

## Improving Accountable Care (IAC) forum meeting Tuesday 11<sup>th</sup> 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 8<sup>th</sup> 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 8<sup>th</sup> 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 5<sup>th</sup> 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 and

- 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 23<sup>rd</sup> 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](mailto: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](#).

## Health and Care Public (HCP) Forum (Sheffield) meeting Tuesday 10th May 2022: Summary of the key points and updates

- The HCP Forum (Sheffield) held a meeting focussed on young carers and were joined by two speakers

1. Lee Teasdale Smith, Commissioning Officer for unpaid carers from Sheffield City Council
2. Sara Gowen, Chief Executive, Sheffield Young Carers.

### Lee's presentation



Young Carers  
Presentation - May 20

- Lee presented the above presentation providing an overview of the current legislation on Young Carers. The presentation provided definitions of young carers, adult carers & parent carers the presented some facts on young carers:
  - 2011 Census statistics revealed there are 166,363 young carers in England, compared to around 139,000 in 2001. This is likely to be an under-representation of the true picture as many remain under the radar of professionals
  - There are between 7,000-10,000 young carers in Sheffield.
  - Young carers have significantly lower educational attainment at GCSE level, the equivalent to nine grades lower overall than their peers e.g., the difference between nine Bs and nine Cs
- Lee also presented some slides on what good looked like in the treatment of young carers and what the legislation (Children's & Families Act, 2014; Care Act 2014) says about how young carers should be treated.
- The final slide presented an overview of what Sheffield City Council has done to support young carers:
  - Created a young carers register
  - Created a process in Adult Social Care to identify young carers
  - Worked collaboratively with Multi-Agency Support Teams, Adult Social Care, Attendance & Inclusion, Sheffield Young Carers to improve things further for young carers in Sheffield.
- Forum members views included:
- Forum members questions are shown in the black text
- Points from the Speaker are shown in the blue text
  - Is the young carers register available to all health agencies to view and refer to?
  - The young carers register is, in theory, available to any health service but the current focus is on embedding it in schools. Schools are a key organisation for identifying young carers but any organisation or service can refer in and a flag is then added to the existing database of school-age children in Sheffield. Primary care is the next focus.
  - How many young carers are actually registered in Sheffield? Are grants linked to the registered numbers, or to the estimated number from the census data?

- There are around 160-170 young carers currently registered in Sheffield, however the register has only been running for approx. a year. We are looking at ways to proactively identify young carers rather than relying on them self-reporting. Sheffield Young Carers work with approx. 200 young carers a year, and most of the registered young carers have been referred by Sheffield Young Carers. Grants are linked to the estimated number of young carers, not the number on the young carers register.

### Sara's presentation



HealthWatch PPI  
Group May 2022.pptx

- Sara presented the above presentation on the work of Sheffield Young Carers to support young carers that included a series of audio files of young carers' who they are supporting and their asks of service providers.
- Forum members views included:
  - It is positive to see more awareness and support for young carers, but it would be good if more support could be given to the families so that children don't have to become carers in the first place.
- Forum member questions are shown in the black text
- Speaker's responses are shown in the blue text
  - Young carers are still quite 'invisible' and we need a mind shift about how their skills and talents are viewed. How can we make changes to ensure that future educational establishments and employers are accounting for their unique experiences rather than just focussing on their school results?
  - Sheffield Children's University (CU) is a programme which allows children to take part in extra-curricular activities and gain credits towards a 'learning passport'. SYC have worked with the CU to encourage them to recognise the achievements of young carers and allow them to gain awards and certificates that they otherwise would not have been able to.

### Collective question for the HCP

After the presentations and questions, the forum agreed for the following question to be raised to the HCP "What can be done to address the lack of consistency in how young carers are identified across the health and care system in Sheffield?"

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

## Health & Care Public (H&CP) forum meeting Tuesday 9<sup>th</sup> June 2022: Summary of the key points and updates

- The H&CP forum was joined by Abiola Allinson (Co-Chair, HCP Race Equity and Inclusion Group (REIG)) to provide an overview of the work HCP REIG and its role in tackling health inequalities for ethnically diverse people.
- The H&CP discussed improving our offer by reviewing the results of the professional's survey sent on working with them.

