

Notes from Citizens' Assembly Meeting

Held on 15th October 2020
Virtual Teams Meeting

Meeting Notes

Present:

Nick Pennell, Healthwatch Plymouth and CHAIR	Ellie Devine Head of South West Clinical Senate
Sally Pearson SWCS Chair	Rachel Perry, South West Clinical Senate Project Officer
Fiona Baldwin Assistant Director Clinical Programmes / Networks	James Rutherford, Senior Business Manager NHSE/I
Tricia Godfrey, Healthwatch BNSSG	Ann Harding, Healthwatch BaNES
Joanna Parker, Healthwatch BaNES	George Soars, Healthwatch Gloucestershire
Tessa Trappes-Lomax, Healthwatch Devon	Richard Foxwell, Healthwatch Devon
Paul Greensmith, Healthwatch Swindon	Kevin Dixon, Healthwatch Torbay
Peter Buttle, Wiltshire	

Apologies:

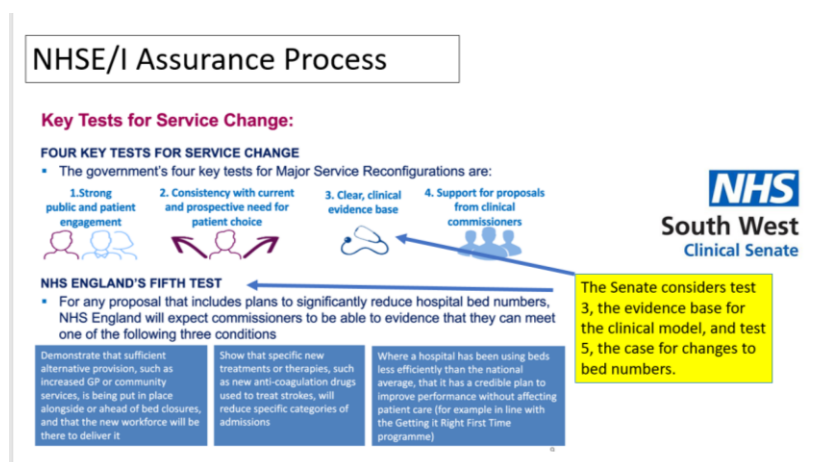
Lance Allen, Healthwatch BNSSG	Nazma Ramruttun, Healthwatch Swindon
Jon McLeavy, Healthwatch Cornwall	Mike Hodson, Healthwatch Somerset

		Action
1	Welcome	
	NPennell (Chair) welcomed meeting participants as per the list above.	
2	NHSE/I Assurance Process and the Role of the Clinical Senate: Sally Pearson, Senate Chair	

SPearson [Sally] (SW Clinical Senate Chair) explained the role of the South West Clinical Senate in the NHS England/Improvement (NHSE/I) assurance process for large scale service changes. This included highlighting the changes to NHSE/I boundaries in April 2020 which has seen the South West embrace Dorset.

The SW Clinical Senate may now be asked to look at service change proposals from all 7 of the health care systems in the region which is a higher number than most of the other Clinical Senates. The SW Clinical Senate also covers the largest geographical area of all the Senates nationally.

Sally explained that the Clinical Senate considers Test 3 (the clinical evidence base) of David Nicholson's 4 key tests for service change (pre-requisites for any major service change considerations). The Clinical Senate also considers a 5th test known as the 'bed test' which was introduced by the Department of Health to cover those proposals that plan to significantly reduce bed numbers (further details on below slide):



Sally explained that Citizens' Assembly members taking part in a Clinical Review panel should consider the **acceptability** and **accessibility** of the proposals for service users. She highlighted that it can be easy for Citizens' Assembly members to try to focus on patient engagement but that this is covered by the first two tests for service change. CA members can raise any engagement issues they may see (these points will be shared with the NHSE/I assurance team) but should recognise that this is out of the scope of the Senate's role in the formal assurance process.

Sally also described how Citizens' Assembly members play an important role in being custodians of the conversations taking place

