

IAC Forum Meeting 14th July 2020: Summary of the key points & updates

- Four new members' joined the IAC Forum discussion; all IAC members' introduced themselves.
- The ACP have been publishing case studies about how individuals from health and care organisations are coming together to solve the problems presented to the health and care system in response to the Covid-19 outbreak. These can be seen here: https://www.sheffieldacp.org.uk/news/?filter_category=covid-19
- A discussion was held on how the work of the ACP would progress in a way that would give people a voice. Forum members' views and experiences highlighted that:
 - Whilst the Zoom platform works for some, another form of contact is needed for those who don't have access to technology.
A dial in option is available through a telephone; all members' also have been given the opportunity to contribute after the meeting.
 - To be inclusive, the voices of the wider community need to be considered. Certain groups such as the Black Asian Minority Ethnic and Refugee (BAMER) community, single parents; the groups that have been found to be most affected by the current situation.
 - People are not "hard to reach", they are just "seldom-heard"¹. It is our job to reach them - we do not want them to feel isolated by using the term "hard to reach" because it makes people feel as though it's their fault.
- Healthwatch have been notified of concerns that those with learning difficulties have found it difficult understanding governmental guidelines and follow rules in relation to Covid-19 throughout these past few months; many report increases in challenging behaviours displayed due to a lack of understanding of this circumstantial change.
The ACP Mental Health and Learning Disabilities, and Planned Care boards are some of the few boards that have restarted working as their work is seen as critical. They are currently discussing both pressing challenges and new ways of working.
- A discussion was held on how Healthwatch Sheffield can keep volunteers connected during these times. Forum members' views and experiences highlighted that:
 - A newsletter could be designed by Healthwatch Sheffield containing information on new research/reports published, list of current projects being run. This would be something to keep volunteers engaged with work across the health and care system then it can be easier for the volunteer to connect with the work they are interested in.

The next Zoom meeting is on Tuesday 18th August 2020, 1-2pm.

¹ Seldom-heard groups are under-represented people who use or might potentially use social services and who are less likely to be heard by social service professionals and decision-makers

IAC Forum meeting 18th August 2020: Summary of key points & updates

- The ACP Planned Care and Digital Delivery Programme lead, attended the IAC Forum to give an update, and a discussion on the delivery of elective care in Sheffield under the current restrictions of Covid-19.

Key updates from them included:

- Whilst many elective care procedures have been delayed, they have not stopped. These procedures are taking place at a reduced rate due to capacity, cleaning procedures, among other considerations. Whilst we are aware this is causing challenges for people, improvements are being made with more virtual clinics and appointments being made available, since then waiting lists have been reducing.
 - There is currently work underway to ensure effective virtual clinical activities. For example, for skin/dermatology consultations, patients are encouraged to send images before GP appointment.
 - There is cross-organisational work underway between the partners of the ACP to develop a communication strategy for elective care. Everyone is encouraged to still book an appointment with their GP if they feel unwell.
 - GPs are making it clear that individuals who would receive support when attending a medical appointment can still have this, with one other person there to support them. The ACP are working to ensure that people know this.
 - The ACP are exploring different ways that patients can be treated, this includes where they are being treated, and who they are being treated by. Whilst this is happening, they are ensuring that all treatment is still patient-centred.
- Forum members' views and experiences highlighted that:

Points from the IAC members' are in the black text.

Responses from the speakers are in the blue text.

- The public should be involved in decision making, offering people who use a service a chance to have input, so these services work effectively for them.

Currently partners of the ACP and local government decide what they can do realistically. Once they have the structure, they will then start to involve the public more.

- Digital inclusion is a skillset, consultants aren't always the best at discussing things with patients over the phone or through over virtual means. Could there be training on different digital packages.

There has been engagement with universities to see how they can provide training for various packages. One of the primary issues is that different organisations are choosing different digital packages, which makes organising this training more difficult.

