



# HEALTHWATCH AND PUBLIC INVOLVEMENT ASSOCIATION

*Public and Patient Involvement in Health and Social Care*

## DRAFT MINUTES OF THE ANNUAL MEETING of the Company HEALTHWATCH AND PUBLIC INVOLVEMENT ASSOCIATION

HELD AT EV CAFE, 97 THE ARCHES, ISABELLA STREET, SOUTHWARK, LONDON, SE1 8DD  
ON FRIDAY, NOVEMBER 22<sup>nd</sup> 2019 from 11.30 a.m. to 12.30pm

**Attendance:** John Larkin – Board Member and Company Secretary, Elsie Gale – Board Member, Malcolm Alexander – Chair and Board Member

**Apologies:** Ruth Marsden, Elli Pang, Len Roberts, Anita Higham, Mary Ledgard.

- 1) It was noted that the 2019 Annual General Meeting, having been duly convened to take place on November 22<sup>nd</sup> 2019 and being inquorate with less than five members present contrary to Article 9 of the Company's Articles of Association, was duly adjourned in accordance with Articles 9 to 12 of the Company's Articles of Association, whereupon it was ordered to be duly reconvened by the Directors to allow a minimum of seven clear days' notice pursuant to Article 10 of the Company's Articles of Association and directed to take place on 2 December 2019 at 11.30a.m. at the EV café, 97 The Arches, Isabella Street, Southwark, London, SE1 8DD

### OTHER ISSUES DISCUSSED

- 2) **PUBLIC INVOLVEMENT IN STRATEGIC DEVELOPMENTS:** Agreed to contact Olivia Butterworth, who leads the Patient and Public Voice team at NHS England. Olivia's responsibilities include promoting citizen participation and engagement in all aspects of NHS England business, e.g. building a citizen voice 'assembly', strategic relationships with the voluntary sector, partnership with Healthwatch England and participation in specialised commissioning and facilitating NHS England's wider engagement approaches. Issues to be discussed with Olivia Butterworth include the need for public involvement in new NHS Strategies. [www.england.nhs.uk/author/olivia-buttterworth/](http://www.england.nhs.uk/author/olivia-buttterworth/)
- 3) **TUBERCULOSIS:** Noted that the HAPIA study regarding the training of GPs in the diagnosis of TB, revealed an absence of relevant data in the Greater Manchester area, despite the high levels of TB. Elsie Gayle described geographical differences in child TB vaccination rates across the country.

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The BCG vaccine is not currently part of the routine childhood schedule. It is offered to those who are at higher risk of TB. The main risk groups for TB are:

Babies and children under 5 who live in an area of the UK with a high rate of TB (more than 40 cases of TB per year for every 100,000 people). In some areas of London, for example, all new-born babies are recommended to have the BCG vaccine including those:

- Having a parent or grandparent who was born in a country where there is a high rate of TB
- Living for three months or more in a country where there is a high rate of TB
- Being in close contact for a prolonged period with someone who has pulmonary TB (TB affecting the lungs)

Babies and children under 16 in any of these risk groups will usually be offered the BCG vaccine

**4) DUDLEY 111 VISIT:** Agreed to arrange a monitoring visit to the 111 Centre in Brierley Hill at the end of January (probably January 27<sup>th</sup> or 28<sup>th</sup>). Objectives:

- a) To examine the 111/Integrated Urgent Care model used in the West Midlands and to compare with the London model.
- b) To examine how the 111 service responds to women experiencing trauma in connection with various aspects and experiences of pregnancy.
- c) To examine the model used for responding to patients suffering a mental health crisis.
- d) To understand the relationship between the 111 service and other urgent and emergency care services.

The 111 Centre is located at the West Midlands Integrated Care Centre and run by Care UK, Waterfront Business Park, Dudley Road, Brierley Hill, DY5 1LX. The leaders of these 111 services are: Steven Hinch, Head of Contracts, Integrated Urgent Care, Care UK, and James Easton, CEO, Care UK (Copy correspondence to Elsie Gayle and John Larkin).

## **5) HALCYON BIRTHING CENTRE**

Elsie reported on the closure of the Halcyon Birthing Centre. She said that the original consultation was brilliant and this led to the setting up of the Birthing Centre. It was later closed without any public consultation and the CCG initially refused to meet with HAPIA. However, following a reminder being sent to the CCG about their statutory duties, they agreed to meet and the meeting was attended by Elsie Gayle and several local women, including both midwives and service users. Elsie Gayle and colleagues, are exploring how the Halcyon Birthing Centre could be reopened as a Community Hub in line with the extant maternity policy, 'Better Births'

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## 6) MORTALITY OF BLACK WOMEN IN CHILDBIRTH - MBRRACE REPORT

Elsie described the higher levels of mortality amongst black women during and after pregnancy. Black women in the UK are much more likely to die from complications surrounding pregnancy and childbirth than white women. Death in pregnancy and childbirth is rare, but according to the 2018 MBRRACE report, there is a proportionally higher risk to black women compared to white women. The chance of death is 1 in 2,500 for black women according to the UK Confidential Enquiry into Maternal Deaths. But the rate was five times smaller for white women between 2014 and 2016. The MBRRACE report claims the figures are partly explained by health complications experienced by black women. But it also pointed to other factors, including the inadequate antenatal care.

The MBRRACE 2019 report was discussed in at a closed meeting in Birmingham on the 19<sup>th</sup> November and is currently embargoed owing to purdah, until after the formation of the new U.K. government. The 2018 MBRRACE report is in the public domain and is the source of the data above on the mortality of black women. MA agreed to obtain mortality data from Homerton Hospital.

**The meeting closed at 12.30pm.**

### MBRRACE – contact details

- Maternal Programme General Enquiries, Oxford MBRRACE-UK office
- Email: [mbrance-uk@npeu.ox.ac.uk](mailto:mbrance-uk@npeu.ox.ac.uk) Tel: 01865 289715

### General questions for the 111 service

- a) Qualifications and training of call-handlers?
- b) How are call-handlers updated with regard to new protocols?
- c) What algorithm is used answering calls?
- d) How is the algorithm updated and how often?
- e) Does 111 have its own Quality Account? Who contributes from the community?
- f) Is Datix used to records and investigate incidents and near misses? How are these recorded and Managed?
- g) Has the 111 service been inspected by the CQC? Is the latest inspection report available? [www.cqc.org.uk/location/1-2244715254](http://www.cqc.org.uk/location/1-2244715254)
- h) How is workload estimated?
- i) What is the structure of the workforce?
- j) How diverse is the workforce?
- k) What is the staff turnover rate?
- l) What is the level of sickness absence, both long and short term?
- m) What is the current vacancy level?
- n) How is staff trauma dealt with?

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