**Minutes of the Annual General Meeting held on Wednesday 11 October 2017, 10:45am at Stannington Village Hall.**

**Present**

**Board Members** David Thompson (Chair, Healthwatch Northumberland, HWN), Carole Pitkeathley, (Vice Chair, HWN), Kirsten Francis,(Policy Lead, Northumberland County Council, (NCC), Sharon Spurling, (Carers Northumberland), Catherine Lee, (Patient Advice & Liason Services, PALS), Ann Lyall,(Northumberland Voluntary & Community Sector Assembly, (NCVA), Madeleine Elliott, (Independent member HWN), Margaret Young, (Independent member HWN), Colin Watson, (Independent member HWN).

**Staff members**

Derry Nugent, (Project Coordinator), Claire Jackson, (Information, Communication & Marketing Officer), Anne Armstrong, (Engagement Officer), Tania Porteous, (Engagement Officer), Jean Pearson (Administrator), Hazel Rogerson, (NHS Complaints Advocate Northumberland Independent Advocacy Service, NIAS), Emma Burns, (Administrator Adapt NE)

**Supporters and representatives of health and social care organisations**

Dr Alistair Blair, Sue Wade, Connie Hovsepian, Kate Rawstron, Sean Fahey, Cynthia Atkin, Pauline Wilson, Colin Nevin, Derek Bramley, Graham Huntley, Bev Begbie, Allan Badenhop, Lucy Taylor, Brian Oliver, Yvonne Hush, Bev Davison, Sam Oldfield, John G, Lee Miller, Cathy Patterson, Lynne Harding, Trudy Graham, Val Stobbs (Adapt NE), Pat Maginn (Adapt NE), Eunice Storey, Pete Woods, Julie Walsh, Neil Buchanan, Ken Patterson, Keith Dalton, David Evans, Jean Wright, Stephen Ward, Jackie Jollands, Eddie Kingston, Carol Morgan, Liz Johnston, Pat Munley, Michael Grant, Aaron Boast, Lucy Thomson, John Walton, Sandra Cain, Francis Davies, Alun Davies, Kay Yeo, Anne-Marie Johnstone, Debra Blakey, Emma Aljoe, Ann Atkinson, Linda Johnston, Karen Stuart, Rachel Todd, Lee Miller, John Gordon, Diane Crowe.

**Guest Speakers**

Graham Tebbutt: (Head of Strategy and Transformation at North East Ambulance Service (NEAS)

Barry Dews: (Head of Patient Transport at North East Ambulance Service (NEAS).

**Apologies**

Liz Prudhoe (HWN Board member & Director Adapt (NE), Richard Dodd (County Councillor Ponteland North Division including Belsay and Capheaton Parishes), Alan Curry (Commissioner, Northumberland County Council), Ian Campbell (Marine Medical Group PPG), Dr Jane Lothian.

1. **Welcome and opening comments**

The Chair welcomed everyone to the Healthwatch Northumberland (HWN) Annual General Meeting especially Graham Tebbutt (NEAS), Barry Dews (NEAS)

He explained that Pete Woods from Hexhamtv would be filming the event but only the speakers.

Personally and behalf of the current board, the Chair thanked Cynthia Atkin for her hard work as previous Chair of Healthwatch Northumberland and the previous board in ensuring voices were heard throughout Northumberland. Flowers were presented to Cynthia from the present board. Cynthia wished the Chair and board members well for the future.

The Chair spoke about the challenges faced by health services nationally with an ageing population and public, press and politicians having high expectations. He said there are immense challenges within Northumberland, predicting radical changes within the county with the Accountable Care Organisation (ACO) and Sustainability and Transformation Plan (STP). Services in the North East are good but there are always issues and concerns and Healthwatch Northumberland will continue to serve the people and fulfil its responsibilities of being an independent champion.

