

Healthwatch Coventry Steering Group Pre-Meeting Minutes

Britannia Hotel, Fairfax Street, Coventry, CV1 5RP
At 10:00 am on 3 October 2023

Attendees: Stuart Linnell (Chair), Catherine Smith, Claire Dale (Carers Trust HofE), Steven Hill (C&W Mind), David Spurgeon, Ghulam Vohra, Noreen Bukhari (FWT, substitute)

Staff Present: Ruth Light, Fiona Garrigan, Ridhwana Sheikh

Apologies: Mia Hutchinson, Sue Ogle (VAC), Yasmin Taha, Christine McNaught (FWT), Last Mafuba, Rose O'Malley

1. Welcome and introductions

Stuart Linnell (SL) welcomed everyone to the meeting.

2. Matters arising

Ruth Light (RL) gave a brief update regarding commissioning of Healthwatch Coventry. Meetings with the people involved in the commissioning for Healthwatch have taken place. A further meeting is scheduled and more will be known by the next meeting.

3. Steering Group recruitment

RL informed the Steering Group that annual Steering Group recruitment is approaching. There are two vacant individual places to fill.

The three VCS Steering Group places are also due for re-application.

It was proposed that the membership of the three current VCS organisations is rolled onwards for one year due to the Healthwatch re-commissioning period. This has already been agreed by MH and RO who are not in attendance today via email. RL asked the Steering Group for their approval. The Steering Group gave their approval.

4. VCS grant funded projects

The group received a report summarising the learning from the VCS grants programme. This funded five voluntary groups to carry pieces of work. One piece of work did not go ahead. The report regarding maternity care and asylum seekers and refugees has had many outcomes.

As this was the first VCS grants programme it has helped us highlight some issues and gave us some points that need to be considered if we were to organise another VCS grants programme. Some groups needed more support to complete their work. It has shown us that we need to build in more check points and need to phase the funding for the project in a different way.

David Spurgeon (DS) asked if we have received the reports from these groups and are the reports published? RL responded that three reports have been published. They are Healthwatch reports which means we can utilise our powers as a Healthwatch and follow up on our recommendations, to see if there were any actions were taken.

DS questioned if there were another funding project, would you check to see if the voluntary group can tackle the research and would you offer them any training? RL said training is a good thing to provide as Healthwatch has knowledge of how to do robust community research, analyse information and write this up. The programme was purposefully light touch to empower the groups to make their own method.

Noreen Bukhari (NB) believed it is a great way to open dialogues with the small community groups to work with Healthwatch and to help understand what goes in the wider city.

RL informed the Steering Group that the staff team is submitting the maternity care for asylum seekers and refugee piece of work for the Healthwatch England Awards. This maternity report has had major outcomes with the service providers. The application process requires us to create a video.

The potential topic for further grant funded work is to hear from children/ young people as there is a gap in Healthwatch Coventry reach to this group of the population. The group supported this.

5. Any other business

None

**Healthwatch Coventry Steering Group Meeting
Minutes
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Staff Present: Ruth Light, Fiona Garrigan, Ridhwana Sheikh

Apologies: Mia Hutchinson, Yasmin Taha, Christine McNaught (FWT), Last Mafuba, Rose O'Malley

Other Attendees: Emma Denis (UHCW), Hayley Best (UHCW), Beverley Jameson

1. Welcome Introductions

Stuart Linnell (SL) welcomed everyone to the meeting.

SL asked if there were any declarations of interest. There were none.

It was noted that there was a change to the agenda as Rose Uwins from CW ICB was not available. Instead, the meeting will discuss Prescription Ordering Direct as the ICB is closing this.

2. Minutes of the previous meetings

Minutes from the previous Steering Group meeting in August were approved as an accurate record. Steering Group members who were unable to attend were asked for their approval prior to the meeting.

There were no matters arising.

3. Discussion – Prescription Ordering Direct (POD) plans to close the service

RL said the Integrated Care Board (ICB) has sent notification that it intends to close POD.

POD services were piloted in 2015 and quickly became adopted to support GP services with the administration of the re-ordering of repeat medications. POD now covers most GP practices in Coventry.

Healthwatch previously worked to ensure that POD had a complaints process and clear information was available for users.

POD is being closed due to its cost and poor responsiveness to answering phone calls. Prescription ordering services will be sent back to GP practices once it closes.