### HCP REIG

#### Key updates included:

- REIG brings together 30 ethnic minority & faith groups who are addressing COVID to try and reinstate trust and address health inequalities in response to the disproportionate impact felt during the pandemic and after many years of austerity.
- The principles of REIG are:
  1. Be an independent voice
  2. Hold the HCP accountable to itself & the City
  3. Avoid tokenism
  4. Ask people how they would like to be referred to (e.g., ethnically diverse, person of colour, just Sheffielder!)
  5. Lived experience should have a key voice - 'no decision about me without me'
- One of REIG's priorities is to be an 'Anti-racist partnership' This could look like:
  1. Actively look at staff and acknowledge them for who they are
  2. Ensure staff have access to all their options
  3. Acknowledge racism exists and look at how to support people when they experience it
  4. Looking at how to work better with other anchor institutions such as the police/school
  5. Keep intersectionality in mind
- One project led by REIG is the Reciprocal Mentoring programme where three senior leaders from Sheffield ethnic minority-led voluntary, community or faith organisations were matched with a Sheffield HCP Executive Delivery Group

member for six months to support system transformation by understanding the lived experiences of each other to create trust for a strong foundation working as ‘partners in progress’

- Forum members views and experiences highlighted that:
- Point from forum members are in the black text
- Points from speakers are shown in the blue text
- Centring the voices of those with lived experiences should not be limited to decision-making process to do with race and ethnicity, these voices should be listened to and heard in all places.
- The phrase ‘no decision about me, without me’ informs the work of REIG and serves a reminder to keep voices of lived experience at the forefront, and is applicable to all forms of equality work.
- How is success measured in this work, especially with the use of qualitative data to also include examples of tokenism which must be filtered out. Can we find a way of advertising ‘wins’ which could help to motivate others who maybe otherwise wouldn’t engage in the process.
- The simple and ideal answer given was that more ethnic minorities in positions of leadership would be a measure of success - however Abiola and the REIG are aware that this doesn’t account for issues of tokenism and isn’t a measure of whether organisations are tapping into the leadership skills of their minority staff or just trying to respond to external pressures. The only way to really tell is to monitor long-term changes to power structures.
- The group agreed that a bottom-up approach is necessary to centring lived experience voices (i.e., not just asking leaders to make changes, but leaders passing that power to communities affected). How do we as individuals identify blocks of progress by leaders and work past this?
- This is recognised and there is no easy answer, we just need to keep chipping away - a small amount of progress is better than none at all.

#### Improving our offer



H & CP Forum\_  
Professionals Survey

- The above slides were presented which contained the results of the professional survey sent to gather feedback on working with the forum.

- The forum generally agreed that the feedback provided by professionals were useful insights, however there was concern of extent of engagement activity beyond the forum which was not a necessarily diverse place.
- The group agreed for the 9<sup>th</sup> August meeting to be held face-face from 1pm-3pm with a discussion on the 'Key areas to think about in our work' framework drafted.

The next meeting of the H&CP forum can be viewed [here](#).

## Health & Care Public (H&CP) forum meeting Tuesday 12<sup>th</sup> July 2022: Summary of the key points and updates

- The H&CP forum was joined by Michelle Carroll (Programme Manager, Phlebotomy Improvement Work, STH) & Rebeka Whalley (Improvement Facilitator for Outstanding Outpatients & Project Management Office) to provide an overview Phlebotomy (blood testing) services survey findings & future work plans.
- The H&CP discussed what can we do as a group in regard to Racial Equality from the previous meeting.

### Phlebotomy

Key updates included:



Health watch  
presentation 12.07.2

- The above presentation was given to outline the findings & next steps of the City-wide Phlebotomy survey following the meeting in February this year.
- The speakers also wanted to gather the forums views on how they can engage with patients further.
- The survey was shared in many ways, circulated to over 28 Sheffield Community Groups & Charities, all STH sites & GP practices and was made available in three different languages.
- There was a good response from the ethnic minority groups accounting for 30% of response; the Sheffield population of ethnic minorities is 19% for comparison.
- A total of 665 responses, 334 comments were received and these were presented by Age, Gender, Gender Identity, Disability.
- Ideas of change were voted on to take forward and the top two ideas will be taken forward to develop:
  1. Additional drive through locations (for everyone including children, with or without cubicles)
  2. Dedicated housebound service providing visits to homes/care homes for patients including children
  3. Combine with other services e.g. blood pressure checks, B12 injections, other types of physiological testing
  4. Utilise ICE for all phlebotomy requests regardless of service



5. Extend service hours.

- Within each area there are 6 elements that need to be explored and developed. Each project group will be looking at the detail, what works well, what needs to be improved and how we might design services to fill the gaps:

1. IT & Finance
2. Operational
3. Patients
4. Clinical
5. Workforce
6. Estates

- Patient and clinician feedback will be used to help understand what “a good service” looks like and develop plans to deliver the best service possible across Sheffield that is as easy, accessible, safe and effective as possible.

