


**NOTES OF A MEETING OF THE HEALTHWATCH ADVISORY COMMITTEE MEETING  
HELD TUESDAY, 8 November 2022**

	08.11.2022.	13.12.2022	10.01.2023	14.02.2023	14.03.2022
Janene Davies Chair	√				
Ann Heaton	√				
Maggie Skilling	√				
Ann Lloyd	√				
Ernie Rothwell	√				
Annmarie Stone	√				
Malcom Coe	√				
Mohammed Albaadani	√				
Mary Hill	√				
Carole Jones	√				
Adrian D'Arcy	√				
Adrian Hardy	Apologies				
Wendy Moss	Apologies				
Jean Peet	Apologies				
Dave Brown	Apologies				
<b>In attendance</b>					
Karen Parker, Chief Officer	√				
Andrea Arkwright, Engagement Officer	√				
Doris Moreton (BSL Sign Language Interpreter)	√				
PA					
Rachel Richardson	√				
Emmanuel Ndambala, Youth Worker	√				

<b>1.</b>	<b>WELCOME AND INTRODUCTIONS</b>  JD welcomed everyone to the meeting including Emmauel Ndambala a Youth Worker from The Edge who had come to observe the meeting..	
<b>2.</b>	<b>Apologies</b>  Apologies received.	
<b>3.</b>	<b>Presentation Elective Care</b>	

<p>RR gave a presentation on Elective Care- planned hospital waiting list.</p> <p>RR reported that there were 530 thousand people on the waiting list across Greater Manchester (GM). This is a challenge and no one hospital can fix this. GM are working together to reduce the list, but the long waits are going to be here for a long while.</p> <p>A long discussion took place around the Elective Care presentation.</p> <p>AMS commented that communication is a problem when you are waiting for your appointments. The hospitals which are any across GM suddenly send you an appointment two days before your appointment which does not give you a lot of notice.</p> <p>People do not understand why there is an issue with the waiting times.</p> <p>MH commented that she would feed these and any other comments back into the Communications Subgroup for Elective Restoration and Recovery Meeting that she is a member of.</p> <p>RR reported that surgical hubs are protected for general surgery and will not be impinged by emergency surgery</p> <p>AH commented that Wrightington Hospital is a protected Hub for waiting lists and all theatres are working full time.</p> <p>KP commented that we do utilise the independent sector for surgery. But if you are a Wigan resident, the process does not contain the follow up care. The follow up care needs to be addressed and included in the commissioning pathway. Follow up care is nonexistent and is an omission error from the commissioning of the service from the independent sector.</p> <p>RR reported that the independent sector group at GM level needs to be standardised.</p> <p>AH commented that this was not a new problem as it was the same for Wrightington around the after care for West Lancashire patients.</p> <p>MC asked how many Wigan resident were on the waiting list.</p>	 <p>2022 11 08 GM elective care - healthw</p>
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RR commented the current number is 45,000. Top areas are Trauma and Orthopedic, Gastro and Gynecology.

RR gave an overview of the While You Wait information and advice. The GM website has a model of support for which is a communication tool that is promoted by the hospitals on their letters. GP are also aware of this tool.

KP commented that it would be useful for the community link workers and Bewell staff to be aware of this tool as this could be useful for them.

MH commented that the few local residents had visited the GM While You Wait website. A lot more work needs to take place are communication to support the While You Wait programme.

RR commented that the While you Wait website is extremely useful for staff and there are other resources out there.

PA commented that she was referred to hospital in April by her GP and had not heard anything from the hospital. Appointment was overdue, so she rang and was 50<sup>th</sup> in the queue to speak to someone she got down to number three then it went off. She had been on the phone for eight to ten hours. It was a referral to general medicine.

**Action**

**RR asked the PA could she contact her to take her story.**

**PA confirmed yes.**

KP commented that you cannot ignore the situation the healthcare service is in now. Some areas have more high demand than other areas.

RR reported that they were looking for people to be involved in the evaluation of the While You Wait website. It takes about half an hour to look at and the review needs to be completed by January 2022.

