

Meeting

Southport & Formby Community Champion Network Meeting
10am on 17th July 2024 held on zoom.

Themes: How to get involved in clinical research, update on Southport and Formby Primary Care Network and additional roles.

Chair

Diane Blair (DB) Healthwatch Sefton Manager.

Attendees

Linda Wright (LW)	Locality Representative Ainsdale & Birkdale
Julia Fahey (JF)	Southport Macmillan centre, Southport
Ken Lowe (KL)	Ainsdale Medical Centre Patient Participation Group (PPG)/ Ainsdale Lunch and Leisure
Anne Major (AM)	Locality Representative Central Southport
Helen Stanbury (HS)	Ainsdale Lunch and Leisure
Jan Comer (JC)	People First Merseyside
Jo English (JE)	People First Merseyside
Leslie Curran (LC)	People First Merseyside
Louise Heritage (LH)	Sefton CVS Community Connector

Guest Speakers

Kate Dodd (KD)	Recruitment and Engagement Manager. Royal Liverpool Hospital Research Unit.
Clare Touhey (CT)	Southport & Formby Primary Care Network (PCN) Network Manager.

Apologies received

Bob Wilkinson (BW)	Southport Samaritans
Brian Clark OBE (BC)	Locality Representative North Southport

Tony Wright (TW)
Joanne Wormald (JW)
Darren Holloran (DH)

Southport Centre for the Deaf
Select Training
Brighter Living Partnership

1. Introductions & Housekeeping

DB welcomed all members to the July 2024 Southport & Formby Community Champion meeting being held on the zoom platform. Introductions were made by all attendees.

2. Code of Conduct / Declarations of Interest (in line with agenda items or changes)

DB asked all members to abide by the 'Kindness and Respect' guidelines and follow the 'Healthwatch Sefton Code of Conduct' policy. No declarations of interests were made.

DB welcomed KD to the meeting

3. Introduction to the National Institute of Health & Social Care Research (NIHR) Liverpool Clinical Research Facility.

KD introduced herself as the 'Recruitment and Engagement Manager' at the Liverpool Clinical Research Facility. Work is taking place to raise awareness about the facility, the aim to reach communities and broaden the opportunities for people to get involved in research. The facility is purpose built for clinical trials based at the Royal Liverpool Hospital, serving the whole of the Liverpool City Region and those who may want to travel further. The facility is funded by the National Institute of Health and Care (NIHR), the research arm of the NHS, with additional accreditation from the 'Medicines Healthcare Regulatory Authority' (MHRA). There are mainly single bedrooms in the new hospital, each bedroom has a television and an ensuite shower room and there's also a leisure room which is a nice area for participants to come out of their bedrooms and spend a little bit of time with other participants or just for a change of scenery.

A lot of work is taking place to improve access with underrepresented communities. This is really important because researchers need to make sure that medicines which are tested, are safe, effective and acceptable to everyone. An example was

given when clinical trials for heart failure have been run with males only when more females have this condition.

KD explained how it was vital that everybody has the opportunity to get involved in research and trials.

The facility covers a wide range of medical conditions/ disease areas and specialises in early phase clinical trials, those that are at the very beginning of the pathway. Not all trials are for people living with conditions, as healthy volunteer trials are also run. There are a wide range of trials available.

KD told members how they and people they know could get involved. People can register themselves on the research database to be contacted for suitable clinical trials. People can become a patient or a public contributor, taking part in the patient public involvement group or supporting projects. The team are keen to work with community champions who can help the facility to reach further out to communities.

KD asked champions if they could share information and the opportunity's available with friends, their families and organisations that would benefit from learning more. Sometimes people don't engage because of accessibility issues relating to the hospital, for example, lack of spaces in car parks, it not being easy using public transport. KD highlighted that taxis can be booked, there being lots of ways that they can support people to overcome some of those barriers. KD is working on research to look at what the barriers are for some of our underrepresented communities. There is a virtual tour of the facilities available and the website which is currently under development also provides information.

Q LC introduced herself and shared how she had found it useful to find out how KD wanted to work with people with learning disabilities. LC invited KD to work with People First Merseyside.

A KD thanked LC and fed back how this would be helpful in their work with the pharmaceutical industry, so that people with disabilities are not excluded from clinical trials.

Q KL explained how he had been involved in several ways, including an advisory board for clinical research at the Liverpool University. KL had got involved after reading about this via the NHS app and how looking at the NIHR website had provided a list of research he could get involved in, which was broader than those taking place at the facility.

A KD thanked Ken for this as it is important to note that people can register with the national NIHR research database. The Liverpool facility suggest looking at

what is available and joining as many mailing lists as people want to. You will only be signing up to be contacted about research and not signing up for a clinical trial.

Q AM asked if information could be sent out to members?

A KD agreed to send the slides to DB who would circulate them to the network. The presentation includes full notes and contact details for the facility and KD.

