

Future of Acute Hospital Services in Worcestershire

Patient, Public & Stakeholder Advisory Group– Actions & Agreement Log

Wyre Forest District Council, Kidderminster

11th August 2014, 4pm

Action Notes

1. Attendees

The following members attended the Patient, Public & Stakeholder Sub Committee:

- Colin Beardwood OBE (CB), *Chair*
- Margaret Jackson (MJ), *Vice-chair*
- Neal Stote (NS), *Chair, Save the Alex*
- Jan Adams (JA), *Board lead for PPI, Wyre Forest CCG*
- Stephen Brown (SBr), *Chair, Kidderminster Hospital Alliance*
- Richard Quallington (RQ), *Chief Executive, Community First*
- Paul Crawford (PC), *Patient Representative, Worcestershire Acute Hospitals NHS Trust*
- Simon Adams (SAd), *Chief Operating Officer, Healthwatch Worcestershire*
- Cllr Liz Smith (LS), *Councillor, Worcester City Council*
- Cllr Pat Witherspoon (PW), *Councillor, Redditch Borough Council*
- Diane Jones MBE (DJ), *Lay member patient and public involvement, Herefordshire CCG*
- Cllr Fran Oborski (FO), *Councillor, Wyre Forest District Council*
- Cllr Ron Davis (RD), *Councillor, Wychavon District Council*
- Cllr Margaret Sherrey (MS), *Leader, Bromsgrove District Council*
- Cllr Marcus Hart (MH), *Chair, Health & Wellbeing Board / Worcestershire County Council*
- Phil Street (PS), *Manager, Worcestershire Council for Voluntary Youth Services*
- Stephen Howarth (SH), *Non-Executive Director, Worcestershire Acute Hospitals NHS Trust*
- Claire Austin (CA), *Communications and Engagement Director*
- Sarah Makin (SM), *Communications and Engagement Lead – Projects, Arden CSU*
- Bobby Hayer (BH), *Programme Support, Arden CSU*
- Simon Trickett (ST), *Chief Operating Officer, South Worcestershire CCG*
- Simon Hairsnape (SHa), *Chief Officer Wyre Forest and Redditch & Bromsgrove CCGs*
- Lucy Noon (LN), *Director of Corporate and Organisational Development, South Worcestershire CCG*

Apologies

- Judy Adams (JdA), *Lay member patient and public involvement, Redditch & Bromsgrove CCG*
- Peter Pinfield (PP), *Chair, Worcestershire Health Watch*
- Sarah Harvey-Speck (SH-S), *Lay member patient and public involvement, South Worcestershire CC*
- Cllr Bill Hartnett (BH), *Leader, Redditch Borough Council*

<ul style="list-style-type: none"> ▪ Cllr Tom Wells (TW), Councillor, Malvern Hills District Council ▪ Simon Angelides (SA), Programme Director, Arden CSU ▪ Charles Goody (CG), Lay member patient and public involvement, South Warwickshire CCG 	
1. Introductions – new members and declaration of interests	
1.a. CB welcomed LN and MH to the group.	Action 1.a.1- BH , send declaration of interest form to new members.
2. Apologies – CB confirmed apologies received as in section 1 above.	
3. Minutes from last meeting	
<p>3.a. FO is no longer the chair of Wyre Forest District Council. LS is no longer a cabinet member at Worcester City Council.</p> <p>NS said on page 3 there is an omission regarding a question he asked SHa. The question was about the definition of short to medium term. SHa confirmed the definition for short to medium term is 3-5 years.</p> <p>SM said for action 7.a.1 that the independent company can theoretically attend October’s meeting but a date needs to be confirmed.</p>	
4. Programme Update – Simon Hairsnape R&B CCG	
<p>4.a. SHa said the pre-consultation business case was submitted to NHS England at the Assurance Panel last Wednesday. NHS England stated that further work is required on the assurance process including signoff by the West Midlands Clinical Senate. The Senate can’t meet to review the proposals until early September. We have agreed with NHS England to reflect on the feedback and meet with the area team in early September and the regional team in mid-September with a view to starting the consultation in mid-October. SHa said there are no changes to the clinical model or any significant concern about the finances. The timescales would be pushed back around 4 weeks which has implications for the timing and length of the consultation. CB said the Assurance Panel was very probing but there was a high degree of consensus between the Acute Trust and the CCGs.</p> <p>NS expressed concern about implementation of the plan and patient choice. SHa said the key focus of NHS England was the four tests including patient choice. NHS England believed we could tell a good story about patient choice but not all of it was captured in the business case and they wanted more assurance that the surrounding Trusts are aware of the impacts on them. In terms of implementation, NHS England wanted a detailed story on what happens after we hand the process over to the Trust.</p> <p>NS asked if the business case will be made available to the public. SHa agreed that the business case, consultation document, integrated impact assessment and all supporting documentation will be made available to the public at the same time. ST said that NHS England had commented</p>	

