

**Barnet Voice Forum Meeting – 25/11/21**

**Chair**

Eve Byers - User Voice Project Lead, Inclusion Barnet

**Scribe**

Sam Earle – User Voice Project Officer, Inclusion Barnet

**Present**

Caroline Collier - CEO, Inclusion Barnet

+ 4 Inclusion Barnet Members & Friends

**Introduction**

Eve presented the Confidentiality and Guidelines Agreement for the forum.

Agenda: discuss results of survey; consult on actions/demands; decide where to present/audience; and what media/format to show; brief overview of changes to NICE depression treatment guidelines.

**Presentation of slides showing analysis of the results of survey – Eve**

*Q&A*

**Member 4:** Some people lack faith in the crisis team, and so would not use it in first place – this would affect how survey question on crisis team would be un/answered.

**Member 3:** Some of the questions imply deeper knowledge than people may have of the ways that services inter-relate and join up.

**Caroline:** Service users might become familiar with how services join up and work with each other, non-service users would not know.

**NICE Guidelines update - Sam**

**Sam:** Outline of new NICE guideline changes for the treatment of depression: first review in 12 years, emphases on non-pharmacological options for mild cases and for great patient choice in their treatment. Treatments include: meditation; group CBT; individual CBT; group CBA; psychotherapy; counselling; group exercise, for example.

*Q&A*

**Member 3:** Is NICE primarily medical or political?

**Member 1:** Speaking from experience, there are funding concerns for NICE, which is ultimately political, but the purpose is to draw on the best available medical/scientific knowledge of illnesses and treatments.

Concerned around feeling overwhelmed at too much choice, and the impact of waiting lists for those needing treatment sooner.

**Eve:** Agree that possible some people – particularly those experiencing mental health issues for first time - might not feel able to make decisions on treatment.

**Member 4:** Would want to know about treatment options and be included in decision-making. GP waiting times for appointments are around 5 weeks, and in such short appointments, asks whether there is time to explain all the options.

**Member 1:** Shares experience of people’s concerns on GP appointment waiting times from Healthwatch groups.

**Member 4:** Is pushing for self-referral. In the ‘Transformation Summit’ it was argued that there should be more self-referral and this should be important for accessing the range of services

**Member 3:** Often a lack of consultation with GPs and patients not giving sufficient treatment choice, and yet some people will need more help choosing. Different GPs/practices vary in how much choice they give patients.

**Member 4:** Points out the danger of framing MH patients as not being able to make decisions.

**Eve:** Agree with Member 4; choice is good, but a pivotal issue is whether there is resource (in terms of GP time or alternative advice/advocacy service) for the options to be explained to patients sufficiently.

**Member 2:** Good to be given answers and to have choices explained. You are obliged to do what the GP says, and if it is limited options, this can delay effective treatment.

**Sam:** Reminds that this new ‘menu’ of options is intended for cases of mild depression; wonders how many such cases even seen by GP.

**Member 3:** Therapy in the community is desirable, but there is sometimes a lack of range of options. To what extent are these measures just ideas versus intended to be deliverable.

**Sam:** Believe they are supposed to be deliverable; but is this really plausible?

**Caroline:** Cautions on use of the term ‘mild’ depression, as it makes it sounds relatively easy, but *all* depression is hard (although this is the clinical term).

**Member 1:** Are they (the NHS trust/s) working with the voluntary sector to deliver community mental health? Lack of trained staff presents a problem in the NHS, which will delay roll out of wide treatment measures. Thus extra emphasis on working with the voluntary sector is necessary.

**Member 2:** May not be practical to implement this array of options, they don’t sound realistic. If plans are overambitious, people feel let down and that seeking help is useless. This bad experience puts people off going to GP again. So plans must be realistic.

**Eve:** Seems like by the time service transformation plans get rolled out universally, changes have often been made again.

