

Healthwatch Hertfordshire Board Meeting
10am on Tuesday 22nd November 2022,
Virtually via Zoom

Please note: It will be assumed that reports will have been read prior to the meeting

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| Board Members: Eve Atkins, Alan Bellinger, Alex Booth, Brenda Davies, Ramone Nurse, Steve Palmer (Chair), Jan Taylor, Neil Tester |
| Executive Team: Miriam Blom-Smith (Research Officer), Geoff Brown (Chief Executive), Fiona Corcoran (Deputy Chief Executive), Nuray Ercan (Deputy Chief Executive Interim), Asha McDonagh (Research Officer) |
| Visitors/others: Christiana Ashare (Viewpoint), Joy Hale, (Integrated Care Board) |
| Apologies: Leslie Billy (Viewpoint) |

1. Welcome, apologies and register of interests

Steve welcomed everyone present and Nuray communicated apologies, as above. Steve reminded everyone that it is important to declare any personal/professional interests.

2. Minutes of 23rd August 2022 and outstanding actions

The minutes were approved as an accurate record. There were no outstanding actions within the tracker.

3. Chair's update

Steve's gave his Chair's report on the following items:

- **'Winter is coming'**
 - Despite extra investment, it appears that more people are waiting for treatment than ever before – staff recovery is taking longer than anticipated.
 - Flu normally kicks in at the end of January each year. There are concerns about having the right vaccine.
 - There is also possibility of industrial action and will have an impact.

It was agreed to ensure that we keep looking back on the vaccine take up work and how this plays into the community leadership work that we have done to monitor this. HwE is also putting some comms out about the work that local Hw will do to enable people to understand how winter issues might play out which we could make use of.

Steve apologised for the cancellation of the Board 1:1s due to health issues. These will now be rearranged to take place in January 2023.

- **Patients Association Patient Participation Group (PPG) seminars**

Steve encouraged Board to book on the sessions.

- **Dentistry**

We have had various conversations with ICS/ICB. The plan is that commissioning for dentistry (along with pharmacy and ophthalmology) will come over to the ICS in April 2023.

Geoff updated that we have published a follow up dentistry article on the website, which will also go into the upcoming newsletter which reiterates messages we have already given and advises people what to do if they are in an emergency situation.

4. Chief Executive's update including:

- **Voice Contract including monitoring return and compliments**

Geoff updated that, again, it has been a busy and positive quarter in all areas of our work as seen within both the compliments document and projects and activity document. We have met the vast majority of targets within the voice contract document and this will be brought to the Strategic Board meeting for Boards input regarding indicators to be monitored going forward.

Board discussed Enter and View and it was agreed that if conducted in the future we would want the volunteers to have used the service in the recent past or have knowledge of the service. We are currently discussing an enter and view type activity with hospices who would like a cultural competence assessment of their setting.

- **Update on future pieces of work**

The following are new opportunities that are being explored that should generate revenue:

- HPFT 10 year strategy and associated 5 year plan: We will be doing some engagement activity on this.
- Drugs and alcohol project: We are in discussions with Public Health on this.

Our primary care reports will be discussed at the Integrated Care Board Primary Care Board meeting on Thursday which Neil will introduce. The next two areas we will be looking at are: 'carers and support from GPs' and 'access to pharmacy'. Asha and Miriam gave an update on these projects.

Asha and Miriam are also helping Chloe develop the work programme by doing literature reviews. We have worked in partnership with Hertfordshire County Council in developing a cost of living survey which will be circulated shortly. Geoff, Miriam and Asha responded to questions about comms and distribution of these surveys. It was agreed that the cost of living survey could also create further opportunities for promoting our services.

5. Policy sign off

- **Equality, Diversity and Inclusion – Cultural Competency Statement**

The statement was reviewed by the Board Advisory Committee (BAC). We have addressed the points made at the BAC, and the Statement has now been brought to Board for sign off.

