

**Prioritisation Panel Bristol**

 **17th August 2022**

**Closed meeting minutes**

**Attendees:** Julie Bird (JB), Vicky Marriott (VM), Dave Crofton (DC), Vicky LeMay (VLM), Charlie Back (CB), Sue Geary (SG)

1. **Welcome and apologies**

 **VM** welcomed attendees and explained the delay for this quarterly panel.

1. **Declarations of interest**

 No conflicts of interest were declared.

1. **Minutes of previous meeting**

 The minutes were agreed as an accurate record of the last meeting

1. **Update on progress on last meetings agreed actions and previous priorities – Action Log**

 **JB** noted that in the last meeting the group had talked about how previously there had been much better contact pathways with AWP and that there have been quite a lot of questions and concerns at ICP meetings about their lack of attendance. Additionally, there has been quite a bit of feedback about AWP. Presently we have not established a good contact with them, particularly at ICS level.

### Eva Roberts, who worked in Charlie's role previously, who was going to be more of an on the ground contact for us has not responded. Georgie and Vicky wrote the official Healthwatch letter to Dominic Hardisty in July.

 **VM** said it was addressed to Dominic Hardisty who’s the CEO. It was also addressed to the Chief Operating Officer, who is Charlotte Hitchings, and Adrian Charles. We have not heard from any of them, but certainly will chase it up. Additionally, we agreed that Georgie would, at the Integrated Care Partnership meeting, try to make that contact with AWP and get a commitment to be in contact with us regularly.

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 **JB** talked about GP appointments and the lengthy waiting times, but particularly around Bridgeview Medical, who seem to be the one that HW hear back from the most and we discussed whether that was because they were quite vocal in Bedminster or whether it was the fact that the waiting times there are much worse. HW had a direct contact with Bridgeview and talked to Tom Clark, who is their service practice manager, and agreed about having an ongoing relationship. The practice may want slightly different things from this and it's an ongoing piece of work. His feedback is included at the bottom of the quarter one, so that it's informative without being kind of a conduit just for them to make excuses around it. And we got directly back in touch with several of the people who had complained and two of them wrote back. So, we now have a contact and a sort of pathway of communication with them. Luke Millwood has done some of his Health Click sessions there, so hopefully that's given us a better understanding of what's going on and giving patients another way of contacting or finding information out. **SG** asked if there was an active PPG that HW worked with at Bridgeview and **JB** confirmed that these was.

 **JB** said we also had Unity Sexual Health Service feedback. There's some feedback received regarding the attitudes and support from Unity, and we had an agreed action that we would ensure Unity are aware of this and ask if they would like to make some comments.

**VM** shared the letter which came from UHBW and mentioned that it was a great bit of outreach engagement from **CB**.

**DC** asked **CB** if he could have that feedback because he would be talking about this subject at the PEG. It's quite high up on their agenda as well.

**VM** said she didn't know it was up renegotiation.

**DC** added that's why BSSNG are asking for comments for consultation. He added they had the contract for four or five years.

**JB** asked if Unity did not get the contract who else would be considered.

**DC** said it would go to tender and that there were various services grouped under this and he asked **VM** to share any updates or responses.

**VM** noted that Unity was launching the STI and HIV testing kits at the point of care and felt it was important to mention this was highlighted from our feedback. Unity commented that they would investigate the feedback about male sex workers. They also addressed the comments about identification and the problems around coil removal.

**CB** said she was pleased they had responded but felt they had failed to address some of the issues correctly and not really taken that on board. **DC** added that tended to be the way they worked.

**JB** mentioned that yet again the Action Log topic around dentistry was on hold as although she had contacted the dental network, there had been little positive response, The working group for access had been stood down by the dental network and no response had been received concerning invitations to meetings.

**JB** said that panel attendance issues were being addressed and she was working with Jacqui and Helen looking at recruitment.

**VM** added that HW England were involved in Building Healthy Communities and that we were involved on the periphery of that concerning dentistry. She said she would keep the panel updated.

**JB** said from the Action Log that staff were working on ways to include housing and economic questions into the feedback to enable those links to be made that ICB valued across holistic care. Additionally, we had been able to add demographics around location at a more local ICP level.

**VM** talked about funding for voluntary sector groups through the ICP and said this was quite difficult to find specific information about. In terms of our own funding, we were hoping to be able to provide a data role so that demographics and feedback could be created specifically for place and need.

1. **Patient feedback report Quarter 1 2022/23**

**JB** noted that we had record numbers of feedback again and had been able to do some demographic work on that. Patient communication was a key topic and some of that was coming from the feedback concerning Southmead Hospital. Most people felt the staff on the ground were doing an excellent job and this included ambulance staff. The GP comments again were around attitudes and communication, and it is difficult to know how we can escalate this with the surgeries beyond what we are doing. Most of the complaints are regarding waiting times.