1. **Minutes of previous Annual General Meeting held on 13 October 2016**

**Pat Munley** asked for an update on the transport question on page 6. **Barry Dews: (North East Ambulance Service, NEAS)** was not aware of this actual situation and would need to speak to the transport discharge service but did inform the meeting that NEAS is contractually obliged to provide this service.He asked if further details could be passed onto him in order to provide a response.

**Keith Dalton: (Friends of Gallagher Park).** Raised the issue of acronyms being used in the minutes, therefore possibly not understood by the lay person e.g. CCG (Clinical Commissioning Group). **The Chair** apologised andasked that the minutes be recorded appropriately.

1. **Healthwatch Northumberland’s Year 2016**

Derry Nugent presented an overview of the work carried out by the Healthwatch Northumberland staff and board 2016.

Full details can be viewed on: <http://healthwatchnorthumberland.co.uk> on Facebook: hexhamtv – Part 1 or Healthwatch Facebook page.

Derry outlined the Healthwatch Northumberland Strategic Plan 2017 – 2020. She said the vision was for the health and social care needs of the people of Northumberland to be heard, understood and met by those responsible for commissioning and delivering services. The Mission is to ensure that the people of Northumberland are at the heart of all decisions made about their health and social care. The work will be focussed on the three areas of Health, Social Care and promoting Healthwatch Northumberland as a trusted, effective channel for giving feedback.

She said for further information on all of these items and more sign up the Healthwatch Northumberland newsletter and keep in touch, reminding everyone of the Healthwatch England hashtag #itsstartswithyou

The Chair opened the floor to questions.

**Graham Huntley – Choppington Disability Group**. Getting a GP appointment is already very difficult for some people but all of the housing being built means it is even more difficult. Some GP surgeries cannot cope with the workload, are closing, etc. What is being done to help people?

**Derry Nugent** - we completely understand. It is important the GP surgeries communicate any changes and if there are specific difficulties Healthwatch Northumberland will look at this if you provide details to us. Healthwatch Northumberland has looked at this issue in the past and will happily do so again. Also, we are aware of the work being done around extended GP hours and are keen to hear from residents of how this is working.

**The Chair** – Healthwatch Northumberland is also aware that access to GP services is a priority for the new Accountable Care Organisation (ACO) which is being developed in Northumberland and we know that it is keen to understand how changes are working for people.

**Carol Pitkeathley** – you could also speak to the Patient Participation Group (PPG) for the surgeries involved. PPGs represent the interests of patients of individual GP practices and are always keen to receive feedback. They work with the Practice to address issues. Healthwatch Northumberland is keen to work with PPGs to share feedback (both ways) and to better understand what is going on at grass roots level, so please talk to your local PPG.

**Keith Dalton – Friends of Gallagher Park Bedlington** – it is not just about access to GPs though, it is everything. Where is the infrastructure when new houses are being built, are the planners taking into consideration everything that is needed when they are building so many new houses? Is there sufficient healthcare, for example, can ambulances get in and out, etc?

**The Chair** – the advantage of Healthwatch Northumberland having a seat on the Health and Well-being Board (HWB) and working with the ACO is that the real thrust is for services to work and for there to be working together and coordinated plans. It is key that where there are new houses there is a need for more GP provision. With so many organisations involved we must keep an eye on it and it is legitimate for us to ask the questions and we will, about integration of services and increased need given the level of new development.

**Sean Fahey – Public Governor of Northumbria NHS Foundation Trust** but today representing only himself. A recent report by the BMA refers to Capped Expenditure and provides a list which Northumberland CCG is on. What does that mean for the people of Northumberland if there are further caps on expenditure at a time when finances are tight?

**The Chair** – Capped Expenditure is a draconian procedure but it does not apply to Northumberland. That does not mean savings do not still have to be made it just means that there is more time and space for the CCG and its partners to make and manage savings. We are aware that the biggest issues are bed utilisation and workforce. Savings do need to be made as we are all aware but having the space and time to plan them rather than being subjected to draconian measures should provide a better outcome.

