



**Minutes of the of North Wales Community Health Council Meeting held at Colwyn Bay
Cricket Club, LL28 4LR
Tuesday 15 October 2019, 10.00am**

Chair: Mr Mark Thornton

PRESENT:			
CONWY LOCAL COMMITTEE	Mrs M Baines Cllr F Bradfield	Cllr P Capper Dr G Higginbotham	Mrs J Reeve Mr R Williams
DENBIGHSHIRE LOCAL COMMITTEE	Mrs E Edwards Miss M Jones	Mr M Theaker Ms G Williams	Mrs S Wright
FLINTSHIRE LOCAL COMMITTEE	Mr M Boyle Ms L Harper	Mrs S Howard Mr R Jackson	Cllr D Mackie
GWYNEDD LOCAL COMMITTEE	Mrs M Buttigieg Mrs M Jones	Cllr D Roberts Cllr P Rowlinson	Mr M Thornton
WREXHAM LOCAL COMMITTEE	Mrs J Allen Mrs E Burnham	Mrs C Hayward Mrs J Thomas	
YNYS MÔN LOCAL COMMITTEE	Cllr G Haynes Ms Val Monaghan	Cllr D Rees Mr P Rendle	
CO-OPTED MEMBERS	Mrs N Cossey	Mr J Jones	Mr N Taylor
Staff	Mrs E Ellis Ms A Hughes Mrs J Scupham Mrs D Jones Mr E Mayor Mrs R Hughes Mrs C Jones Mrs C Williams	Administrative Officer Advocacy Office Manager Administrative Officer Complaints Advocate Complaints Advocate Management Officer (part) Management Officer Deputy Chief Officer	
IN ATTENDANCE:	Mr G Ryall-Harvey Ms S Irlam Mr H Huws Dr Jill Newman	Chief Officer Secretariat Translator BCUHB Director of Performance	
APOLOGIES:			
CONWY	Ms J Baker Mrs S Ramessur	Mrs H Randall	Cllr J Roberts
DENBIGHSHIRE	Mrs K Benton Mr G Hughes	Mrs A Marshall	Cllr E Wynne
FLINTSHIRE	Mrs D Gill	Cllr G Healey	Mrs R Jones

GWYNEDD	Dr A Drake-Lee Mrs G Jones	Mr M Lloyd -Jones Mrs M Williams	Mrs V Wilson
WREXHAM	Cllr F Hemmings	Cllr G Jones	
YNYS MÔN	Mr R Bladon Mr A Burgen	Mr A Dixon Dr S Francis	Mr A Osborne-Taylor
STAFF	Mrs E Bowen Mrs L Barker Mrs B Davies	Mr R Duffield Ms B Perkins	Mrs D Postle Mrs R Valentine
NOT PRESENT	Mrs K Bellis Mr J Chorlton Mr P Edwards	Mrs D Griffiths Mr M Holmes Cllr S Jones	Cllr P Prendergast Ms A West Cllr D Wisinger

MINUTE	ITEM	ACTION
FC19.30	<p>CHAIR'S WELCOME AND ANNOUNCEMENTS</p> <p>The Vice Chair welcomed all present to the meeting. The Vice Chair encouraged members to make their contributions through the medium of Welsh as simultaneous translation facilities were available. The Vice Chair also noted that photographs would be taken; anyone not wishing to have their picture taken should inform the attendant staff. The Chair advised the same through the medium of English.</p>	
FC19.31	<p>APOLOGIES FOR ABSENCE</p> <p>Apologies were received and are as recorded</p>	
FC19.32	<p>DECLARATION OF INTERESTS</p> <p>There were no declarations of interest in respect of any item on the agenda.</p>	
FC19.33	<p>PRESENTATION</p> <p>Dr Jill Newman, BCUHB Director of Performance was in attendance to provide an update in respect of the Ophthalmology Outcome Measures. A copy of the presentation is appended to these minutes. The following points in particular were made:</p> <ul style="list-style-type: none"> • The changes being made by BCUHB with the way eye care is delivered, are important and exciting changes and amongst some of the biggest changes made in the last 10 years. • It is imperative that the changes are communicated clearly so as to allay any concerns around the changes and to underline that the changes to eye care are being undertaken to ensure better outcomes for patients. • The traditional model for eye care was outlined, along with the various staff and process therein. • Staff such as orthoptists and ophthalmic nurses are receiving training so they can deliver enhanced care such as prescribing wet AMD lucentis injections along with glaucoma management. Technicians will also be able to undertake further tests following enhanced training. • Following a referral from primary care, optometrists patients find themselves placed on a waiting list for a secondary appointment; the target time for the referral to treatment (RTT) is 26 weeks. • Once patients have been seen it is likely that they will need a follow up appointment, nevertheless there is a considerable backlog in the number of follow up patients; for each new patient there are 3 patients waiting 	

