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Mr S Trickett,  
Chief Operating Officer  
Worcestershire CCGs

By email

8 January 2019

Dear Mr Trickett,

## **INTEGRATED CARE PATIENT AND STAKEHOLDER GROUP**

Thank you for the invitation for Healthwatch Worcestershire to attend the Integrated Care Patient and Partnership Group. Our representatives have now attended the first meeting of these groups in each of the three CCG localities. We were invited to submit our comments on the Terms of Reference and Patient Representative Documentation. Our combined comments are set out below.

### **TERMS OF REFERENCE**

#### *“Providing Assurance to the Alliance Board”*

It was explained that this related to providing assurance to the Alliance Board that patients and stakeholders were involved in the work of the Neighbourhood Teams and of the Alliance Board. It was clarified that it was not the intention that the Patient and Stakeholder Group would be the only mechanism for this involvement. There may be occasions when a wider canvassing of patient and stakeholder views will be necessary in line with the CCGs statutory duty to involve.

#### *“To collate information on local groups and organisations that staff may wish to refer / signpost to, ensuring that it is fed back to the communications executive”*

We know that there are already sources of information on local groups and organisations and it would be useful if the CCG shared these with the Group as a starting point. However, in our view for the Group to carry out this, and other functions, administrative support will be required. This will be essential to ensure that the Group receives information in a timely manner that enables feedback to be gathered and proper consideration given to the issues to be discussed by the Group.

### **Membership per Patient and Partnership Group**

Healthwatch Worcestershire is of the view that the membership of the Group is weighted too heavily towards stakeholders and professionals. We believe that patient and carer representation on the Group needs to be increased.

Although we have read the Patient Representative Documentation which sets out methods for recruitment it is not clear to us what are the channels for ensuring that patient and carer voices are represented at the Group. We share the aspiration to ensure that the patients who are directly using the service are able to give their views and opinions. It may be that a “pool” of patients or patient focus groups convened through the teams would be the mechanism to enable this to take place. People who have already provided feedback about the service through the comments and complaint process could be approached to provide constructive input. We would welcome further explanation as to how, in practice, this patient and carer representation will be enabled.



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We make a similar point in respect of the “strategic” patient role that represents a “network” of patients / carers who may have experienced neighbourhood teams. We are unclear what networks are being referred to. How, for example, can PPGs ensure that their views are fed into the Group. This is a single example, we recognise that there will be other relevant networks. Again, we welcome your feedback on this point.

It is our view that from wherever these representatives are drawn they will require support to carry out the role effectively. For the strategic representative/s this may be particularly in respect of distributing information and gathering feedback through patient networks. Individual patient members may require support to enable them to fully participate in meetings by ensuring that they are well informed about the issues under discussion and that they have the skills and confidence to put their views forward in what may be for some an unintentionally intimidating environment. Can you provide further information about how this support will be provided?

### **Quorum & Frequency of Meetings**

We recognise that the work of this Group will be important, and we will do our best to attend meetings on a monthly basis. Has the CCG received assurances from other stakeholder organisations that staff time will be made available to attend these meetings? This will be important if the Group is to carry out its Terms of Reference effectively.

As raised at the meetings Healthwatch will attend the Group as a participant observer and not a member.

### **PATIENT REPRESENTATIVE DOCUMENTATION**

We made the point at each of the meetings that we attended that this document needs to be rewritten in “patient and carer friendly” language so that it is very clear what is being asked of the person in the role. It may be helpful to separate this out and have a role description for people representing their own experience as a patient or carer and a separate role description for people representing a “network” view. The document also needs to contain relevant practical information (e.g. time commitment, expenses etc.) and set out the potential benefits to the person of taking on this role. We understand that this has already been agreed as an action and are including these comments here for completeness.

### **HEALTHWATCH WORCESTERSHIRE REPRESENTATION AS A PARTICIPANT OBSERVER ON THE ALLIANCE BOARDS**

Notwithstanding our comments above we welcome the intention to “ensure the patient /carer voice is central to the work and decisions made”. As you will be aware part of the statutory roles of Healthwatch is to promote and support the involvement of patients in the commissioning and delivery of services and to enable patients to monitor service provision and service improvements. These functions relate directly to the work of the Alliance Boards. In our view the most effective way for Healthwatch to carry out these statutory functions would be through sending a representative as a participant observer at the Alliance Board meetings in each CCG area. We are therefore formally requesting that a Healthwatch representative attends each of the Boards.

We look forward to your response on this and the points raise above.

Yours Sincerely



Chair, Healthwatch Worcestershire

c.c. Sarah Harvey-Speck, Julie Savage, Rachael Bennett, Chris Onions, Linda Onerhime