

Minutes of the Healthwatch Northumberland Annual General Meeting held on Wednesday 21 October 2020 online via Teams Live

Presenters

David Thompson, Healthwatch Northumberland Board Chair
Derry Nugent, Healthwatch Northumberland Project Coordinator
Judith Stonebridge, Northumbria Healthcare NHS Foundation Trust
Dr Alistair Blair, Northumbria Healthcare NHS Foundation Trust

1. Introduction and Healthwatch AGM – David Thompson, Chair

The chair welcomed everyone to the Healthwatch Northumberland (HWN) Annual General Meeting and Review of the Year. He said the format of this year's online event would be very different to last year and thanked the HWN team for making it possible.

David said the event would begin with the AGM followed by the Review of the Year. After a short break there would be presentations from Judith Stonebridge and Alistair Blair about digital transformation in health services and an opportunity to ask questions.

David presented the minutes of the AGM held on Tuesday 16 October 2019.

David thanked the HWN Board and said there was a vacancy for a new board member. He introduced new independent board members Sue Taylor and Mike Allport. David thanked former board members Harry Wilson and Kelvin Rushworth. He also thanked former Engagement Officer Lesley Tweddell for her contribution to HWN and all of the volunteers.

Derry said no questions had been submitted about the 2019 minutes.

2. Review of the Year – Derry Nugent, Project Coordinator

Derry presented a video with an overview of the work carried out by HWN in 2019. She noted the highlights of last year's work included the Your Voice Fund, the Patient Participation Group (PPG) report and work on audiology and physiotherapy services.

Derry said last year's annual survey received over 800 responses and mental health services was a top issue. Work has started on developing a Recovery College in Northumberland. GPs and homecare services were also mentioned and the survey responses were used to set priorities for 2020.

Derry said plans for 2020 have looked different due to the pandemic and future work will look at the effects of Covid and digital transformation. Going forward HWN will continue with core activities as well as looking at service changes and the situation in care homes.

Derry said the focus of all work was to listen and understand people's experiences of health and social care. She thanked Northumberland County Council and Adapt NE for their continued support.

Questions submitted prior to the event:

Q: My husband has multiple health conditions. Since March, paramedics have been called 4 times (via NHS 111/999 or GP). We have been told consistently that they would not take him to hospital, e.g. for a high temperature.

Are paramedics instructed to routinely give this message, consequently deterring people from seeking help?

We know from past experience when his breathing is normal for him, but cause for concern, and when he is deteriorating and likely to require intervention.

This whole experience leaves us feeling it is wrong to call for help. This is exacerbated by other consultations (GP and hospital) which feel ineffectual for a person with multiple comorbidities.

A: North East Ambulance Service said:

The staff who answer 111/999 calls are not routinely instructed to inform patients that they would not take him to hospital. Each individual is assessed in their own right and the context of their presenting symptoms. If an individual is identified as needing hospital access then we would recommend that. Where an individual can safely be transferred to hospital without ambulance intervention that will be recommended. This saves ambulances for those people where there is an absolute need to transport the patient with supported care on route.

During the period since March 2020 we have had different thresholds for answering calls depending on how severe COVID-19 has been. Things may change in times of high demand and depending on the changing government guidance as we learn more about the virus.

On some occasions we have advised people not to access hospital care, the outbreak of COVID19 meant hospitals may not be the same safe environment for people with weak immune systems as they were previously. In these cases, where care could safely and effectively be given at home that would be recommended.

Q: Why have mammograms for women over 71 been stopped with no indication of when they will start again. Newcastle Hospitals advise there is only a 4 month backlog. I have booked a private appointment.

Also have GP surgeries been told to stop advertising the service.

A: This question has been submitted to Newcastle Hospital Trust and HWN will publish the answer.

Live questions:

Q. Where would I find more details about the HWN vacancy? Will there be a link available?

A. Derry answered. Yes we will make the link to our website available after the event or you can email info@healthwatchnorthumberland.co.uk to find out more.

Q. Do you have a view about the recent Look North feature about designated care home dementia spaces?

A. Derry answered. This is a policy decision and we don't have a view in advance of the patient/carer experience but HWN is keen to find out more and hear from people about this if it is implemented.

Q. Are there any CCG (Clinical Commissioning Group) plans to communicate the Primary Care Network plan to the wider community?

A. Derry answered. HWN is always keen on how issues, changes and developments are communicated to the wider service user group so we will put this to the CCG and publish the answer.

There were no further questions. David Thompson said the minutes from the 2019 AGM were approved.

