accessing vaccines, vaccine hesitancy and effect of vaccine passports	Gender/ethnicity/age	Continue to monitor and report to stakeholders.			
Long COVID	Concerns that people who are experiencing ongoing issues from COVID-19 do not have their support needs met.	Age /gender	Identify any issues – NICE guidance available for info.			
Priority key	High	Emerging issue being actively researched	Medium	Issues reported on and/or continue to monitor	Low	Issues being monitored to identify new issues

About

We monitor a range of health and care related issues so that we can alert decision makers to emerging problems. This document provides a regular status update for local Healthwatch services so that you can prioritise the insight you share with Healthwatch England. We use the evidence you share to inform our national stakeholder updates and external reports

How to share your public feedback

Please share any insight on these issues via the CiviCRM or Research@healthwatch.co.uk

Agenda Item 5

Meeting feedback

Healthwatch Meeting feedback forms – January 2022

Date	Meeting	Rep name	Notes /Actions
2021-11-20 09:21	Other NHS meeting Meeting - other	Paul Cooke	<p>Meeting Details</p> <p>General catch up Meeting with Lynne McGugan, Runcorn PCN, to discuss future joint communication work.</p> <p>No. 1 Similar discussion to yesterday's meeting with Mel Connell. Agreed that HW would put a website article together using the Suffolk Abuse of Staff video and that Lynne would add a local Runcorn viewpoint.</p> <p>No. 2 We discussed a possible joint meeting with Mel Connell and Lynne and HW team to formulate future communication programme and to explore possible work perhaps using One Halton funding.</p> <p>Action Points: 1. Discuss how to produce a website article, maybe a letter to Halton Healthwatch by Kath or me explaining why we are sharing the video and also asking for their experiences. Why are people losing their tempers ? Following discussion with PCNs article to be shared with CCG and Practices. Need to discuss.</p> <p>2. Arrange a joint round table meeting with PCNs to explore future communications work. Need to prepare agenda with our ideas.</p> <p>Concerns:</p> <p>Any other points: None</p>

Healthwatch Meeting feedback forms – January 2022

Date	Meeting	Rep name	Notes /Actions
<p>2021-11-17 15:50</p>	<p>CCG Primary Care Commissioning Meeting – Statutory</p>	<p>Paul Cooke</p>	<p>Meeting Details</p> <p>Standard PCCG Meeting. Pre-Brief was provided Leigh Thompson.</p> <p>No.1 – Primary Care Risk Report 1. Monitoring of the use of the Additional Roles Reimbursement Scheme (ARRS) budgets by each Primary Care Network.- Risk of not spending the money. 2. QOF (Quality and Outcomes Framework is a system for the performance management and payment of general practitioners) -The outcome delivery for population being impacted upon by other priorities for Primary Care response requirements – Risk of not spending the money.</p> <p>No. 2 – Primary Care Commissioning & Transformation Report Commissioning and transformation activities continue to focus on supporting the Covid-19 Pandemic response and recovery: • Darebsury Initial Accommodation Centre – Work continues on identifying solutions to ensure the patients at the site receive their covid vaccinations and booster dose. Dual Bedrooms established. • Winter Access Fund – Local plans have been developed and submitted to the ICS. The plans consist of four projects to help improve access to general practice and alleviate the pressure on the Urgent Care System by expanding urgent same day access. Business as usual commissioning activities undertaken include: • Following the Runcorn Pilot, discussions remain ongoing with the First Contact Practitioner service provide by WHHT to develop a sustainable and resilient service. Drawing on models from other CCG footprints. • The two PCNs have confirmed their intention to continue to commission Wellbeing Enterprises to provide a social prescribing service from 1st April 2022 to 31st March 2024. All have agreed to the implementation of Social Rx software to support the delivery of the local social prescribing model. • Extended Access (GP Extra) – Guidance</p>

