

## **Citizens Senate Meeting 19**

**10:00 – 15:30 18<sup>th</sup> October 2018  
Cambridge Professional Development Centre**

### **Facilitators Report**

#### **Attendance:**

Seventeen members + two guests.

The Facilitator adjusted the agenda to accommodate speakers preferences.

#### **Preliminaries:**

The Facilitator asked that the members respect each other's contributions and thanked the Chair for his ongoing work.

#### **The Programme:**

##### **Trevor Fernandes – Chair's introduction**

The Chair introduced Chris Freer a new member and provided an overview of the day ahead. He also summarised activity since the last CS meeting, in particular:

- Business Case justification for maintaining the Citizens' Senate for 2019 - 2020
- Developing and negotiating new leadership training with King's Fund. Learning from feedback from last training course, the next will be held over 3 consecutive days. Details to follow
- Developing the Citizens' Senate Website – [www.eoecitizenssenate.org](http://www.eoecitizenssenate.org)
- Developing and implementing our recruitment strategy.

##### **Steve Cousins – Digital Innovation Hub**

Steve informed the CS that funding was not achieved for the DIH. However, the project will move ahead and alternative funding will be sought. There inconsistencies regarding the digitisation of patient records which need to be resolved. EASHN providing £300,000 contribution toward the £1.5m required for the national project. CS and patient input seen as vital in the development of this project.

##### **Sarah Rae – Medicines safety**

The Q Community recently offered an opportunity to apply for project funding from a £450k pot. Up to £30k funding would be available for each project. The theme was 'Peer Support' The CS contribution was based upon peer support in medicines safety for the elderly and this was an extension to the work carried out by the CS during 2017 and early part of 2018.

Developing our project proposal required significant work and effort and required the following activity:

Developing the proposal  
Carrying out risk assessment

Obtaining evidence to support our assumptions  
Commissioning evidence scan  
Cost / benefit analysis  
Publishing proposal on Q Exchange portal and managing and administering changes and updates  
Responding to questions of clarity from the Q Community  
Continuing reviewing and adjusting proposal, based on advice and info  
Uploading application on AIMS portal  
Once shortlisted, implement updates from reviewers  
Preparing material for the bid event  
Promoting at the event

Our project involves patient-volunteers working with patients to resolve medicine safety issues and to aim to ensure safe future use of medicines. The proposal was backed up by significant evidence, but an Evidence Scan was also commissioned to reinforce the findings. Following 180 applications, our proposal was amongst a shortlist of 25 to be considered for funding. This was quite an achievement in itself, however there was much work to do in order to be amongst the 15 projects to be awarded £30k each. At the award event in Birmingham, we promoted our project together with the other 25 hopeful participants. Following an online voting process, we narrowly missed out. Although funding was not achieved at this round it is hoped that alternative funding might be available from a number of CCGs. Our proposal is already packaged, complete with costs, benefits, evidence and a project plan. We are hopeful that the project will be a reality at some stage.

#### **Alistair Martin – The Waitless App'**

Alistair demonstrated the Waitless app'. This draws data from the SHREWD system which monitors A&E waiting times and capacity. Waitless indicates the nearest treatment centre with the shortest available waiting time to the patient. The aim is to reduce A&E use. Whilst it is being rolled-out nationally, Waitless has been shown to reduce A&E waiting times by up to 11%. It is seen as an empowering tool for patients. It can be deployed in 2-4 weeks in any area. Directs patients toward minor treatment centres thus avoiding A&E departments. Linked to other existing app's and to the 111 service. It is currently in use in: Kent; Dorset and parts of Essex. Input regarding user behaviour is requested from the CS and patients generally.

#### **Christine Jones – Safeguarding.**

Christine gave an overview of the existing legislative framework concerning the safeguarding of people. The aim of safeguarding procedures under the CARE Act 2014 (sec42 applies to children; sec47 to adults) is to:

Report concerns – record concerns – respond appropriately.

There is a duty to promote wellbeing and is person-centred. This means that no decision to act will be made without the consent of the person being safeguarded. A detailed definition of 'wellbeing' was given. The term 'vulnerability' is now not used to ensure consistent application of legislation.

An 'at risk' adult is someone with a care and a support need. They must also be at risk of abuse or neglect and unable to protect themselves.

