

## Health & Care Public Forum Meeting Notes January - March 2024

### Health & Care Public (H&CP) Forum meeting: 9<sup>th</sup> January 2024

#### Summary of the key points and updates

- The H&CP forum was joined by Jo Tsoneva (Pharmacy Development Manager at South Yorkshire Integrated Care Board (ICB), and Pharmacy Technician Megan Seymour, to discuss medicines waste.
- Lucy Davies, Chief Officer at Healthwatch Sheffield, updated the group on what has been happening around the Healthwatch Sheffield contract and how Healthwatch across South Yorkshire have been working together.
- Kim Gleeson, Chief Officer at Healthwatch Rotherham was in attendance as an observer.

Forum members comments are shown in the blue text.

#### Medicines waste

The forum members were asked to consider the following questions:

1. How do you dispose of any unwanted medications?
2. Do your family and friends know how to dispose of unwanted medications safely?

A summary of their responses is given below.

#### **How do you dispose of any unwanted medications?**

- Some people talked about taking empty items back to the pharmacy such as aerosols and inhalers; others mentioned storing several items up before taking them back all at once. One person had been given a yellow box to keep their daughter's medication waste in, which they had found useful.
- People don't always know what items they can take back to the pharmacy to be disposed of. One person said they ask their pharmacist if they are unsure, and it was questioned whether used creams, diabetic testing strips, and diabetic patches could be returned. (See speakers' comments)
- Someone said it can be difficult to avoid waste when different amounts of a medication are needed at different times e.g., creams, and insulin. This can lead to items piling up at home and going out of date.
- It was said that having items taken off repeat prescriptions because they aren't ordered each month leads some people to order them on repeat even if they are not needed monthly, and this can lead to waste.

#### **Do your family and friends know how to dispose of unwanted medications safely?**

- Someone said their relative who has complex health needs would not think of taking unwanted or out of date medications back to a pharmacy, and felt that family and friends wouldn't do so either, unless it was something that was potentially dangerous.
- It was said that there is generally a 'throwaway culture' in society and concerns raised about water systems being polluted by medications.
- It was suggested that people might not return things to the pharmacy because they know medicines are not recycled or re-used, and don't know that money can be saved this way.
- Someone thought that like themselves, other people wouldn't know which items can be thrown in the black bin once used.  
A note on the bag asking people to return their unwanted or out of date medication was thought to be gentler/less confrontational than telling people in person, and it was suggested that this may help to build things into people's habits more.

**Forum members also suggested ways in which waste could be reduced or prevented:**

- Checking the bag for unwanted items before leaving the pharmacy building, so they can be given back there and then.
- Reissuing unopened medications that are in date to other people.
- Reduce inefficiencies in the system by getting prescriptions every 2 months instead of monthly, it would mean using less administrative resource and make it easier for patients.
- Prescribe people medicines to use ad hoc; trust people to take them when needed.
- [Skiggle](#) is a charity with an online marketplace which aims to rehome disability care products; this helps prevent waste.

**General feedback on pharmacies was shared:**

- Building a relationship with pharmacists and GPs, and having staff continuity were highlighted as important, particularly when it came to resolving difficulties relating to ordering medications.
- One person was pleased that when they order something now and again, they either don't need an appointment for it to be prescribed or can speak to a doctor over the phone, rather than seeing them face to face.

**Comments from the speakers:**

- Creams, liquids, and patches e.g., HRT, should all be returned to the pharmacy. Sharps including diabetic patches (they have a small needle) need to go in a sharps bin.

- Over ordering medication to avoid items being taken off repeat prescription or to have extra stock around holidays, needs to be balanced with the risk of waste and proper disposal of items.
- It is not advised to use medications or medical items that are out of date.
- The approach to reducing wastage will also consider the environmental impacts such as medications getting into waterways.
- Pharmacy waste is burned at a higher temperature than general waste that goes in our black bins, so harmful products aren't released, and it's safer when burning things like inhalers.

## Healthwatch update

### Healthwatch Sheffield contract

Healthwatch Sheffield has a core contract through Sheffield City Council and a smaller amount of funding which comes from the Sheffield HCP. It funds the H & CP Forum and supports other bits of Healthwatch work.

The core contract had been in place for 7 years, ending in March 2024. The current hosts, Voluntary Action Sheffield (VAS) would like to re-apply for the contract. A paper was discussed at the Adult Health Policy Committee in December 2023, which set out how the council wanted to approach the recommissioning of the contract.

