**Prioritisation Panel Bristol**

25th January 2023

Closed Meeting Minutes

**Attendees:** Vicky Marriott (VM), Julie Bird (JB), Georgie Bigg (GB), Janine Garel (JG), Sue Geary (TG), Melanie Cooper (MC), Miriam Booth (MB), Vicky Le May (VLM), Charlie Back (CB)

1. **Welcome and apologies**

Peninah Archieng-Kindberg and David Crofton

1. **Declarations of interest**

Vicky Le May works for Second Step

1. **Minutes of Previous Meeting**

Agreed upon by the group.

1. **Update on Progress on last meetings agreed actions and previous priorities – Action log**

The group continue to establish contact with AWP through meetings and letters. They (Healthwatch) have decided to move the matter as an ongoing action. **GB**, as a member of the board, mentioned that they too have tried to contact AWP and will work on establishing contact.

ICS funding for the voluntary sector has been unclear, **VM** stated that she had some information about the topic that would be brought up later in the meeting.

Feedback has indicated that General Practice’s need to offer a better appointment service. This issue arose in the North Somerset PP meeting also, and as such has been delegated to the engagement officers to decide how to continue forward/contact One Care.

1. **Patient feedback**

There was a brief discussion about the Patient Matrix for the new people in the meeting and talk about **MB** role in helping the matrix be clearer in the future.

There were complaints about the delays for ambulances and the lack of appropriate equipment and as such, was marked as the **first priority.** One complaint arose from the lack of equipment in ensuring a patient would be transferred safety. The service user also made note that the staff had to lift the patient onto the ambulance and was worried that put both parties at risk. Out of the key complaints mentioned, it was also noted that all the feedback come from a range of ambulance services. There was a long discussion concerning this topic, ranging from waiting times to the different services (E-zac of note) and other similar situations that have happened in the past. **A suggest action is to contact E-zac about their change of policy. Another action is to contact the Southwest Mobility Centre to find out what is available in terms of community transport.**

It was pointed out that the lack of access to GP appointments and the emphasis on using technology to obtain said appointments, this was also a topic during the NS PP. There was a long discussion where people mentioned a range of points including practices with good appointment systems and that the way to contact a GP can differ. **The action is to investigate PCNs and the** **GPs to find out how the practices manage their appointment systems; the action may across over to the other** **BNSSG areas.**

To begin with, the group noted that this was the first time that they (Healthwatch Bristol) had received feedback of this nature, the feedback in question concerned the topics of cultural barriers and “subtle racism” from staff and GPs and NHS services. The matrix considered this a joint **second in priority**. It was noted that the area the feedback came from is “deprived.” **JG** and **CB** both pointed out that whatever the group did, they would have to go about it carefully due to the sensitivity of the topic. **JB** **suggested the action of talking to Caafi Health about their pop-up clinics to obtained there obtained and outlook on the situation. CB mentioned that she will be joining said pop-up clinics.**

1. **Projects, impacts, and recommendations**

**JB** brought up that Healthwatch Bristol was nominated for an impact award around the work they did concerning “Discharge to assess.”

**CB** mentioned the Menopause project she was working on, the current goal is to get the surveys out to “anyone and everyone” with a particular emphasis of trying to acquire feedback from minority ethic groups; mentioning that the surveys had been translated into four different languages.

1. **Strategic Update**

To begin with **VM** brought up “Place” development. There is to be a redesign of Locality Partnerships, the role of director to be rethought across the areas and a new balance of responsibility of the VCSE which also comes attached with funds to do this. There have bene meetings already with the VCSE around “The Discharge to Assess Programme” at the ICB.

The ICB would like the group to help with a new team called LXP “Lived Experience Group” which is to become a patient and public reference group. The group’s (LXP) aim is to provide services that meet real people’s needs while Healthwatch’s role is to use the feedback they have collected and provide a language for it that professionals can understand and connect it with other experiences to help find a solution.

Since the pandemic NHS Dental services have fallen by 50%, NHS England are encouraging Healthwatch to support Local Dental Networks. It was noted that they will begin to reimburse Healthwatch by formalising an agreement to collect feedback. It was also noted that NHS dental will purposely be targeting members of the public with existing health inequalities. One of the most important notes is that Dentistry as of April 2023 will become a part of the Primary Care Network.

**Next meeting: 10th May 2023**