		<p>in relation to the transfer of the commissioning responsibility and funding to PCNs has been delayed until October 2022. Contract and Development meetings have commenced with a number of actions identified to support the recovery and utilisation of the service. • Remote Monitoring – Project Plans and implementation has commenced for the two local place projects which will introduce remote monitoring to care homes and support long term condition management. • A mapping session has been to develop a process for the electronic, paperless ordering of pathology requests from WHHT. • Cheshire and Merseyside ICS are developing a service specification to support an ICS procurement of online and video consultation software</p> <p>No.3 Lucy Reid presented a Medicines Update.</p> <p>Action Points:</p> <p>Concerns: Raised issue of Care Home Staff not being vaccinated and possible risk for the in patients. Response was that this was not currently an issue in Halton, but the situation was being monitored. All carers were being monitored.</p> <p>Any other points: I wonder about the future arrangements with CCGs being replaced by ICS and ICB. I cannot see a clear picture of where all the services are being mapped onto in the Place model.</p>
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Healthwatch Meeting feedback forms – January 2022

Date	Meeting	Rep name	Notes /Actions
<p>2021-11-24 11:30</p>	<p>St Helens & Knowsley Phlebotomy Booking System group Meeting – other</p>	<p>Jude Burrows</p>	<p>Chaired by Sharon Roberts.</p> <p>Lilac centre patients encouraged to book before appointments. New patients can be still be sent over and staff will let the blood clinic know.</p> <p>Link was not live when first released but is now live.</p> <p>Call handler software getting installed on Monday at St. Helens before goes live at 12pm. Have had training.</p> <p>Call handler script ready. Bank staff will answer phones and have or will do the training.</p> <p>Staff on hand for launch from Monday, early morning. And staff on call to help. Need to use booking system in Google Chrome.</p> <p>HCA and phlebotomists training ongoing. Widnes HCRC been shown already. Staff going to check IT systems at community sites.</p> <p>Will be tested on Friday afternoon.</p> <p>Outpatients staff (Consultants and Managers) not happy with the booking system. Don't want patients to come back twice. Can pre book if they know they will need one or go to a closer community clinic. May cause problems for patients needing swabs before a procedure who need to isolate. If have enough notice can book bloods for at the same time as swab taken. Slack in the system is available for urgent blood tests. Staff have been informed and are sharing with patients who are attending the hospital.</p> <p>Action Points: Continue to promote new booking system. Have put on all social media and promoted again the week before launch. Also used in ebulletin.</p>

Healthwatch Meeting feedback forms – January 2022

			<p>Concerns: Raised issue it is hard to find on phones as you can't see quick links or news banners like website. Trust will look in to what can be done. Suggested adding to the green buttons as these show up on phone. Like 'is it an emergency' button or 'restaurant retail' button.</p> <p>Any other points: None</p>
Date	Meeting	Rep name	Notes /Actions
2021-11-24 08:32	CCG Quality Committee Meeting – Statutory	Dave Wilson	<p>Last QC for a while – Fairly run of the mill meeting – Minutes and Action log – all ok. Now need to follow up on the GP website action</p> <p>Risk Register – some risks will roll over to new committees</p> <p>Our review of GP websites report, actions will remain on the RR, to be picked up by any new incarnation</p> <p>Provider updates – nothing unusual – still significant A&E attendances</p> <p>Action Points: Ensure we're involved in whatever new Place based quality group is started.</p> <p>Concerns: There may be some issues that are currently covered by the Halton QC that in future come under the C&M ICS/ICB. Will we have the same voice in this?</p> <p>Any other points: We need to discuss public engagement with Katie Horan / Stef Griffiths.</p> <p>Thanks to everyone who has been involved in the QC over the years! Hard working and well run committee!</p>

Healthwatch Meeting feedback forms – January 2022

Date	Meeting	Rep name	Notes /Actions
2021-11-25 09:33	Meeting – Halton Haven	Louise Delooze	Meeting Details Meeting with new contact at Halton Haven Debra Bailey – Explained Healthwatch's role Action Points: Concerns: Any other points: None
Date	Meeting	Rep name	Notes /Actions
2021-11-25 10:58	PPG+ meeting	Dave Wilson	PPG+ meeting – well attended PPGs in Halton: identifying activity and gaps – CCG presentation on the PPG network from Aysa Devine – There is a requirement for a practice to have a PPG but not any definition of what they should be! Diane asked, 'How many practices are members of NAPP' Diane said they should all be members of NAPP. Ayesha will take that back to the network. DW – Good guidance available from Healthwatch too. Update given on Self Care campaign for winter Hospital Access Recovery Plan – Update from Martin Stanley Practice updates – Appleton Village surgery move to Upton Rocks on 29th November. The surgery will be known as Fir Park. Action Points: promote self care campaign

