

Citizens Senate Meeting 16

**10:00 – 15:30 30th January 2018
Cambridge Professional Development Centre**

Facilitators Report

Attendance:

There were 22 attendees which included four guests: Emma Tiffin (GP/PRISM); Laura Marshall; Caroline Angel and Amanda Buttery (all EAHSN).

Preliminaries:

David Wilkin introduced himself as the Facilitator and offered a brief personal background.

The Facilitator then outlined the programme, the following items were on the Agenda:-

- Community-based mental health services.
- 2017 achievements and 2018 aims.
- Achieving patient democracy at the Princess Alexander Hospital.
- Patient, carer and public involvement in the Clinical Senate.
- EAHSN update.
- Patient and carer network event and meds' safety.

The Programme:

Emma Tiffin: Mental Health innovation

Emma reported her work redefining the delivery of mental health services in Cambridgeshire and Peterborough.

The PRISM model: for planned delivery of mental health services. This uses a 'screen and intervene' approach to monitor patients and give interventions where necessary. This approach uses a multi-agency approach which has led to early intervention and better management of patients. Involvement of the 'third sector' of voluntary agencies has improved multi-agency working and spread workloads. Results show that secondary care has been streamlined and faster stepping-up and stepping-down of patient needs has been accomplished.

Crisis care model: The new approaches driven by multi-agency working at an early stage has led to the adjustment of the first response service to make acute interventions following requests from partner agencies and patients. First responders now offer a 24h service for early intervention and to relieve pressure of partners, for example, the police. A new addition to the 111 telephone service includes an 'option 2' for direct communication to an MH professional with 24h coverage. MIND has established a sanctuary with a comfortable

environment to stabilise patients and offer advice and help in a quiet environment. An IMHT professional is now based in the police control room to offer advice as to helping callers with mental health issues. Approaches for children and young people are changing with online access to advice and help. The results show that section 136 actions where people seek sanctuary for their own safety – or that of others – has reduced. Furthermore, MH issues driving A&E attendance has fallen by 21%; admissions by 20% and ambulance requests by 11%.

2017 Achievements/2018 Aims

Trevor started the session by beginning to outline the Senate's outline of activities for 2018. He then invited Laura Marshall to speak regarding the new website design.

Laura, along with Jenni Ebert, indicated that a new website could raise the profile and the potentials of the Citizens Senate. Various aspects of the project were discussed by the Senate concerning the range of services, information and activity which could be reflected through this resource. The Senate emphasised that links to groups and individual profiles were important to show the range of work supported by the Senate and the lines of communication into it. Further discussion emphasised the potential for being a role leader in PPI and for having an educational capacity for the benefit of patients and health professionals alike. A general excitement for this project was shared by the Senate members.

Further discussion emphasised the importance of ascertaining boundaries. Examples included definitions of PPI, the roles of the Senate and an explanation of the geographical area covered by the Senate along with the Senate's concepts and aims. Mission statements and visions could be added along with training videos and other material.

It was suggested that a Working Party be formed to guide the project.

Achieving patient democracy at the Princess Alexander Hospital.

Ann Nott gave a rousing and enthusiastic portrayal of the work she has achieved at the PAH. Ann has brought PPI to a new level at a hospital which has suffered setbacks in other ways. Ann secured funding of £7,500 and use of an office to bring a number of facets of patient engagement to the fore. Of the achievements mentioned: games and entertainment to raise awareness of PPI and medical processes at the hospital were very successful; outreach activities to inform diverse minority groups were actioned with various levels of success. Work with young people and children in the making of a video were showed encouraging signs of making disparate groups more aware of health and engagement.

Consultations with GPs, hospitals and academic networks straddling the Essex and Hertfordshire STP areas was helpful in monitoring the work of treatment pathways and hospital departments. This was to establish solution which would work well within new STP arrangements.

A sub-group was formed to help with complaints resolution. This group has helped to navigate through complaints procedures and offer advocacy where necessary.

A question and answer session followed.