**Sean Fahey** – so does that mean that the BMA is wrong?

**The Chair** – in this instance yes because Northumberland is not on that list but savings do still have to be made.

**Brian Oliver – Bedlington Forum** – I am not a planner but I have attended almost all strategic planning meetings over the past two years and I know that planners do not look hard enough at health provision, GPs, etc. when developing new housing.

**The Chair** – Healthwatch Northumberland would be interested to know more, so please speak to one of us or leave your details and we will follow up with you.

**Pauline Wilson – Public Governor of Northumbria NHS Foundation Trust** and former Healthwatch Northumberland Board Member – does Healthwatch Northumberland still attend the Locality Forum meetings and if not, how will it engage with the local CCGs, is there a mechanism for this?

**The Chair** – we have monthly meetings with Stephen Young, Healthwatch Northumberland has regular meetings with various representatives of the CCG and their partners. Our partners on the Board also meet with the CCG in their daily jobs.

**Carol Pitkeathley** – Healthwatch Northumberland has been carrying out a mapping exercise to understand all of the meetings that are out there, which we should attend, how we can share the load across staff and Board Members, how we can involve our Partners, etc. As part of the previous Board we did attend the Locality Forum Meetings but Healthwatch Northumberland is not clear if these still operate in their previous format due to changes brought about by the ACO. We do attend a range of other meetings, however, which means that we receive the information at a strategic and operational level. I will investigate this further.

**Sue Wade Cheviot PPG Wooler** – the meetings do still exist, held quarterly and Healthwatch Northumberland has attended meetings to give a talk.

**Carol Pitkeathley** – it is possible that we are speaking about different meetings here so can we discuss this after the meeting as Healthwatch Northumberland is very keen to ensure we attend the right meetings, where we can make the most impact.

**Ken Patterson – Public Governor of Northumbria NHS Foundation Trust** but attending in his own capacity today -earlier you referred to savings needing to be made and workforce issues; recruitment and bed shortages go hand in hand. A bed shortage is often also a recruitment shortage as you can’t put people in beds if you don’t have the staff to care for them. In relation to engagement the Health Trust is still doing

engagement and is travelling around listening to what people have to say so please come and talk to us.

**The Chair** – the CCG is fully aware of a national problem in relation to recruitment and bed utilisation and it is a major problem for them which won’t become easier over the next two to three years. A lot of people spend a lot of time making decisions about recruitment, bed shortages, etc. What everyone needs to understand though is that things are not what they used to be and that there are difficult decisions to be made. Healthwatch Northumberland would urge everyone to talk to Ken and his colleagues when they are out and about.

1. **Keynote Address**

The full presentation can be viewed on Facebook; hexhamtv - Part 2.

Graham Tebbutt and Barry Dews from North East Ambulance service (NEAS) made a presentation about the changes to ambulance service standards and response times being introduced in the North East on 30October 2017.

Since 2013/14 phone calls to NEAS have doubled and a 15% rise has been noted in patients being treated in their own home or on scene rather than in hospital. The changes will see a service transformation moving from a transport service to a treatment service, aiming to improve patient care, providing the right service at the right time. The new standards will:

* See early recognition of life threatening conditions
* Free up more vehicles and enable staff to respond to emergencies
* See modelling work to understand any changes required to working practices, staffing, estates etc.
* Implement new standards in December 2017
* See formal performance monitoring by regulations from April 2018

In summary, the new response times will free up more resources going into the whole of the region.

The NEAS board meeting will be held on 26 October 2017 at Berwick – anyone interested in attending was asked to pass their details to Graham at the end of the meeting.

The Chair thanked Graham Tebbutt and opened the floor to questions:

**Sue Wade Cheviot PPG Wooler** – I live in a rural area and when a call goes in for an ambulance sometimes it comes from the middle of a field. What training do drivers have to help them once they are out of a town? They need more knowledge of rural places and issues; they are not in the real world.

