

Advisory Group Internal Workshop Minutes
3:00 - 4.30pm Wednesday 27 September 2021

Attendees

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| Jacqui McKinlay | Chair and Trustee on The Advocacy Project Board |
| Anup Shah | Healthwatch Brent Volunteer |
| Nisha Gohil | Healthwatch Brent Volunteer |
| Danny Maher | Ashford Place |
| Chris Murray | Young Brent Foundation |
| Carmen Cameron | Brent Gateway Partnership |
| Nan Tewari (NT) | Public Member |
| Valerie Reid | Public Member |
| Alvin Kinch (AK) | Volunteering and Regional Network (London) Manager |
| MC Patel | Chair Brent CCG |
| Judith Davey | CEO Healthwatch Brent |
| Ibrahim Ali | Healthwatch Brent Volunteer and Project Officer |
| Turanem Shah | Healthwatch Brent Volunteer and Project Officer |
| Cleo Chalk | Healthwatch Brent Comms and Engagement Officer |
| Jo Kay (JK) | Healthwatch Brent Manager |
| Steve Inett (SI) | Consultant |

Apologies

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| Narendra Patel | BAPS Swaminarayan Mandir |
| Grace Samuels | Healthwatch Brent Volunteer |

1. Minutes of the last meeting

Approved

2. Check in

Members of the Advisory Group raised the key points

- How are we working together as a system with the NWL ICS and with the other local Healthwatches.
- JK noted that we meet regularly with the other Healthwatches, however we need to strengthen our relationship with the ICS to ensure patient voice is being amplified and involved in key decision making.

- NT said we need to understand the variations of health inequalities in the delivery of health and social care and what are we doing to address this?
- Members noted that they would like to see the data from the Patient Experience feedback. JK shared that at the end of Q2 we will circulate to members
- SI reminded the Advisory Group that we are not a Board of Trustees, HWB would like to build a group that is representative of the public and voluntary sector to ensure that lay people and the voluntary sector can help us understand what is important to the public. He noted that we need to take on board that we understand and influence the system however we need to ensure we are working with the public to amplify their voice and that the system must have robust and transparent arrangements in place to work with local communities. As a group we need to ensure HWB focuses on the right issues/concerns and that the public feel we are making changes and improving services.

3. GP access

The GP access proposal was presented by JK. The key points were summarised.

- We would like to understand and improve patient experience of arranging a GP appointment across Brent so we can understand in depth the barriers and challenges people are facing
- We would like to focus on one Primary Care Network to carry out Enter and Views to improve patient experience in these GP practices to highlight what is working well and what needs to improve.
- We will also launch a 4 month borough wide survey to capture the views of patient experience in GPs
- Questions were raised whether Enter and Views are the best method at present time
- MC Patel stated that GP surgeries should be open, however some surgeries have used 'closing the doors' as infection control but in reality, patients should be able to access their GP. He noted that we should be naming the surgeries who are still not allowing patients to access the surgery. Primary Care must make sure that they are not creating further inequity. Primary Care needs to be led by patients of what they should have access to.
- MC suggested that we need to be working across other PCNs to understand how GP are operating across the borough, he understood why we would like to only Enter Harness South Practices but proposed that HWB needs to look at the outliers of access and outcomes across several PCN and tackle this head on. The Integrated Care Partnership are extremely concerned and there is a huge problem for the people who want to access a GP face to face.

It was proposed that subject to review the project proposal is approved however we need to have further conversations with MC and NT to review the practices we would like to E&V based on geographics and indicators of poor outcomes.

Once finalised we will seek approval via email. MC Patel said that if anyone has any issues with access and registration, please raise this with him.

4. Healthwatch England update on quality Framework

Alivn Kinch presented Healthwatch England strategy and Quality Framework, highlights were summarised below.

- The Quality Framework came out of local Healthwatch wanted consistency across the network
- The Quality framework is a self-assessment tool for local Healthwatch to ensure delivery is effective
- To identify how best for HW England to target resources to support the network
- For local Healthwatch to identify individual strengths and areas for improvement.
- Quality Framework comprises of 6 domains, leadership and decision making, people, sustainability, collaboration, engagement, involvement and reach and influence and impact.
- AK update the group of the process of completing, and when its best for a new contractor of HW to complete the Quality Framework. She noted this is up to each local Healthwatch of when they feel it is relevant to complete.

5. Next meeting

- NT noted that we need to clarify whether we are going to hold the next meeting as a meeting in public or public meeting. It was confirmed that we will hold the meeting in public and what the mechanisms are for them to engaged with the meeting.
- It was proposed the next meeting will be held late October.
- Agenda items proposed
 - Workplan
 - Update on GP access project.
 - Patient experience data
- NT noted that because the minutes of the last meeting were approved, it would be appreciated if email addresses of the group can be circulated.

END