

**Greater Cambridge Health and Care Forum**

**Zoom Meeting 10-12**

**7 April 2021**

**NOTES FROM MEETING**

<b>Attending</b>	
Philippa Brice- Chair	Julia Rutherford
Graham Lewis (GL)	Rebwar Hussein
Caroline Tyrrell- Jones	Frances Dewhurst
Debbie Drew - Minutes	Pauline Meakin
Jason Merrill (JMe)	Roxanne Boughen
Ceri Jones	David Monk
Nicola Hallows	Joan Monk
Brian Walker	
<b>Apologies</b>	
Jennifer Seymour	Paul Jobling
Sarah McCleary	Kadie Chapman
Gina Edwards	Vicky Haywood
Gillian Langley (GLa)	Sue Allan

**1. Welcome - introductions.**

Introductions were made and then all were asked to be on mute unless they were wanting to speak. The meeting was recorded for purposes of minutes.

**2. Minutes and actions raised.**

The minutes were approved, and all the actions raised have been completed. See action log.

**3. Healthwatch Update- Caroline Tyrrell-Jones**

We have been holding workshops to look at our areas of work- How to do what we do and how it fits in with other things that are happening locally.

We have done some work with NHS England around experiences of:

- South Asian people accessing diabetes services.
- Young people accessing mental health services.

We have done this with interviews and small focus groups. Findings will be published soon and will be fed into a national programme.

In February we held 2 workshops on the proposed standards for emergency and urgent care.

We are keeping informed on the Integrated Care Systems making sure patient experience is considered and people are being kept informed.

Our comms team have reported that we have seen increased usage of our website. We aim to have up to date information as soon as it is available. The 3 main areas visited at present are Testing for Covid, questions around vaccinations and of course access to NHS dentists.

We now have access to GP cards that people who are having problems registering with GP's. This could be because they do not have proof of address etc. There is an electronic version on our website.

JM What sort of input are you doing with Integrated care systems?

CTJ We have representation at the top Val Moore (Chair) or Sandie (CEO) attend those meetings and we have representation at the North alliance (which covers Peterborough, Fenland and Huntingdon) and the South Alliance (Cambridge, Cambourne and East Cambs)

GL Terminology is all very new maybe we could get Frances to talk about social prescribers and their role and get someone to talk a bit more about the Integrated Care System (ICS).

**ACTION 22** GL to arrange for Frances to talk at a future meeting and to get more information around ICS.

#### **4. Reports from Groups and Experiences - Rebwar**

KC (phoned in before meeting) Some of her son's PAs had not been called for their second vaccines and they are worried. As they were booked in as a support worker at a venue that was not their GP practice, they are unable to check.

DD At Healthwatch we have had some other queries like this.

**ACTION 23** to log experience and for HW to keep a watch and see if problem persists.

KC Son was admitted to A/E after a call to 111 for an injury on a Monday evening. On Tuesday he had a minor procedure. He is epileptic and has autism.

I informed the ward I had his 7 days' worth of meds dispensed already so could use them.

On Tuesday morning I had a conversation with the pharmacist and explained about son's medicines and his need to remain on the same meds.

The general care was good, and they allowed my son's dad to swap as carer too. However not once was I asked about allergies etc. and I was constantly risk assessing in case he had a fit. I thought either the LD nurse or epilepsy specialist would be around to help.

On discharge we were given a letter for the GP and they had swapped one of the meds (we have 100 and 300 to give flexibility of dosage and they swapped to 400) they had also changed a tablet for syrup. They also told us to stop a supplement (we buy) he has had since a child (with discussion from neurologist). There was no explanation for the changes, and it meant I had to speak to the GP.

When we were home my son experienced a lot of pain. We have been given no information as what to expect post procedure, let alone anything in Easy Read. I had to call the ward to speak with someone and then I was told that some people do get extreme pain and to give him pain killers.

I have complained to PALs re discharge.

**ACTION 24** To log experience with Healthwatch.

JMe reported that his wife had been told by GP to take meds in a certain way but when picked up from pharmacy the instructions were different. As the prescription was bagged, we did not know until home that it did not say the same as GP.

BW reported that because of lockdown and being “stuck” at his son’s he had a vaccine there but now needs to stay because of the second vaccine. It seems that the system cannot manage vaccines at different venues.

DD reported that husband received a letter from Papworth re phone consultation with surgeon. It gave a date and a time but then it said leave a 3 hr window either side of this. This seemed a little excessive.

CJ reported she had to wait for more than 2 hrs for a call for her phone consultation. You are then worried to move away from phone in case they call, and you miss the call.

