

Citizens Senate Meeting 17

10:00 – 15:30 26th April 2018
Cambridge Professional Development Centre

Facilitators Report

Attendance:

Six Members + eight guests.

Preliminaries:

The Facilitator asked that the strongest voices help to empower, respect and encourage the lesser heard voices to bring out a range of opinion.

The Programme:

Julie Grace - New Care Models

Julie gave an indication of the Vanguard Programme; part of the NHSE remodelling which will take into account updated demographic profiling. New models utilise data and a 'whole population' approach to focus on a preventative agenda. A commissioner/provider split has been ameliorated and improve to offer payment by results and patient-centred treatment pathways. Holistic management of treatments including other agencies and the Third-sector have shown to reduce: hospital emergency admissions; GP requirement and improve prevention.

50 Vanguards are in use nationally with a downturn of admissions in Nottinghamshire of 29%. Co-production with patient participation will be key to its success. Electronic devices will be used more widely and evaluations will be made at all stages of the roll-out. Vanguard schemes now transforming into Integrated Care Schemes (ICSs) and STPs can apply to be an ICS and thus secure associated funding. An ICS is similar to the Manchester experimental mixture of health and social care provision.

Julie's opinion was that this joined-up approach to holistic care is long overdue.

A discussion ensued concerning co-production and standardisation.

Trevor Fernandes – Medicines Safety

Trevor espoused that this programme is focused on the safe use of medicines. There were challenges around the packaging and use of medicines and much work needed to be done. Trevor requested commitment from Senate members to help move the project forward. However, members were already committed to other schemes.

Moving forward, the CS would be consulted to engage a wider audience for consultation and that there should be a focus on peer support. There was general agreement that the programme should be incorporated into the new website for CS and that an executive summary must be produced by 21st May 2018.

Paul Osman – Events Update

Paul gave a personalised account of some of the recent events which he had attended concerning health and social care. He cited the best questioning techniques which have been applied in various settings. Paul spoke regarding the philosophy and approach regarding recent debates on economically appropriate diagnoses and voiced that many of his co-delegates spoke with authority and experience. The maturity and adroitness of co-delegates was noticeable in their willingness to help guide the future of our health and care services.

Unfortunately, due to the breadth of information and limited time, the Chair asked Paul to re-examine this topic at a later date. Paul also agreed to participate in a podcast.

Mita Brahmhatt – Med Tech Cooperative, Brain Injury

Mita spoke with passion regarding the problems concerned with people having suffered a brain injury. Her work is part of the Med Tech In-vitro Cooperative which has a budget of £14.25M to be spent over five years. Their mission is to evaluate new technologies to treat brain injuries. Their work operates across the patient pathway and collaboration exists between many facets of the NHS and associated services. Their approach is to use evidence-based outcomes to support the best techniques for patient recovery and not just the popular ones.

They link the Medical Research Council, charities interested in this area of research and health providers to give a rounded perspective. They hold a register of 80 participants who participate in a range of ways. Some merely require updates whilst others will actively participate in research feedback. They have problems however with participant recruitment and retention. Some of these problems were caused by delays in research programmes and volunteers becoming demotivated. Mita hoped that the CS would be able to use its influence to promote the recruitment of participants from around the area.

A discussion ensued whereby many positive contributions supported Mita's work and suggested avenues of recruitment. It was thought that groups associated with the CS might prove to be excellent conduits for advertising this work and possibly to entice participation. PPG and carer groups might prove to be fruitful recruiting grounds. Methods to improve public consumption of training materials were suggested and the development of an internal PPG for the scheme.

Tom Veal, Jenni Ebert and Adrian Penrose: EAHSN – CS Website Development

Tom presented the outline of the proposed new CS website. The design concept and connectivity and interactive availability were discussed. Other features discussed included: key users; the identification and understanding of the key missions and visions of the CS;

the branding and symbolisation of key messages and the profile of the geographic area of responsibility. Features recommended were: a search facility; links to social media; the ability to administer the site; member interactivity and the carriage of news. The danger of a website not being updated was discussed as well as a library area.

Concerns were raised concerning abuse from those wishing to contact members and reassurance was given by Tom that this should not occur. A recruiting area should be added. The possibility of a review group consisting of people external to the CS to review content prior to publication was seen as a way to ensure quality. A newsletter was rejected at this time.

Phase one, homepage development is due by 29/5/18. Phase two, training and awareness and Phase three events and case studies are to be discussed. A publicity drive will be required to boost patronage.

Sarah Nolasco (for Victoria Corbishley) – Innovation Exchange: Suicide Prevention

Sarah gave an account of the NGS change process which can take up to 17 years to achieve that change. The Innovation team went to the STPs and asked for their themes for focus on forthcoming change within the NHS. The first priority is suicide prevention followed by early diagnosis of cancer.

The team will create a website to publicise innovation and change, explain the Innovation Change Pathway and to encourage interaction. They wish to work with the CS to bring about patient engagement with this process of innovation. Sarah cited that around 45,000 people have benefitted from EAHSN innovation in that their treatment pathways have positively changed. To ensure quality and consistency, the Innovation Exchange utilise evaluation at every stage of change and to make sure that all phases of innovation are delineated for practitioner and public information.

For suicide victims it is generally understood that a further ten victims suffer and this potentially involves a wider social cost. This figure is higher in the East of England. Suicide is also under-reported. The Innovation Exchange structure a 'Challenge statement' to maintain the core purpose and consider conclusions during the change process. The CS might be able to help this process by helping to develop Challenge Statements and by monitoring the work of the Exchange.

Mark Avery – Digital Innovation Hub

Mark described how the need to maximise digital data innovations for patient records. The East of England is a good place from which to form new digital record-keeping. The NHS, research bodies and industry are working together to produce change. The national AHSN teams are collaborating to produce bids for further development.

The project involves digitalisation of patient and care records with inputs from care and health providers to give a range of usable outputs. A longitudinal pathway will be formed so that medical interventions can be traced back throughout a patient's medical history. Options for the patient to opt-out will be available. The clinical record will additionally include demographic and social data. Patients will be able to check the voracity of the data and

multiple terminals will be required for multiple users across the health spectrum. Data security will be paramount to induce a sense of patient safety.

The team hoped that the CS will become involved in the dissemination of information regarding this project. The team realise that confidence in this system will be required for patients to trust its operation and its security.

A discussion ensued concerning a national roll-out of this, or a similar, system. Mark indicated that his was one of many bids but he hoped that this incarnation would stand a good chance of acceptance, nationally.

A further discussion described the potential benefits of such a long-awaited method of multi-access record-keeping.

The Chair registered his disappointment at the low turnout for today's meeting.

The Facilitator closed the meeting at 15:32.

David Wilkin 26 April 2018