Patient, carer and public involvement in the Clinical Senate.

Mike Hewins outlined the evolution of PPI in connection with the Clinical Senate during the 11 years' experience which Mike has regarding patient engagement.

Mike indicated that the Clinical Senate approach involves engagement from a perspective of independent inputs. Delegates are on an equal footing to health professionals and therefore their contributions are equally respected. Mike outlined the importance of this approach in its effectiveness.

Mike outlined how the Clinical Senate role is one of being involved in: commissioning; implementation and monitoring. Mike emphasised the importance of the Clinical Senate in future development.

EAHSN update.

Caroline Angel presented an update of current and future research pathways and explained the rationale behind how projects were determined and resourced. Examples of projects included: learning from death and dying and ways of offering support to the dying and the bereaved; medication safety events which involved patient involvement in understanding the role of medicines and their wider effects. Caroline espoused how input from the Improvement Steering Group(s) guides and informs the work of EAHSN and maintains the pivotal role of EAHSN in health research.

Future work includes access to maternity services across East Anglia. An example of this, following national initiatives, is that the EAHSN work will enhance a national programme to refine and re-define maternity services and shape improvement. Another programme will research the procedures of patient transport protocols when transiting between acute treatment locations. This is timely because of the strengthening and relocation of acute services being considered by various STP bodies.

Amanda Buttery gave a presentation of work concerning atrial fibrillation (AF). Amanda outlined AF and the experiences of patients suffering from this condition. Further, that untreated, strokes and other conditions can emerge. EAHSN has, Amanda noted, been examining the holistic treatment pathway for AF, including research around short and longer-term actions and new devices to record electrocardiogram outputs. Indeed, a new device is currently being trialled in a project managed by EAHSN. Amanda indicated the importance of Citizens Senate input during the development of such projects.

A discussion concerning obstacles to treatment pathways followed.

Patient and carer network event and medicines safety.

A discussion was led by the Chair Trevor Fernandes and Mary Newton:

The discussion illustrated the enablement funding sponsored by Careline who funded other [patient safety insights. Trevor illustrated that an evidence scan would be utilised to test how much harm befalls patients during patient transfers. Mary, Sarah and Trevor will meet to scope-out the project. Trevor emphasised that the Citizens Senate will be moving the project forward. The current scope includes:

- Improving patient safety.
- Improving medicine safety.
- Reducing patient harm in both primary and social care.

Trevor espoused that to move toward specific patient care which is developed by the patients themselves there is a general need to network more widely with patient groups and interested individuals. Discussion widened this to include specialist patient groups, for example, mental health groups to be involved in the programme. There was agreement that many different specialist groups may need to be consulted. The discussion then widened to include minority groups which may suffer from restricted access in the normal course of events. It was important, as part of the Senate's aspiration to encourage minority group input, that a variety of groups be approached to enlist their support. A number of groups were mentioned as well as approach strategies.

It was further mooted that the website would be an invaluable tool in widening the collaborative facet of the Senate. It is hoped that this would not only link groups from both specialist and minority interests, but that it would provide information to such groups and provide role leadership for groups to develop.

A discussion ensued of the potential risks of involvement with various groups and that these could be offset by safeguarding training modules and awareness materials.

Mary Newton led a discussion concerning nursing models in the community. Mary outlined the difficulties involved with attempting to get buy-in from Clinical Commissioning Groups regarding the multi-skilling of community nurses and other practitioners and a pilot study to ascertain how broadening the skills of community health professionals might help with delivery of treatments. Mary argued that home treatments could be rationalised using a Dutch model which has proved successful. A wider discussion followed.

A discussion then took place regarding how the Senate could be more proactive in informing STPs across the region. It was evident that the Senate held a battery of knowledge, skill and experience which could be made available to inform STP programmes and the STPs should be made aware of these resources.

The Chair thanked attendees and the Facilitator closed the meeting at 15:32.

The next meeting is planned for April 26th 2018.

David Wilkin 31 January 2018