<p>during panel meetings and offer a different and valuable perspective to the clinical viewpoints shared.</p> <p>Sally went on to explain the different types of clinical advice that the Senate can offer from early stage informal discussions to a full clinical review. She also noted that review panel meetings can now successfully be held virtually as well as Face to Face.</p>	
<p>3 Clinical Review Management and The Role of the CA Member: Ellie Devine (Ellie), Head of Senate</p>	
<p>Ellie described the process behind clinical reviews and explained that clinical panels mainly consist of those Senate Council members who work out of the area impacted by the proposals. Clinical panels can also be drawn from the SW Clinical Senate's Assembly membership. For those reviews which require a high number of a specific specialty, the Senate Management Team may also approach other Senate clinicians outside of the South West to support.</p> <p>Ellie explained that there will be two Citizens' Assembly members on each clinical review panel. The panel will consider a pre-consultation business case (PCBC) which outlines the model of care options proposed. She highlighted that both clinicians and CA members have fed back that PCBCs are often too long so the Senate team is working with health care systems to support and encourage a balance of keeping proposals as simple and transparent as possible but recognising that systems are required to provide a range of information for different purposes.</p> <p>Ellie outlined the Senate timeline for a full clinical review including the need for 8 weeks' notice to provide panel members with sufficient time to cancel clinics/provide notice of leave. She explained that there are often delays in the process to allow systems more time to prepare. Although this may appear to be difficult, the delay often has positive implications for the ultimate success of the review.</p> <p>Ellie emphasised how quickly the Senate process can be with Clinical Review Reports often being finalised 3 weeks after the panel meeting.</p> <p>Ellie described a typical review panel meeting agenda and explained the importance of being transparent with systems, providing key lines of enquiry raised by the clinical panel before the meeting to allow time to prepare responses.</p>	

She also noted the importance of retaining half an hour at the start of the meeting to allow the Chair time to brief panel members about the process and allow them time to ask any final questions without the presenting team joining.

Somerset Service Reconfiguration: Adults of Working Age Inpatient Mental Health Beds
Clinical Review Panel
Agenda
Taunton Rugby Football Ground
5th September 2019
10:00 – 15:30

Time		Speaker
09:30	Arrival refreshments available	
10:00	Welcome and introductions for panel members only • Overview of panel process and approach for the day COI/Confidentiality • Key Lines of Enquiry	Sally Pearson
10:30	Somerset attendees join – welcome and introductions *Refreshments available	Sally Pearson
10:45	Overview of Somerset's Fit for My Future Mental Health proposals: • Wider Context of Fit for my Future • Case for Change • Inpatient Beds Proposal > Model of Care – as is and proposed > PCBC and preferred option > Response to Desktop Review panel feedback from June 2019.	Somerset Team
11:45	Q&A session	All
12:45	Lunch Provided	All
13:45	Panel Deliberation and Discussion of Proposals *Refreshments provided during discussions from 14.15	Panel
14:45	Summary Recommendations and Feedback to STP	All
15:30	Close	Sally Pearson

Ellie highlighted the main differences between virtual and face to face meetings and commented on the importance of the following to ensure the success of a virtual meeting:

1. Strong chairing.
2. Nominated 'Team Captains' for both the presenting and Senate team who directed questions to the appropriate colleague. At the last virtual meeting, 50 people joined so it was important to use this approach to encourage efficient and focussed discussions.
3. Virtual breakout sessions for each specialty area to re-create the informal discussions which would usually take place during breaks.

She reiterated the role of the CA member on a clinical review panel, outlining the following as important questions to consider:

- How do the changes impact the patients using the services?
- Will patients be able to easily navigate through the proposed system?
- What challenges might a patient face?
- What key questions might a patient have about the proposals?

<p>She again highlighted that the role of CA members on the panel is not to assess the levels of public engagement carried out as this is covered by Tests 1 and 2 of the assurance process.</p>	
<p>4 Questions and Answers</p>	
<ul style="list-style-type: none"> • KDixon highlighted how the Senate’s involvement in the assurance process can serve to reassure communities of there being an external NHS body overseeing major changes and asking important questions. He referenced the 2016 Senate review in Teignmouth as having further implications for Healthwatch being more involved in collaborative work with the CCG. • NPennell responded that the process can and does make a real difference. • RFoxwell asked how CA members can join a clinical review panel. • NPennell explained that CA members can volunteer at CA meetings and highlighted that some panels are more suited to certain people’s backgrounds depending on the nature of the proposals. • Sally explained that the CA has introduced a Buddy system whereby an experienced CA member joins a panel with another with little experience to support them with the process. • PButtle highlighted that it is important to also consider conflicts of interest if CA members are involved with reviews. • AHarding told of the time consuming nature of joining a review. • JParker raised the point that CA members are remunerated for their input. RPerry (Rachel) clarified that this is £150 per panel meeting. • JRutherford asked about the demand for clinical reviews and whether or not the Senate is able to respond to every request for input. • Ellie responded that the Clinical Senate has managed all requests received from systems in the South West. 	<p>RPerry to write briefing document for CA members taking part in reviews.</p>