<p>on the readability of the business case and suggested an executive summary at the start of each chapter. SHa added that the business case was written for NHS England using their language and therefore we need to re-write it using Plain English.</p> <p>SBr asked for clarification on the process now following the NHS England Assurance Panel. SHa said they will write to us formally with about twelve points that they want additional assurance on including: simplifying the language of the business case, patient choice, Clinical Senate sign off and capturing the whole story of the public, patient & stakeholder engagement. CA said the verbal answers that were given were satisfactory but these need to be captured in the business case. ST added that NHS England had also commented on a gap in the business case in relation to the timeline of different pieces of work.</p> <p>SBr requested the list of 12 points raised by NHS England. SHa confirmed that the letter written to NHS England and the letter they are writing to us would be made public</p> <p>DJ asked if there was an expectation that work had been with the surrounding CCGs. SHa said they would speak to the neighbouring HOSCs if required. He added that they had been asked for documented proof that providers outside the county will accept the patients if this is required.</p> <p>PS asked if there was any way the group could help from a patient and stakeholder engagement perspective. SHa said NHS England did not have any concerns about the patient engagement work. They recognised that good work had been done but it needs to be written up.</p> <p>SHa mentioned that there will be a meeting with the area team on 2nd September. LN will be taking up a leadership role supporting the programme for the CCGs and an external company, Provex, who are experts in writing business cases, will provide additional help.</p> <p>CB said the team was disappointed with the outcome, the patient was rarely mentioned and it was more of a process-driven day. CA said it was a new process for the team and for NHS England so neither side really knew what was expected. DJ asked if there had been patient representation on the Panel and SHa confirmed that there had been both an equality and diversity and a public and patient involvement representative.</p> <p>SHa reaffirmed that we don't want to delay the CCGs' decisions after January with the general election next year.</p>	
<p>5. Consultation Update – Claire Austin</p>	
<p>5.a. CA thanked the readers' panel for their feedback on the 2nd draft of the consultation document. More work needs to be done on the</p>	

document to reflect the business case. Healthwatch has requested a summary which has always been the intention. An easy read version will also be produced.

CA said the dates for public events would need to be reorganised and we would try to keep to the same venues. CA said from document Encl 2_FOAHSW_PPSAG_Meeting_9_Consultation_Update on page 2, events before 17th October would probably need to be rebooked.

CA sought the group's advice on the length and duration of the consultation as a 12 week consultation would include the Christmas period. The general preference of the group in a previous meeting was for a 12 week consultation but a slightly shorter length was possible if necessary.

LS asked if there is an agreed start date for the consultation. CA said there isn't an exact start date as this depends on the date of the NHS England Panel. The most difficult thing is the Royal Mail postcard drop as they require the postcards 5 weeks in advance. CB asked everyone to say if they preferred a 9 week or 12 week consultation and also if they were in favour of postcards.

FO was in favour of a 12 week consultation and postcards. She thought it was a good idea to run the consultation over the Christmas/New Year period as people are on holiday and would have time to respond. MH had no strong view on length of the consultation, but prefers 12 weeks, and postcards. RD likes the idea of postcards and having the consultation for 9 weeks as he wants to get it done ASAP. RQ preferred 12 weeks and postcards. PC was in favour of 12 weeks and postcards. SAd asked what NHS England's view on the consultation was – SHa said they are leaving it up to us to decide. He preferred a 12 week consultation, ending on 11th January, as it would take small voluntary organisations a long time to respond and liked the idea of postcards. LS agreed with postcards and 12 weeks, but was concerned about the length of time at the end of the process to turn around the responses. CA replied that issues, concerns and answers will be logged throughout the process. LS asked if she could promote the consultation start date in City News – the deadline is in about 10 days. CA said she will let her know if she can. SBr prefers postcards and 12 weeks with caveat that the closing date is the second week in January. SH likes postcards and is keen to start so prefers a 9 week consultation. PS was not convinced about postcards reaching hard to reach groups but sees that they would be good for political reasons. He is in favour of starting the consultation ASAP and his main concern is not having enough time at the end of the process. MS thinks the postcards are essential and prefers a 12 week consultation but is concerned about the turnaround time at the end. JA said yes to postcards and a 12 week consultation. PW preferred a 12 week consultation and postcards. NS and DJ both agreed with 12 weeks and

Action 5.a.1 – CA, to confirm consultation start date with LS