## **5. Cambridge Children’s Hospital- Video**

GL shared a video with forum.

A discussion took place around the parking issues, the new train station (which will have no parking but a bus running from it to hospital) whether the hospital would have a specialist LD nurse and whether there will be parent accommodation. A question as to how far a filed the consultation was being done.

**ACTION 25** DD to email Anna Todd for some more information and for Graham to invite her to a future meeting.

## **6. CUH Update - Nicola Hallows**

- Covid numbers are very low and down to single figures. The second wave was far worse for Addenbrookes. Waiting times for appointments etc. are consequently longer than before and more than what we would like.
- We are doing a high proportion of virtual appointments via telephone or video. We have had 9000 responses to a survey about new style of appointments and 91% of those who responded scored 8-10 (10 being the highest). Those who had already had a virtual appointment were more likely to agree to one in the future which suggests more confidence.
- GP referrals into hospital are at their normal rate but we expect this to rise.
- Diagnostics scans/ Xray are having over 6 weeks waiting list and for CT scan even longer.
- We have increased our elective capacity and theatres are back to normal capacity. Those on waiting list are being actively looked at and risk assessed to prioritize.
- At the end of May, we will have 20 new beds for those who are nearly ready to discharge from hospital and 40 more beds (not allocated at present).  
By the end of the year there will be an extra 60 beds - this will be acute medical.
- Patient experience (friends and family test) is back to normal and PALs are running but not offering face to face yet.
- CUH website has had a complete overhaul. Content is still being added so if you think something is missing, please let me know.

JMe Are people getting given follow up appointments at the time of being seen?  
NH I will check.

GL What would be a reasonable time expected to wait around for a phone appointment. A previous comment about allowing a 3hr window either side seemed excessive?

NH I would not expect people to be given a “window” that wide. I can check what the expected is for Addenbrookes.

**ACTION 26** NH will check about appointment follow ups and what would be the expected time windows around telephone appointments.

## **7. A/E and Urgent Treatment Centre- David Monk**

- We have been looking at patient pathways into A/E
- We have just finished a pilot into the video consultations- we have found this reduced attendance at A/E by 60%
- We have been using EDI booking system.

We were aware pre covid that the unloading times for ambulances could mean a long wait. This in turn restricts ambulances for people in need of help. We know that as things return to normal this means ambulances may start queuing to unload again. At present what used to accommodate 100 patients can now only take 45 so something has to be done.

The redirecting of patients has helped along with the video calls. We decided more space was needed so a temporary structure has been built at the front of the emergency department. This can hold 4 patients thus potentially freeing up 4 ambulances. The area is staffed, and patients are held there until they can be seen in the main department. This will be for non-covid patients only.

## **8.Provider updates**

CPFT- highlights of email to be shared after meeting-**ACTION 27**

**Public and patient vaccination:** The Trust continues to support the vaccination programme across the county with staff seconded to the staff vaccination hubs and to the vaccination centres. 3 CPFT staff have formed the vaccination team that has been visiting people who are housebound to ensure they receive the vaccination in a timely way. The Trust has achieved high levels of staff vaccination across all areas.

**Role of Volunteers in the Trust during the pandemic:** Our volunteers, supported by Louisa Bullivant, have played a vital part during the pandemic. It was a pleasure to join them for a virtual meeting to thank them for the incredible support they have provided to staff, carers and service users. The major role has been the delivery of PPE throughout the Trust by volunteer drivers. This has been an important and vital contribution.

**Development of the application to become an Integrated Care System (ICS)** The ICS application has been submitted, and the result of the application process is awaited. The understanding of the role and function of the ICS, in light of the response to the national consultation, is developing, including a much stronger role in the system for workforce development.

Vicky Haywood-City council

- Covid rates are low, vaccine roll-out seems to be going well in the City.
- Anything we can do to encourage more people to use rapid testing.
- The national self-isolation payment has now widened to include support for parents who need to stay at home to support a child isolating.

Roxanne Boughen- Healthy you

Our services are offered for free. At present most are virtual, and we are accepting new referrals. We do not have a waiting list.

From the 12<sup>th</sup> April some of our clinics will return face/ face after the venues have been risk assessed.

Pauline Meakin-Alzheimer's Society

We have changed our contact number to our new **Dementia Connect** helpline 0333 150 3456 to increase our hours of availability during weekday evenings and at the weekend.

We have not re-started our face-to-face support and continue to support carers and people diagnosed with dementia virtually and by telephone.

We are also involved in the integrated neighbourhoods, working closely with local GP surgeries and social prescribers.

**Next Meeting**

2<sup>nd</sup> June 10am on Zoom