Key points, which were approved in that meeting:

- An interim 6-month extension to allow the contacting process to take place
- Setting out a 10-year contract for the next term, allowing for more stability
- Agreeing what Healthwatch should look like in future - an organisation in the voluntary sector, that already works in Sheffield

Between now and September 2024, the Council needs to go through a process to work out which organisation will hold the 10-year contract. There is currently a soft market test, where organisations may express interest in hosting Healthwatch. Following this, more will be known about next steps in the process to set up a new contract.

No decision has been made on the continuation of funding from the Sheffield HCP, but there have been encouraging indications that they intend to continue funding this work. Lucy thanked the Forum for their positive contributions, which is a key part of this work being recognised as successful.

### Healthwatch in South Yorkshire

Once the Integrated Care System (ICS) was set up in South Yorkshire, health service decisions started to be made at a South Yorkshire level. This makes it more important for Healthwatch in the patch (Barnsley, Doncaster, Rotherham and Sheffield) to work well together, while still focussing on their individual places. Some Forum members attended a South Yorkshire Healthwatch away day in January 2023, where Healthwatch Chief Officers signed a collaboration agreement.

There have been some logistical challenges - 3 of the 4 Healthwatch have been going through end of contract processes, and some of the Healthwatch have had changes in leadership. However, they are beginning to work together more in some key areas:

- The four Healthwatch leads have a fortnightly meeting
- There is some shared representation at South Yorkshire-wide meetings
- Some joint working on projects - for instance the NHS Forward Plan. The ICB commissioned Healthwatch in South Yorkshire to do engagement work on that
- Joining up some of our intelligence - such as on dentistry, and on access to health services for Deaf people.

What next?

- Over the next year Healthwatch's want to develop the relationship with the ICB further - they have requested funding to enable them to work better together at South Yorkshire level and hope to establish a written agreement with them.

Forum members comments are summarised below:

- People commented that some things felt more collaborative in the health and care system and said that Leading Sheffield is a good example of collaborative working amongst people from different organisations.
  - It was felt that the Healthwatch South Yorkshire away day had been a success and should be repeated.
  - Lucy confirmed that another away day was being considered.
  - Someone asked how the Forum's work linked to the Healthwatch Sheffield priorities, and how the two influence each other.
  - Lucy said that every year or two years priority topics are set based on feedback (which the Forum feeds into), but the Forum is funded to support the work of the Sheffield HCP, it's work and priorities. The Forum is less driven by Healthwatch priority topics, but of course there is always overlap between those and system-wide priorities.
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- The next meeting of the H&CP forum can be viewed [here](#).
  - Further information on the work of the H&CP forum can be viewed [here](#)

## Health & Care Public (H&CP) Forum meeting, 13<sup>th</sup> February 2024: Summary of the key points

### Overview

The guest speakers and discussion topics were:

- Laura Fish, Sustainable Travel Manager, Sheffield Teaching Hospitals NHS Foundation Trust (STH) and Rachel Morris, Head of Sustainability, STH, discussed patient and public transport and ideas for better use of the B Road space at the Royal Hallamshire Hospital.
- Ben Loryman, Emergency Department Consultant, STH, and Sarah Stabon, Emergency Practitioner, STH, discussed the possibility of more consistently offering selected patients the option of going to the Minor Injuries Unit the next morning, instead of waiting to be seen at A & E during the night.

The speakers' comments are shown in black text.  
Forum members' comments are shown in the blue text.

### Patient and public transport

A presentation was given about sustainable travel at Sheffield Teaching Hospitals:



Healthwatch

Presentation February

**The forum members were asked to consider the following questions:**

1. If we had a car park that was off site, but provided a shuttle bus service to and from the main hospital campus, do you think you would use the services?
2. What would you like to see available as a visitor (on B Road which is now closed to traffic)? Eg veg stalls, coffee, seasonal stalls such as Christmas market stalls?

A summary of their responses is given below.

1. **If we had a car park that was off site, but provided a shuttle bus service to and from the main hospital campus, do you think you would use the services?**
  - The shuttle bus would run to a schedule rather than people having to book a seat.

- Initially the park and ride would be for the Royal Hallamshire Hospital site. 'A Road' is the current drop off point for patients at this hospital.
- There are no current plans to reinstate the site courtesy bus at the Northern General Hospital. There has been no demand for it, however this could be because people don't know about it.

**Forum members were positive about the idea of a park and ride shuttle bus service and talked about the possible benefits it could bring:**

- Seems like a more viable option than expanding the current hospital car park or extending the tram route up to the hospital.
- People may feel safer using a bus from the car park rather than walking alone, especially if it's dark.
- It could lead to a reduced number of costly taxis being booked by the hospital or patients.
- People may not have to arrive as early for their appointment to find a parking space.
- It could make the experience of getting to the hospital less stressful for people who are struggling with their mental health and those who find it difficult to park and know where to go.
- Someone highlighted that there can be issues with transport options for some people with disabilities or mobility issues. They struggle to get into the back of cars yet aren't allowed to sit up front in a taxi. They thought an accessible bus might be preferable in this instance.

