

A meeting of the Patient Council will be held on **Wednesday 31 July 2019 at 6.00pm** at Hillder House, 49 – 51 Gawber Road, Barnsley, S75 2PY

### AGENDA

ITEM	SESSION	LEAD	TIME
1.	<b>Welcome and apologies</b>	Chair	6.00pm
2.	<b>Actions and updates of the previous meeting held on 26 June 2019</b>	<b>PC19/07/02</b> Chair	6.05pm
<b>PRESENTATIONS / QUESTION &amp; ANSWER (Q&amp;A) SESSIONS</b>			
3.	<b>One Year Review of 'Be Cancer SAFE' (Barnsley &amp; Rotherham)</b>	<b>PC19/07/03</b> Kathryn Wild, Social Movement in Health Project Worker for Barnsley - Voluntary Action Rotherham	6.15pm
4.	<b>Cancer Screening in Barnsley</b>	Siobhan Lenzionowski – Lead Commissioning Manager, NHS Barnsley CCG	6.50pm
<b>GENERAL</b>			
5.	<b>Any other business</b>	Chair	7:25pm
6.	<p><b>Date and time of the next meeting:</b> The next meeting will be taking place on Wednesday 25<sup>th</sup> September, 6.00pm at Hillder House, 49 – 51 Gawber Road, Barnsley, S75 2PY.</p> <p><b>Future meeting dates until the end of 2019:</b> Wednesday 30<sup>th</sup> October Wednesday 27<sup>th</sup> November <i>No meeting in December</i></p>		7.30pm Close

**For enquiries please contact:**

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**Minutes of the Barnsley Patient Council meeting held on Wednesday 26 June 2019 at 6.00pm in the Boardroom, Hilder House, Barnsley CCG, 49/51 Gawber Road, Barnsley, S75 2PY.**

**PRESENT:**

Chris Millington ( <i>Chair</i> )	Barnsley Clinical Commissioning Group Lay Member for Patient & Public Engagement
David Brannan	Barnsley Hospital Partner Governor
Ben Cox	Patient, The Grove Surgery
Lynne Craven	Hoyland Medical Centre PRG
Mel Dyke	Patient, Roundhouse Medical Centre
John Gessler	Hoyland Medical Centre PRG
Garth Heyworth	Wombwell Surgery PRG
Alan Higgins	Barnsley Hospital Public Governor
Alan Jones	Hollygreen Surgery PRG
Sue Kaye	Wombwell Surgery PRG
Jill Marshall	Kingswell Surgery PRG
John Marshall	Kingswell Surgery PRG
Margaret Sheard	White Rose Surgery PRG
Philip Watson	Patient, Hill Brow Surgery
Herbert Youel	Patient, Caxton House Surgery

**IN ATTENDANCE:**

Emma Bradshaw	Engagement Manager, Barnsley Clinical Commissioning Group
Jeremy Budd	Director of Commissioning, Barnsley Clinical Commissioning Group
Katie Pople ( <i>Minutes</i> )	Secretariat Team Leader & Executive PA to Chief Finance Officer, Barnsley Clinical Commissioning Group
Jamie Wike	Director of Strategic Planning & Performance, Barnsley Clinical Commissioning Group

**APOLOGIES:**

Pat Durie	Patient, The Dove Valley Practice
Jan Eldred	The Kakoty Practice PRG
Adrian England	Healthwatch Barnsley / Monk Bretton Health Centre PRG
Terry Kendall	Penistone Group PRG
Margaret Lindquist	Walderslade Surgery PRG
Colin Wilkinson	Park Grove Medical Practice PRG