for a follow up appointment. Many of the patients waiting for a follow up appointment have conditions that could lead to irreversible harm if not treated.

- There are approximately 160,000 sight tests done each year across the BCUHB area; 10% i.e. 16,000 are referred for an outpatient appointment. 10,000 procedures are carried out each year.
- At the end of September 2019 there were 10,353 patients on the RTT waiting list; 712 patients have been waiting in excess of 36 weeks.
- Many patients will require on-going care for their condition which creates further demand for follow up appointments.
- At the end of September 2019 28,685 patients were on the follow up waiting list, with clinicians deciding when the follow up is due. Half of these patients are due or are overdue their follow up.
- The principle driver for making changes to eye care is to reduce harm for patients with chronic eye conditions who could go blind.
- With an aging population, it is predicted that chronic eye conditions will increase.
- Changes to technology, medical advances and the workforce are aligned to embrace the changes.
- The Eye Care Measure is different from the traditional eye care pathway, as it will not differentiate between a new patient and a patient needing a follow up appointment, with patients being managed by risk of harm and clinical due date.
- All patients are placed on a single waiting 'spine' with a Health Risk Factor (HRF) as defined by the consultant.
- There are three HFRs which are:
 - HFR 1: patients who may suffer serious irreversible harm from delayed appointments, such as a patient with wet AMD;
 - HFR 2: patients who may suffer irreversible harm from delayed appointments, such as a patient with a cataract; and
 - HFR 3: patients who may be inconvenienced or suffer mild and/or reversible consequences from delayed appointments, such as a patient whose condition may not deteriorate or where there is no clinical risk.
- Each patient has a clinical due date for their care, which is managed via the appropriate pathway for their condition. In line with prudent healthcare, the care is provided by the most appropriate professional. Changes to technology, in particular field analysers, mean it will be possible for images and other data, i.e. eye care history, to be shared electronically.
- The work to prepare for the Eye Care Measure has not been insignificant. The creation of a single waiting list has been challenging, as this can change based on the outcome of each consultation.
- 98% of patients have been allocated both a HRF and a clinical due date; this percentage should never be 100% as the community optometrist has 2 days to review the referral, the consultant then has 2 further days to determine the HFR and the clinical due date.
- Work has been done to redesign the clinical pathways and the associated clinic schedules and booking processes.
- Staff have received additional training so as to support the delivery of the

eye care measures.

- £0.5 million has been invested to procure equipment; this funding is non-recurrent.
- As at August 2019, 77% of the patients with a HRF are classified as HRF 1. 64% of these patients are waiting less than 25% beyond their due date, but 36% are waiting beyond their clinical due date.
- Notwithstanding the use of text reminders and other reminder services; 426 patients did not attend their appointment in August.

Cataract Pathway

- Refinements have been made to the referral process for patients with cataracts, meaning there is no longer the need for them to attend an initial outpatient appointment. They attend a 'one stop' clinic prior to surgery as a day case patient.
- Post-operative checks are generally carried out by the primary care optometrists, although some may need to be undertaken in a secondary care setting.
- By reducing the number of RTT this has created 2 additional slots which can be offered to HRF1 overdue patients.

Cataract Pathway 2nd Eye

- Changes to the pathway have reduced the number of RTT steps from 9 to 6, meaning these additional slots can be offered to HRF 1 overdue patients.
- Optometrists are able to refer a patient for surgery on the second eye. If this referral is done within 12 weeks of the first eye, there is no need for a pre-operative consultation.