**Forum members highlighted some important considerations:**

- The bus would need to be accessible and suitable for wheelchair users.
- The bus would need to run frequently - more regularly than every half an hour, operate in the evenings after 6pm and stop at all the main buildings - Charles Clifford, Jessops, and Weston Park.
- There would need to be online and offline ways to book to use the service.

**Some general points about travel were made:**

- It was queried whether the hospital would book electric taxis to help reduce the carbon footprint. Although the taxi company reports on their carbon footprint data, the hospital has no control over whether the taxis used are electric.
- There is no longer a bus that goes directly from the south west of the city to the Royal Hallamshire hospital, it was suggested that the hospital could raise this in external conversations about bus services.
- Someone raised whether a QR code could be added to the bottom of car parking posters at the hospital as that would make it easier to reach.

2. **What would you like to see available as a visitor on B Road at the Hallamshire Hospital (which is now closed to traffic)? Eg veg stalls, coffee, seasonal stalls such as Christmas market stalls?**
  - Information stands - for instance maps, leaflets, with a person who you can ask for help
  - Accessible seating - especially if you're wanting to encourage people to spend time outside, there needs to be somewhere to sit
  - Hot and cold drinks, snacks
  - Books and gifts
  - Something for children - toys or activities

### Patients at A & E being invited to go to the Minor Injuries Unit

The forum heard about an idea to offer patients attending A & E at night an alternative option to waiting following initial triage. They heard about what would be involved and the reasons behind it:

- Waiting times in A&Es nationally are very long, and Patient Satisfaction survey scores are the lowest they've ever been - and waiting times are a big driver of this.
- There are a small number of other Trusts in England who have a system where the triage nurse, based on certain criteria, can give you options when you present at A&E late at night - stay there and wait, or come and have an appointment at the Minor Injuries Unit in the morning.
- This happens ad hoc in Sheffield at the moment, not in a systematic or organised way. There has been some positive feedback from patients who have been offered this, though, so he is considering the possibility of creating a system where this can be done in a more organised way at A & E at the Northern General Hospital.
- Minor Injuries Unit is at the Royal Hallamshire Hospital and there is a Minor Injuries area at the Northern General too. The Units would be closed during the night time hours when the plan would be implemented, there isn't the funding and staff available for the Minor Injuries Unit to be open past 10pm.
- Forum members spoke positively about the idea. They liked that people would be given a choice. One person said they would have appreciated this offer when they were at A & E some years ago.

**There was discussion about who would be offered this choice, and what the criteria would be:**

- The Forum liked that the offer would be targeted so that some groups of people wouldn't be asked about going to the Minor Injuries instead e.g.

those experiencing domestic abuse, particular mental health struggles, or people who can't walk as a result of their injury.

- Forum members suggested some things which should be taken into account by those triaging patients, for instance if you live alone/have come to A&E alone, if you are diabetic, if you have home carers etc.
- Some people may find it more difficult to access care in the morning - eg. Healthwatch hear that some people can't afford to take time off work.
- One Forum member said they wouldn't have gone home if they were offered the choice - sometimes it is difficult to get around eg with a broken bone. It is okay if it's a choice but you mustn't force people to go home.
- Triage people so they are treated in the most appropriate place is important - however decisions about sending people home must be made carefully - sometimes things don't seem like an emergency but can deteriorate very quickly (e.g. sepsis).

**Further discussion focused on the lack of public knowledge about the Minor Injuries service, and how this could be improved:**

- Some additional public information about what Minor Injuries could help with would be helpful. People are not health experts and don't always know what's an emergency, which can be why they present to A&E instead of Minor Injuries.
- One Forum member didn't go to A&E for a recent injury because they were worried about the waiting time. They had forgotten about Minor Injuries - now they've looked it up, they have found lots of information they were unaware of that would have been helpful. People are not always able to do the research when they become injured or unwell, so need to know it before - this means public communications are needed to help spread the word.

**Ben highlighted the importance of measuring the impact of the change if it was implemented.**

- To understand whether the new way of doing this was working for people they would need their feedback.
  - The Family and Friends Test wouldn't tell them whether the appointment helped their issue or whether they needed to go elsewhere afterwards. A questionnaire might help get the data needed but the response rate might be low.
  - It was suggested that the impact on the wider health and care system and whether people had better outcomes should be considered too.
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## Health & Care Public (H&CP) Forum meeting, 12<sup>th</sup> March 2024: Summary of the key points

### Overview

The guest speakers were:

- Jo Tsovena, Pharmacy Development Manager (Sheffield), NHS South Yorkshire
- Claire Thomas, Community Pharmacy Clinical Lead, NHS South Yorkshire
- Heidi Taylor, Head of Medicines Optimisation, NHS South Yorkshire

The Forum were asked about **accessing medicines**, with a focus on:

- Specialist medicines - usually prescribed within a specialist setting but sometimes continued by a GP
- Medicine shortages - and how this experience can be improved.