Healthwatch Meeting feedback forms – January 2022

Date	Meeting	Rep name	Notes /Actions
<p>2021-12-07 11:00</p>	<p>Healthwatch England Meetings Meeting - other</p>	<p>Jude</p>	<p>Meeting Details Jenny Clarke and Alvin Kinch discussed Inclusion Advisors to help with Equality, diversity and Inclusion.</p> <p>10 volunteers from the network who class themselves as from a protected group will from a group to support the network. Make referral from your regional Manager for support from the Inclusion Advisors. Local HW would get a grant of their vol was an Inclusion Advisor.</p> <p>By 2024 we need to meet accessibility guidelines. have a board and volunteer base that represent the local community.</p> <p>The Girl guides have a programme just like this. For example one volunteer represents young carers and another the LGBT community within heir organisation.</p> <p>Discussed extra work for volunteers. Should the be paid? Must not be seen as a token gesture but a part of our work. The greatest impact is often from people lived experience rather than us saying it for them.</p> <p>Volunteer connectors. Volunteers to connect to the community to help people have a voice. Idea to be fed back to NHS England who will be funding voluntary groups (hopefully HW) to run engagement rather than NHS running it.</p> <p>These volunteers would need excellent support to allow them to take part especially if they are still facing difficulties, such as caring responsibilities, financial hardship. Need to represent their community not just themselves.</p>

Healthwatch Meeting feedback forms – January 2022

			<p>Discussed annual volunteer supervision. Most vols don't want this but could offer. One HW sit in a cafe one afternoon and say drop in if you would like to.</p> <p>Discussion on vols preferring Enter and view rather than online tasks.</p> <p>Jo Task raised good point: "Expectations need to be carefully explained and managed from recruitment and reiterated regularly! I always say to new recruits that our work is project based and there may be periods of great activity and then quiet spells where the only opportunities for tasks are desktop or data analysis and they will have to take the rough with the smooth"</p> <p>Next meeting 2nd March.</p> <p>Action Points:</p> <p>Concerns:</p> <p>Any other points: None</p>
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Healthwatch Meeting feedback forms – January 2022

Date	Meeting	Rep name	Notes /Actions
<p>2021-12-06 13:00</p>	<p>Meeting – E&I Group</p>	<p>Dave Wilson</p>	<p>Meeting Details</p> <p>Low turnout at today’s meeting – Wellbeing Enterprise were due to give presentation but could not attend</p> <p>Update given on the ICP</p> <p>Eastern Sector Cancer Hub will go out to consultation most probably in January. Questions being worked on.</p> <p>It would be helpful if we could get to see them before they go live.</p> <p>PCN Engagement – No-one from the PCN in attendance. Not really much to say on this.</p> <p>Maternity review – short update on this. Not much of note</p> <p>Comms update – Again not much to note</p> <p>Action Points: Talk with Katie / Stef over the plans going forward for this meeting.</p> <p>Any other points: None</p>
Date	Meeting	Rep name	Notes /Actions
<p>2021-12-10 12:42</p>	<p>VCFSE Meeting Meeting – Statutory</p>	<p>Louise</p>	<p>General catch up and update from all local Voluntary Organisations.</p> <p>Updates on:</p> <ul style="list-style-type: none"> • Winter campaigns • Deafness Resource • Migrant Help • Foster4 project

Healthwatch Meeting feedback forms – January 2022

Date	Meeting	Rep name	Notes /Actions
<p>2021-12-15 10:00</p>	<p>Meeting – Statutory Children & YP Emotional Health & Wellbeing</p>	<p>Dave Wilson</p>	<p>Meeting Details</p> <p>Discussed some of the actions from our report in June.</p> <p>Di Clarke will get back in touch over the actions completed. – Follow up in January if not heard</p> <p>Funding had been given to the following for work supporting CYP</p> <ul style="list-style-type: none"> • PHE Prevention and Promotion Funding • CB UK Voluntary Sector • CAB • VIBE <p>Parenting programme Co-ordinator will start in January</p> <p>Targeted marketing campaign – People in areas of deprivation to get support from CAB / Energy UK</p> <p>Perinatal Pathway – C&M PN steering group – trying to set-up a perinatal pathway.</p> <p>Teenage pregnancy – update on figures. Down but still above national figures.</p> <p>0-19 update, not much to report</p> <p>Mental Health teams in schools – 2nd steering group later today.</p> <p>Action Points: Offered help in work around the MH Info point – Meet with Katie Bazley in January</p> <p>Speak with Di Clarke in January re Perinatal Pathways</p>