Healthwatch Coventry has been asked to submit evidence to the ICB focusing on how to ensure people are not disadvantaged by the closure of POD. Members were asked to contribute. Key points and questions raised:

- POD allowed carers or named persons to order prescriptions on behalf of family members, this is important. Will this be possible when individual GP practices are involved?
- No transition timeline for this service changeover has been stated in the papers. A smooth transition is needed to ensure clarity and people do not run out of medication.
- POD provides transparency around medication and helps ensure patients get their annual medication review from GP practices.
- What will happen to current POD staff?
- Concerns about the level of promotion and take up of repeat dispensing locally
- Inequalities – 20% no internet access so can't use the NHS App.
- There will remain people who need to re-order by phone, but GPs not required to provide this route
- Two people in the room reported that their NHS App did not let them re-order repeat medication
- There are less pharmacies and reduction in pharmacy opening times
- Is there an impact on care homes?
- Is there communication with GP practices about the development.
- Capacity within GP practices to provide a responsive service e.g. practices share a clinical pharmacist who provides relatively few hours a week to a given practice.
- A benefit of POD is a consistent approach and clear message.

It was concluded the ICB should find out more from current users about the impact of the change.

Action

RL to include these points in response to the ICB, to be approved by SL

4. Healthwatch activity

RL presented the activity report highlighting key areas of work completed since the last Steering Group meeting. This report contains the work priorities and sections related to the other aspects of Healthwatch work.

4.1. Response from UHCW

UHCW had sent a positive response to a review carried out by Healthwatch Coventry Clear Information volunteers. They looked at information about the UHCW complaints process on their website. UHCW has restructured the complaints section simplifying and improving it.

4.2. Enter and View to UHCW

Steering Group received an update to the enter and view programme and were asked to make an extension on the enter and view visits to UHCW.

The group agreed to extend the duration of the visits to the end of March 2024 and the scope to include A&E and children's A&E

Action

Staff team to organise further visits to UHCW wards and plan for visits to A&E
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4.3. Update on Enhanced Health in Care Homes programme

Fiona Garrigan updated on the work she has been doing in chairing the 'Resident and family engagement' workstream as part of Enhanced Healthcare in Care homes. This is multi agency work being co-ordinated by the ICB and it sits under the 'Ageing Well workstream' at Coventry Place.

Concerns were raised that the outcomes from this work were not clear. FG commented that they are trying to do a mapping exercise. RL said the work was being done to influence and improve health care and resident involvement in their health care, but it was slow going.

It was agreed that further discussion should take place with the programme lead, with an update to come back to the next meeting to clarify how Healthwatch can make a difference.

Action

FG/RL to raise concerns with programme lead

4.4. Boating community engagement

A summary report of what has been learnt through outreach to the canal boating community was presented. This was an agreed engagement priority as Healthwatch is unlikely to hear from this group of residents without reaching out to them. The initial findings indicated that there are more people to speak to with physical access barriers of locked gates and barriers of trust to be overcome.

The group debated the pros and cons of continuing to use Healthwatch time to reach this group and decided on balance that this should not be a priority in the coming months. Instead, relationships with the river chaplains and other organisations will be sought to get information about Healthwatch to the community.

Action

FG/RB to make links with river chaplains etc
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4.5 Other work priorities - Community Diagnostic Centre

RL said that a workshop is being planned around the navigation and signage of the new community diagnostic centre before the building work starts. We are waiting for a simplified version of the plan from UHCW. The date for the session will be sent out via email to all.

4.5. HWE priorities and requests

Healthwatch England have asked for intelligence from all Healthwatch on emergency care and discharge. The current enter and view interviews gather information related to this.

Healthwatch England are also running a campaign focusing on women's health including a focus on barriers to cervical screening. Noreen said, with her FWT hat on, she was interested in the barriers to screening work.

5. Reports from meetings

Reports from Steering Group Reps who attended external meetings were shared and noted.

6. Health and care system updates

Members noted a paper giving summary information on key areas of work and service developments with a local impact:

6.1 Community Mental Health service transformation

A one-page document highlighted the work and service pathways. Steven Hill provided insight based on his role as Chief Executive of Coventry and Warwickshire MIND.

6.2 Pharmacy changes

More changes to community pharmacy were noted.

6.3 CQC inspection findings and Pharmacy changes

The group also noted a summary of recent CQC inspection findings including an inadequate rating for CWPT service Brooklands Hospital and response from the Chief Executive of CWPT.

7. Items for information

SG members received web links to useful information and reports covering:

- a) New Healthwatch research shows about confidence in accessing timely health care. [Read the findings and our calls to action.](#)
- b) The Joseph Rowntree Foundation has published a report considering the financial impact on unpaid carers - <https://www.jrf.org.uk/report/caring-penalty>
- c) Health risks of damp and mould set out in new [government guidance](#).
- d) NHS Confederation's vision for at-scale general practice in the context of the three core principles of the Fuller stocktake [.Empowered-connected-respected-general-practice-at-scale-PCNs.pdf](#)

8. Any Other Business

There were none.

10. Date and time of future meetings

Proposed date of next steering group meeting on 6 February 2024.

The location for the meeting is yet to be confirmed.