Within the Act the six guiding Principles are: Empowerment; Protection; Prevention; Accountability; to work effectively in partnership and be proportionate with responses.

A discussion followed including concerns regarding the skill sets required by carers to evaluate risk.

### **Trevor Fernandes – Website progress**

Trevor gave a demonstration of the new CS website to be launched 18/10/2018. The site is now 'live' [www.eoecitizenssenate.org](http://www.eoecitizenssenate.org) It was important to launch the website as early as possible, although there are several more pages to be added. We started off with the following pages: Home / About Us / Members / Training Resources / Contact. Please have a look at the site and flag-up any errors or omissions, but keep in mind, the site will continually develop.

Pages still to come: Events / Reports & Minutes / Agenda / Links / Case studies

### **Jeremy Dearling – Hospital-wide geriatric assessment**

Jeremy used art to represent the value of research to health development.

The geriatric assessment project began in 2013 and continues. It was noted that patients become frailer the longer that their hospital admission lasts. The assessment is laborious and complex for clinicians to use. Jeremy used this analogy to illustrate that the value of future research in the health domain needs to be properly assessed for need. Furthermore, the outcomes of research need to be properly applied to any situation.

A discussion flowed regarding the use of research in inspiring positive change.

### **Paul Osman – Electronic Medicines Optimisation Programme (EMOP)**

Developed by Pharmacy Outcomes, this Programme was introduced in Newcastle and electronically monitors drug dispensing regimes. Interfacing with local pharmacies, it is being developed to make medicine use more effective and speedier with greater transparency. It is hoped that the national roll-out of this system will be applied with more alacrity than at present.

### **Paul Osman – Sepsis**

Paul informed the CS that approximately 44,000 mortalities occur each year in the UK due to sepsis. This is more than a group of cancerous causes. Incorrect diagnoses occur at a rate of approximately 26%. Paul is calling upon the Mid-Essex CCG to improve early diagnosis.

CS to encourage CCGs to show what plans are in place for early and accurate diagnosis.

### **Trevor Fernandes – Chairs discussion regarding future CS issues**

Due to high volume of requests for CS input into new and ongoing projects, an Involvement Register is to be developed. This will improve co-production and collaboration but will also allow greater transparency. It will ensure that all stakeholders remain aware of developments. It will be included in the second phase of the CS website:

Objective

- To create an online repository to capture what everybody is involved with at any given time, the period of involvement and what opportunities are in the pipeline.

- To reduce the overhead of a single member managing the register, it would be key to design access for members to self - administer. i.e. to update the information on projects they are engaged with.
- To make the information open and transparent, so that all stakeholders have a view (not write access)

### **Benefits**

Would allow greater control & oversight

Snap shot at any given time

Members are more aware of portfolio to share knowledge

Provides evidence and reporting

Facilitates measurement, feedback and benefit of PPI

It is hoped that this will enable EAHSN to have transparency of ongoing work streams. Julie, Paul and Kevin agreed to assist. The project was agreed by the CS. Members were asked to deposit their profiles for this project by 1/11/2018. A project meeting will be arranged with the system developer.

### **Recruitment**

Mark and I presented to Cambridgeshire & Peterborough CCG patient group on 4/10. There was quite a lot of interest, but the group appeared more concerned with locality PPG.

Nevertheless, we've left the door open.

Mark, Tony and I attended the Ipswich & North Essex Health & Wellbeing event on 12/10.

We made lots of contacts and picked up a speaker or two for future meetings.

Still to go - Amanda Stranks CPFT PI Group

### **Training new GPs**

An item of news worth sharing. The medical school at Anglia Ruskin University, is one of three schools in the country tasked with training and developing young doctors and clinical staff for the future. The school has developed a comprehensive programme of patient engagement at every level of the process. Representatives from PPGs in the area are providing patient involvement in designing the process and taking part in the interviews. The purpose is to instil a culture of putting patients at the centre of all services.

Proposed future meeting dates for 2019:-

January 22<sup>nd</sup> or 29<sup>th</sup>

April 23<sup>rd</sup> or 25<sup>th</sup>

July 9<sup>th</sup> or 11<sup>th</sup>

October 15<sup>th</sup> or 17<sup>th</sup>

The Facilitator closed the meeting at 15:32.

The facilitator bade farewell to members.

**David Wilkin 19 October 2018**