Q LW told KD about the community champion from the neurodiversity/ autism group and a younger person's group, asking KD if they would welcome the opportunity to go out to speak with them.

A KD welcomed any invitations/ opportunities to go and speak to community groups.

Actions:

- DB to share the presentation slides with community champions and encourage them to get in touch with KD to support with their engagement.
- KD and JC/LC to meet to discuss how People First Merseyside can get more involved.
- DB to connect KD with the Sefton Autism Group.

KD was thanked for the update and presentation.

4. Healthwatch Sefton updates.

- Annual report has been published, shared with members and stakeholders and is available to download from the website. Positive feedback received from all, including Healthwatch England. Members were asked to share the report with people who may find it of interest and encourage them to join Healthwatch as members/ community champions.
- Operations group meeting was held in June and the work plan was agreed. This includes statutory enter and view visits to care homes, listening events at hospitals and engagement at Litherland Urgent Treatment Centre, which members may have already seen advertised.
- Chris Knight who attended the last network meeting has been in touch with further information on the 'Engagement and Patient Experience Group' (EPAG) for the Shaping Care Together programme. The first meeting of the group will be taking place, Thursday 25th July, 12 noon on MS Teams. DB

asked members to get in touch if they would like to be a member of the group and she would pass on their details to Chris.

- Healthwatch had been notified that Ann Marr OBE, Chief Executive of Mersey and West Lancashire Teaching Hospitals NHS Trust had announced she would be stepping down from her role. Healthwatch will keep network members updated.

The next item was taken earlier on the agenda.

6. Community Champions – Share information on your services/ tell us about emerging health and social care themes.

KL explained how Pharmacy First services do not appear to be consistent across the borough, however it does seem to work well in some places. KL's own personal experience had not been great. KL asked that Healthwatch have oversight of this, as he was not sure Pharmacists had got all the technical skills to do some of the things within the contract.

Action: DB to add Pharmacy First to the Operations Group action plan so there is oversight.

KL updated that dates had been confirmed for the Ainsdale Health Fayre, October the 9th and the 16th and invited organisations to hold a stand, remembering that it would be targeting people 60 years and over. KL put his email address in the chat.

Action: DB to include this offer in the email update which follows the network meetings. Members to get in touch with KL direct if they would like to hold a stand at the events.

JF updated that they had cancelled the Macmillan health and well-being event at the end of August at Southport College as they had been told the date was no longer available. The event has been rearranged for 23rd October. Emails have been sent out to organisations. The event is a one-stop shop for people who have either just been diagnosed, having treatment or living with cancer.

Action: Network members who want to attend the health and well-being event to contact JF direct.

LH introduced her role as community connector for Southport and how there had been a sharp rise in referrals. Although really positive, it does impact waiting lists. The team has been sending texts or a letter to people to let them know that they are

on the waiting list and the wait list is reducing. LH asked network members to continue to send across referrals but to let people know about current waiting times.

Action: Network members to note the update and let people they have referred/ refer into the service know about waiting times.

DB shared information about accessing medication in blister packs. Patients have been telling Healthwatch that they can no longer get their medication in blister packs, the option being taken away from them without an assessment of reasonable adjustments being undertaken. Some pharmacies will provide them but will charge for them when they were once free. DB had met with the Chief Pharmacist for NHS Cheshire and Merseyside to discuss this issue.

Action: Network members to let DB/Healthwatch know if they are also hearing about this and to record this on the Healthwatch Sefton online feedback centre under the name of the pharmacy if possible.

DB welcomed CT to the meeting.

5. Southport and Formby Primary Care Network (PCN) update (including update on additional roles in Primary Care and the role of Physicians Associates).

Southport and Formby PCN cover all GP practices across Southport and Formby (15 practices), a population of around 128,000 people, being the 12th largest network. This supports practices working together to improve services. There was a reminder that a PCN is a network and not an organisation. The Clinical Director of the network is Dr Rob Caldwell and the networks benefits from the partnership with the GP Federation.

Aims of the network include; working in partnership, improving health and well-being and services to support this and increasing capacity and access. Work is also taking place around health inequalities and there is work to develop a strong workforce. The network is trying to look at things proactively rather than reactively which is often difficult in the current climate due to pressures within and across the system.

The network knows that a big part of a patient's experience is access, knowing that patients struggle with telephone systems. Work has taken place over the past 12 months work to improve telephone systems, call back facilities being introduced and having ways that practices can monitor calls coming in to manage demands.

The network wants to improve online services, still recognising that there are a lot of people who can't access online services. The overall plan is to improve online to free up more resources on telephones. Work has been undertaken by the network to improve websites across practices to make them more uniform and easier to use for everybody.

Right care at the right time is what is called care navigation and it's basically the role that would historically be done by receptionists. This is about making sure teams on the frontline have got the right information, knowledge, experience and training to be able to help people in the most effective way to get the care they need.