Glaucoma Pathway

- It is anticipated the number of patients with glaucoma will increase by 30% over the next 20 years.
- Community optometrists are able carry out diagnostic tests for suspected glaucoma; on-going care and monitoring of the condition can be also be undertaken in the community via Ophthalmology Diagnostic Treatment Centres (ODTCs) where the condition is stable. Complex cases would continue to be monitored by consultants.
- There are currently 3 ODTCs across North Wales; it is hoped to increase this number, which would also operate as virtual consultant clinics.
- There will also be a move to make the pathway 'paperlite'.

Wet AMD Treatment

- Further enhancements to the wet AMD eye care would be made at Abergele Hospital; a further treatment room would be opened and would run parallel lists thus increasing the number of patients.
- The number of non-medical nurse injectors will be increased. Reviews will be undertaken of the effect of the injections.
- The drugs to treat wet AMD will become generic in January 2020, meaning the associated costs will fall. The lower costs will mean more patients can be treated. Subject to the agreement of the Finance and Performance Committee, the cost savings can be used to take on more staff.
- Chief Officer noted that NWCHC has received a number of complaints

about appointments being cancelled for lucentis injections with rescheduled appointment being many months down the line; this could cause significant harm to the patient. Chief Officer undertook to share further details with Dr Newman.

- The delivery of the eye care measures would be facilitated by the National Electronic Patient Record (NEPR), the procurement of which is nearing completion.
- Cardiff would be the first area to use the NEPR, BCUHB and Powys, in the North, would follow.
- To oversee the roll out of the NEPR, a technical architect has been engaged who is looking at the technical requirements, including but not limited to, the replacement of out of date equipment and IT requirements to enable the electronic transfer of images.
- Glaucoma patients will be transferred to the NEPR in March 2020, the cataract pathway will follow later in 2020.

In response to questions received, the following observations were made:

- The single waiting list for patients waiting for eye care has not been benchmarked with any other Health Board in Wales or Trust in England, as BCUHB is the first to undertake this approach to eye care. The changes have been driven by ophthalmic consultants. In piloting the eye care measures, the harm caused to patients whilst waiting for their eye care became apparent.
- The single waiting list with HRFs and clinical due dates is not a way of mitigating complaints. BCUHB is confident that patients will not 'get lost' in the system as each patient is visible to the application of the HRFs and the clinical due date.
- The refined pathways for eye care would create additional slots which could be offered to patients with a HRF 1. This would reduce the backlog of patients waiting to be seen in the long term as well as support the principle of prudent health care with the patient being seen by the right person at the right time. The changes are clinically driven for the benefit of the patient.
- It is thought that patients fail to attend their appointment for a number of reasons, despite them receiving a reminder either via text or automated telephone call. The number of DNAs at BCUHB is low compared with other Health Boards; each DNA is a wasted slot and a further appointment that needs to be slotted in to the waiting list.
- The Eye Care Measures will be reviewed to track progress and success. Each pathway has a number of objectives which will be used to monitor progress. Each pathway will be evaluated on a monthly basis to ensure it is delivering the improvements for patients.
- It was acknowledged that how BCUHB communicates with patients undergoing eye care needs to be appropriate.
- Ophthalmology consultants are based at Wrexham, Bangor and Abergele. Patients from South Meirionnydd may receive their eye care at Bronglais. Current demand exceeds capacity for care but the eye care measures will go some way on making eye care sustainable.
- The current ODTs are based at Ysbyty Alltwen, Colwyn Bay Hospital and Deeside Hospital. It is hoped to enhance the provision of ODTs as expressions of interest are being received. The care at the ODTs is

not consultant led but with the technological changes, the consultant and the optometrist would be able to view images and patient eye care together as a virtual clinic. Should patients be unable to receive their eye care at an ODTTC they would be seen by a consultant.

- It was acknowledged that the use of locums does not facilitate continuity of care.
- Advances in technology and the introduction of the NEPR should bring about benefits for the patient.
- It was acknowledged that the outpatients department at Ysbyty Gwynedd is problematic and needs to be reconfigured.
- When applying the HFR rating, consultants use an algorithm which allows for social factors, i.e. living alone, to be included, which in some cases would increase the HFR rating.
- If patients are concerned about their eye sight or their condition deteriorates whilst they are waiting to be seen, they are advised to return to their optometrist who can escalate the referral should this be necessary following a retest.