- Next steps involve working with Finance and Contracting representations from all Sheffield hospitals within Primary Care to understand: Is there any additional money to help deliver these ideas where this is necessary?
- Forum views highlighted that:
  - Members thought the presentation was easy to understand with common language used.
  - Members asked a series of questions/gave experiences in regard to a home visiting service:
    1. Are home visits for blood tests negotiated/linked in with home carers/other services? People may not be able to get to the door so they would need a carer to let them in.
    2. One member's relative has never had an offer of a home blood test but would benefit from it due to a phobia of needles. It would be a big improvement - would they now qualify? They are not 'housebound' but cannot attend a GP service without support.
  - A member didn't like the variation between GPs administering blood tests and thinks they should not be encouraged to choose not to do blood tests at a practice.
  - Members would like it if filling in the survey was part of a wider discussion around improvement, where professionals such as clinical leads are involved

too, and you can speak to them more broadly. This would add additional knowledge and understanding to the process, otherwise people are included in the survey part then disappear from the process.

### Racial Equality



HCP Forum meeting  
summary June 2022.

- Following the previous meeting, notes above for reference, forum members considered what they could do as a group regarding Racial Equality.
- Forum views highlighted that:
  - We can't speak for people with lived experience of racism, but we do want to make sure decision makers hear them. We should be reminding professionals how important it is to hear lived experiences wherever we can.
  - Is there any training for volunteers? Learning materials/resources would also be helpful - Healthwatch England has been asked if there is a current training offer or whether they could support one for us.
  - We could focus future recruitment to the H&CP Forum & try to diversify the group.
  - Trust is a big factor in non-engagement. People who haven't been treated well or have been ignored in the past are not always keen to come forward again.

### Further updates



H&CP Forum  
Director's Report Jul



Health and Care  
Public Forum Calenc

- Members agreed the above as an update to include in July's HCP Director's Report, the full report can be viewed [here](#).
- Members approved the agenda calendar produced of the Forum's meetings since January 2020.

The next meeting of the H&CP forum can be viewed [here](#).

## Health & Care Public (H&CP) forum meeting Tuesday 16<sup>th</sup> August 2022: Summary of the key points and updates

- The H&CP forum was joined by Jo Tsoneva (Pharmacy Development Manager), Peter Magirr (Pharmacy Services), Greg Westley (Pharmaceutical Lead) to provide an overview and gather contribution for the Pharmaceutical Needs Assessment (PNA).
- They also held a discussion on medicines use for vulnerable housebound patients in receipt of social care.

### Pharmaceutical Needs Assessment (PNA)

#### Key updates included:

- A Pharmaceutical Needs Assessment (PNA) is a statutory document that local authorities legally have to produce every three years to describe the availability of pharmacy services in the city.
- The PNA is used by NHS Improvement to review new pharmacy applications and assess whether they are needed in the area that they are applying to open in.
- The Sheffield PNA was drafted alongside the Local Authority and reviewed and commented on by the public for a long period until the 29<sup>th</sup> August.
- Point from forum members are in the black text
- Points from speakers are shown in the blue text
- Who looks at the document on the ground? I've been looking into this for lots of years and asking lots of questions about pharmacy services around opening hours, location, online services etc.
- Unfortunately, it is not looked at many people on the ground, however we would love to one day do a genuine PNA to understand the medicine needs of the people of Sheffield. This document is more about physical access to pharmacy buildings, rather than how people access their medicines.

### Medicines Use for Vulnerable Household People in Receipt of Social Care

- The Pharmacy team are currently working with the Local Authority on how to better support people who are housebound and in receipt of social care. The current theory is that this group in Sheffield aren't getting the most out of their medicine - not just in terms of clinically getting the best results from their individual medications but in terms of access, having medicines administered etc. Forum members were asked about their experiences of

receiving medications, particularly in receipt of social care or caring for someone themselves.