David introduced the speakers.

3. Judith Stonebridge, Northumbria Healthcare NHS Foundation Trust

Judith spoke about remote consultations particularly for outpatient appointments. She said healthcare services were already thinking about increasing remote consultations before Covid and outlined the benefits for patients and professionals. The Trust had received positive feedback from patients and staff. Judith said the next step is to address digital poverty, digital literacy and digital connectivity by looking at community hubs and continued engagement.

[Judith's presentation is available on the HWN website.](#)

4. Dr Alistair Blair, Medical Director at Northumbria Healthcare NHS Foundation Trust and GP at the Wellway Practice

Alistair spoke about digital and remote consultation in primary and secondary care. He said there was already an appetite for more remote consultation but Covid has accelerated this. Alistair discussed a range of platforms that could be used to provide remote consultations including phone, video and secure text messaging. However, he said it was important to consider social isolation and said social prescribing could be used alongside remote appointments to provide this aspect of care.

[Dr Blair's speech can be viewed on YouTube](#)

Q: How accessible is digital in healthcare for the visually impaired, and have they been consulted and involved in the planning on digital healthcare? In addition, a lot of self-care promotion is on digital and this adds to health inequalities.

A: Judith answered. This is a really important question and definitely needs to be considered. The pandemic meant a rapid change overnight and there wasn't much time for engagement, but we are doing that now and are keen to work with Northumberland County Blind Association. A significant amount of appointments are by telephone rather than computer so this may help and face-to-face appointments are still available if appropriate. We are keen to be as inclusive as possible, not just with appointments but with materials too.

Alistair added in regard to the self-care resources that digital resources are in addition to existing materials. Nothing has been taken away, talking books and Braille resources are still available.

Q: Are there any hospital sites or GP practices providing virtual group clinics in Northumberland?

There are many patients who attended face to face group clinics who are now isolated and unsupported because of Covid.

A: Alistair answered. We need to separate group support, group education and group consultation. At present none are happening because it hasn't been possible to get multiple people on to a secure platform. Zoom doesn't meet the secure standards of the NHS. We're looking into how group support and education could be delivered but it is harder to provide group consultations as there are issues with confidentiality. There is no way of knowing whether someone is recording the session. However, there are definitely opportunities here.

Q. What about increasing digital engagement and capacity building to facilitate digital engagement, especially those most at risk of poor health outcomes?

A. Judith answered. She said this is an issue which was discussed pre-Covid and inspired her to think about how people experiencing financial difficulties might not differentiate between letters in plain white envelopes from the NHS and elsewhere. There are plans to try to understand why people are not coming to appointments and what is preventing access. The pilots for the community hubs should help people develop digital skills. The Trust is also trying to make the language clearer on any letters sent out and will keep looking at data to help make improvements.

Q. Younger people might find digital engagement difficult if home is not a safe place or in cases of domestic abuse. How sensitive are services to these issues and how will it be addressed?

A. Alistair answered. There is a higher rate of mobile phone ownership and usage among young people. This is quite empowering as it is easier to make a quick call away from home rather than attend a face-to-face appointment which may be difficult if living with a controlling person. There are ways which people can signal over video if they are being threatened. The greater worry is that there are people who aren't accessing health services at all.

Q. I recognise the value of digital consultation but it is still necessary to have face-to-face appointments. Can you reassure people digital appointments are not going to be the poor relation?

A. Alistair answered. If you need to examine someone you can only really do that by physical contact. People shouldn't think of remote consultation as second class. It's often just as good for information and sharing as face-to-face and the same amount of time for the clinician. It's about choosing the right tool for the job.

Q. What about those practices who don't have video links? Is connectivity in GP practices an issue?

A. Alistair answered. 90% of remote consultations are over the phone and all practices have phones. Every practice is also wired up for video consultations. Connectivity is more of a problem at the patients' end. Sometimes image quality can be quite poor on video so texting a photo can be clearer.

Derry drew the question session to an end. She asked people to submit further questions by 30 October and HWN will publish all questions and answers as soon as possible.

5. Close

David Thompson thanked Judith and Alistair for their presentations and reminded everyone of the HWN Board vacancy. David said we have faced a tough six months with huge challenges and we have had to adapt and improve during the pandemic to keep people safe and well.

HWN continues to be the independent voice of the people of Northumberland and engagement and communication remain at the heart of our work. David said never have we been so well served by health and social care providers in Northumberland including the NHS, commissioners, Public Health and the voluntary and community sector. He thanked all these people for their work and said he looks forward to seeing everyone in person in 2021.