**Member 3:** To what extent do the Government and NHS have to implement the guidelines?

**Member 1:** The NICE guidelines limit what can be funded, but that doesn’t mean that they have to deliver everything.

**Video presentation of Survey Results – Eve**

**Member 1:** Confused about the first sentence on open clip. Because the crisis teams have bad reputation among users, people are discouraged from using them. How many people answered?

**Caroline:** Wonders what effect the video has on people?

**Member 3:** Video is really good and affecting. Questions the sample size (20) validity.

**Eve:** Have considered this issue; hoping to increase engagement. However, pleased with response level in context of e.g. numbers attending forum, and feel that the narrative answers given by people are very impactful.

**Member 1:** (as a statistician) Not statistically significant, nor representative sample. But OK for conveying views of service users. Creates overall message of dissatisfaction with the services – effective. Caution against making the position paper too long, as the people who need to see it are busy and would not give it very much time.

**Member 2:** Nice way to put out information; sometimes it is hard to focus, so short video presentation really helps. Could be slowed down further.

**Sam:** Re the statistics, we could just avoid saying 80% of people and say ‘of respondents’ instead; use the figures as decoration, and experience as core.

**Member 3:** Some of the image transitions could be improved, possibly a bit jarring; ask Hannah Chamberlain?

**Eve:** Possible this is a technical issue with broadcasting video over Zoom; they look smooth at my end. But I will look into it.

**Member 4:** Can the same 20 people be asked for their view of improvement over time – Member 1?

**Member 1:** No; the sample is too small, and the time frame not specified. You could look at some specific things, but overall dissatisfaction is very hard to get a handle on.

**Member 4:** There is significant disparity across the Boroughs in terms of services. Haringey have Tottenham Talking (day center, gardening, walks), could Barnet have something similar? They provide a sense of community. How do we get that, and who can we request that to?

**Caroline:** People have long been asking for community center in Barnet. Regarding the results; we need to ask for concrete solutions as well as complaints. So, is there a second part of the work to be done? Caveat is that expressing wishes is not the same thing as getting them!

**Member 3:** Is it political or medical people who influence decisions of this kind?

**Caroline:** The commissioners. Suggest having conversation with Jess. Important to focus on finding the most radical difference. Could use a second survey to ask for top 3 changes/improvements.

**Member 4:** Not necessary to ask for improvement. This was done at the Transformation Summit, and they are collating and distributing the answers.

**Member 3:** How much should the focus be based on what service users think, versus research into the mechanisms for improvement?

**Caroline:** It is possible to a degree to conduct desk-based research into strategies/best practice for engagement. Though the purpose of the funding for the project is amplifying user voices.

**Eve:** UV has some capacity limitations regarding conducting a big piece research.

**Caroline:** We can still ask people for their opinions on interventions, and we may be able to get our hands on the results of the transformation summit as well.

**Member 4:** Will share what the Summit sent out with Caroline and Eve.

**Impact/audience/suggestions - Eve**

**Member 2:** It is very important to get these results in front of the people who matter/with influence. Is there a possibility of doing an advert? We must put pressure on people who make decisions – they only act when they are forced to. Main thing is increased awareness.

**Eve:** Does anyone have input on presentation style?

**Member 3:** should it be disseminated to the public at large, beyond the policy-makers? Likes the video as a means of expressing the idea.

**Member 4:** There should be a map, like a Deliveroo or Tinder, for MH services, where you can easily track and identify where services are.

**Eve:** Google maps works for this to an extent.

**Member 4:** Google often shows you private clinics, so needs to be something more public based.

**Member 3:** Is there a Service Directory?

**Caroline:** The Trust is looking at doing a Service Directory again

**Eve:** Good news, but is always tricky; potential that often the service moves hands by the time the directories are distributed.

**Eve:** Any final points? Meeting is ending at 18.58. Thank you for joining and for your input. Will send out minutes, summary of NICE review and possibly some new survey questions shortly.