- Point from forum members are in the black text
- Points from speakers are shown in the blue text
- I am a family carer, and I don't personally have many problems, I have online prescriptions for myself and the person I care for and the pharmacy orders them in. The GP surgery is the main issue as they often don't dispense prescriptions and don't tell anyone, so we don't find out until the medication is delivered and something is missing.
- The last time I came out of hospital, the hospital prescribed a liquid medication, but the GP sent a prescription to the pharmacy for tablets I am unable to take. It took two visits to sort out, which may sound like it's not the end of the world, but people don't understand what that means for me with a PA.
- It would be helpful to consider the role of PAs in the system, which wasn't considered as part of the draft PNA.
- I have a number of experiences from ordinary pharmacies and district nurse medications delivery. The big problem is I never know when things are going to be sent by district nurses - when I know to expect a delivery, I will ask my carer to leave the door open so that the items can be left, but district nurses seem to use different pathways each time so there is no way to know, meaning prescriptions aren't delivered to me when I need them.
- I have historically had a good relationship with my local pharmacy caring for my daughter on a number of imported and controlled medications the pharmacists were very good at making this work. The team understood the priority needs of my family and actioned things swiftly when needed, and went out of their way to get hold of medicines that we needed even though this was probably expensive and time consuming for them.
- Several members had six monthly rolling prescriptions and received a text every time for collection which worked well.
- Will care homes and supported living services be part of this consultation?
- This is a different piece of work, as 'institutional' spaces are a different cohort than those who are housebound. Generally, in care homes the staff are trained on how to administer medicines etc. and so this is not relevant for this specific piece of work.

The next meeting of the H&CP forum can be viewed [here](#).

## Health & Care Public (H&CP) forum meeting Tuesday 13<sup>th</sup> September 2022: Summary of the key points and updates

- The H&CP forum was joined by Lewis Bowman (Health & Wellbeing Officer, Voluntary Action Sheffield) and Lucy Davies (Chief Executive, Healthwatch Sheffield) to outline and have a discussion on their work to understand Long Covid in communities.
- The H&CP forum also received a video presentation from the Joanna Riley (Coordinator, Team Around the Person - TAP service) to outline the TAP service and receive comments on how they can improve the service through capturing feedback by those referred through TAP in an inclusive way.

### Long Covid

Key updates included:



LongCovidHCP.pptx

- The embedded Powerpoint outlines the aim of the joint project on Long Covid between Healthwatch Sheffield & Voluntary Action Sheffield “Involve people and communities in developing support for Long Covid in Sheffield, and improve outcomes for people living with the condition”
- The individual aims and approaches of both organisations is relayed alongside an outline of progress to date.
- An overview of the themes heard so far include: Covid Vaccine, Learning and Development needs, Community Needs, GP access, referral pathways, lack of trust in the system.
- A couple of suggested ideas and next steps were presented.
- Forum members views and experiences to questions highlighted that:
  1. How confident are you that you can identify the symptoms of Long Covid?
    - I wouldn't necessarily be able to identify it as I have a variety of other conditions and the symptoms could overlap - based on previous experiences with medical professionals, they would probably just point to other conditions when symptoms appear.
    - I approached my GP with symptoms of Long Covid but a referral wasn't accepted until 12 weeks.

- There needs to be a specific person who's a point of contact for each GP surgery for Long Covid, and information on symptoms should be readily and easily accessible.
  - I'd focus on what symptoms matter to me most and make a GP appointment for those specific symptoms and leave it to the Doctor to suggest Long Covid.
2. Is it something you are confident talking to your friends, family and neighbours about?
- Most members of the group indicated they would be happy talking about Long Covid in their communities.
  - I have friends who think they have Long Covid due to drastic changes to their energy levels etc. since having Covid, but I don't think they've seen a doctor about it.
  - The group wondered whether the question about comfortably talking about Long Covid was due to people being worried about being believed by their GP and so would talk to their communities about it?

Lewis and Lucy's response: Kind of - there has been lots of talk about people being worried about being believed by their GP and so we wonder whether this is reflected in whether they talk to friends about it.

- A member shared an article that suggested if you were previously an anxious person then you're more likely to be diagnosed with Long Covid - Members thought mental health services should have a remit for identifying Long Covid in their patients to feed that into the pathway.
3. If you had concerns about Long Covid, where would you go for information and support?
- I would only get information from health sites and not social media. It seems to be a hit and miss in terms of recovery; some people are recovering quickly, others are struggling. If the only treatment is physiotherapy, then it all depends on whether you're prepared to or able to do physio to the level that is required.
  - My first point of call would be the NHS Website, but I would also look at American websites as there are times where they're ahead of the game than us, and as long as you can be sure you're not looking at a sales pitch of conspiracy theory than they sometimes are able to say things that aren't allowed on the NHS website.