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<b>PC19/06/01</b>	<b>WELCOME AND APOLOGIES</b>		
	The Chair welcomed everyone to the meeting and apologies were noted.		
<b>PC19/06/02</b>	<b>MINUTES OF THE PATIENT COUNCIL HELD ON 01 MAY 2019</b>		
	The minutes of the previous meeting held on 01 May 2019 were approved.		
<b>PC19/06/03</b>	<b>THE NHS LONG TERM PLAN</b>		
	<p>The aim of the meeting was to provide members of the Patient Council with a brief summary of the NHS Long Term Plan and discuss what this meant for local plans. Publication of the document in January 2019 has provided an opportunity to work together better to deliver the best care for patients – wrapping support, care and services around people as individuals, removing organisational barriers and putting the needs of people and patients first.</p> <p>The CCG needs to ensure that the plan reflects local needs and that patients, their families and their communities get the right care where and when they need it and therefore it is important that thoughts and experiences are gathered to help influence and shape these local plans for Barnsley and wider across South Yorkshire and Bassetlaw.</p>		
	<p>The Director of Strategic Planning &amp; Performance provided an overview of why things are changing and how. Health services are currently not progressing as quickly as the demand for healthcare due to changes in:</p> <ul style="list-style-type: none"> <li>• An aging population – between 2017 – 2027 there will be 2 million more people over the age 75</li> <li>• Chronic conditions – the main task has changed from treating individual episodes of illness to helping people manage long term conditions</li> <li>• New treatments – the steady expansion of new treatments gives rise to demand for an increasing range of services.</li> </ul> <p>It was discussed how sometimes patients don't feel that their care and services are joined up and instead receive multiple conflicting messages or need to repeat their</p>		

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	<p>history to numerous professionals, therefore improvements around delivery, planning and communication between services such as shared care records is required.</p> <p>The NHS Long Term Plan intends to respond to these issues and places primary care at the centre; however it is up to the CCG and provider organisations to actually ensure changes are delivered.</p> <p>The aims are:</p> <ul style="list-style-type: none"> <li>• Everyone gets the best start in life</li> <li>• World class care for major health problems</li> <li>• Supporting people to age well</li> </ul>		
	<p>The key elements covered are:</p> <ul style="list-style-type: none"> <li>• Seamless care for both mental and physical health – important to consider both as they influence and impact on one another</li> <li>• Deliver care as close to home as possible and for patients to stay at home if suitable</li> <li>• Integrate across primary care networks, secondary care and place base care</li> <li>• Assess population health – focus on prevention and before people become ill</li> <li>• Support people to care for themselves whenever appropriate, including carer support</li> <li>• Build on the information we have about patients and the population</li> <li>• Make a real difference for both patients and staff members</li> </ul>		
	<p>There are a number of areas set out within plan advising how this will be achieved:</p> <p><u>Primary care networks as the foundation</u></p> <p>A completely new service model to:</p> <ul style="list-style-type: none"> <li>• Improve and boost out of hospital care</li> <li>• Bring primary care and community services together</li> <li>• Look at patient needs, particularly smaller populations to assess how better to support people</li> <li>• Look at emergency hospital services which are under pressure, reducing the number of people admitted to hospital who may not have needed to be and develop same day emergency care</li> <li>• Improve personalised care</li> <li>• Increase access to social prescribing</li> <li>• Ensure care planning and support is available for those with long term health conditions, helping them</li> </ul>		

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	<p>to understand their condition and how it can be managed better</p> <ul style="list-style-type: none"> <li>• Support patients with complex health needs through personalised health budgets</li> </ul> <p><u>Preventing ill health and tackling health inequalities</u> It is recognised that there are demographical areas of inequality across Barnsley and there is already focus on:</p> <ul style="list-style-type: none"> <li>• Smoking cessation</li> <li>• Weight management</li> <li>• Diabetes prevention</li> </ul> <p>The plan refers to the targeting of resources to reach certain populations and geographies that require different services to others across the borough ensuring equitable care for all. It also addresses the health impact of social problems such as poor housing conditions, homelessness, gambling and even air pollution, further increasing the need to work closely with partners.</p> <p><u>Supporting the workforce</u> In order to successfully deliver high quality care organisations need to ensure that their workforce has the right skillset and is adaptable. Health Education England is currently undertaking work to identify future needs to help develop educational programmes to support new professions. In the meantime, the CCG can work with local partners to identify how best to use the current workforce effectively and retain valuable staff members.</p> <p><u>Making the most of data and new technology</u> It is understood that digital technology isn't for all patient groups and therefore it is still important to ensure alternatives are available, however the use of e-consultations and other technological advances can benefit a vast majority of patients and help them to receive faster and more suitable care.</p> <p><u>Continue to focus on efficiency</u> Ensuring that money is invested and used appropriately and effectively.</p>		
	<p>The group was invited to participate in a question and answer session following the Director of Strategic Planning &amp; Performance's presentation. The below points were noted:</p> <p>Q1. The NHS is currently short of doctors and nurses, is recruitment not the key to take this forward?</p>		

