

Improving Accountable Care (IAC) forum meeting Tuesday 11th January 2022: Summary of the key points and updates

- The IAC forum was joined by Jo Tsovena (Sheffield Clinical Commissioning Group) to review pharmacy information guides last [July's meeting](#)
- The IAC forum was also joined by Andy Hilton and Sarah Chance (Primary Care Sheffield) to give an update on primary care service developments in Sheffield.

[Pharmacy information guides](#)

Key updates included:



Patient Guide to
Pharmacy Professional Management Recog



Medicines
Management Recog

- The drafted guidance above was written following the last meeting of the forum pharmacy joined after the suggestion it would be useful to have a guide for the public on the different roles of pharmacists in primary care and information on medicines management.
- Forum members views and experiences highlighted that:
 - [I have multiple repeat prescriptions](#). I didn't know the issues I was having were linked to my medication. A pharmacist phoned me to talk about my medicines and we ere able to talk through issues and change some of my medicines. This intervention was really helpful.
 - [I have been having issues with my medication but don't know how to contact the pharmacy technician at my practice](#). I'm having to do everything through the community pharmacy who dispenses my medication, and they can't get through to the practice to sort it out for me either. It doesn't feel joined up or like they want people to be able to speak directly to them.
- Point from forum members are in the black text
- [Points from speakers are shown in the blue text](#)
 - Will the changes to how pharmacists work across primary care mean that pharmacists are going to be less attached to their associated GP practice and therefore less available?
 - [How to access pharmacy advice will be different depending on the set up in your Primary Care Network and capacity of individual services](#). It would e best to start with your GP receptionist - let them know you've a medicine query and ask them to help you contact a pharmacist.

- It needs to be clearer how we find out about the pharmacists available, how will we recognise them and how do we access them?
- There is quite a lot of complexity as different Primary Care Networks will be working in different ways. To help people understand who their pharmacists are, some practices will have noticeboards with photos of staff, or list staff on their website.
- Reviewing the patient guide, can you talk to any of the listed pharmacy professionals about medication issues or are they all specialised?
- There would be a prioritisation for enquires. The guide will be revised with a focus on streamlining it to have information on what patient's need to know.

Primary Care

Key updates included:



HCP PC patient
engagement 22.ppt:

- The speakers presented the above presentation to give an overview of primary care service developments.
- The demands on primary care have increased but the workforce hasn't increased, there has been a decrease in the number of GP's which means there's increasing pressure on primary care services.
- It's important that multiple services are involved in the wider primary care team, accessing primary care isn't just about visiting a GP in person, there are different access points and methods.
- Forum members views and experiences highlighted that:
 - Changes suggested would make primary care more person-centred, it doesn't feel that way at the moment.
 - Services are working well together to deliver the Covid-19 vaccines, I haven't seen this otherwise.
 - I would like more ways to contact primary care. Most people only have the options for phoning.
 - The best way to reduce demand on primary care is to make the population healthier, encourage them to make lifestyle changes which can be difficult for some people to do.

- Contact with primary care can be difficult when trying to make an appointment when unwell or working. You're often on the phone for a long period of time and when you do speak to a receptionist they've no information to hand on your medical history which can take a while to give.
- I'm involved in a charity which supports people with a particular medical condition. We regularly send information out to GPs and encourage them to offer contact with us to newly diagnosed people. Some GPs regularly do this and some don't - the resource is there but not always used.

IAC Forum name change

The list of possible names was amended and shortlisted to three options:

Health and Care Partnership Forum (Sheffield)

Improving Health and Care Public Forum

Health and Care Public Forum (Sheffield)

Members were asked to poll a few people for their views about the possible names and bring feedback to the next meeting to decide a name.

Health and Care Public Forum (Sheffield) meeting Tuesday 8th February 2022: Summary of the key points and updates

- The IAC forum was joined by Katie Foster and Simon Richards (Sheffield City Council) to provide an overview of the developing Sheffield Autism Strategy Action Plan.
- The IAC forum was also joined by Michelle Carroll and Rebeka Whalley to introduce the city-wide phlebotomy survey, a review of blood testing in Sheffield.

Sheffield Autism Strategy Action Plan (In Development)

Key updates included:

- The Sheffield Autism Partnership Board that is made up primarily of people with Autism and their carers/supporters.
- The development of a Sheffield Autism Strategy Action Plan comes after the National Autism Strategy in July 2021. A working group has met several times so far to identify key priorities and actions. The Action Plan is being co-produced, and a draft will be taken to the next Board for consideration.
- Priorities include mapping (what support is already available in the city?) and communication (are services linking up and do the public know what services are available?)