Healthwatch Meeting feedback forms – January 2022

			<p>Concerns: CAMHS Transformation – Need to look at the access figures – Not sure how well access targets are being met as clear data isn't there.</p> <p>CAMHS service has no idea if they are meeting the targets</p> <p>MerseyCare data not pulling over – Check with Dennis Dewar? This is something we need to get a picture on.</p> <p>Any other points: None</p> <p>Offered to meet with Kate Bazley.</p> <p>Need to follow up with Di Clarke</p> <p>Decisions:</p>
Date	Meeting	Rep name	Notes /Actions
2021-12-15 14:07	Halton Mental Health Steering Group	Jude Burrows	<p>Meeting Details</p> <p>Update on the mental health school teams.</p> <p>Peter Styzaker (MerseyCare) gave an update:</p> <p>Recruitment ongoing. New staff recruited and some more to come.</p> <p>Have met with pilot schools. (5 Widnes and 7 Runcorn).</p> <p>Swapping two schools out who can't engage at the moment with 2 new schools.</p> <p>Need accommodation, delay at Widnes Hall. May look different office space if on going delay. Fitted in at Halton Lodge school.</p> <p>Some consultation visits done with some of the 10 schools to start referrals for service.</p> <p>Visits will be done to local services by senior staff to learn about local organisations.</p> <p>Engagement event (on 17th) with schools won't be face to face anymore due to Covid. Put on hold to be rescheduled in about March time. Will be smaller virtual event.</p>

Healthwatch Meeting feedback forms – January 2022

			<p>After asking for a stall or promotion opp. Dianne Clarke said people can share leaflets at the event but not have stall.</p> <p>Next meeting: January 2022 (will be sent out, after 17th virtual event).</p> <p>Action Points: Offered again to help with any promotion.</p> <p>Concerns:</p> <p>Any other points: None</p>
Date	Meeting	Rep name	Notes /Actions
2021-12-16 12:15	Other Healthwatch Meeting - other	Dave Wilson	<p>Meeting Details</p> <p>Phone call with Paul Mavers to discuss HW representation on the ICP QC</p> <p>This was an update following the email I sent to Rebecca Knight at Halton CCG. Rebecca is arranging the governance support for the new ICP QC.</p> <p>She wanted to know who the HW rep(s) will be.</p> <p>We've asked to speak with the chair of the committee to find out what they expect Healthwatch role to be.</p> <p>Action Points: Paul has emailed Sarah at HW Liverpool to find out if she knows the new chair, Cathy Maddaford.</p> <p>Sarah will contact Cathy.</p> <p>Concerns:</p> <p>Any other points: None</p>

Healthwatch Meeting feedback forms – January 2022

Date	Meeting	Rep name	Notes /Actions
<p>2022-01-07 09:00</p>	<p>Health Protection Board Meeting - Statutory</p>	<p>Dave Wilson</p>	<p>Meeting Details Extraordinary meeting of the HPB I missed the first 30 minutes as I had a phone call to deal with. They hadn't got too far in to the agenda. Still on the verbal updates. They were discussing patients being put in to Lillycross in Widnes Guidance for 14 days closure for care homes with omicron - I think this relates to taking on new residents There is a lack of designated beds - LT Lilycross - Wayne Longshaw asked for clarity on its ongoing contract - It's due to finish in May, which would lead to a 60 bed shortage Catherine Jones Warrington Council - The issue is staffing shortages We should be supporting people for discharges home Supported living accommodation is facing similar issues Situation is on a knife edge but we are managing.</p> <p>Nicholas Hughes - Lab capacity for swabbing is an issue. Homes are facing delays in results coming back. Bridgewater NHS - 14% off sick with 55% of these with covid Rates of sickness escalating day by day.</p> <p>Primary Care - Leigh Thompson - situation is tight down to staffing and availability of LFTs and PCRs.</p>