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	<p>A1. Organisations will be looking at a local / regional workforce strategy to establish how the system can be progressed to acquire the skills needed over the next 5 to 10 years. This will involve looking at:</p> <ul style="list-style-type: none"> <li>• What do we need and how do we get this in place</li> <li>• Are the correct staff doing the job they should be / are employed to do</li> <li>• The National Workforce Plan to recruit / train the right people for the right jobs</li> <li>• The Value of ICS – regional workforce is already looking at skillsets and expertise</li> <li>• Even if money is put into the system it will take years to train colleagues appropriately</li> </ul> <p>Q2. Where does the funding come from to support the workforce?</p> <p>A2. National funding.</p> <p>Q3. What are you going to do to ensure there is a key shift from a paternalistic system to patients being more collaborative partners in their own healthcare? The Long Term Plan feels aspirational – need more information about what organisations are going to do and how it will be measured.</p> <p>A3. The CCG is trying to identify areas and ask questions about how it can work with patient groups more effectively to help make changes, which in turn will provide more information. The element around personalisation is key and changing processes so care plans are written ‘with’ patients rather than ‘for’ patients is part of that work.</p> <p>Q4. The pace of change is sometimes frustrating – there has appeared to be a lot of planning over the years and talk about what will develop but we never seem to be aware of any changes?</p> <p>A4. There are lots of changes happening to improve services but sometimes people are only aware when it is an area of interest or if they are a patient receiving care from that service.</p> <p>Q5. How does the CCG monitor commissioned services?</p> <p>A5. This occurs through contract monitoring and Key Performance Indicators (KPIs). Through regular contract meetings, any concerns can be raised and support put in</p>		

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	<p>place to help resolve issues. It can highlight if services need to be redesigned ensuring adequate care is delivered.</p> <p>Q6. Is there access to shared patient records across providers and is it rolled out nationally?</p> <p>A6. It is a national priority to increase availability of patient records across organisations, where appropriate. Barnsley is actively working to introduce a Shared Care Record across primary care, secondary care and community care, with links to social care also.</p> <p><i>Further comments captured during the discussion included:</i></p> <ul style="list-style-type: none"> <li>• <i>The importance of integrated care is to ensure all services work together with patients at the centre.</i></li> <li>• <i>Main providers of local services are NHS organisations.</i></li> <li>• <i>There are wider aspects of commissioning than just procurement – it is about planning, buying for good of the population / community, delivering and reviewing.</i></li> <li>• <i>“It’s good to see Barnsley following own path of what works for us!” - It makes sense to focus on locality areas / neighbourhoods.</i></li> </ul>		
	<p>The Director of Commissioning introduced Primary Care Networks (PCNs) explaining to members that this particular journey for integration was viewed as a positive catalyst for change.</p> <p>The vision:</p> <ul style="list-style-type: none"> <li>• The key building block of the NHS Long Term Plan</li> <li>• All GP practices in geographical based PCNs with populations of around 30,000 – 50,000 patients</li> <li>• Intended to dissolve the historic divide between primary and community medical services</li> <li>• Proposals were submitted in May 2019 and go live from 1<sup>st</sup> July</li> <li>• Small enough to provide valued personal care</li> <li>• Large enough to work with other practices and organisations</li> <li>• General practices working at scale together to: <ul style="list-style-type: none"> <li>○ Recruit and retain staff</li> <li>○ Manage financial and estates pressures</li> <li>○ Provide a wider range of services to patients</li> <li>○ Integrate with the wider health and care system</li> </ul> </li> </ul>		