**VM** added that its often around the first point of contact and staff also are very stressed by the level of demand. It would be good to know what is being done to support this.

**JB** said that Bridgeview had said they were recruiting extra staff, but that patients often didn’t understand the notion of triage and felt they were being diagnosed by a receptionist.

**VLM** agreed this felt like a huge change for patients, but staff usually got it right and maybe there should be a way of communicating the training that had been undertaken and reassuring patients. She suggested maybe they should make a video and put it on their websites the way that they had around explaining the role of social prescribing.

**VM** wondered if Onecare might be working on that and SG agreed that it might be something that would work around integration and using pharmacies to greater effect.

**VLM** said a lot of work needed to be done on integration and the one-door approach, and reassuring people about the route to care and treatment.

**DC** felt that maybe people were stubborn about change and work needed to be done to counter that. **JB** agreed and said the work **Luke** was doing had been very well received by both surgeries and patients in helping people to understand and use access routes differently.

**The panel** agreed that we should look at actions around encouraging information and education for patients struggling to understand the new systems around appointments and waiting times and new staff roles especially now Covid was no longer altering working practices.

**VLM** added that this was a good opportunity to look at models of best practice.

**VM** said there was work to be done around vacancies and staff levels too. With Sirona only having 43% of their staff levels it is a real concern. We are not the worse hit area but it is not a good picture

**JB** talked about the enhanced hours GP survey and how new contracted hours should be starting in October. It seems they will need even more extra staff cover for this.

**JB** Said Southmead was next on the agenda and much of the feedback we had was from people who had made a complaint to them but were not satisfied with the timing or content of the answer. One had been very distressing, and the caller felt her mother had been badly managed in the hospital which had resulted in an avoidable fatality, the other was concerning a whole ward of patient's confidential notes being sent home with a discharged. Both cases felt that PALS had not addressed the concerns properly. Many of these complaints were also sent to other bodies and HW were cc’d into the emails. It is difficult when that is done as often all those notified simply decide to let someone else deal with it. Also it gives us no comeback with Southmead who simply say they are already aware of it. There was also some feedback concern about masks no longer being compulsory in health care settings and the implications for vulnerable patients.

The third area was NHS 111, it came to us because the CQC had rated NHS111 as excellent, and we had some feedback from people who disagreed with that.

**VM** said the whole service would have been assessed from waiting times through to treatment and added it would be worth looking at if these were just localised comments or if North Somerset had received the same kind of feedback.

**SG** mentioned CQC was rated *outstanding* and confirmed it was run by Practice Plus according to the report.

**VM** said she would contact the CQC and see what response they had to our feedback that suggest some dissatisfaction.

1. **Strategic updates and Recommendations Review**

**JB** began with an update concerning recommendations from HW reports and informed the panel that she had met with Sue Beresford and the steering group team for hospital discharge and that they were implementing a piece around clearer communications in line with the report findings. UHBW, NBT and Sirona were all planning to write new information leaflets and would now be working together to make this consistent. We also talked to them about a passport type document, and they will be checking back with us before they finalise any new documentation. The D2A report has also been included in the JSNA website and at the Carers Forum, Gifty Markey said it was being used as part of the patient strategy groups’ work around clearer communications.

**VM** said it was great to have such positive outcomes and to see integration like that working at its best with new pathway 3 staff being advertised for too.

**VM** gave strategic updates to the panel concerning **Maisy's** work in South Gloucestershire on maternity experiences during Covid. **Anna King** had presented this to the SG council in July who were grateful for the work and appreciated the presentation. They issued a public apology to those who had not experienced a good standard of care and extensive plans to improve the service. She added our North Somerset report on unheard carers and particularly Syrian refugees and the Gypsy Roma and traveller community is due for publication.

1. **Agreed items for discussion in public meeting**

No public meeting notes as there had been no registration interest for this.

1. **AOB**

**DC** mentioned the PEG meeting at UHBW and asked if there were any items of interest that they could be forwarded to him so that he could bring them to attention.

**JB** noted that in the Bring Back Forum there had been talk about ward assessments and that HW member **Tim Evans** had been praised for his work with this.

**CB** said that there were moves toward better HW representation and engagement in the hospitals and that she was attending meetings regarding this soon.

**VM** added that we would be able to have a pop-up shop for two months in the Galleries and that final negotiations were progressing for this to start on October 1st, this would give us a great opportunity for public engagement and promotion

**VM** thanked all those who attended and closed the meeting at 11.16am

**Next meeting: Wednesday 2nd November 2022, 10.00 - 11.30am**