**Meeting of Healthwatch City of London Board: Annual Public Meeting**

**Date and Time:** Thursday 10th December 2021, 2pm – 4.45pm

**Venue:** Zoom

**Chair:** Gail Beer

**Present:** Trustees: Gail Beer (GB) (Chair), Malcolm Waters (MW) Sean Lee (SL) Steve Stevenson (SS). Board Associates: Janet Porter (JP), Dr Cynthia White (CW). Staff In attendance: Teri Anderson (TA), Paul Coles (PC), Rachel Cleave (RC), Salma Khatun (SK).

Guest Speaker: Professor Charles Knight (PCK)

Members of the Public (MP): 6

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| **Item** | **Issue** | **Action** | **Owner** | **Date for Resolution** |
| **1** | **Welcome, introductions and apologies** | GB welcomed members of the public to the meeting and introduced the trustees and associate members who make up HWCoL’s board. | GB | N/A |
| **2** | **St Bartholomew’s Hospital. Service update and tackling waiting lists** | Apologies from Dame Alwen Williams, who is the group chief executive for Barts Health NHS Trust, for not being able to present at the meeting.  Barts Health NHS Trust is an enormous enterprise which includes Royal London Hospital, Whipps Cross, Newham, Mile End and St Bartholomew’s. They serve a large population from 2.4 million local residents to over 14 million people accessing quaternary services. There are more than 20,000 staff and volunteers working for Barts Health. There are clinical boards who cover different issues.  Barts Health is structured into four different hospitals: St Bartholomew’s, Whipps Cross, Newham, Royal London, and Mile End.  Pre 2015, cardiac services in NEL could be accessed at The Heart Hospital, The Royal Free, The London Chest Hospital, The Royal Free, and St Bartholomew’s.  Most of these have moved into St Bartholomew’s as the other sites were all doing the same work but not at the best level.  The East End and NEL do badly when it comes to Cardiac disease.  Endocarditis and Aortic Dissection are the worse conditions to have but having the Barts Heart Centre has allowed more work to be done to treat these.  The volume of research done has increased significantly and now Barts Health are the biggest cardiovascular recruiter in the country.  Barts entered the pandemic in a strong position, staff did an extraordinary job, over 18,000 people recovered from Covid-19 during this period, though nearly 2000 sadly passed away.  St Bartholomew’s had very good infection prevention measures.  They were able to carry out cardiac surgery for the whole of London and supported a surge in ECMO treatment and maintained cancer services throughout the pandemic. Many St Barts staff were redeployed to their sister hospitals.  Across the group, there has been a sharp rise in waiting times though cancer treatment has recovered for regular day attendees.  There are still a large number of Covid patients across Barts Health, one hundred beds have been taken compared to having eight hundred beds occupied like the beginning of the pandemic. 30% of ICU beds are occupied by Covid patients with 90% of those patients being unvaccinated.  We are prioritising patients by the urgency of treatment they require. By September, the average wait for those needing urgent surgery was down from ten weeks to less than four and there had been a gradual reduction in the number of patients waiting for more than 52 weeks.​  The vast majority of the long waiters are in urology and a large cohort in ENT. They have recruited more ENT consultants and set up a new community pathway. New surgical hubs are being used to help with the backlog.  Outpatient waiting lists have grown significantly during the pandemic. To address this, Barts have embarked on a transformation programme by:​  ​   * Continuing to offer virtual appointments * Making greater use of advice and guidance to support GPs to manage patients in the community​ * Rolling out patient initiated follow up (PIFU), giving patients the power to request an appointment when they need it, rather than at routine intervals.​ * Introducing 'Super Saturday' clinics   However, the workforce is reduced, fragile and tired.  Regarding patient engagement, everything went into reverse during the pandemic and it was not possible to engage with patients as much as they would have liked. Now they are starting up a new patient engagement strategy to communicate with more people and groups to get a much better coordinated and insightful patient feedback.  They must be careful with emergency admissions to protect their capacity to deal with the emergency admissions of e.g. arrhythmia patients.  The number of care beds has fallen dramatically. Care homes have tightened up their admission requirements for accepting hospital discharges. | Professor Charles Knight |  |
| **3** | **Homerton Hospital**  **Service update and tackling waiting lists** | Homerton University Hospital (HUH) has traditionally delivered elective care within the NHS target guidelines.  Elective activity had to be suspended when the pandemic hit and HUH used the additional ward space to treat Covid-19 patients. This impacted on those waiting for diagnostics. Social distancing and Covid tests made interaction with patients difficult.  HUH have a plan in place to maintain elective activity (short stay or day patients). HUH is on track to reduce the number of those waiting more than two years.  HUH have been working with clinicians on different pathways for patients, enabling them to prioritise those in need of urgent care. This is an opportunity to learn from patients and improve services offered.  Patients that are requiring a significant amount of care are those with Covid-19 who are unvaccinated including in maternity. HUH has had a ward full of Covid patients for the whole year. There are still restrictions in place regarding visiting:   * people are required to wear masks * not come to the hospital if they are experiencing symptoms * limiting assistance for support with appointments   Reducing the number of people around the site makes a difference to Homerton’s ability to keep services running at the highest operational level. HUH continue to work to maintain separation between those patients who have Covid and those who do not. The flu vaccine is still on offer to the community and staff. Covid vaccinations are available on site for staff and care workers. Between 83% and 86% of staff have been vaccinated against Covid.  Patient engagement has not been a great strength and HUH are working on this. The Homerton Patient Voice meet every month to discuss patient involvement and engagement within the trust. | Catherine Pelley |  |
| **4** | **Response to Covid** | HW staff have been working from home. Weekly newsletter and bulletins have been sent out with updates. These have been good sources of information which have received good feedback. HWCoL have held a Covid vaccination online seminar, increased social media posts, and produced factsheets that have been put up around the City. HWCoL have also held City Carers Events online, as well as Mental Health and Wellbeing Groups. HWCoL have been doing very well getting information out to City residents through different platforms. | GB |  |
| **5** | **Projects** | HWCoL have been carrying out a number of projects:   * Guide to Audiology Services and Hearing Aid Provision ​– Christpher Gadsdon, one of HWCoL’s volunteers, researched and wrote a guide on how to get access to audiology services. * Shoreditch Park and City Neighbourhood Forum – Outreach project ​ * Shoreditch Park and City Primary Care Network engagement project ​– there is still work to do and we have not seen what the PCN will be doing with the outputs from the project. We need to ensure that residents are getting the services needed. * Covid Community Insights from Disabled People – this has enabled disabled people in the City to have the impact of COVID on them recognised. ​​ * Neaman Practice – addressing your concerns ​​– The telephone system has been a source of concern. HWCoL wrote to the CCG to ask them to sort this. * Podiatry Clinic – making sure it happens​​ and ensuring they consulted HWCoL on new changes.   Public Board Meetings – HWCoL encourages residents to join us and have your say  Trustees and volunteers:   * Volunteering with Healthwatch can help you develop skills, gain experience, and make a difference to your community​​ – it has been difficult to recruit volunteers in The City. HWCoL need to make sure something different is being offered compared to other organisations and to find ways of doing surveys and getting younger people involved. * ​From speaking to local people to find out what they think about health and care, to using these views to influence those who run services, volunteers play an important role​. * ​Variety of roles – research, events, attendance at meetings, leaflet delivery​. * Hours to suit you. Tempo time credits​ are allocated to volunteers for their time for doing research. |  |  |
| **6** | **AOB** | None |  |  |
| **7** | **Closing comments and thank you** |  |  |  |