	<p>Recognising that the Clinical Senate has a small management team that relies on Clinical Senate volunteers and CA volunteers, Ellie explained that there is the option of referring clinical reviews to other Clinical Senates but this has not been needed to date.</p> <p>She highlighted that the SW Clinical Senate has 7 systems to work with so is quite strict with its processes and timelines. This style may differ to other Senates where they may become more involved with systems owing to the fact they only have 2 or 3 systems to manage.</p> <ul style="list-style-type: none"> • Ellie reassured CA members of their value on review panels, reminding members of the Buddy system, the fact that the Senate Management Team is available to support in advance of review meetings and that the Chair of the review panel meeting will encourage involvement from CA members. NPennell reiterated this point by relaying how at the last clinical review meeting, the chair, David Halpin, asked for comments from CA colleagues first which showed tremendous respect and value of their presence. • Rachel explained that buddies can meet prior to the meeting to discuss any issues and the Senate team can set this up if required. 	
5	<p>Case Study: 2018 Bath, Swindon and Wiltshire (BSW) Maternity Clinical Review: Joanna Parker, HW Bath and North East Somerset</p>	
	<p>JParker (Joanna) explained her role in the 2018 review of BSW's maternity reconfiguration proposals.</p> <p>She highlighted that one of the most useful parts of a review is the presentation that is made on the day of the panel meeting as it is a succinct way of communicating what is included in the PCBC.</p> <p>Joanna shared her experience of the review and noted her approach to considering the proposals:</p> <ul style="list-style-type: none"> -She considered what national policy (Better Births) was important that was in the proposed changes? -What clinical evidence was being relied upon? - What perspectives were coming through from service users, particularly around choice and whether the changes would be explained to service users? 	

	<p>-As Wiltshire has a large geographical area, how would this affect accessibility? -How would the competency of the workforce be maintained? -How would the cross border links be dealt with? -Did the proposals consider the fact the population requiring the service could increase quickly due to the strong military presence in Wiltshire?</p> <p>She described how putting yourself in the service users' shoes when looking at the clinical evidence base was a helpful approach when considering patient safety, patient choice, national guidance etc.</p> <p>TGodfrey asked about alongside units and how long they have been in operation.</p> <p>Joanna responded that she wasn't sure but the document talks about maternity hubs where the sort of offer that is important to people would be retained.</p> <p>Rachel asked about CA members' initial thoughts about reading the document.</p> <p>Joanna commented that the volume can be off putting and that it would be helpful if it were written in lay language. She explained that it would also be helpful to have some questions written when reading through the documents.</p> <p>PButtle highlighted the importance of line numbers/page numbers to help with reviewing.</p> <p>PGodfrey agreed with PButtle and also described how the acronym glossary should be placed at the beginning of the PCBC and felt that the Executive Summary was really helpful. AHarding agreed and asked who writes the document.</p> <p>Ellie explained that it is often written by a number of people.</p>	
6	Somerset Mental Health Reconfiguration Proposals: Nick Pennell, Chair, Citizens' Assembly	
	<p>NPennell (Nick) explained that the review was a fairly straightforward session which he undertook alongside Jon McLeavy (Jon) of HW Cornwall.</p>	

<p>Nick focussed on the observations made as CA members rather than the nature of the clinical changes and shared feedback from Jon who was unable to attend the meeting. This included:</p> <ul style="list-style-type: none"> • 2 CA members for each clinical review is best • Meeting before the review to compare notes and agree the points and questions we felt were important was a help. • It was helpful to order our input into points we felt were important and questions we wanted to raise. • Don't get put off by the length off the PCBC, and they can be very long and detailed. • Always worth challenging how digestible the PCBC will be for the public. • For the Somerset CR we had a group of I think 13 people doing the presentation. I hope we helped them see instead that we were an important part of them getting their ideas into practice and our feedback was an attempt to help. But what Somerset were proposing did make sense and had been well worked through. I'm sure there are other CR's where there is more doubt about the proposals. • Remember the requirement for the PCBC to present clinical evidence, which although quite narrow, does keep the process focused. <p>JParker (Joanna) highlighted how it would be interesting to know if the proposals were similar to another model elsewhere in the country to understand what lessons had been learned from this and what changes would be made with retrospect.</p> <p>T Trappes-Lomax (Tessa) agreed with Joanna and noted that neither PCBC had provision for evaluating whether or not these aspirations were going to work for service users.</p> <p>PGreensmith noted that he couldn't find reference to patient experience in the PCBCs.</p> <p>Nick explained that the PCBCs do cover some evidence of patient engagement and Ellie raised the point that PCBCs should include patient stories that show the patient journey through the current and proposed clinical models.</p> <p>Ellie went on to explain that there is a huge amount of work getting to consultation but not so much around implementation and evaluation so it's helpful for CA members to continue to raise this point so mechanisms are brought in to evaluate the changes.</p>	
<p>7 AOB</p>	

Nick asked CA members to send any suggestions of future CA agenda items to be sent to Rachel and himself.	NP/RP
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Next Citizens' Assembly 15th October 2020 10:00 – 11:30

CA Meetings 2020

Thursday 19th November 10:30 – 11:30