The Vice Chair noted his thanks to Dr Newman for attending and providing a clear explanation and overview of the ophthalmology outcome measures. Members were also thanked for their perceptive questions. As regards the measures, the NWCHC looks forward to receiving updates as regards the progress. NWCHC would also monitor the eye care outcomes via its visiting programme.

FC19.34

UPDATE ON PROGRESS ON THE BILL TO ESTABLISH A NEW CITIZENS ORGANISATION

19.34(1)

To receive an update in respect of progress on the Bill; the following points in particular were made:

- Verbal evidence was given to the Health, Social Care and Sport Committee (HSCS) on 25 September 2019. The evidence had been presented by the Chair of the Board of CHCs in Wales, the Chief Executive Officer, the Chair of Hywel Dda CHC and the Chief Officer of the NWCHC.
- The link to the evidence session along with the transcript has been shared with the wider NWCHC membership.
- Supplemental information has been provided to the HSCS Committee as regards the independence for the new body and making representations.
- It was felt that the evidence session had been generally well received by the HSCS Committee. It was also felt that the HSCS Committee was sympathetic to the 6 amendments as proposed by the CHC movement.
- Members of the HSCS Committee questioned how the Board members could be independent when they would be appointed directly by the Minister via the public appointments process. Notwithstanding the number of members currently appointed via the public appointments process, they are not directly appointed by the Minister, the appointment is merely endorsed by the Minister.
- The current Board of CHCs is made up of a Chair and Independent Members appointed by the Minister along with the Chair of each local committee, having been elected Chair of each CHC.
- The HSCS Committee will publish its report on 26 November 2019.

	<p>Should the Committee conclude the Bill is not viable, it will fall. If it is viable Stage Two will commence.</p> <ul style="list-style-type: none"> • It is hoped that the HSCS Committee will support the inclusion of the areas CHCs would like to see included in the Bill, but this cannot be guaranteed. • It is possible that contentious sections of the Bill could be removed so as to allow other areas of the Bill to progress. • Support for the suggested amendments to the Bill has been received from the various AMs that the NWCHC has met; a number of them have also suggested that any new body should be based in North Wales. • The Chair of the Board of CHCs in Wales (BCHCW) along with the Chief Executive Officer, recently met with the NWCHC's Executive Committee to discuss the progress to date. • At this meeting the Chair of the BCHCW was keen to emphasise that localism would be paramount to the new body as people identify strongly with their local community and people will wish to give their experiences locally. • It is the intention for the new body to operate locally, regionally and nationally, thus the local element of the new body would inform the local activity. • The current Bill does not include duties in respect of service change, nor does it include the right of access at the point of care. The Chair of BCHCW and the CEO are meeting with the Bill drafters to discuss a possible solution to the right of access. • Should the amendments, as requested by the CHC movement, not be included in the Bill the CHC movement may have to consider its position as regards its support for the Bill • The HSCS Committee report will be shared with the membership following its publication. 	CO/BM
<p>FC19.35 19.35(1)</p>	<p>CHAIR AND CHIEF OFFICER UPDATE National Projects</p> <ul style="list-style-type: none"> • The Chief Officer advised that the 'In Hospital Too Long' and the 'GP Out of Hours' national reports had not been published to date due to capacity challenges in the Board of CHC office, arising from activity relating to the Bill. • Concern was noted that as the 'In Hospital Too Long' report was prepared some time ago, Welsh Government could perceive the data to be out of date should publication be further delayed. Chair undertook to raise concerns around the delays in publishing these reports at the Board meeting to be held on 16 October 2019. • Members of the NWCHC felt that all reports should be contemporary and current so as to give an accurate representation on the subject matter. • The national Ophthalmology report has been drafted. Final sign off will follow subject to SMT and Board approval. It is not known when the report will be published. 	Chair
<p>19.35(2)</p>	<p>NWCHC Matters The following changes in membership were noted since the meeting held on 9 July 2019</p>	

