

Minutes for the Healthwatch Barnet Advisory Board Meeting
Held on Friday 8 October 3.30 pm (by Microsoft Teams)

Present:

Stewart Block (SB)
 Janice Tausig (JT)
 George Linskey (GL)
 Louise Marshall (LM)
 Jennifer Pearl (JP)
 Nitish Lakhman (NL)
 Andrea Reece (AR)

Apologies:

Aeren Fitzgerald (AF)
 Yasmin Rahman (YR)
 Auren Ghazal (AG)
 Carole Dukes (CD)
 Alex Bretherton (AB)

| Item | Agenda | Actions arising | Person Responsible |
|------|---|-----------------|--------------------|
| | Welcome and introductions JP opens the meeting and hands over to NL. | | |
| | Quarter Two 2021 Update NL presents the Healthwatch Barnet Q2 projects talking through PowerPoint slides. GP Remote Access Project <ul style="list-style-type: none"> • NL explains the background to the report, runs through the methods used, details engagement and summarises the findings. • He outlines particular responses e.g. many people feel GPs are not keeping up with other services, which are now fully open. Highlights weaknesses in GP patient communication. | | |

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| | <ul style="list-style-type: none"> • HW Barnet recommendations include using a hybrid model (face to face and virtual); making several small process changes e.g booking forms; addressing issues around data concerns and improve GP communication • He also details outcomes of the report: a positive response from partners and the general public; acknowledgement of challenges from the CCG; similar response from the Federation of GPs, who also acknowledge the accuracy and usefulness of the report; a successful communication campaign. • The report findings were also presented to Health and Wellbeing Board and the Health Overview and Scrutiny Committee, which was formal committees with healthcare leaders and Cllrs where Healthwatch is a seat. • NL explains that it will take time to implement the recommendations but the process has prompted a change and much conversation locally. Continued engagement with the CCG. <p>GL responds that the findings match his experience, e.g. in being able to see a dentist, but not his GP</p> <p>JT reports that she has received a poster outlining GP new ways of working but feels this is not sufficient. NL agrees, GPs need to do more to explain and take patients along the journey with them.</p> <p>JT has sent the report to the PPG – comments in response are neutral or negative. She feels that surgeries should email their patients with details and information on using the new system.</p> <p>SB is disappointed that there is no mention of cancer diagnosis in the report – something that cannot happen remotely.</p> <p>NL said because nobody had shared their experiences around cancer diagnosis thus it could not be included if Healthwatch does not have local data to support the analysis.</p> <p>LM provides examples of the discriminatory effect by which those who don't know their way around the system will lose out.</p> <p>JP agrees. She has been interviewed by ITV and made the point that those not able to express themselves forcefully, often don't get the treatment they should.</p> <p>Long Covid Project</p> | | |

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| | <ul style="list-style-type: none"> NL explains the project began in May and was intended to record people's experiences and the treatment pathway. HWB gathered 36 responses and held a successful, well-attended event. Neighbouring Healthwatches in Camden, Enfield, Haringey and Islington have now bought into the research so the project is continuing with a larger scope and brief. The survey will be open until the end of December and each Healthwatch is expected to speak to at least 25 respondents. <p>JT knows someone with Long Covid.</p> <p>Advanced Care Planning Project</p> <p>This event follows up work carried out as part of the Dying Matters Awareness Week activity.</p> <p>GPs asked for help to understand the general public's perception of ACP of ways to improve communication around it.</p> <p>The method will be 1-2-1 interviews with a target of 15 by the end of October. 13 have been carried out to date but NL is keen to reach more people and get a larger sample size.</p> <p>JT, who is helping with this project, queried an email from YR implying there is a reward for participants. NL explains this relates to the online survey, for which HWB generally offer prize draw-type incentives, but will be available to all those who offered their time and experiences.</p> <p>SB feels there are still issues around the terminology and is concerned that people will be put off if they feel ACP is only for those approaching end of life. JT agrees.</p> <p>AR agrees it is difficult to get the tone right and asks SB and JT to check the wording on the HWB website.</p> <p>JP has experience with EHCP which she has found helpful.</p> <p>Deaf Peoples' Awareness Project</p> <ul style="list-style-type: none"> NL reports it was a struggle to get stakeholders to engage with deaf people's GP challenges. Healthwatch Barnet is doing a planned 6 month follow up to initial report. | <p>NL to share the link to the survey.</p> <p>Make edits to HWB website article.</p> <p>JP to share the link</p> | <p>NL</p> <p>AR</p> <p>JP</p> <p>YR</p> |
| | Quarter Three Priorities | | |

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| | <ul style="list-style-type: none"> • NL explains that the Long Covid project and ACP project will continue throughout Q3. Some type of engagement with the local LDC(dentistry) is also in the discussion stage. • There will be work with the NCL Cancer Alliance around a patient pathway tool to improve experiences and comms. • Working in partnership with the CCG, HWB will hold a public event on ICS development. • In another event, scheduled for Dec, HWB will collaborate with Barnet Mencap in an event for My Health Matters 2021. <p>E&V update</p> <ul style="list-style-type: none"> • Assessment underway on the risk versus benefit of face to face visits currently. Most Healthwatch across England has not started E&V again. NL to report back. | Update to follow | NL |
| | <p>Quarter Four</p> <ul style="list-style-type: none"> • NL working on plans now. Likely to include work around mental health, including the crisis in the prevention service and experiences in half-way house care. • Projects also possible around the promotion of physical health; around sexual health • Audiology is another possible area for a project or research • In response to board member requests to extend planning and set future priorities further in advance, NL explains that it's important to maintain HWB capacity to respond to issues as they arise. Flexibility is crucial. • The Board will need to vote on need projects in the following quarter; as existing work is not expected to overflow into Q4. | | |
| | <p>A.O.B.</p> <p>JT reports on problems GPs are experiencing and highlights that they are not receiving guidance or support. She is using the Ipsos Mori Poll to monitor this.</p> <p>NL explains that HWB is taking a 'soft approach', to avoid submitting formal complaints and instead of working with practice managers to resolve patients' issues. Wherever possible, Healthwatch Barnet will also look to work with providers before using formal methods.</p> <p>JT will email NL separately with thoughts.</p> | JT to email NL | JT |
| | <p>Dates and times for next meetings 27 January 3.30pm via Zoom IRL meetings to be considered depending on COVID situation at the time.</p> | Meeting link to be sent | AR |

