

## Meeting notes for Citizens' Senate meeting no 23. 17<sup>th</sup> Oct 2019

The Café Copley Hill Business Park  
Cambridge Road, Babraham, Cambridge CB22 3GN  
10.00am to 3.30pm

There were two changes to the agenda. The social prescribing item was postponed to the January meeting. The last item, NHS Voice Partner Training will be rescheduled to another meeting in 2020

1. **Introduction & reflection** - Trevor spent a few minutes reinforcing the purpose of the Citizens' Senate meetings and reflected on topics covered at the last meeting. We should be proud that each meeting is so well attended. Members volunteer to take time out of their busy schedules and personal lives, to attend the meetings. Our purpose is as always, to represent the patient voice in health services, programmes and maintain involvement in research activity. We also champion public accountability and need to be vigilant that providers are delivering cost effective services. Trevor thanked the group for their continued interest and support.

Our aim is to provide members with good quality information and guidance on policy, service change, innovation and improvement programmes. In addition, our association with Eastern AHSN, will present opportunities to be involved in various projects. Trevor also reminded everyone that we are here to support each other too, by sharing experiences, listening and offering a sympathetic voice. Our website has the facility to contact each other at any time.

We reflected on topics covered at the last meeting and focused on Mr Machanda's new care model for cancer population testing for BRACR1/2 gene. Trevor thanked Paul Osman for making people aware at the National Cancer Alliance PPV forum. Please could others similarly share with their affiliations and networks

2. **Primary Care Networks** - Trevor presented the strategic intention of primary care networks, consistent with the NHS long term plan. We looked at the changes in health services over the last 8 years and considered the challenges of keeping up with the transformation. The NHS is evolving, at a rate that is hard to keep up with. In the last 8 years we've gone from PCTs, to CCGs, to STPs, via ACSs to ICSs as the local and not so local decision-making structures. Now throwing in PCNs and ICPs.... We've had the Care Act, Five Year Forward View, 5YFV next steps, the NHS Long Term Plan, along with annual NHS guidance. The main points are:
  - New 5 year GP contract published Jan 2019, to deliver the aims of PCNs
  - Additional roles will address the workforce gap
  - The PCNs will deliver seven service specifications
  - GP member practices within the PCN will have requirements relating to patient engagement under their primary medical services contracts. The PCN will therefore be expected to reflect those requirements by engaging, liaising and communicating with their collective registered populationFor more detail, see the presentation and papers on our website.

3. **Sharing experiences - Julie Draper** talked about her positive experience of PPI in her locality and asked if anyone was interested in finding out more. **Mark Ganderton** talked about his recent involvement in the EoE Ambulance Service. He observed that although the service personal were dedicated and professional, PPI was poorly funded. A discussion ensued about the STP directives for emergency services to drive longer distances to take patients to specialist centres, rather than local hospitals. There was doubt that paramedics received appropriate interventional training to stabilise patients, whilst on route to centralised services. The group asked Mark to explore possibility of the EoE AMB Svs talking to the Citizens' Senate at future meeting
  
4. **Positive Ageing Research** - After the lunch break we welcomed Dr Pamela Knight-Davidson, Research Fellow at Anglia Ruskin University. The research involves working with local, national and international partners, to conduct interdisciplinary research on ageing and life course processes- informing policy and practice and aiming to create more age-inclusive communities for today and the future. The research has a particular focus on promoting inclusion and enabling technology. Dr Knight-Davidson presented a slide highlighting various products and aids for the older population. We all agreed this research is important to inform the various project around age friendly communities, which will become more important as the aged population increases. See the presentation on our website.
  
5. The final session involved a quiz from Nat Barden's PPV training material. I handed out two halves of a statistic, which we then had to rearrange to produce the correct answers. There were some surprising stats about the NHS, worth checking it out on our website.
  
6. Member profiles - Please could all those who haven't yet provided profile let me have this soonest. The information we need is below:
 

Expertise Category (at least 1)	e.g. Mental Health
Region (at least 1)	e.g. Cambridge
Main role (max 20 words)	e.g. Patient & Public representative & Community Researcher and PPI Lead for NIHR
Profile (max 100 words)	xxxxxxx
List of organisations you are involved with (max 6)	
e.g,	
- NIHR	
- EAHSN EoE Citizens' Senate	
- Various locality community groups	
- Pembroke College, Cambridge	

\*\*Profile photo (high res if possible)

Dates for meetings in 2020    Tuesday 28<sup>th</sup> January 2020

Thursday 23<sup>rd</sup> April 2020

Tuesday 21<sup>st</sup> July 2020

Thursday 22<sup>nd</sup> October 2020