	<p>Conwy Local Committee Cllr John Roberts has been appointed a Local Authority appointed representative. Mrs Lorraine Johnson has stepped down as a co-opted member.</p> <p>Denbighshire Local Committee No changes</p> <p>Flintshire Local Committee No changes</p> <p>Gwynedd Local Committee No changes</p> <p>Wrexham Local Committee Mrs Susan Goodall, has resigned as a co-opted member. Mrs Janet Hilton did not seek a further term of office as a co-opted member.</p> <p>Ynys Môn Local Committee No changes</p>	
<p>19.25(3)</p>	<p>Membership Update</p> <ul style="list-style-type: none"> • Interviews have taken place for public appointed members; it is understood that the appointments will be effective from 1 November 2019 although formal notification of the appointments is yet to be received. • 5 candidates were interviewed with the total number of vacancies being 6. The geographical spread of the new appointments is not known as yet. Members were advised that appointments are made to the Council and not a specific local committee. • The terms of office of 8 publicly appointed members come to an end as at 31 March 2020, meaning there will be 10 vacancies; this is of particular concern as a number of local committees will see their numbers seriously depleted and at risk of being inquorate. • It is not known if there is to be another recruitment round for public members. • The incumbent local committee Chairs and Vice Chairs are encouraged to stand for the period 2020-2021, should they be eligible. • It was noted the serving Chair and Vice Chair of Council are ineligible to stand for the period 2020-2021 as their term of office comes to an end as at 31 March 2020. • Members are encouraged to consider standing for the office of Chair and Vice Chair of Council; the Annual General Meeting will take place on 31 March 2020. • The Board of CHCs had questioned if the term of office could be extended for those members whose term of office comes to an end as at 31 March 2020. The response received from Welsh Government confirmed that this is not permitted as this would require a regulatory change. • The Chief Officer noted some wider issues relating to membership and activity noting that a number of local committees were depleted due to on-going health issues for some members and their immediate family, which means they are unable to participate in NWCHC activity. 	
<p>FC19.36 19.36(1)</p>	<p>MINUTES Circulated: Minutes of the Meeting held on 9 July 2019 Resolved: That the minutes of the meeting held on 9 July 2019 be</p>	

	approved and signed as an accurate record of the meeting.	
19.36(2)	<p>MATTERS ARISING Page 4 Minute 19.24 Presentation</p> <ul style="list-style-type: none"> • It was confirmed that the Service Change Protocol laying out the proposed changes to mental health and the Psychiatric Intensive Care Unit (PICU) had been received after the Full Council meeting held on 9 July 2019. • This had been circulated to the wider membership and a number of concerns had been received regarding the proposed changes. • As with all service changes this would be dealt with via the Services Planning Committee as the most appropriate forum. • Mrs Lesley Singleton and Mr Alberto Salmoiraghi had attended the recent Services Planning Committee where they had acknowledged more engagement around the changes would be necessary so as to satisfy the NWCHC and adhere to the Gunning Principles i.e. that engagement should occur when proposals are at a formative stage. NWCHC will continue to take an active role to ensure appropriate and adequate engagement is undertaken. 	
19.36(2)	<p>Page 5 Minute 19.24 Presentation</p> <ul style="list-style-type: none"> • It was confirmed that a meeting had been scheduled between the NWCHC, BCUHB and Caniad; this meeting had however not taken place. The service change is being processed via the Services Planning Committee. • Noting the references throughout the presentation to the 'I-CAN' initiative, Ms Burnham noted that at a recent visit to the Wrexham Maelor, it had not been possible to locate the 'I-CAN' centre. • Mrs Buttigieg also reported that at recent visits to GPs, there was little or no awareness of the 'I-CAN' initiative which is of concern as the initiative is also to provide support and interventions at a community level. • Ms Harper also noted that via her attendance at BCUHB EDHR meetings it has been reported that Caniad representatives have been appointed to various groups in a management role; their role and remit is unclear. • Ms Harper also noted that the BCUHB EDHR forum had been advised that the 'Today ICAN Work' initiative had assisted 500 people to date, but it is not clear as to the assistance provided. 	
19.36(3)	<p>Page 6 Minute 19.24(1) Update on the Progress of the Bill to Establish a New Citizen Voice Organisation</p> <ul style="list-style-type: none"> • A meeting between the staff and members of the NWCHC and Bill Team from Welsh Government had taken place on 20 September 2019. • The meeting had also been attended by members of the general public, who had been given the opportunity to speak and question the Bill Team. • A record of the meeting had been prepared, which is available from the office on request. 	
19.36(4)	<p>Page 7 Bowel Screening</p> <ul style="list-style-type: none"> • Chief Officer advised that in Wales people aged over 75 years, are not included in the NHS bowel screening programme, despite there being 	