Each practice has a mental health practitioner for at least a day a week and they work and support people with low level mental health conditions, for example, self-esteem or depression, supporting and signposting people

The 'Additional Roles Reimbursement Scheme' (ARRS), is national and there are approximately 16 different roles that PCNS can recruit to. Each PCN can decide which roles that they want to recruit.

Social Prescribers - many people who go to the GP may have other things going on that is impacting on their health that might not be able to be solved by a GP appointment. Social prescribers will support people's mental wellbeing and create a plan. It could be that somebody might need support after a bereavement, it might be somebody who needs help with housing issues or debt or finding out what community groups could help.

Physicians Associates – often referred to as PA's and this can be confusing. They have existed in the UK for 20 years and are medically trained healthcare professionals. In terms of education, they would hold a biomedical degree, pharmacology or human biology for example and then complete a two-year course at Master's degree level to become a Physician's Associate. From December 2024, they will be regulated by the General Medical Council. Within their role they can diagnose and treat all common health conditions in both adults and children, carry out physical examinations but they don't prescribe. They would work with their supervising GP when a prescription is required.

Health and Well-Being Coach – there is a plan to have more of these roles across the network. They support people to improve their physical, mental health and well-

being. They work to reduce the risk of or improve preventable diseases and help people to self care. They can support people with behaviour changes and provide a supportive role, working with them over a period of time and help with coaching support.

Pharmacy teams - the majority of practices will have pharmacists but there is support from the network too which practices access. They help with medication reviews, support with medication side effects, agreeing any changes to medications.

Patient Participation Groups (PPGs) - all practices are required to have a PPG to engage patients. The network is keen to establish a group at a network level. Some sessions were held in February and March and more are planned to be held in the Autumn.

Q KL asked what local practices employed physician associates?

A CT didn't have a list to share but said that Chapel Lane in Formby and Christiana Hartley had one. Low numbers are probably due to low universal acceptance of the role, the gaps in who will monitor them and there has been a lot in the press about the role. Practices employ different roles, and that's what is confusing for patients.

Q LW asked if we can assume that all staff who pick up the phone at a GP practice, answering a call from a patient, will have received care navigation training and are care navigators?

A CT confirmed this was correct but practices have different names for roles within their own workforces, some still referring to the role as a receptionist, which again can be confusing. All staff will have received training, last year there being online and face-to-face training available. No matter that the name of their role, they should be fulfilling the role as a care-navigator, having knowledge about other services that are out there and having the skills to be able to answer patients queries. CT and DB had previously reflected how easy it would be for patients if every practice dealt with and triaged their patients in a certain way but because of the different ways their models run, every practice works slightly differently. The network is trying to strengthen protected learning time this year for all practices.

Q LW asked if the Care Navigator decides it would be beneficial to see a physician associate, how would this be explained to the patient? LW had come across one patient who was quite disgruntled because the role was explained

as 'almost a doctor'. LW was keen to understand how this role should be explained by the care navigator/receptionist to patients.

A CT felt that this information had been helpful and had highlighted something to take back and consider as a clear message need to be in place so that patients don't feel like they are being passed to someone unqualified or not appropriate.

Q LW asked for those practices fortunate enough to have a social prescriber and a health and well-being coach, how is the decision made for patients about which role would be the most suitable for their needs?

A CT updated that every practice has access to the social prescribing team but they are not practice based (apart from St Marks because it is the biggest practice). With regard to the coach, this has only been a pilot role and the network is looking at funding to extend this.

DB updated members and CT on some of the Healthwatch Sefton work plan areas which focus on primary care including a patient survey on access (linked to the Primary Care Access Recovery Plan) and work to improve education on additional roles in primary care and supporting in educating patients about NHS applications (apps) and online services.

Actions: DB to share the presentation with all network members. CT to provide feedback on how the role of the Physicians Associate can be best described to patients on referral so they understand their remit.

CT was thanked for her presentation and left the meeting.

7. Community Champion network notes for approval

The notes from the meeting held on Thursday 16th May 2024 had previously been circulated to all members for comments or amendments. Members today agreed them as accurate.

8. Previous emerging issues / questions taken forward to Healthwatch Operations Group.

It was agreed that the issue raised at the meeting by KL relating to Pharmacy First to be shared at the next Operations Group and added to the action plan.

The presentation provided by CT to also be shared with Operations Group members as it would be useful information and provide them with an update.

Actions: DB to ensure Pharmacy First is raised at the next Operations Group. Presentation to be shared with members of the Operations Group.

9. Information exchange/ any other business

None to note but members were reminded by DB that she is the main contact for the network until a new engagement and participation officer is recruited.

Action: DB to include her email and contact number in the email update sent to members following the meeting.

All Community Champion members were thanked for attending.

Close of meeting.

Next Meeting:

Thursday 19th September 2024 at 10am

on zoom