		<p>Staffing is at critical pinch point. Having to escalate and manage on a practice by practice basis.</p> <p>Adam Irvine - Pharmacy - Pharmacies have 7 members of staff average, many running at 50% staffing. Patients coming to pharmacies as they can't get to see GPs. Many pharmacies on the point of falling over. Biggest issue is LFT availability. Now facing significant abuse from patients. Receiving 1 carton of 54 test kits per day. 15 minutes and they've gone! People are waiting in their cars outside pharmacies for deliveries to arrive.</p> <p>Sarah Johnson-Griffiths - Information given to Public Health yesterday is that it is a distribution problem not a supply issue. It should improve next week.</p> <p>Current delivery capacity is equivalent to only 2 boxes per pharmacy</p> <p>Schools and CSC in Warrington..... SCHOOLS - All schools opened All testing taking place Staggered start back in line with DFE guidance Primary attendance 91% at present, anecdotally – data not due till Monday All classes have stayed open Manage cases being supported at school</p>
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		<p>Guidance in place, working with it School leaders concerned staff absences Nothing significantly impacting on attending school</p> <p>CHILDRENS HOMES Children’s homes, can only report on LA level (not private providers) – staffing issues particularly over xmas – Most concern was westlands short breaks home for children with disabilities, have had to reduce offer/availability of shortbreak and outreach support due to breakout with staff, coming back on track now and all managed</p> <p>CHILDRENS SOCIAL CARE/SOCIAL WORK – staffing – significant impact due to isolation – 15% – most not unwell but unable to complete statutory duties as isolating, no easement on statutory regs by DFE – local process in place and challenge at DCS level to DFE about their abdication of any responsibility.</p> <p>Mil Vasic – Halton BC One school have had highest number of staff off since the start of pandemic. Concerns that many staff are still testing positive on days 6 & 7 Only covered some of the issues with a general update</p> <p>Sarah JG rounding up the meeting – What we’ve gathered today is everything is under pressure. The system is managing on knife edge, it could go either way depending on rates over the next week or so.</p>
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Healthwatch Meeting feedback forms – January 2022

			<p>We'll keep meeting booked in for 17 Jan</p> <p>May have to look at stopping some activities and mutual aid.</p> <p>We don't know which way it will go.</p> <p>Media reporting London cases have plateaued/decreasing. This is not correct. It's a testing issue.</p> <p>We are about 2 weeks behind London, so we'll watch with interest.</p> <p>Action Points: In the TOR they have the Healthwatch rep down as TBA. Both Warrington and Halton will attend. Emailed SJG after the meeting to confirm this. Also offered to support the pharmacy communication campaign when it launches.</p> <p>Concerns: All of the above!</p> <p>Any other points: None</p>
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Healthwatch Meeting feedback forms – January 2022

Date	Meeting	Rep name	Notes /Actions
2022-01-10 10:00	Other Vol Sector Meeting Meeting - other	Dave Wilson	Meeting Details Meeting with Bridgid Dineen at Age UK to discuss their new project, Utopiage. Bridgid wants to get the 4 healthwatch in the mid-mersey patch to support the project. It will be an inclusive research project aimed at getting the views of those 50+ as to what makes a great community. Action Points: Concerns: Any other points: None

Healthwatch Meeting feedback forms – January 2022

Meeting feedback Action Points and concerns to note

1. PCN Meeting 20/11- Paul Cooke
 - a. Discuss how to produce a website article, maybe a letter to Halton Healthwatch by Kath or me explaining why we are sharing the video and also asking for their experiences. Why are people losing their tempers? Following discussion with PCNs article to be shared with CCG and Practices. Need to discuss.
 - b. Arrange a joint round table meeting with PCNs to explore future communications work. Need to prepare agenda with our ideas.
2. PCC Meeting 17/11 – Paul Cooke
 - a. Concerns: Raised issue of Care Home Staff not being vaccinated and possible risk for the in patients. Response was that this was not currently an issue in Halton, but the situation was being monitored. All carers were being monitored.
 - b. Any other points: I wonder about the future arrangements with CCGs being replaced by ICS and ICB. I cannot see a clear picture of where all the services are being mapped onto in the Place model.
3. St Helens & Knowsley Phlebotomy Booking System group 24/11 – Jude
 - a. Action Points: Continue to promote new booking system. Have put on all social media and promoted again the week before launch. Also used in ebulletin.
 - b. Concerns: Raised issue it is hard to find on phones as you can't see quick links or news banners like website. Trust will look in to what can be done. Suggested adding to the green buttons as these show up on phone. Like 'is it an emergency' button or 'restaurant retail' button.
4. CCG Quality Committee – 24/11 – Dave
 - a. Action Points: Ensure we're involved in whatever new Place based quality group is started.
 - b. Concerns: There may be some issues that are currently covered by the Halton QC that in future come under the C&M ICS/ICB. Will we have the same voice in this?
 - c. We need to discuss public engagement with Katie Horan / Stef Griffiths.
5. PPG+ 25/11 – Dave
 - a. Promote self care campaign
6. E&I Group – 06/12 – Dave