Forum members views highlighted that:

- Awareness raising should be prioritised by the action plan resembling the disability equality law.
- The action plan should be a lifetime approach, relevant to supporting children with Autism as well as adults.

HCP Director Report



Paper A HCP Director
Report February 2022

Key updates included:

- The above HCP Director's report has been written using IAC Forum's comments on the previous to provide:
 1. Headlines about strategic developments relevant to the partnership and HCP programme of work
 2. Overview of other key programmes and structures

Forum views highlighted that:

- It is now straightforward to navigate with the addition of the contents page
- Some people find images or diagrams more helpful, could this be used in an additional way to organise contact?

New group name

- The Forum members completed a final poll to choose a new name from last months suggestions, the results are below:
 1. Health and Care Partnership Forum (Sheffield) 4
 2. Improving Health and Care Partnership (Sheffield) 6
 3. Health and Care Public Forum (Sheffield) 11
- The name of the group on all documentation will be changed to Health and Care Public Forum (Sheffield) going forward.

Phlebotomy



Health watch
presentation 08.02.2

Key updates included:

- There is currently a survey live that investigates how we can make accessing blood tests as easy, safe and effective for you as possible:
<https://surveymonkey.co.uk/r/W7Y676C>
- The above presentation talked through Sheffield's approach to phlebotomy, who the survey had been distributed to and the next steps after the survey including organising workshops where ideas from the initial survey will be discussed.

Forum views highlighted that:

- Could the work on standardising care available from GPs across the city link into this work if a blood test cannot be made available at every GP practice?
- Need to hear from people who are needle-averse
- What level will patients be a part of discussions after survey results (does it include decision making level)? Otherwise this isn't true co-production/co-design
- Members explained blood tests are not always explained properly, they're not told the frequency these need to occur and own results are sometimes not seen.

Health and Care Public (HCP) Forum (Sheffield) meeting Tuesday 8th March 2022: Summary of the key points and updates

- The HCP Forum (Sheffield) received an update from a member's conversation with the Director of Adult Social Care at Sheffield City Council on co-production.
- The HCP Forum (Sheffield) discussed the possibility of creating a framework for their thinking.
- The HCP Forum (Sheffield) were joined by Bev Ryton from Sheffield Clinical Commissioning Group to present the Outcomes Framework being developed.

Adult Social Care & Co-production

- A member of the forum had a conversation with Alexis Chappell (Director of Adult Social Care at Sheffield City Council) surrounding concerns about how co-production was being carried out in relation to Adult Social Care.
- Key updates included from the conversation included:
 - The Sharing Caring Project is going to be funded for a further year, and there is a view to outsource the funding to ensure it can be a permanent fixture going forward.
 - The new Head of Housing at Sheffield City Council will attend the regular meeting regarding housing for disabled people in South Yorkshire and Bassetlaw to ensure a good representation for Sheffield at this meeting.
 - Alexis will raise the forum member's experiences of their expertise as parents of someone with care needs being dismissed and ignored internally.
 - Other concerns raised by the forum member were around staffing levels being heavily weighted towards short term contracts and part-time staff meaning that staff do not have the opportunity to get to know their service users needs; lack of specialist disability services as well as co-producers not having decision making power and influence seem to be addressed in the 10-year plan.
- Forum members views included:
 - Agreement amongst members that the concerns being raised seem to cycle round, and every time there is a new head of department, the same ideas are brought up as though they're brand new.
 - There should be official reports on what changes have been made on the back of consultations with service users and those with lived experiences. The group do not expect everything they ask for, but they would like to see proof of something.

- There is a responsibility for those who understand what co-production means to challenge those who use it incorrectly.

A framework to our thinking

Laura presented a series of slides for consideration regarding a framework or resource for the group to use when exploring various aspects of the HCP work. The focus areas highlighted were based on the forum's roles and responsibilities in their terms of reference:

1. Involvement
 2. Experience
 3. Challenge
 4. Impact
 5. Gaps
 6. Communication
- Forum members views included:
 - This would be a useful tool for holding speakers to account for the work they are doing. Once we have got into the habit of using a certain framework of focusses, then external bodies will also start to focus on these areas as they will be expecting us to question them on specifically.
 - The group agreed they would like to be seen as a 'critical friend', and not as an attacker against these bodies.
 - A concern was raised that the group is not diverse enough and most of the viewpoints are coming from a White British perspective.

