

## Notes from Citizens' Senate Meeting no 22 11<sup>th</sup> July 2019

The Café Copley Hill Business Park  
Cambridge Road, Babraham, Cambridge CB22 3GN

We welcomed new members to the group, Ann Nunn & Vicky Thompson Carr and also guest speakers Mr Ranjit Manchanda and Arjun Panesar.

### NHS Innovation Accelerator

The NIA, in partnership with the Academic Health Science Networks, supports individuals and organisations to scale their innovations across the NHS and wider health organisations. The NIA process ensures robust scrutiny of evidence-based innovations. All innovations selected to join the NIA undergo a competitive, multi-stage process involving a college of expert assessors drawn from a wide range of organisations including [NHS England](#), [NHS Digital](#), [AHSNs](#), the [National Institute for Health and Care Excellence \(NICE\)](#) and [The Health Foundation](#).

Trevor is member of NIA Ops Board - We discussed the Citizens' Senate relationship with the NIA. Whilst we have been promoting & endorsing innovation and the fellows programme for a number of years, we wanted to develop a more formal process. CS members have previously promoted innovation from the patient and carer perspective, by raising awareness of the benefits through our affiliations and associations with other health organisations as well as CCGs, Hospital Trusts and STP programmes. We have achieved some success in using our voice to influencing wider scale adoption. Previous innovations the Citizens' Senate has been involved in promoting:

- Non-Injectable Arterial Connector (NIC)
- PneuX - preventing ventilator associated pneumonia
- MyCOPD
- AliveCor Kardia - Detecting AF related stroke
- WaitLess app

We agreed that the CS will offer greater involvement in 2020 NIA. Where there is clear patient benefit, we will develop a structured pathway to raise awareness by promoting to various groups such as Trust Patient Councils, CCGs, STP Service User Groups & HealthWatch. The CS will invite regular presentations from NIA, with a plan to use the patient and carer voice to raise awareness and widescale adoption

### Primary Care Networks

**Julie Draper** gave an account of her experience on the changes in her local Patient Participation Group (PPG), in developing their Primary Care Network.

Trevor highlighted the purpose of creating PCNs, but cautioned that the PPGs need to be vigilant of inadequate engagement with PPGs. Please see the Health Foundation report on the Citizens' Senate website <https://www.eocitizenssenate.org/reports>

PCNs are about creating networks or partnerships with other practices, in order to share common functions and develop more cost-effective services. Clinical Commissioning Groups (CCG) will release transformational funding for practices to form networks, conditional on creating additional clinical roles within the practice. It is likely that where networks formed are NOT in the same locality, PPGs will represent individual practices and their patients. This is because each locality will have its own patient demographic, which will require specific and different needs.

Where networks are formed in the same locality, there would be a case to explore joint PPGs for the network, because locality needs will be one and the same. **Please check what proposals are in place with your practice Manager, but be prepared to challenge, to ensure patients are properly represented.**

## Supporting Carers in Primary Care

**Paul Osman** presented the key points of a report about supporting carers in General Practice, together with his involvement in the NHS National Cancer Alliance Patient & Public Voice (PPV) Forum. You can access both documents from our website on meetings/events tab.

The report on practical support for carers in general practice, is particularly important, as it seeks to raise awareness of the plight of carers but also directs general practice to implement quality measures. Unfortunately, this is not mandatory and participation by GP practices is voluntary. However, the patient voice can play a part to influence adoption, so please familiarise yourself with the key points and add this to your PPG agenda. You can aim to implement the framework for quality markers, together with the Declaration Template. If you have an active PPG, perhaps you could offer to help administer the process, to reduce any overhead to the practice.

## Cancer - new model of care for population genetic testing

**Ranjit Manchanda**, a very busy cancer surgeon at BARTS, kindly presented his recent innovative care model for population testing. Mr Manchanda recently became a NHS Innovation Accelerator (NIA) Fellow, with his model of care for testing populations to identify individuals at higher risk of breast & ovarian cancers, because they carry the BRCA1/2 genes.

Fellows are actively supported by the NIA to spread their evidence-based innovations at a faster pace for patient benefit in the NHS. Fellows are provided with bespoke learning & development including mentorship support, through the network of academic health science networks, peer to peer support, quarterly workshops and access to a bursary. Each Fellow creates an action plan for the year.

I am waiting for updated copy of the slides, which can be accessed on our website. I would like specific Citizens Senate members who are involved with various cancer programmes, to

raise awareness amongst the patient groups, but also the System Leaders. I would also like Eastern AHSN to feature this innovation in the monthly newsletter.

## Pre-Hospital Emergency Medicine Forum

**Ann Nutt** shared details of the above workshop, which was held on 2/7/2019. Ann Chairs her patient Council at Princess Alexander Hospital, who have taken the initiative to develop a project to share patient information between emergency teams and A & E. It was quite surprising that information isn't already shared, so this is a simple idea, yet important for improved patient outcomes. A & E Consultants at PAH have now taken the conscious decision to support the project, but importantly, to encourage other emergency teams in the East to join the project. Ann would welcome individuals who are associated with acute care Hospital Trusts and A & E, to encourage system leaders to sign up to a charter supporting the initiative. As patients, we can see the obvious benefit, yet patient records and information are not universally shared. Please contact Ann ([ann.nutt@ntlworld.com](mailto:ann.nutt@ntlworld.com)) to obtain further information and support, if you are in a position to influence your emergency teams to join. Ann will keep us updated on progress.

I mentioned that Ann is working with Simon Day from Eastern AHSN, to design & produce new leaflets to promote and publicise the Citizens' Senate. Hopefully we will have sight of initial copy at the next meeting on 17/10/2019

## Low Carb Programme

Arjun Panesar demonstrated his new innovation - a digital behaviour change platform for people with Type II diabetes, including demonstration of program. Arjun is also a 2019 NIA Fellow and his programme was showcased at this year's NIA Expert Panel Day. There was considerable interest in Arjun's presentation, not least because this service fits well in primary care. There should be opportunities to promote this innovation during the work of the Integrated Care System plans, as they seek to integrate primary and community care. Once again the patient and carer voice can play a key role in encouraging adoption. I am awaiting Arjun's presentation slides, which will be available on our website. Arjun agreed to supply 6 copies of his programme, for CS members to trial and evaluate. I think we had 6 volunteers to trial the programme, but I can only remember **Mary Newton**, **Nat Barden** and **Julie Draper** - please let me know who else said they wanted to trial it

### Next meeting - 17/10/2019

Venue: **The Café Copley Hill Business Park, Cambridge Road, Babraham, Cambridge CB22 3GN**

END