Healthwatch Meeting feedback forms – January 2022

- a. Talk with Katie / Stef over the plans going forward for this meeting.
- 7. CYP EHWP – 15/12 – Dave
 - a. Action Points: Offered help in work around the MH Info point – Meet with Katie Bazley in January
 - b. Speak with Di Clarke in January re Perinatal Pathways
- 8. Halton Mental Health Steering Group – 15/12 – Jude
 - a. Offered again to help with any promotion.
- 9. Health Protection Board meeting – 07/01 – Dave
 - a. Offered to support pharmacy communication campaign

Agenda item 5a

ICS updates

Integrated Care System Monthly update

12 January 2022

Jenny Clark

Jacob Lant

Bren McGowan

What we will cover

- Integrated Care System (ICS) timetable - *Bren*
- Integrated Care Board (ICB) constitutions - *Jacob*
- Collaboration Toolkit - *Jenny*
- Local issues - *All*

Integrated Care System timetable

- NHS guidance published on 24 December puts back implementation of ICSs to 1 July 2022
- New timetable expected 14 January
- Impact on primary care delegation
- Pre-election period in April
- Health and Social Care Act 2012 had longer lead-in after Royal Assent

A large abstract graphic is positioned in the upper left and center of the slide. It features a large pink circle on the left, a large green circle on the right, and a white circle on the right side of the green circle. The pink circle overlaps the green circle, and the white circle overlaps the green circle.

ICB Constitutions

A small green circle is located to the left of the text "ICB Constitutions".

Jacob Lant - Healthwatch England

Background

LHW were due to be consulted by ICBs on draft constitutions between 22 and 30 November according to the original timetable.

HWE secured guidance in the FAQ document to support this process.

How should the board of the ICB ensure governance and oversight of involving people and communities in decision making?

The ICS Implementation Guidance for involving people and communities sets out considerations that ICSs should give to involvement of people and communities in ICS Governance on pg13. It guides systems to define, adequately resource and support the role of members of the public in governance arrangements. Therefore, the ICB governance documents (including its constitution and “governance handbook”) should make clear how delivery of the people and community engagement strategy will be assured, including:

- How the board has strategic oversight and assurance of involvement of people and communities in the exercise of its functions;
- Arrangements it has made to work with and alongside local partners such as Healthwatch and VCSE partners;
- How the board and its committees will consider the diversity of the population, including those who experience the greatest health inequalities, and how they have been involved making decisions (including delegated decisions), including through formal collaboration with local Healthwatch to ensure that their statutory functions are considered and how peoples’ voice and experiences across provider and partners are coordinated and heard;
- Set out how decision making and governance will be transparent for the wider public (e.g. published papers, meetings in public, direct community engagement).

In addition, in advance of April 2022 NHSE will update the current statutory guidance on involving people and communities (patient and public participation) (here) to reflect ICBs succeeding CCGs; designate ICB chairs and chief executives will be engaged in particular on how the updated guidance should enable the board to discharge its duties to involve people and communities.

Key asks

That LHW have a designated non-voting seat at the ICB and the ICP.

Representative to be agreed jointly by all relevant LHW in the patch.

For this role to be adequately resourced by the ICS to support the following three functions of local healthwatch:

- Sharing of existing insight into governance processes
- Providing advice and guidance on future engagement work / carrying it out where appropriate
- Offering independent scrutiny

ICBs to also identify who is the governance lead for user voice on the board.

Questions

Have you been consulted on the Integrated Care Board (ICB) constitution?

- Not at all
- Only partly
- Yes, it was meaningful

Have you got a seat on the Integrated Care Board (ICB)?

- Yes, non-voting (Observer)
- Yes, non-voting (Participant)
- Yes, voting
- No
- It hasn't been decided yet

Is there a named individual on the board with responsibility for engagement and participation?