The speakers' comments are shown in green text.  
Forum members' comments are shown in the blue text.

### Specialist medicines

Forum members shared their experiences in relation to specialist medicines:

- The relative of someone who took a rare specialist medication that was prescribed by the GP and supplied by a community pharmacy, found this arrangement helpful as it meant they didn't have to go to hospital to get the prescriptions. Shortages of the specialist medicines led to them phoning specialist companies, and shipping in the medicine from countries where it was sold over the counter.
- Someone chose to move to having specialist medicines prescribed by their GP. This suits them as they can order it online without seeing the GP and they get it at the same time as other prescribed items. The only negative is that sometimes the GP rejects prescription requests without an explanation.
- One person would have preferred to have had their consultant oversee their medication as the GP kept trying to adjust the dose and didn't seem to have specialist knowledge about their condition or the medication, thus highlighting the need for approaching shared care in such cases with caution.

The following points were made during a wider discussion about specialist medicines:

- We are lucky in Sheffield that we have the Children's Hospital but some families would need to travel much further for specialist medicines.

- Financial considerations could impact on decisions made by GPs to prescribe expensive medicines, with reluctance if the medicines are costly.
- Do local and hospital pharmacies have different obligations to help source specialist medicines when they are difficult to get? **Under the NHS Community Pharmacy Framework there is an obligation to dispense with reasonable promptness, but there is no definition of 'reasonable'**
- Are GPs obliged to take on ownership of consultant-led prescriptions? **Clinicians should only prescribe within the limits of their capabilities. However, there are pathways to support and further learning. GPs will need to have dialogue with the specialist if they do not feel confident prescribing, so that patients can still access their medicines.**

### Medicines shortages

Some Forum members talked about their own experiences of medicine shortages, and how this had been handled. Many of these experiences focused on communication:

- A pharmacy had kept someone updated when they were trying to source their medication for them; this was appreciated.
- It isn't always clear why an item is missing when receiving prescribed medicines -it isn't known whether the person forgot to order it or the GP didn't prescribe it.
- It isn't clear why items are missing when medicines are delivered, and it is difficult to resolve when you can't visit the pharmacy.
- A forum member with dyslexia highlighted that they can experience difficulties getting medications prescribed, and following up when something is missing as they don't always know the correct name of it.
- Visiting the pharmacy in person can be the only way to find out what is happening with your prescription and not all people can do this easily.

Forum members discussed wider issues around medicine shortages:

- Someone pointed out issues around how ADHD medication shortages have become common and could impact on healthcare professionals time if an alternative needs to be prescribed.
- It was suggested that medications should come with a note to show which ones have been dispensed and a note or contact if things have not been dispensed, it could help prevent people making phone calls to find out what has happened.
- One person had noticed that the pharmacy they volunteer at spends a lot of time ringing round trying to source items.
- One person didn't know what to do if they did experience their medication not turning up.
- Short shelf-life and ad-hoc items (e.g. insulin) - you can't predict how much you will use each day so it can lead to medicines wastage.

They asked the following questions:

- To what extent is the supply of drugs regulated by the NHS? Pharmacies, manufacturers and wholesalers are private companies. They are all regulated through the Medicines and Healthcare Products Regulation Agency. When there are shortages, sometimes this is in the manufacturing process (can't get an ingredient, issue with packaging etc). Sometimes it's an issue with transportation. Sometimes it's because of a surge in demand.
  - In situations where drugs are difficult to get, is there a case for South Yorkshire holding strategic supplies of these drugs and supplying pharmacies directly? This is something that has been considered before, but the current system is still in place partly because it drives down costs for the government. The government reimburse pharmacies for medications three months later, and decide what amount to reimburse them. Sometimes that means pharmacies are reimbursed for less than they paid for the medication. For some critical drugs there is ring-fencing. There's also the risk of 'panic buying' - if we stocked up in South Yorkshire, we would be draining that from somewhere else.
  - Is there not a way for wholesalers to have stock levels online, to stop pharmacists having to phone them all? Pharmacies can access stock information on ordering platforms, but this can change so quickly that it's not always accurate - this is available but not always working well. Perhaps we can address this with wholesalers at an ICS level.
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