- It is important that information is actually reviewed by people who have Long Covid.

### Team Around the Person (TAP)

A video presentation was sent by the TAP team due to technical difficulties preventing meeting attendance. This was shared with the Forum alongside the ask to consider the following questions after the meeting.

1. How can they create an inclusive way of capturing feedback from the person initially referred to the TAP service?
2. How could the service be improved?

More information on the TAP service can be read [here](#).

The next meeting of the H&CP forum can be viewed [here](#).

## Health & Care Public (H&CP) forum meeting Tuesday 11<sup>th</sup> October 2022: Summary of the key points and updates

- The H&CP forum was joined by the [Sheffield Ageing Well Programme](#) team to provide an overview and gain contributions towards the Sheffield Ageing Well Programme projects.

### [Sheffield Ageing Well Programme](#)

Key updates included:

- An overview of the Sheffield Ageing Well Programme was sent before the meeting and speakers talked through the below presentation.



Sheffield-Ageing-W  
ell-Programme-Over



2022-010-11 Patient  
forum V2.pptx

- The embedded Powerpoint outlines the aims of the Sheffield Ageing Well Programme and three projects included:

1. Enhanced Health in Care Homes
2. Urgent Community Response
3. Anticipatory Care

The below picture of the Programme Principles was talked through.



- Forum members views and experiences to questions highlighted that:
  1. What are your reflections on the Programme Principles?
  2. What does Ageing Well look like for you?



3. How would you like Health & Social Care to help you age better?
  - Forum members welcomed the approach/principles laid out.
  - Coordinated partnership working isn't just with professionals/organisations. It can't exist without the person who is need of care being at the centre. They're a vital part of the system and should always be seen as an equal part of partnership working.
  - Glad to see co-production as a principle, but there should be an agreed rationale of what co-production means as many organisations define this differently.
  - Need some input from private organisations too (e.g. pharmacies, opticians, home care companies). Try to involve those people, plus experts by experience early.
  - Pleased to see 'what matters to you?' approach with groups and individuals. But how will you record and monitor this, accounting for privacy/confidentiality, evolving perspectives and views?
1. What is your experience of dealing with care homes?
2. What makes a good care home?
3. How do I make a care home my home?
  - Every generation is different - those who will be coming into care homes soon will be different to those living there now, and care homes need to adapt.
  - The staffing crisis means care homes are running on agency staff - agency workers don't know the residents so it cannot be person-centred.
1. What would matter to you if you became unwell with a sudden short-term illness and couldn't do your normal daily activities such as dressing, preparing food, getting around the house?
  - What if there is no availability for a community response? Council and private sectors often just don't have the staff to provide the care people need. Good thing to aspire to but not sure how deliverable it is.
  - It can be difficult for individuals and family members to accept they need support, others may find it easier.
1. How do we help you remain as independent as possible if you are living with long-term health conditions including frailty?

2. What would help people to get the information and support they need from health and social care services?
3. How involved do you feel with your care planning?
  - One Forum member experienced not being very involved in their care. Their care plan ended up being very un-personalised, with lots of things that were incorrect or irrelevant.
  - Care staff sometimes say they are bound by rules etc. which means they can't personalise care in the way you ask for.
  - Partnership working isn't just health and social care. Housing and other areas need to be included as they all have input on people's lives.
  - Direct payments, performed properly, give you choice and control. When this isn't done properly the opposite happens.
  - Comorbidity - specialists only being interested in the condition the patient is being seen for. There is a lack of shared knowledge/understanding for a holistic approach to work.

The next meeting of the H&CP forum can be viewed [here](#).

## Health & Care Public (H&CP) forum meeting Tuesday 8<sup>th</sup> November 2022: Summary of the key points and updates

- The H&CP forum was joined by Jo Tsoneva (Pharmacy Development Manager), Greg Westley (Pharmaceutical Lead) from NHS South Yorkshire Integrated Care Board to gain an update from the meeting in [August](#) when they provided feedback on the Patient Guide to Pharmacy Professionals document & were presented with a process map of getting hold on medicines which they commented on.

