

Peterborough Health and Care Forum

Thursday 26 August 2021

Meeting via Zoom 10-12

NOTES FROM MEETING

Attending	
Sue Allan- Chair	Shariqua Ahmed
Caroline Tyrell- Jones	Andrew Barnes
Kari Payne	Alison Crook
Susan Mahmood	Claire Layton
Susan Waller	Olga
Remi Oderinde	Michelle King
Pamela Blades	Chas Ryan (speaker)
Sue Prior	Eileen Murphy (speaker)
Kumad Kantilal	Jane Coulson (speaker)
Azra Ali	Rachael Bridgman
Jason Merrill	
Apologies	
Louisa Bullivant	Sarah MacCleay
Laura Stent	Gillian Langley
Rebwar Hussein	Oonagh Quinn
Roxanne Boughen	Lynette Brennan
Dennis Pinshon	Peter Thompson
Lee Post	

Welcome and apologies.

Sue welcomed all and introductions were made. The meeting would be recorded purely for the purpose of minutes. Slight change to agenda item times.

Minutes from previous meeting and actions raised.

Minutes were approved as accurate.

Action Log

All actions completed. SA advised of further update (action 106) about the intercom at Bretton Medical Practice.

SP - (Action 107) Back onto level 3. Visiting is restricted to end of life and maternity visits. Communication being looked at to make clearer. Other point was (action 109) PCH triage system. Patients queueing outside. There are 2 levels of triage.

Action: SP - To send triage system through (diagram)

SAh - Question for SP - Hearing Concerns from pregnant women. All home births have stopped.

Action: SP will send the right part of the report to SAh.

Patient Experiences/ Meetings attended

MK - All children being blanket removed from the clinically extremely vulnerable (CEV) list. The vaccine is available to 12-16's but GPs know nothing about this. Families that are given letters and told to book are not able to do so. GPs were supposed to respond to the JCVI by 19th.

Action KP to update. Our Healthwatch has already raised this with our local CCG and we received an update on 27 August saying vaccination invitation letters will be going out soon from GPs. Full details on our covid vaccines page on our website at <https://www.healthwatchpeterborough.co.uk/advice-and-information/2021-06-18/your-questions-about-covid-19-vaccine>

JM - Attended outpatients 2 weeks ago at Peterborough City Hospital (PCH). Nervous as being a wheelchair user. Seating was spaced, called as normal, staff were helpful.

SP - Taken to PCH by ambulance this week who were exceptional, as were 111 service. Chatted with ambulance staff about pressures, when taken to ambulance care unit. They are seeing more acute conditions. Patients not being able to see a GP or have been delayed seeing a GP. My treatment was superb.

SA - Peterborough Matters are hearing the ambulance service are feeling overwhelmed as people can't call their GP so are calling 111. I had to call an ambulance and it came from Ramsey. People are misusing the system. SP- Its has been encouraged in this area to call 111.

PB - Re 111 service - I spoke with my Practice Manager and was told it is an NHS England directive to keep a number of appointments aside. Dental problems are being referred by 111. GPs are dealing with extra appointments.

Cancer Planned Care - Chas Ryan & Eileen Murphy.

Chas and Eileen gave an update on the development of the Rapid Diagnostic Service. Presentation shared with all.

- The NHS Long Term Plan commits to the roll-out of new Rapid Diagnostic Services (RDSs).
- A Rapid Diagnostic Centre (or Service) is designed to speed up cancer diagnosis, aiming to present many patients with test results the same day.
- This includes patients receiving a cancer diagnosis within 28 days, employing the 7 guiding principles and applying Best practice pathways to improve delivery to achieve the faster diagnostic standards.

7 guiding principles: Early identification, Timely referral, Broad assessment of symptoms, Coordinated testing, Timely diagnosis of symptoms, Appropriate onward referral.

Action - SA to share YouTube video and presentation.

SM - I work for Macmillan. Could I have a copy of cancer strategy? EM sends month report to Macmillan.

JM - Is this for children as well? EM - Adult only over 16 service. Children all go to Addenbrookes. EM will consider this for strategy.

SP - Has it been rolled out to all GP surgeries that feed into NWAFT? CR - GPs are already referring in. We are doing a presentation to PCN's today. It's set on a criteria for a 2 week wait or RDS plus. We want GP reach and population reach.

SP - Will this be shared with Link CCG? EM - Yes.

SP- Can I share this presentation with our Chair of Governors of the trust. EM Yes. CR - This has been shared learning through different models.

KP - Which patients can access. EM - Any patient that would come to NWAFT can access this service.

KP - Will this extend to Cambridge? CR - Addenbrookes can develop their own RDS. Now in face 3. Addenbrookes are submitting a plan. Working towards this until 2024. Its currently for patients at Peterborough and Hinchbrook, although GPs across the county can refer in. Engaging with GPs in Ely, Wisbech, March so they are aware.

ER - Cancer Patient partnership group - We do need more people. If you have had any cancer experience.

Integrated Care System - Jane Coulson

Jane gave an update on the new ICS. Presentation shared with all.

