

Involvement Forum Update

March 2018



The Forum met on 19 February when we were pleased to welcome representatives from 15 community and voluntary sector organisations as well as health and social care colleagues.

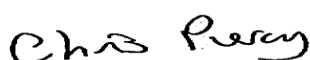
Neil McKnight, Head of Quality and Patient Safety from Newcastle Gateshead CCG led a discussion on Quality in Primary Care, including exploring what quality means to people, how it can be measured, and future developments that will look to improve quality of care in the future.

We were also joined by Marc Hopkinson, Service Reform Lead, Newcastle Gateshead CCG, who gave a presentation on findings from the recent Urgent Care Listening Phase engagement.

Lyndsey Yarde gave an update on the work of Healthwatch as part of our regular agenda item, details of which are outlined later in the bulletin.

As always, we'd like to ask you to share the details of the Forum with your networks and colleagues and encourage them to attend. You can signpost them to www.newcastlegatesheadccg.nhs.uk/get-involved/involve-me/ where they can find out more about the Forum, read the most recent presentations and find out the 2018 meeting dates.

The next meeting of the Involvement Forum is planned for Monday 23 April 2018 at 10am at Gateshead Civic Centre and I look forward to seeing you then.



Chris Piercy
Executive Director of Nursing, Patient Safety and Quality

Who was there?

We were joined by:

Tyne and Wear Museums	Alzheimer's Society
Involve North East	Stroke Association
Culture and Diversity North East	Quality of Life Partnership
Newcastle Carers Centre	Advocacy Centre North
Healthwatch Newcastle	HAREF
NCVS	Mental Health Matters
Independent Age	VOLSAG
Path Head Mill	

CCG update included:

Healthwatch review of CCG engagement structures

- Healthwatch currently taking a review of CCG Engagement forums and will feed back once complete

Deciding Together, Delivering Together

- There was a question raised around how dementia fits in the recovery approach as “you don't get better” – the response was that it doesn't fit into the recovery model, you don't get 'better' but can be helped to manage it
- Another question asked how will BME communities be included in the DTD engagement – the response was that the protected characteristic groups will be fully included in the engagement as this is “central to everything we do as a CCG”.

Quality in Primary Care

Forum members were given the opportunity to ask Neil MacKnight, Head of Quality and Safety, Newcastle Gateshead CCG questions about his presentation on quality in primary care:

Q Re the Great Care Record , one strand is information sharing. The voluntary sector are involved with supporting patients and in conversations with carers should this not be included in the information as they have knowledge of patient's needs?

Response – Yes you are right we need to ensure going forward that this is included. Sharing information is difficult. In the future gathering 'soft' intelligence will be a key feature. A key area will be to gather patient feedback in many ways including real time. Patients involved in their care is crucial and we have been quite poor in the past but we are gradually getting better. There will be an opportunity for patients to record comments on their care record. There is a real opportunity for the Great North Care Record to resolve issues

Q. Will the great care record address people who don't attend appointments?

Response – yes it might support text reminders and other methods to prompt patients to attend or ring to cancel so appointments are not wasted.

Q. It seems that it is 'big data' driven but how do you ensure that the soft data, like patient experience, is included?

Response – it's very important that we include and take account of patient experience. Chris Piercy's PPI team is really important in this regard.

Q. Will Patients be able to comment on their own care record?

Response – This is an important issue. There was some nationally-based consultation undertaken on this approximately 10 years ago but it wasn't explored further. It would could be re-explored in the future.

Q. Where is the link between measuring quality in primary care and social care?

Response – There is a move towards the integration of primary care and social care, and this is part of the work that the CCG is contributing to. This is a CCG priority.

Q. The involvement group is a robust group which could help ensure quality as it knows what's happening on the ground. How can we pass on information or become more involved?

Response - yes I'm available if any issues or concerns are raised my contact details are neil.macknight@nhs.net or you can contact the PPI team who will pass information to me.

Comments on the Quality in Primary Care Presentation:

What does Quality in Primary Care mean to you?

