

Healthwatch Sheffield Strategic Advisory Group business meeting in public

Date & Time: 05/12/23, 10 am – 12 pm

Location: The Circle

Present: Judy Robinson (Chair), Lucy Fox, Verni Tannam, Trish Edney

In attendance: Lucy Davies (Chief Officer)

Apologies: Janet Harris, Mark Gamsu, Tim Furness

Meeting notes: Mina Clarke

Item	
1	<p>Welcome and apologies Apologies were received from Janet Harris, Mark Gamsu, Tim Furness</p>
2	<p>Declarations of interest</p>
	<p>None declared</p>
3	<p>Matters arising from the previous meeting</p>
	<p>The previous minutes were agreed as a correct record.</p> <p><u>Matters arising:</u></p> <p>NHS South Yorkshire 5-year plan</p> <p>The meeting with ICB members will take place online on the 17th January 2024. SAG members will convene at 9.30am for a pre-meet, and the main meeting will take place at 10 am.</p> <p>Confirm which video-calling platform the January meeting will take place on</p>
4	<p>Feedback from meeting representatives</p>
	<p><u>Patient Involvement and Experience committee</u></p> <p>The committee are refreshing their People in Communities strategy and devising an engagement strategy for this. Healthwatch commented on the lack of consultation on the previous strategy, and the speed at which it was produced. The committee agreed they would review it at the first opportunity. The committee’s approach will be to build on what was heard from the public in their previous strategy. Scrutiny will hold the committee to account on the public engagement aspect of the strategy.</p> <p>The SAG considered how to frame the engagement strategy to the public, and how Healthwatch could support the committee to achieve this. Healthwatch could share learnings about successful engagement with the committee which could be done in collaboration with VAS. A method of involving the public may be through community groups, and the committee have requested that Helen Sims (Chief Executive Officer, VAS) convene a voluntary sector meeting.</p> <p><u>Healthier Communities and Adult Social Care Scrutiny Committee</u></p> <p>There have been challenges with the functioning of Scrutiny, partly due to the loss of the officer role which previously supported it. This has reduced the capacity to organise and schedule events. Recently, an informal conversation about sexual health took place in light of the recent</p>

#SpeakUp report we produced with Sheffield Foyer, rising local and national STI rates, and the local contract for sexual health services being up for review. Topics discussed included the focus on long term contraception rather than screening within primary care, and the continuing challenges within primary care which means there is disparity in sexual health provision across the city. Patients tell Healthwatch they feel that Single Point of Access is inaccessible, and find it unclear that there are services other than the one at the Royal Hallamshire.

Transformation and Oversight Committee

The committee oversees the Place aspect for the ICB, of which one meeting has taken place. Key themes from the meeting:

- **Health inequalities** appear to be a priority for the committee, including local (e.g., respiratory conditions) not just national targets
- **Data** i.e., ensuring there is quality qualitative and quantitative data for all priorities especially **discharge**
- **Children’s mental health** – the current approach by services is not to wait for a formal diagnosis, and work with schools and in groups to provide care to children and young people.
- **Finance** – all partners are currently under financial pressure

SAG feels their presence is an opportunity to direct focus towards the patient.

Prescribing – Sheffield based and ICB-based

Prescribing is becoming more complex as drugs become more advanced, and it’s important to understand who has the expertise to prescribe certain medications. Currently, this is decided using a traffic light system, but there is uncertainty around “amber” drugs.

From a patient perspective, due to uncertainty around who can safely prescribe and monitor “amber” drugs, this can result in being passed between primary to secondary care. Whether a patient can access an “amber” medication from their GP is dependent upon whether their GP is comfortable making more complex prescriptions. The issue is further complicated by regional and national differences in classification. There has been a movement towards standardising the classifications across South Yorkshire based on shared care guidelines, but this could become a lengthy process if there is disagreement over classifications.

Another key issue in prescribing is that there aren’t unified drug prices across the NHS, in part due to the separate GP and hospital budgets. Costs differ based on who prescribes a medication and is usually more expensive for GPs to prescribe medication due to the disparate nature of pharmacies meaning they are unable to negotiate costs in the same way as hospitals. This also leads to patients being passed between primary and secondary care for certain prescriptions.

Health and Wellbeing Board & Health and Social Care Partnership

Partners across the system are facing significant financial difficulties which have continued through the CCG/ICB transition. The way in which this will be addressed through the budget is currently being explored. More of the budget could be allocated to areas in need of funding and other money streams could be accessed.

The Health and Wellbeing Board strategy which is linked to the city goals has been delayed. Currently trying to determine the board’s role in holding the ICB to account locally and gain clarity about health equality within the strategy.