**Action**

**RR to send AA the information for the committee**

RR also commented that there is some work being undertaken around a lived experience panel and six priorities that they need the patient voice and input

	with. Maria from GM Healthwatch has been awarded the process for the GM Area so will be in touch with KP.	
4.	<b>Five-minute break was taken</b>	
5.	<p><b>Notes of the Advisory Committee</b></p> <p>The following notes were all approved  9 August 2022  11 October 2022  Amended notes Item 9 from the meeting 10 May 2022</p>	
6	<p><b>Chief Officer update</b></p> <p>KP gave an update on the Big Conversation Engagement that had been undertaken. Wigan had a response rate of 230 individual pieces of information submitted. Most of the other areas that took part had 20-30 responses. Wigan always do well as we have a collaborative approach to the engagement work.</p> <p>Healthwatch Wigan and Leigh are currently in a challenging situation around staffing and board vacancies which will have an impact on our productivity until the new year. So please bear with us.</p> <p>Three members of staff have left, and the Chair also resigned. We also lost Bill Greenwood which was a massive loss to the organisation.</p> <p>The board has now accepted the Chairs resignation</p> <p>We currently have two staff vacancies and a chair and director vacancy. If we get enough interest for the role of Director, we may take more than one on.</p>	
7.	<b>Coffee Break</b>	
8.	<p><b>Terms of Reference</b></p> <p>MH reported that there was duplication in the terms of reference and shouldn't the decision-making policy be attached to terms of reference.</p> <p><b>Action</b>  <b>AA will amend the Terms of Reference</b></p>	
9.	<p><b>Suggested Speakers</b></p> <p>Deferred to the next meeting</p>	

10.	<b>Five Minute Break</b>	
11.	<p><b>Care Home Project</b></p> <p>AL gave a verbal update on the Care Home Project.</p> <ul style="list-style-type: none"> <li>• The briefing proposal has been completed</li> <li>• Training for Authorised Reps(AR)</li> <li>• Safeguarding Training</li> <li>• Presented at the Care Home Forum</li> <li>• Training for AR re change process and arranging visits this Thursday</li> </ul> <p>Two trail runs with two different care/nursing homes were completed. From the trials we need to update the performer and background information from the feedback.</p> <p>The Care Home Forum welcomed AL and LS to the meeting where they both discussed the nursing home project. Several care homes came forward to ask if they could be visited.</p> <p>KP thanked AL and said it was a credit to all those involved in the project and to see how much work had already been undertaken. We will build on the AR model and recruit more people to become ARs.</p>	
12.	<p><b>Reports from HWWL Representatives on other committees</b></p> <p>CJ gave an update on the Carers Strategic Board</p> <ul style="list-style-type: none"> <li>• GM are working on parent carer standards and what parent requirements are</li> <li>• Atherleigh Park-Carer key performance indicators. Carers have an opportunity to discuss with staff e.g., carers assessment</li> <li>• Low Bank Ground- holidays for carers two separate weeks</li> <li>• Living grief- carers are not knowing where to go for support</li> <li>• Need more joined up information for carers. Leaflets to have fewer acronyms</li> </ul> <p>The minutes of the Carers Strategic meeting did not have all the actions in that they said they were doing. SO, CJ emailed BF at the local authority, and he has now put the actions in the minutes.</p> <p>KP commented that was correct to challenge the minutes as that is what the Healthwatch representative</p>	

	<p>role is to make sure they are doing what they say they are doing for the Boroughs carers.</p> <p>MH presented her written update from the Communication Elective Restoration and Recovery Meeting.</p> <p>MH commented that she had had no comments from the committee on the report but if the members have anything that they would like to be comment on she would take it to the Communications Elective Restoration and Recovery Meeting group. Please send any comments through.</p>	
13.	<p><b>Decisions made at this meeting</b></p> <p>No decisions made at this meeting</p>	
13.	<p><b>AOB</b></p> <p>MS commented how important engagement with the public is especially sharing their stories. Engagement is the answer to many issues.</p> <p>JD said that there were gaps in our membership of the committee and that some PCN areas are not representative. E.g., LIGA PCN has no representation and some protected characteristics</p>	
8.	<p><b>NEXT MEETINGS</b></p> <p>The dates of future meetings are below</p> <p>Tuesday 13<sup>th</sup> December 2022 10am- 12:30 Sunshine House</p> <p>Tuesday 10<sup>th</sup> January 2023 10am- 12:30 Sunshine House</p>	