**Bristol Prioritisation Panel**

Wednesday, 04/05/22

10:00 – 11:30

Zoom

Public Minutes

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| **Abbreviations** | | |
| AWP | | Avon and Wiltshire Mental Health Partnership NHS Trust |
| CQC | | Care Quality Commission |
| F2F | | Face to face |
| HW | | Healthwatch |
| HWE | | Healthwatch England |
| ICS | | Integrated Care System |
| JSNA | | Joint Strategic Needs Assessment |
| NBT | | North Bristol Trust |
| PPG | | Patient Participation Group |
| SEND | | Special Educational Needs and Disability |
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| **1.** | **Welcome, introductions, and apologies** | |
| **Conflicts of Interest**  Nothing declared. | |
| **2.** | **Minutes of previous meeting** | |
| Approved. | |
| **3.** | **Update on progress on last meetings agreed actions and previous priorities- Action Log** | |
| **Completed actions**  **Patient communication and GP waiting times**  A written reply was received from the chair of the Bridgeview PPG and the new practice manager, highlighting the issue of capacity. They are not able to cope with the number of calls received and requests for appointments.  Plan for further communication to be around:   * If they are hiring more GPs * If there are other options available for people seeking appointments (e.g., seeing a pharmacist or nurse). * What support is offered for existing staff. * Highlight the issue that calling the surgery is not free.   **Staff Welfare**  Sources are being explored for staff support- Relate was looked into but they only provide free support for NHS staff.  HWE are aware of this- staff in other areas are going off sick because of the number of difficult calls.  **ICS implementation**  The previous panel discussed how feedback will be recorded following the ICS implementation.   * An impact tracker will be used to assess feedback specifically around the changes in care. It is still under discussion about how this information will be presented to the ICS. * Feedback will be collated according to Locality Partnership.   **Ongoing actions**  **Mental health service waiting times**  Action was to look into the length of waiting times and what happens while patients are waiting.   * AWP have not responded and the CQC do not have this information. * The AWP quality account is out in May and should include performance information. * Panel discussed writing a formal letter to AWP from the board and highlighting the issue at the ICS partnership boards.   **Holistic care**  The topic of housing and health was mentioned in the previous meeting.  It is clear that housing and economics are a factor in mental and physical health. However, HW currently does not sit on any boards that cover housing so it will be difficult to make recommendations.  Further actions:   * + Consider housing and health for a workplan project next year.   + Potential theme in the quarterly reports.   + Add people involved in housing to provider lists.   **Inequalities**  NHS England Core20plus5 project was researched, however the board decided there was not enough time for HW to do anything extra as all work already has a focus on inequalities. | |
| **4.** | **Patient Feedback report Q4 2021 - 2022 briefing and discussion from panel members choice** | |
| **Quality of care in AWP**  Issues include getting support to find the appropriate service, long waits, and staff attitudes.   * AWP are difficult to communicate with and rarely attend Locality Partnership meetings. A suggestion was to go through the commissioners rather than the providers. * Still looking for a mutually beneficial way to communicate.   **Staff attitudes and care at Unity Sexual Health clinic**   * Three pieces of feedback- one phone call, two from F2F engagement. Mostly based around staff attitudes towards sex workers. * This topic will likely be included in the women’s health workplan project. It will be revisited if not covered in the workplan. * Unity Clinic will be added to the list of providers who receive the report.   **Waiting times for GP appointments and staff attitudes**   * Ongoing issues with Bridgeview- long waits and negative staff attitudes. * Suggestion to offer a digital inclusion session specifically for Bridgeview. The session includes using e-consult and accessing NHS 111 and other websites for guidance.   **Access to dental care and specifically refugee access**   * New funding will bring 498 additional appointments per week across the Southwest. * Waiting for a response from NHS England dental commissioner about how many dental practices have taken up funding for evening or weekend appointments. * Three taskforces have been set up- workforce, oral health, and access. The access taskforce is piloting a helpline to try and reduce the pressure. NHS 111 will also have a dental specific staff member. | |
| **Recommend actions areas on high scoring issues** | |
| **Quality of care in AWP**   * Establish contact with AWP, ideally with a Patient Experience Manager. * Highlight these issues in one-to-one with Shane Devlin. * Board member to raise issue in ICS Partnership meetings.   **Staff attitudes and care at Unity Sexual Health clinic**   * Add Unity Clinic to list of providers who receive reports.   **Waiting times for GP appointments and staff attitudes**   * Speak to Bridgeview practice manager about the potential for digital inclusions sessions for the practice.   **Access to dental care and specifically refugee access**   * Area Lead will join dental meetings to gather further information and will share response from NHS England Dental Commissioner once it is received. | |
| **5.** | **Strategic Updates** | |
| **Discharge to Assess project**  Draft has gone to seven key stakeholders for responses to be included in the final report.   * Information distributed to the National Discharge Taskforce. * NBT are in the process of getting social workers back into the hospital, as per recommendations.   **Dignity in Hospital Care**  A recommended 21/22 workplan project- has been ongoing since January and will be shared with panel soon.  The project used focus groups to explore the experiences of older adults and of groups experiencing inequalities from within the last two years in Bristol hospitals.   * + Recommendation to include interpreters on admission/discharge for patients without English and/or with sensory impairments.   + Highlighted the need for staff to examine how dignity is currently maintained and how to promote dignity.   **Workplan projects**   1. **Women’s health**- awaiting a national and local women’s strategy due to come out. The Bristol Women’s Commission are looking to include HW patient feedback to go into the JNSA chapter being renewed. 2. **Mental health for primary school children ages <11**- numerous pieces of feedback about a lack of services for younger people. No support offered if SEND is not accessible, or child is not scored high enough.   Workplan projects are currently being scoped- there will be more information for the next prioritisation panel. | |
| **6.** | **Any other business** | |
| **Building Healthier Communities**  The Building Healthier Communities Board supports each Locality Partnership with community mental health and engage communities on projects (e.g., Aging Well).  HW has a potential role in helping with engagement and reporting. This will be discussed at the next Building Healthier Communities meeting. | |
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