### [Patients Guide to Pharmacy Professionals](#)

#### Key updates included:

- The below document had been improved incorporating the H&CP forum member comments from the meeting in [August](#).
- The document is not easy to read, and they would like to look at making it more accessible once the content is agreed.



Patient Guide to  
Pharmacy Professionals

- Forum members views and experiences are in the black text:
- Speakers' responses are in the blue text
- **To make the document easy to read:** Can there be a version in black and white? This would be cheaper for pharmacists to print & showcase and more accessible for someone with visual impairments as well as increasing the line width between text. The document would be best in portrait orientation or in a leaflet format.
- The presenter agreed the formatting changes would make the final piece easier to read and understand, and that they will look into making these updates.
- It would be useful to include contact information or websites for out of hours pharmacies or for those who are unable to travel. Many supermarkets have pharmacies with extended opening hours for example.
- This is somewhat difficult as they can't include all the numbers for specific community pharmacies, however some generic messaging around stocking a home medicine cabinet, self-care messages applicable to all would be useful. A link to Wicker Pharmacy could also be useful as they provide extended services at the request of NHS Sheffield.

- **There's sometimes a misunderstanding about electronic prescriptions going straight from the GP to the pharmacy.** People aren't aware that prescriptions can take up to 2-days to be delivered and visit the pharmacy straight after the prescription is made.
- The presenter agreed that the document should include some messaging around what to expect from electronic prescriptions, including explaining the process and timescales.
- **Some pharmacies offer flu jabs, blood pressure checks & other things associated with personal health, would this be helpful to include in the document?** Can we encourage all pharmacies to offer these services?
- The presenter thought encouraging all pharmacies to offer these services was a helpful consideration but it's somewhat out of the team's control. The document needs to focus on what's most useful for a person in their own home, or walking into a community pharmacy, or caring for somebody, so they know where to go about what and how they are able to do that most effectively.
- Areas where the leaflet will be most helpful:
  - o Doctor's surgery/ A&E Walk-in Centres
  - o First Point
  - o Libraries
  - o Pharmacies
  - o Housing offices
  - o Leisure facilities

### Medicines in the Community - Process Map



Process mapping  
Medication.pdf

#### Key updates included:

- The above document for getting hold of medications was presented. **The document is aimed towards health and social care workers.**
- **The first diagram is an imagined version**, how those who are not involved in the process of getting medicines think it should work.
- **The second diagram is an attempt to capture all interactions and points to demonstrate how complicated it is in reality to get hold of medicines.**

- The aim of the document is to make Communities Pharmacies, GPs and the Hospital to realise the number of unnecessary process in getting hold of medicines by showcasing how the process passes through the system currently which may make professionals consider what they can personally do to prevent this many steps and make the process simpler for getting hold of medicines.
- Forum members views and experiences are in the black text:
- **Speakers' responses are in the blue text**
- **Can we capture communication between GPs and Pharmacies in the diagram.** If the Pharmacy orders my prescription, if for some reason the GP isn't going to issue it, then nobody knows until I get the delivery.
- The presenter agreed this needed to be captured on the document and they will add it to the next version.
- **Quite a few of the boxes are sort of human error e.g. unclear directions, unaware of changes, changes not noticed, medicines out of stock.** Shouldn't there be a central database as to what medicines are where within a region, rather than having to ring around ten other pharmacies on the hope you may find something?
- The world of stock prescriptions is really complicated. If you were designing a system, that's exactly what you'd have, some sort of central database. The problem is that the system relies on people being proactive rather than having a system to look more like the first page of the document, as currently it is creating a lot of extra work that puts it under more pressure.
- **The system my GP is currently using is very efficient, they give you six or twelve months of prescriptions, and they send that list to the pharmacy who automatically provide it every 28 days or whenever it's required, you a text when it's ready.**

## H&CP Improvement Framework



HCP  
Forum\_Framework\_DR

Last month an in-person workshop was held with forum members to test & finalise their above framework 'Health and Care Public Forum Sheffield: What we do, and how we do it' The framework was agreed, and forum members were asked to consider where we would like to host the framework and who we would like to share it with.

The next meeting of the H&CP forum can be viewed [here](#).