**Barry Dews** – Local knowledge is vitally important and the drivers rely on the Terrafix device which is similar to an enhanced Tom Tom. We know though that there are challenges with rural areas and addresses and so have redesigned our training. I attended a refresher training course myself recently and there was a strong focus on familiarisation within the blue light driving and a lot of focus on map reading and getting back to basics. We know that the signal is not always good or that there may not be a satellite and so we are focusing on ensuring staff are trained in a variety of means to locate places. We use people with local knowledge and the operators get as much information as they can from the caller.

**Margaret Young – Healthwatch Northumberland Board Member** – a big problem is that the new housing developments do not have postcodes and so are more difficult to find with technology.

**Barry Dews** – it is a good point though and one we are aware of.

**Keith Dalton – Friends of Gallagher Park Bedlington** – urban areas are a problem too though. Take Blyth for example, there are only two entry routes into Blyth which are very busy at commuter times. How do your drivers manage to get through at these very busy times?

**Barry Dews** – the drivers have a lot of training, they have a lot of practice and they have to satisfy strict criteria before they go out on the road. All of this gears them up for the very thing you are talking about.

**Graham Tebbutt** – we also work with other services such as the Fire Service and other first responders such as the Coastguard to provide help and support depending upon where the incident is, who is able to get there, etc.

**Kate Rawstron Railway PPG Blyth** – you talked about categorising calls and refer to life-threatening cases and that your people are trained for this but a serious case can become life threatening if someone doesn’t go to it because they are dealing with other life-threatening cases.

**Graham Tebbutt** - we have good training for call handlers and we use a system called NHS Pathways which most ambulance services use. This is built into their training and the new standards will give more time for call handlers to assess and more easily identify issues.

**Lynne Harding Marine Medical Group PPG Blyth** – I have watched the TV programmes about ambulance services and notice there are a lot of nuisance callers, people who ring up when they don’t need to but a paramedic has to attend to them. How do you deal with that?

**Graham Tebbutt** – We have a Frequent Call Team which looks at cases where we have had more than three calls from the same person in one week.

**Barry Dews** – The customer care team focus on these calls and they do take up a lot of time but we use a multi-agency approach where we can engage with the right people or organisations to provide support to these callers.

**Peter Woods Hexham TV** – I have three queries:

1. I have anecdotal evidence from ambulance drivers of significant blockages at Northumberland Specialist Emergency Care Hospital (NSECH) which holds up ambulances which can’t get to other patients
2. It is great that Hexham hospital urgent care centre is going to be 24 hours again but that creates issues for ambulance drivers who have to travel to rural areas to deal with patients but then pass Hexham hospital to get to NSECH to get them treated
3. You explained that the 3rd category of calls has a standard of 120 minutes but do they get demoted if category 1 or 2 calls come in? If so patients could be waiting for ages

**Graham Tebbutt** - Question 1 – sometimes we do have to wait at Cramlington and that does make it difficult for us.

**Barry Dews** – another issue is that sometimes we have peaks in very narrow windows which also increases the time at NSECH, for example during GP appointment times or GP home visit times, when they are more likely to refer people to hospital. This does create spikes for us and we are currently looking at more savvy ways to even this out, perhaps by taking patients elsewhere if we are able. For example, if they need an x-ray then there are other places, perhaps less busy, that can do an x-ray.

**Graham Tebbutt** – in relation to the query about Hexham, we are always looking at ways of moving from transport to treatment so if there is a service close by then we will use it, as Barry described for an x-ray but also for other treatments and the staff have a directory of services and so can facilitate this. We can also do this from the control centre.

**Graham Tebbutt** – in relation to the query about category 3 calls. We do not wait until all the red calls are dealt with before sending a green call out. We manage the dispatch but obviously do have to prioritise vehicles. Under the new standards there will be more time available to manage the vehicles and to give more time to the teams on the ground.