What is the ICS?

- Integrated Care Systems, or ICSs, are partnerships between organisations that meet health and care needs across an area.
- In our case our Integrated Care System covers all of Cambridgeshire and Peterborough.
- By working together under one umbrella organisation, different parts of the health and care system are better able to improve the health and wellbeing of local communities, reducing health inequalities and putting patients at the heart of everything we do.

Who is part of the ICS?:

Organisations that form part of the ICS include all NHS Trusts and organisations, Local Authorities and key voluntary sector partners. In our area this includes:

- **Two upper tier local authorities:** Cambridgeshire County Council and Peterborough City Council
- **Five district councils:** Cambridge City Council, East Cambridgeshire District Council, South Cambridgeshire District Council, Fenland District Council, and Huntingdonshire District Council

Three hospital providers: North West Anglia NHS Foundation Trust (NWAFT), Cambridge University Hospitals NHS Foundation Trust (CUH) and Royal Papworth Hospital NHS Foundation Trust (RPH)

- **Two community providers:** Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) and Cambridgeshire Community Services NHS Foundation Trust (CCS)
- East of England Ambulance Service NHS Foundation Trust (EEAST)
- 85 GP practices
- Cambridgeshire Local Medical Committee
- Healthwatch Cambridgeshire and Peterborough
- The Cambridgeshire and Peterborough Health and Wellbeing Board

Other partners including parish councils as well as voluntary, hospices, community and faith organisations.

Although the CCG will no longer be a separate organisation under the ICS, our hardworking staff will keep fulfilling a crucial role as strategic commissioners for our area

Action - SA to share presentation.

MK - How do community groups get more involved? JC -HW and VS are involved. They will be developed.

KP - What does it mean on a practical basis? JC -Refer to VS, arrange transport, community connectors. Social prescribers arrange this if a medical appointment is not needed. Wrap around care in own neighbourhoods.

SP - Best presentation seen on ICS. How will it work with cross border issues? JC - Quite complex, Royston for example receives social care from Hertfordshire. Needs ironing out. Hospitals will stay the same.

SW - Integrated Neighbourhood Manager in North Alliance. We work cross boundaries.

SM - Why is hospital at home disbanded? JC- I will find out. Hospital at Home is a charity.

SM - Why can't you get a routine investigation? JC Mammograms are in high demand at the moment.

SP - very high volume, prioritising cancer care.

RO - For deaf people it's really important staff check accessible information requirements. EM- I will take this back to the Diversity and Equality inclusion lead.

AB - Is Accessible Information Standards being written into the policy? JC -We will be complying with accessible needs standards, and they will be imbedded. Will a message pop up on record? Re: BSL or lip speaker needed?

Action KP to update: There's a new patient participation and involvement group run by CCG looking at this The first meeting is on Microsoft Teams on Thursday 16 September, 11am-12pm. If interested, email the clinical commissioning group team organising the session: cpm-tr.cpstdigital@nhs.net

RO - Re Accessible Information Standards (AIS) - some staff don't know about this, especially receptionists at Peterborough. Are there plans to do training for front facing staff? JC - Something we can pass on and part of induction training.

JM - AIS - Can we have this as a topic on the agenda? Also quality and diversity person to speak. CTJ - New person in post. HW have also done some work on this. **Action SA to look into this.**

EM - Equality and Diversity- Simon has gone to CCG to look at inequalities. New person at NWAFT is Hannah Sheehan-White.

KP - There is a shared records group. We can get a contact to raise pop up message.

Update NW Anglia FT- Laura Stent was unable to attend. Update provided and read out.
Action - SA to send to all.

Update CPFT- Louisa was unable to attend. Update provided and read out. **Action - SA to send out to all.**

Tracy Dowling is to leave her role in November after serving more than four years as CEO of the Trust and 38 years within the NHS. The CPFT Board will seek to appoint a successor in September to enable a smooth transition before Tracy leaves in November.

Visiting Arrangements are being continuously revised and up-to-date information on visiting guidance can be found... <https://www.cpft.nhs.uk/covid-information> see link for regularly updated information.

Successfully reintroduce pets as therapy volunteering onto children's wards in Cambridge. With children and staff enjoying the experience.

Healthwatch Update- Caroline Tyrell-Jones

We are getting out and about more with face-to-face engagement. Check out Facebook, Twitter, Instagram.

No pressure for volunteers to start doing this if they don't feel ready. Always looking for new volunteers.

Developing new volunteering roles with more specific tasks.

Partnership boards - Older Peoples, Carers, Physical Disabilities, Learning Disabilities, Sensory Impairment. If you have lived experience, it's a chance to get involved with shaping services.

Keep an eye on our website for up-to-date information.

Use the website to ask questions, phone us, or email us at our Information team.

We would like more public to attend Health and Care Forums from different groups and ethnicities. Please share with friends, family, colleagues, and groups.

Action: Graham Lewis to contact Andrew Barnes about Carers Partnership Board.

Providers updates

No further updates.

AOB

No further A.O.B

Next meeting is Sept 23rd.