- Yes
- No
- Not sure

Have you had a discussion with the ICS about resources for Healthwatch to support ICS level work?

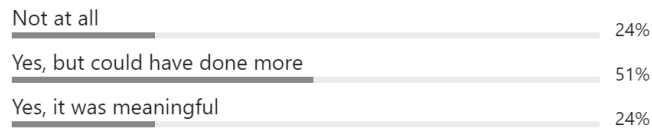
- Yes, and resources have been identified
- Yes, but unsuccessful
- Yes, but not decision as yet
- No

Poll results

All polls

[+ Create New](#)

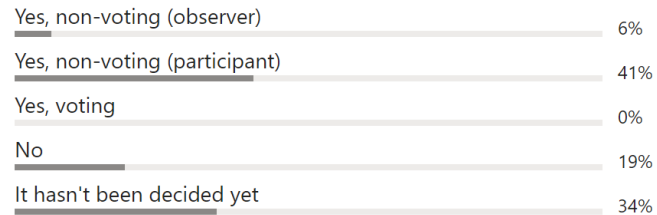
Have you been consulted on the Integrated Care Board constitution?



37 responses

[Response details](#) |

Have you got a seat on the Integrated Care Board?



32 responses

[Response details](#) |

CLOSED Poll: Record name | Results shared

BM

Is there a named individual on the Integrated Care Board with responsibility for engagement?



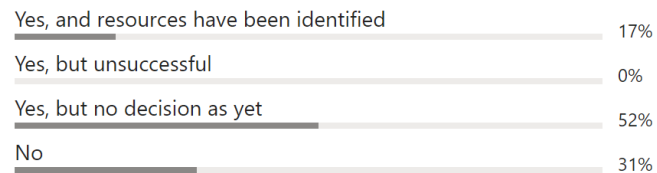
34 responses

[Response details](#) |

CLOSED Poll: Record name | Results shared

BM

Have you had a discussion with the Integrated Care Board about resources for Healthwatch to support ICS level work?



29 responses

[Response details](#) |

Review

- We have now heard from 19 areas about their constitutions
 - 10 consulted properly
 - 7 consulted but not very well - either invited after first draft already shared with NHSE or found out about consultation from the public website.
 - 2 not been consulted, but one of these promised it will happen in Jan
- 13 have provided copies of their constitution or outline document
 - All of them are mostly a copy and past of the NHSE template
 - None of them identified a governance lead for user voice/engagement or health inequalities.
 - Some did have more developed public voice sections but most were drawn from the template.
 - Only one mentioned a public voice committee. All the others only had the standard sub committees of finance and remuneration.
- 5 have got a non-voting seat on the ICB as participants

Discussion

Current timeline:

- All ICBs to have acted on feedback from regional teams by 11 March
- Regional Director to sign off by 18 March

Shifting landscape:

- Legislation now won't come in to force until 1 July at earliest.
- Should know timeline more from 14 Jan



Getting Ready for ICS



Getting ready for new ways of collaboration


The system transformation is going to require Healthwatch to work together in new ways and much more frequently to achieve service improvements.

There is an expectation from Healthwatch England that all LHW in a ICS patch will work to define and formalise the way they work together in an agreement.

This will be reiterated in the Quality Framework

Commissioners are likely to require this in future contracts.

Trademark licence conversations about use of the brand at ICS level will likely require this.





Defining the partnership between Local Healthwatch

Phase 1- [20211216 - Collaboration toolkit - Phase 1.pdf \(healthwatch.co.uk\)](#)

Looking at your own goals in your local Healthwatch.

- ✓ Thinking about the challenges you may face in joining a collaboration.
- ✓ Reviewing your current level of collaboration.
- ✓ Bringing the goals and challenges from each local Healthwatch together to review alignment and discuss how they differ.
- ✓ Agreeing the values and behaviours you use to collaborate together.
- ✓ Drafting the vision and mission statement for your collaboration.

Phase 2 (end of January)

- ✓ Working through the practicalities of working together e.g. representation, data sharing, use of the brand

Phase 3 (early Feb)

- ✓ Planning how to handle difficulties
- 



Things to come

MOU with ICS
(end of Feb /
early March)

Letter to all
commissioners
(Feb)

VCSE Joint
Statement
(Feb)

Case for
Support (Feb)

Intensive
Support Offer
(6 ICS Patches)



Agenda Item 7

Decisions