	<p>Judy to talk to the board about how to better utilise Healthwatch intelligence and how the partnership might work together to put the patient at the centre of their work.</p>
5	<p>Primary Care</p>
	<p><u>Primary Care Recovery Plan</u></p> <p>Primarily, the SAG considered the following article: Primary care recovery plan – what does it mean for you and your loved ones? and key messaging around primary care and opportunities to communicate the patient perspective as well as how the ICB could be held accountable for the plan. There continue to be ongoing challenges within primary care for both staff and patients. Staff are reporting increased levels of abuse from patients, a potential result of the challenges facing primary care.</p> <p>New Digital Systems</p> <p>A new cloud-based telephone triage system is in development that will improve telephone access. The system will introduce features that will help improve the efficiency of GP phone lines. Staff will be trained to support patients with the new technology. Trials of the system have experienced some initial problems.</p> <p>GPs need to ensure that there is provision for those that may have difficulty accessing digital services e.g., less digitally enabled, don't have English as a first language, and staff need to be trained to support patients with digital access. Digital provision can make phone lines more available for those that need to use them. Options for both phone and in person appointments need to remain available as there are merits to both.</p> <p>Pharmacies to free up GPs time</p> <p>The SAG considered the Pharmacy First initiative. The facilities (namely physical space) and workforce capacity available to pharmacies make delivery of the service challenging. Some of these issues were highlighted in the recent pharmacy work done by Healthwatch. The outreach work being done by pharmacies was commended. Consideration must be given to not only the facilities and capacity of pharmacy services, but the vision for their use.</p> <p>Continuity of Care</p> <p>Patients continue to experience issues seeing the same practitioner consistently. Having an open channel of communication with a GP may help improve continuity of care but where this does happen, it is inconsistently implemented.</p> <p>Funding</p> <p>Social prescribing initiatives within primary care are effective and it is important that they are funded, but financial support needs to be extended to the voluntary sector who implement the programs.</p> <p>More doctors</p> <p>There is a workforce shortage within primary care that must be addressed. This is potentially exacerbated by the retention rates amongst UK medical staff and the immigration and “poaching” of international medical graduates – this is not only a national issue but impacts the medical workforce globally.</p>

	<p><u>Other items</u></p> <ul style="list-style-type: none"> Practices are going to be asked to keep detailed records of their appointments to facilitate monitoring of their performance. There have been suggestions that some GP practices may leave the Primary Care Network system. This might have an impact on patient experience. <p>Judy and Lucy to produce some key messaging for meeting representatives around primary care (to include a section on race and ethnicity)</p>
6	<p>Preparation for meeting with ICB members re: South Yorkshire Plan</p>
	<p>The SAG considered the following key areas for discussion at the meeting:</p> <p>Inequality</p> <ul style="list-style-type: none"> How the ICB will tackle health inequalities facing communities marginalised by race and/or ethnicity. How the ICB intend to improve the quality of health inequalities data, both quantitative and qualitative. How the ICB intend to collect more information on the healthcare experiences of different communities, especially those marginalised by race and/or ethnicity. To understand where the priority lies between national and local goals. Balancing the priority of health inequalities and digitising the NHS i.e., digital inclusion <p>Specificity</p> <ul style="list-style-type: none"> The plan lacks SMART goals, and it is unclear which of the priorities are of key importance <p>Engagement & Strategy</p> <ul style="list-style-type: none"> It is unclear where engagement has influenced the strategy <p>Accountability</p> <ul style="list-style-type: none"> How will the ICB ensure accountability for financial decisions? How will the progress against the priority targets and quality framework be monitored, and who will be responsible for this? <p>Finance</p> <ul style="list-style-type: none"> How much will local power determine the budget? Impact of the financial status of the ICB on its ability to deliver on the priorities Where is the NHS England inequality money being spent? Does the ICB have a particular lens that will inform how the budget is spent? <p>Lucy to arrange a pre-conversation with Emma Latimer.</p>
7	<p>Contract update</p>
	<p>A paper will be going to the Health Policy Committee this month, outlining the commissioning approach for the new Healthwatch contract. The paper can be read here.</p> <p>Healthwatch recently hosted an online stakeholder event which provided an opportunity for stakeholders to learn about how Healthwatch works currently and share their future</p>

	expectations of the organisation. The feedback from this event has been incorporated into the paper.
8	Any other business
	None
9	Date of next meeting and forward plan
	17 th January 2024, 9.30 am for pre-meeting and 10.00 am for main meeting