It was agreed that the Exec Team would think about the best way to monitor living up to the statements aspirations so that this can be reported on at Board.

[Board were in full support of the Statement and signed it off.](#)

6. Report sign off – none at this time

7. Finance – Management Accounts

Alan gave an overview our operating model and then summary of the accounts:

- The year-end forecast is positive
- We have exceeded our income generation target

Geoff updated that Natalie has drafting a budget for next, year taking into account information that we currently know. Board will receive the proposed budget for next year at January's Board Advisory Committee and then at the Board Meeting following this.

8. Board Advisory Committee (BAC)

Alan updated that the committee focussed on receiving an update Task and Finish Group, and agreed to the paper's four recommendations, reviewed the budget and received the 6month signposting and holding to account update.

8. Board and Committee meeting dates 2023

Board agreed the dates. An issue was flagged with one of the Board meeting dates which Nuray will rectify before circulating.

For 2024 meetings was noted that it would be good to survey Board to find out the most convenient time of day to hold meetings.

10. Any other business including questions from the public - NA

11. Part 2 – Closed

- **Strategic Direction Task and Finish Group update**
- **Integrated Care Partnership Strategy**
- **Social care update**

Speaker session

12. 'Being a GP – opportunities and challenges', Dr Sian Stanley MBBS MRCP, Clinical Director Stort Valley and Villages PCN

Please also refer to the presentation slides which Dr Stanley spoke to.

Qn: How do you communicate all the services that you provide to your patients/public?

A: A person is now employed to get messages out digitally. Messages and services are also promoted within local press/newspapers and television screens within the actual practice.

Qn: Lots of changes have happened are as a result of covid eg. digitalisation but there are people who would like things to go back to how they were before. The political message has also changed and GPs are now blamed by politicians. How is this dealt with?

A: It is a journey. There has been a lot of pressure on primary care. Lots of the changes are a force for good but the changes have been badly communicated to the public. The innovation is positive/efficient and this is being driven across the piece now – a lot of things can be done virtually to the benefit of the patient.

Qn: Infrastructure and estates is so critical – are PCNs getting the right support from the ICB to enable pooled resources so that learning can be shared?

A: There is no mechanism at the moment for various organisations to hold leases together. It is important the primary care gets an estate on its own virtue as there has to be very specific things within the building so that it can be used for clinical purposes. There are barriers that need to be addressed to improve the situation.

Qn: Typical patient experiences of GP services within St Albans was relayed. Primary care is dysfunctional – how will this change?

A: GPs are offering more appointments now than they did pre-Covid, millions more which is due to digitalisation. People are frustrated but unfortunately there needs to be a big expanse in GP numbers and estates. Dr Stanley suggested that HwH lobby for more GPs and push for improved estates. There aren't enough GP's to fulfil need presently.

Qn: How many appointments are 'did not attend' (DNAs). Do you see patients where you think they could have gone down alternative routes?

A: DNAs is very low now compared to pre Covid. Patients are now triaged by telephone so needs are ascertained early on so when a patient sees a GP there is need.

Qn: What do you think is driving demand?

A: One of the issues is repeated conversations with regards to onward referrals because referrals are taking longer now to be processed by secondary care, so GPs are having to have more conversations about pain management. In addition this involves discussing the wait/comms and expediting the referral. People are becoming more sick. It is not the patients fault – patients are directed to primary care to resolve their issues but the system is clogged.

Qn: How do you focus on the immediacy as well as look to the bigger picture of 10 years ahead. How do you encourage colleagues to share best practice and take opportunities.

A: GPs are not good at promoting what they do well. When GPs are trained up they know how to navigate clinical practice but don't get trained in PR, managing staff, patient expectations, communicating at a wider level. This is where support is needed, there needs to be a professionalism and acknowledge frustrations from both sides. There is variability from GP to GP and we should encourage working together.

Steve and Geoff thanked Dr Stanley on behalf of Board for such a though provoking, helpful and interesting talk.

Next formal meeting of the Board: TBC