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	<p>What will PCNs do:</p> <ul style="list-style-type: none"> <li>• Provide care in different ways to meet different needs, e.g. <ul style="list-style-type: none"> <li>○ Flexible access to advice and support for generally healthy people</li> <li>○ Joined up care for those with complex conditions</li> </ul> </li> <li>• Focus on prevention and personalised care <ul style="list-style-type: none"> <li>○ Supporting patients to make informed decisions</li> <li>○ To look after their own health</li> <li>○ Connecting patients with statutory and voluntary services</li> </ul> </li> <li>• Provide a wider range of services through a wider set of staff roles such as: <ul style="list-style-type: none"> <li>○ First contact physiotherapy</li> <li>○ Extended access</li> <li>○ Social prescribing</li> <li>○ Clinical pharmacy – Barnsley is already well underway with recruiting Clinical Pharmacists</li> </ul> </li> <li>• Deliver 7 national service specifications <ul style="list-style-type: none"> <li>○ Five will start by April 2020</li> <li>○ Two will start by 2021</li> </ul> </li> <li>• Be responsible for providing enhanced access services and extended hours requirements</li> <li>• Publication of GP activity and waiting time data alongside hospital data <ul style="list-style-type: none"> <li>○ New measure of patient-reported experience of access</li> <li>○ The CCG wants to know why patients are not accessing services and still attending A&amp;E</li> </ul> </li> <li>• Will be the base for: <ul style="list-style-type: none"> <li>○ Integrated community-based teams</li> <li>○ Community and mental health services</li> </ul> </li> <li>• Will consider population health <ul style="list-style-type: none"> <li>○ From 2020/21 will identify people who would benefit from targeted, proactive support</li> </ul> </li> <li>• Will represent primary care in an integrated care system, through the accountable clinical directors form each network</li> </ul>		
	<p>The group were notified that good progress had been made already, with every GP in Barnsley agreeing to be a part of the PCN, following which they were now starting to agree how to work together and in what areas; for example providing extended hours. Although the CCG has provided guidance and support, it has been primary care professionals who have inputted their thoughts and stated what they want to do and how to move this forward.</p>		

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	<p>In Barnsley, they have agreed to progress slightly differently in that there will be one Primary Care Network, under which there will be six neighbourhood networks for each local population (other areas have decided to have a larger number of individual PCNs). This arrangement means that there will be only one place where the contract and funding is held, one management team and one set of back office costs, allowing GPs and neighbourhoods to focus on their patient populations, taking away the burden of managing a contract. Barnsley Healthcare Federation will play a central role as they will be the contract holder.</p> <p>There will now be a positive opportunity to engage with patients, public and staff members across the Summer and Autumn to establish what the integration of health and mental health services in those areas means for primary care and eradicate any organisational barriers. Although the national time frame for implementation is 1 year, Barnsley wants to progress faster than this where possible.</p>		
	<p>The Chair thanked both the Director of Strategic Planning &amp; Performance and the Director of Commissioning for their presentations.</p>		
<b>PC19/06/04</b>	<b>ANY OTHER BUSINESS</b>		
	<p>The Chair congratulated Mel Dyke on her recent MBE awarded to recognise for her work in education, in the arts, as an author and as a heritage and charity campaigner.</p>		
	<p>The Chair also recognised the valuable work of Margaret Sheard who informed the group that she'd recently appeared in the Barnsley Chronicle following the launch of a petition to reduce breast screening from 50 to 30 years old. In over one week the petition has already accumulated 26,000+ signatures. It was agreed for Margaret to forward the Twitter link to the Communications team so the CCG could retweet it; it is also available on the UK Government and Parliament Petitions Website.</p>	<b>MS</b>	
<b>PC19/06/05</b>	<b>DATE AND TIME OF THE NEXT MEETING</b>		
	<p>The next meeting of the Patient Council will be held on <b><u>Wednesday 31 July 2019 at 6.00pm</u></b>, in the Boardroom Hillder House, 49 – 51 Gawber Road, Barnsley, S75 2PY.</p>		

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	<p>The topic will be: <b>One Year Review of 'Be Cancer SAFE' and Cancer Screening in Barnsley.</b></p> <p><u>Future Meeting Dates 2019</u></p> <ul style="list-style-type: none"> <li>• <i>No meeting in August</i></li> <li>• <b>25 September</b></li> <li>• <b>30 October</b></li> <li>• <b>27 November</b></li> <li>• <i>No meeting in December</i></li> </ul>		