## Health & Care Public (H&CP) forum meeting Tuesday 13<sup>th</sup> December 2022: Summary of the key points and updates

- The H&CP forum was joined by [Natasha Munoz](#), Engagement and Involvement Officer from Voluntary Action Sheffield & Healthwatch to gain an update from the meeting in [September](#) when they provided insight into the Understanding Long Covid in Communities project running.
- [Esme Harvard](#), Project Support Officer, Sheffield HCP outlined how forum members can get involved in Leading Sheffield, Sheffield HCP's system-leadership event in March - April 2023.

### [Understanding Long Covid in Communities](#)

#### Key updates included:

- The below presentation was given to outline the [work approach](#) of the Understanding Long Covid in Communities project and the progress made so far including what has been heard so far.



LongCovidHCPDec22.  
pptx

- Forum members views and experiences to questions highlighted that:
  1. What would a good information campaign look like to you? Where would you see it and in what format?
    - It's now quite rare to see a face-to-face GP, an [obvious place would be local pharmacies](#). There should also be something on NHS 111 via both phone and online services.
    - If people have severe symptoms of Long Covid they're not going to be out and about very much, they will be [looking online for information](#).
    - Our [local supermarket has an information hub](#) that may reach people. Can we [begin with organisations that are already connected into communities](#) e.g., SOAR, Manor and Castle Development Trust?
    - It's useful to [address people who aren't sure whether they have Long Covid](#). In the early stages you spend a lot of time wondering about new symptoms and so targeting those symptoms could help encourage people to go to their GP.
    - It's generally said men don't take their health into consideration. [Can we target men through the equivalent of women's social groups or their social places](#) e.g., gyms, sports halls, football grounds?

2. What information do you think might be missing in your understanding of Long Covid?
  - The pre-conception that there is no treatment available needs to be addressed.
  - There are self-care methods that have been proven to be really effective, and it would be really helpful to include this in NHS information about care and treatment. Medical professionals do not seem aware of these options available.
3. If you were invited onto a network that included many different health professionals, what would make you feel comfortable in that space?
  - An abundance of professionals can be very off-putting. Often, they drown out the non-professionals by talking over them and using lots of medical jargon and abbreviations.
  - In meetings I've attended, people tend to be very receptive to being told you're not a medical professional and so you need them to explain or be aware you're going to ask questions.
  - The ideal group would be where we start by saying "Long Covid is a mystery to all of us" regardless of background and asking how we can all learn from each other. This would create a properly shared common purpose and vision.

### Leading Sheffield

Key updates included:



Leading Sheffield  
H&CP Forum Handout



Leading Sheffield  
H&CP Forum Sheffield

- The above handout and presentation were used to outline Leading Sheffield, Sheffield HCP's cross-system leadership development experience.
- The forum members were invited to contribute to Leading Sheffield by presenting a 'What We Do and How We Do It' information session for Public Involvement using their framework on the launch day (2<sup>nd</sup> March, 11.15am - 12.15pm)
- The forum members were also invited to be public involvement advisors for up to two hours during the four dedicated Challenge Group days (9<sup>th</sup> March, 14<sup>th</sup> March, 22<sup>nd</sup> March, 29<sup>th</sup> March)
- Members are to contact [esme.harvard@nhs.net](mailto:esme.harvard@nhs.net) and [l.cook@healthwatchsheffield.co.uk](mailto:l.cook@healthwatchsheffield.co.uk) to declare interest.

### Further updates

- The December HCP Director's Report can be viewed [here](#). It included a description of the What We Do and How We Do It framework with the suggestion everyone should email if they would like to see it.
- Forum members views and experiences highlighted that:
  - The group was asked how they would feel seeing their framework on the website [here](#) and there was a general consensus this would be a good thing.
- The group have the opportunity to influence a patient transport service proposal for Northern General Hospital. A few months ago, the forum discussed that the usual patient transport service at Northern General Hospital was out of action so a car has started being used temporarily. Feedback has been given that the car is getting very few requests and a permanent solution is now being looked for.
- Forum members views and experiences highlighted that:
  - Questions were raised about how the patient transport service is accessed once they're on site: Will someone tell them how to use it? Is it just sitting and waiting for people? Does it have specific start and stop points?
  - The Forum agreed the solution needs to be properly accessible - A car is probably too small.
  - It could be a problem if the transport operates on a timetable, if a patient needs to get from one part of the site to another and they're waiting around this would be an inconvenience.
  - Could there be a well-advertised number for the service that people can call to book the patient transport, or could the transport be accessible through a circular route allowing people to hail them as they pass along that route?

The next meeting of the H&CP forum can be viewed [here](#).