Sheffield Outcomes Framework

- Bev Ryton presented the below Powerpoint on the Sheffield Outcomes Framework. Information included an overview of why we need an Outcomes Framework in Sheffield and how we are going about it, also what we need to do next.
- Key updates included:
 - The Sheffield Outcomes Framework will try to align all strategies and guidance available and use similar wording. This will be with "What Matters To You (WMTY)" The outcome should focus on "What have we achieved for our service users?"
 - The Health and Wellbeing Strategy with five outcomes for Sheffield will be the main focus. We will collect and report lots of different types of data and information to show that we are making progress.
 - The Outcomes Framework will continue to evolve, a Steering Group is in place which has met a couple of times and there are representatives

from organisations across Sheffield. The voice of our communities will help us to continue to improve.

- Stories will be used to bring the Outcomes Framework to life and show that change is happening through working together.



Sheffield Health
and Wellbeing Outc

- Points from forum members are in the black text
- Responses from speakers are in the blue text
 - How many laypeople are on the steering group?
 - Currently looking for funds to reimburse a layperson who could think about how things relate to the wider population as well as their experiences.
 - Who decides the storytelling details, and the processes in place? Are there pre-decided questions? There is a risk that storytelling can end up being patronising and pitying if the subject is not involved in these decisions.
 - We're hoping to engage with a multitude of communities to gather a range of stories but it's undecided whether subjects would be asked to follow a certain format or be able to tell the story they wanted to tell.
 - The stories should be a mix of positive and negative experiences. With a negative story, it should be returned to at a later date to see whether any changes had been made.
 - Who are the audience of these stories? The general public and service users are likely to be already aware of these issues, so time needs to be allocated to health and social care decision makers and implementers to view these stories in their normal work.
- Bev will be returning to the forum at a later date to gather people's views on further developments.

Future meetings of the HCP Forum Sheffield can be viewed [here](#).

Health and Care Public (H&CP) Forum (Sheffield) meeting Tuesday 5th April 2022: Summary of the key points and updates

- The HCP Forum (Sheffield) were joined by Nick Deayton to present the Compassionate Sheffield programme.

Compassionate Sheffield

- Nick shared the below overview of [Compassionate Sheffield](#) before the meeting and gave the presentation below to the group.



Compassionate
Sheffield_One Page



Compassionate
Sheffield_Health an

- Key points from the presentation included:
 - Individuals, organisations and communities all have an important role to play in the improvement of experiences of death, dying, loss and bereavement.
 - Oxytocin is the feeling of positivity. A compassionate interaction gives us oxytocin and enables us to look after ourselves.
 - Most compassionate interactions happen in our inner networks however, policy around death, dying and bereavement often fails to reach this inner network and communities who provide the majority of compassionate interactions.
 - An event to explore the potential of a Compassionate Companion role will take place at St Luke's Hospice Sheffield on the 23rd May. A Compassionate Companion would be a non-clinical befriending role to provide compassionate interactions to a person experiencing death, dying, loss or bereavement.
 - Ways to get involved currently:
 1. [A Covid Memorial Project](#): Gathering stories, connecting communities, encouraging others to share their stories
 2. [Compassionate Sheffield Committee](#): Every month people receive updates on the Compassionate Sheffield programme and can share stories and examples of how they have or want to apply the principles of Compassionate Sheffield
 3. [Advanced Care Planning](#): Focus groups, interviews produced with Non-English speaking communities to improve accessibility of plans for when some is approaching death.
 - Contact n.deayton@hospicesheffield.co.uk to find out more.
- Forum members views included:

- A member was appreciative of compassion shown by a pastor when their relative had died, as the pastor provided support outside of their 'normal' role.
- A member recounted an experience when compassion was shown in public when their relative was getting upset, the people around them didn't make them feel uncomfortable or awkward about the situation.
- A member remembered whilst at university they had studied the book *Tuesday with Morrie* by Mitch Albom, which is a memoir of the time Mitch spent visiting his former professor while Morrie was dying of Motor Neurone Disease.
- A few members spoke about their experiences of being bereaved and highlighted that sometimes people did not know what to say when someone had died so they don't say anything at all, and this could make them feel worse.

Future H&CP Forum meetings can be viewed [here](#).