## **Pre-reading for Barnsley Patient Council Members**

**31 July 2019**

### **One Year Review of 'Be Cancer SAFE'**

#### Speakers

Kathryn Wild – Social Movement in Health Project Worker (Voluntary Action Rotherham)

#### What is 'Be Cancer SAFE'?

Be Cancer SAFE is a community approach to improving cancer survival in South Yorkshire, Bassetlaw and North Derbyshire

We will be attending the July meeting in order to provide members with an overview of the work during the first year of the Be Cancer SAFE project and our goals for the next year.

More people in our region are diagnosed with cancer than the England average and we know that catching cancers at an earlier stage greatly increases the chance of survival.

Through a range of community based activities and initiatives we aim to make sure everyone is aware of the signs and symptoms of cancer, know what screening is available to them and ultimately increase the number of people diagnosed at an earlier stage. Be Cancer SAFE focuses on five cancers – bowel, breast, cervical, lung and prostate.

Ordinary members of the community can and have got involved and been supported to raise awareness with their family, friends, neighbours and work colleagues, by being Cancer Champions. They have done this by having conversations, distribution of information and signposting people to the range of services available to them. They have assisted by passing on information, motivating people to be more aware and alerting them to cancer symptoms. This is a micro-volunteering role, can be done in five minutes depending on the Cancer Champions time constraints.

In 2018/2019, 2644 cancer champions (exceeding the target of 1560), gave around 5288 hours of volunteer time. These champions were created primarily, in the targeted areas of the electoral wards of the Dearne, St Helens and Stairfoot. This included 411 champions in central Barnsley, 252 in Athersley, 207 in Goldthorpe and 186 in Stairfoot. In addition to the in person work, Be Cancer SAFE is also a social movement with platforms on Facebook and Twitter for people to engage with.

### Who is delivering the project and where?

Voluntary Action Rotherham has coordinated the work of Be Cancer SAFE in Barnsley and Rotherham, with two project workers specifically dedicated to the Barnsley delivery. The project was commissioned by the Cancer Alliance, with support from NHS Barnsley CCG Commissioners and represents a significant investment in supporting people and communities to access healthcare where there is a reluctance to do so. This may be for practical or cultural reasons, but may reflect poorly on their future health and cancer diagnosis. Following the success of the first year, Barnsley CCG continues to fund to Be Cancer SAFE in Barnsley.

The project works closely with the screening programme and is able to target areas and communities where we can identify disproportionately high levels of later stage diagnosis, or low rates of attendance at screening. Information to inform our focus, comes from publicly available public health information, interpreted with help from Cancer Research UK.

### New Goals for Be Cancer SAFE in 2019/20

Be Cancer SAFE plans to continue the good work in local communities created in the first year as well as working with traditional do-not-attend screening groups, including BME (Black Minority Ethnic), LDD (Learning Disabilities and/ or Difficulties) and LGBTQ+ (Lesbian, Gay, Bisexual, Trans, Queer, Plus). There will also be closer partnership work with GPs in the Barnsley area and Barnsley Hospital.

### Further information

Rotherham and Barnsley Be Cancer SAFE Facebook Group –  
<https://www.facebook.com/groups/349277205479974/>

Rotherham and Barnsley Be Cancer SAFE Twitter –  
[https://twitter.com/BeCancerSafe\\_RB](https://twitter.com/BeCancerSafe_RB)

Barnsley Be Cancer SAFE 2018-19 Report –  
<https://www.varotherham.org.uk/wp-content/uploads/2019/04/one-year-report-Ebulletin.pdf>

Be Cancer SAFE full report (produced by University of Sheffield) –  
[https://www.healthandcaretogethersyb.co.uk/application/files/8015/5747/8125/Be\\_Cancer\\_Safe\\_Evaluation\\_Report\\_.pdf](https://www.healthandcaretogethersyb.co.uk/application/files/8015/5747/8125/Be_Cancer_Safe_Evaluation_Report_.pdf)