- The IAC Forum received an update on [Leading Sheffield](#), a system leadership programme delivered across the partners of the ACP aiming to bring health and social care workers together from statutory (NHS, City Council) and non-statutory organisations (Voluntary and Community organisations) to improve health outcomes in specific parts of the city, is now being planned to be delivered virtually with shorter, more frequent sessions; and more content delivered through recommended reading.
- In addition to the patient and public involvement session, four individuals from the IAC Forum were asked to volunteer to [work with the Challenge Groups](#). Their role will be to ensure that citizens' voices are considered within the Challenge Group conversations.

The next meeting will start 10 minutes early to ensure we're all logged on and people can have a brief chat.

The provisional dates and times for the next meetings of the IAC Forum are as follows:

- **Tuesday, 13th October 2020, 13.00-14.00**
- **Tuesday, 10th November 2020, 13.00-14.00**
- **Tuesday, 8th December 2020, 13.00-14.00**
- **Tuesday, 12th January 2021, 13.00-14.00**

IAC Forum meeting 8th September 2020: Summary of key points & updates

- The CEO of Nuffield Trust attended the IAC Forum to gather views on what we want health and care to look like across Sheffield; a collection of these views from a diverse range of people will feed into a 5-10 year vision being developed.

Key updates from them included:

The questions considered throughout the session were:

- What's it like to be a patient or professional in the health and care system?
 - What has been your experience of accessing health and care services?
 - Do you recognise any major changes in the way health and care services are being delivered i.e. where they are being delivered and by whom, particularly since the start of the Covid-19 response?
- Forum members' views and experiences highlighted that:

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Points from speakers are in the blue text.

What have people's experiences of accessing health and care services throughout the past six months? What do we want to maintain, or build on?

Health and care services haven't really worked - appointments with services have been difficult to make, some people have also been scared to access services when needed.

Hopefully there will be an opportunity to repair these problems. How has using phone or video services been working for you? Do you like this, would you like to keep this?

Regular check-ups and access to prescriptions through phone consultations has been useful - the difficulty is accessing urgent care.

Phone appointments are difficult for non-verbal communicators who would usually have someone to support them in face-to-face appointments, this can be more difficult if you don't know the person or professional you are communicating with.

There is support that needs to be in place to enable some people to use remote appointment systems.

How important is continuity of care to you - would you rather be seen quickly or by a health professional you know?

For routine check-ups seeing a health professional you don't know and being seen quickly could work well. However, for more serious issues e.g. mental health issues it's better to see someone you trust and feel comfortable with, then you wouldn't have to repeat information.

This should be the patient's decision; some surgeries don't offer this choice.

Being seen by the same health professional is preferable, but not if you're waiting too long, this could cause more harm to the patient.

In the UK, NHS Mental Health services are provided separately from GP services. Should these services be more integrated or kept separate?

It would help the patient a lot more if they didn't have to spend as much time repeating themselves. It can take time to know and trust the professional supporting you; this creates less time supporting the patient with the mental health issue.

How do healthcare services keep a check of different needs of patients?

In other countries there is an increasing use of shared care records, where a patients' requirements are stated once and shared between health and care organisations, the patient controls how much detail each service can see.

Having a joined-up working between physical and mental health services is essential for people with Learning Disabilities and Autism. Not doing so is damaging.

In terms of the coordination of care with people with complex needs, is there a way of caring for more than one symptom at an appointment, rather than having numerous visits to different healthcare professionals?

Experience of diabetes care, when going for an eye check, foot checks are performed while you wait for the eye drops to work, this works efficiently.

Video consultations should be used more frequently than phone consultations; this would give health professionals a better indication of a patient's health, they are then better able to determine if further intervention is needed.

Who are the groups who we don't usually hear from? How can we reach out to these groups?

There are lots of people who don't have English as a first language who don't realise they need to go to the GP.

Approach homeless sector organisations through soup kitchens, homeless shelters.

Place value on reaching seldom-heard groupsⁱ; very beneficial because it can give you rich data that you wouldn't be able to get otherwise. Approach these groups by speaking to carers, voluntary groups and providers.

Those from seldom-heard groups need to be kept well informed about what services are available. Decision-makers need to be proactive and ask what works best for people from seldom-heard groups rather than making assumptions about what is best for them.

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