"Getting the problem sorted out"

"It's about the meet and greet on the phone and when you get to reception"

"Being listened to"

"Flexibility, choice and able to see who you want to see"

"Staff being friendly and amiable"

"Knowledge and trust and not viewed as another patient"

How might quality be measured?

"monitoring sickness and diarrhoea levels"

"Gathering patient feedback in many ways"

Urgent Care Engagement

Comments and questions from attendees Marc Hopkinson's presentation:

Q 'People still don't know the best place to go'

Response – Yes the engagement so far demonstrates this. We will be developing a effective communication strategy and working with communities to improve this.

Q. In the Urgent feedback was the focus just on physical care, not mental health? How did you deal with the overlap with mental health? There doesn't appear to be a bespoke 111 service for people with mental health issues. This could potentially help alleviate A and E.

Response - Physical care was the focus however A&E have a crisis response to mental health issues. Mental health was a key component of the reprocurement of 111, and so 111 includes mental health experts who are responding to mental health calls.

Q. Will the new title of 'Urgent Care Treatment Centres and Emergency Care confuse people more?

Response- This language/title is nationally mandated by NHS England so we have to make it as understandable as possible. In the communication plan this be addressed,

Q. What did you do to improve WIC access in Gateshead?

Response – it's about WIC being GP-led, ensuring that you can book an appointment at WICs via 111 and GP surgeries, alongside walk in off the street. This has improved access in Gateshead.

Highlights from Lyndsey Yarde's update included:

Join Healthwatch Newcastle's Board

Open invite to members to apply to join the Healthwatch Newcastle Board. Please email info@healthwatchnewcastle.org.uk to express your interest. There is no closing date.

Work areas

Work areas discussed included, for Gateshead, CHC and carers review, and for Newcastle, Intermediate Care and patients accessing the RVI eye department. Also involved in Delivering Together, working with the CCG on the review of their involvement structures, Urgent Care engagement and the consultations about Blaydon, Grainger and Ponteland Rd GP practices.

Screening and vaccination uptake

Screening for breast, cervical and bowel cancer and uptake of flu vaccinations – understanding why people don't take up the invitation for screening and vaccinations and finding out what would encourage people to attend.

Vote for Priorities

Next Year's work priorities can now be voted for. To vote for Newcastle's priorities go to www.surveymonkey.co.uk/r/HWNpriorities or for Gateshead's go to www.surveymonkey.co.uk/r/HWGpriorities

Contact : Lyndsay@healthwatchnewcastle.org.uk

What's new?

Updates from Forum members

HAREF

HAREF are designing the Ramadhan calendars with fasting safely messages on with diabetes. They are working with all the mosques in Newcastle, Gateshead and two in Whitley Bay and Blyth. The calendars will be distributed to GPs, mosques and community venues in Newcastle and Gateshead. We are also working with Stroke Association, Diabetes Centre and Stop Smoking through Ramadhan and arranging sessions for them to talk in the mosques, and also to attend a Spice FM show.

Long Term Conditions

A member of the LTC group provided information on a video which has been produced on the year of care. It was agreed that a presentation and discussion on a Year of Care would take place at a future meeting of the Involvement Forum

Advocacy Centre North

DIY Advocate is a new app for phones and web. Designed to be an advocate-in-your-pocket, it is a valuable self-advocacy tool to support people who need to engage with services, make choices, resolve issues and make sure their voice is heard in decisions that relate to them.

It offers a way of capturing the different decisions people need to make, formulating an action report for them to keep track of and send to a support worker or service, perhaps as preparation for a meeting or appointment. They can use it to store key contact details and for easy access to a range of relevant resources to support them on the way. Contact: 0191 235 7013 diyadvocate@cvsnewcastle.org.uk

Culture and Diversity North East

New organisation, working mainly in North Tyneside but also across the wider North East, focused on issues impacting on ethnic minorities. Project leader, Josephine Mudzingwa, also works to develop understanding across cultures, including developing projects to learn African Waka Waka dancing, street dance and break dancing.
Contact : Josephine Mudzingwa, email: jossysiziba@yahoo.co.uk