**Sharon Spurling Chief Executive Carers Northumberland** – do the ambulance crews have autonomy over decisions to take patients to a local urgent care centre if conditions allow this or are those decisions made elsewhere?

**Graham Tebbutt** – We will always try to take patients to the nearest, best and or quickest place and we use all available routes to understand the best place to take someone and everyone works together for this. Sometimes though we cannot leave a scene, say when a patient cannot leave a partner on their own, so we need wrap around services to be in place before we can take a patient to hospital. The crews need to make these types of decisions too.

**Sean Fahey– Public Governor of Northumbria NHS Foundation Trust** but today representing only himself – Accountability is a key issue for everyone. I know that you meet with patient groups, etc. and are held to account. Are you going to continue with these, how often will you meet with patient groups and how much attention will you

pay to what they have to say? Also, is there any truth in the rumour that NEAS is being split into north and south?

**Barry Dews** – NEAS is currently going through a restructure at the minute but it is more at a management level. We are looking at how we manage and are looking at clusters in terms of managing staff and operations as the way forward. We will be looking to take two divisions into three (north and south from north, south and central) but there will be little change to be seen as it really is more of a management change.

**Graham Tebbutt** – we are held to account by our council of governors, one of whom is here today, we have a range of people who hold us to account and there is patient representation on there. I mentioned that when the new standards come into force there will be a quiet period but the information will be available from April next year once we are assured on the quality and then the information will be presented to the Board and the Governors who will hold us to account. Of course, we urge everyone to attend the public session of the Board in Berwick on 26 October 2017, where you will be able to hear about our performance, etc. The patient voice is very important to us hence our delight at being able to come here today and share what we know and hear what you have to say.

**Catherine Patterson – Railway Medical Group PPG** – how often are your computer programmes updated to ensure you and your call handlers have the best available information?

**Graham Tebbutt** – Very timely question as we are doing it now for the new standards, so during this month we are upgrading the whole system but we do have regular upgrades for changes to clinical pathways, legislation, new issues, all sorts of groups sign off on those upgrades etc.

**Barry Dews** – There are also all of the daily upgrades as there are new housing estates, new services being offered, hospitals closing, etc. and we have two to three technical upgrades every year.

**Ken Patterson – public governor** – who makes the final decision on where the patient goes to? I have been told that it is the crew who makes the final decision is this true?

**Barry Dews** – the paramedic on site will consider whether the patient needs to go to A&E or perhaps somewhere else, it may be that they need to go to a GP surgery but there are specific guidelines for different types of patient, say a stroke, for example, where they have clear direction as to where to take them.

**Ken Patterson** – so are they aware of the waiting times at various hospitals, etc.?

**Barry Dews** – The Duty Manager can see everything that is going on, how many patients are waiting or queuing on what we call a flight deck which is a system populated by various hospitals, how they are performing, what beds they have, etc. The crews do not see that.

**Graham Tebbutt** – there is a discussion though between the crew, the control centre and the hospital to identify the best place for a patient to go as between them they know how many patients are en-route, how many are waiting, how many incidents are being attended within the Northumberland area, etc. and they feed this to the crew.

The Chair thanked Graham and Barry for their presentation and for answering questions fully and openly.

**Close**

The Chair thanked all market stall holders, Healthwatch Northumberland staff and board members, Adapt (NE) and Northumberland County Council, plus thanks to everyone attending and asking challenging questions.

Summing up the Chair said Healthwatch Northumberland will listen, will get out and about, it will use this information to suggest change to influence the decision makers to work with the providers, and if need be, to challenge with the focus clearly on Northumberland. In the future Healthwatch Northumberland will have to work more closely with other Healthwatch teams in the North East on regional issues such as the Sustainability & Transformation Plan (STP) and also work more closely with Healthwatch England, as decision making on health and care services emanates from decisions made in Westminster and a national focus would be vital.

Lunch was provided with an opportunity for further networking in the marketplace afterwards.