	<p>evidence that this would reduce the number of cancers.</p> <ul style="list-style-type: none"> As this was a national issue it had been referred to the Board office for action. Chief Officer undertook to press for a response from the Board office. It was advised that a number of charities offered bowel screening for a nominal fee. 	CO
<p>FC19.37 19.37(1)</p>	<p>NWCHC EQUALITY DIVERSITY AND HUMAN RIGHTS ACTION PLAN To receive an update on the Equality, Diversity and Human Rights (EDHR) Plan April 2019-March 2020</p> <p>The Chair informed the membership that at the recent Executive Committee meeting a discussion had been held around Equality, Diversity and Human Rights. It had been agreed that an 'Equality Champion' was needed so as to ensure that NWCHC was meeting its obligations in respect of equality. Ms Linda Harper had agreed to take on this role.</p> <p>Ms Harper provided the following update in respect of the EDHR Plan April 2019 – March 2020:</p> <ul style="list-style-type: none"> The progress report as presented to the membership, noted good progress for the actions to be undertaken under the plan. There is some concern around the lack of progress around mental health and the action in respect of the I-CAN mental health initiative, of which there is little evidence at a primary level. Ms Harper informed the members that Wales has made a commitment to EDHR; Welsh Government has recently issued a consultation which outlines how it intends to deliver EDHR; details of the actions around the socio-economic duties of the Equality Act are expected to be announced by the end of October 2019. BCUHB are undertaking a consultation around its equality plan and steps to deliver this over the next 4 years. Welsh Government are also undertaking a consultation as to how EDHR issues can be reinforced throughout Wales Both of these consultations will be looked at by the Engagement and Consultation Group. 	E&C Group
<p>FC19.38 19.38(1)</p>	<p>WELSH LANGUAGE NWCHC Welsh Language Annual Report</p> <ul style="list-style-type: none"> The Annual Report for the period 1 April 2018 – 31 March 2019 had been submitted to the Welsh Language Commissioner for consideration. Mrs Williams informed the membership that no formal response to the Welsh Language Annual Report for the same period will be provided. 	
<p>19.38(2)</p>	<p>Welsh Language Standards</p> <ul style="list-style-type: none"> Members had been previously advised that the NWCHC had not challenged any of the standards as set by the Welsh Language Commissioner, as it believed it was compliant. Other CHCs had made a number of challenges, which had not been upheld, with the exception of standards 97 and 98. These CHCs now have to evidence how they will comply with the standards or be at risk of a fine. So as to comply with standard 10 which relates to how incoming telephone calls are dealt with, NWCHC had introduced an answer 	

	<p>phone service, whereby all callers are invited to leave a message in their language of choice, with messages being returned no later than the next working day.</p> <ul style="list-style-type: none"> • Following the introduction of the answer phone service, a number of complaints were received from complainants unable to contact their advocate directly. • To mitigate these difficulties, advocates now have mobile phones so that complainants can contact their advocate directly during office hours. • As the choice of language is already known there is no risk of a sanction by the WLC. • Chief Officer noted that this is working well to date, but would be reviewed in 3 months' time to ensure it is still proving to be effective. • Acknowledging that members are now unable to call the office if they have a query, the Chief Officer went on to explain that it is not possible to have a dedicated 'member phone line', as should this number be passed to the Welsh Language Commissioner, this could be used to 'mystery shop' how the call was answered. • Formal thanks were noted to the staff who had undertaken the work to ensure compliance with the standards and who continue to monitor performance against these standards. 	CO
FC19.39 19.39(1)	<p>ANY OTHER BUSINESS</p> <p>Recording Meetings</p> <p>Chief Officer noted that future meetings of the Full Council may be recorded. The office is looking into the practicalities of this and would advise in due course.</p>	
FC19.40	<p>DATE OF NEXT MEETING</p> <p>Tuesday 28 January 2020, 10.00am Colwyn Bay Cricket Club, Rhos on Sea, LL28 4LR</p>	
	<p>After thanking the members and the translator their participation in the meeting</p> <p>The meeting closed at 12.32pm</p>	

CHAIR

DATE