

**Prioritisation Panel Meeting - Bristol**

**5th May 2021**

**Zoom Meeting**

**10.00-11.30pm**

**Public Meeting Minutes**

**Present:** Vicky Marriott (Chair), Julia Senior-Smith (Minutes), Julie Bird, Dave Crofton, Karen Whitaker, Vikky Le May, Kate Mould, Peninah Achieng-Kindberg

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|  | **Welcome and Apologies**Vicky welcomed everyone to the Prioritisation Panel meeting.**Declarations of Conflict of Interest**There were no conflicts of interest declared.  |
|  | **Minutes of Previous Meeting**Vicky shared on the screen the minutes of February 2021 meeting. The minutes were approved.  |
|  | **Update on progress on last meetings agreed actions and previous priorities – Action Log****Public meeting attendance**We are actively working towards increasing attendance from members of the public at the meeting. The meeting was advertised on Twitter and re-tweeted frequently. The panel considered there may be more appeal when the meetings are held from a venue. We could look at inviting a guest speaker to future meetings to talk about a relevant topic ie: community midwifery. We will source an accessible venue.**Dental complaints**Julie Bird asked as the Southwest Dental Network Meeting if there is a direct complaint route for dental patients and wrote to the local BNSSG chair to find out what we can do about complaints. He said that he saw little point encouraging people to complain locally as it is not helpful and added it was a shame that we were highlighting so much negativity. Vicky said that we have not yet sent our feedback to the local MP’s Karen agreed it would be good to involve MP’s and the local councillors. Julie Bird said there is a template available for complaints, however Karen felt it is better if people write about their individual experiences. Action: Julie Bird said we could provide addresses of MP’s offices to people complaining to us and suggest that they write to the constituency office. **Maternity Voices**Vicky and Rebecca Jones have contacted Maternity Voices in Bristol regarding better birth programme implementation. They have shown an interest. Action: We intend to pursue this. **Eating disorder data**We have a meeting set up this month with several stakeholders regarding eating disorder beds. Stakeholders attending are: Bristol Heath Partners, AWP, UWE. This was requested by the ED Health Intervention Team (HIT). Vicky will feedback following this meeting and will collaborate with partners to help with NS/SG project. Action – theme to be used to encourage public feedback. VM to action following meeting with stakeholders.**Demographic Characteristics**Action log (58) suggests capturing demographic characteristics on the contact form on the website. Vicky said that we need to signpost correctly so that there is not an extra form which would cause confusion. Julie said she had copied and pasted the demographic questions from ‘share your views’ and emails this to people contact her. This data will be incorporated intothe Q1 report **Black and white text for printing**All papers we produce will be printable in black ink to ensure they are easier for printing.  |
|  | **Patient feedback report Q4 – Jan, Feb and March 2021– Briefing and discussion**There were 119 pieces of feedback, 43 of which related to dental.Vicky mentioned the board level discussion concerning the matrix as HWE has asked all HW’s to publish their decision-making process. We have since improved the matrix to bring it in line with equality and diversity themes. The change being we now score the matrix themes to do with EDI – and include a ‘weighted’ score against them. Dave asked how would we decide the impact on equalities other that just from feedback? Vicky said that the demographics will help us when they start coming through. This will also help us to explain to people the importance of the demographics section. The top scoring feedback was to do with: **Lack of dental registration availability** The findings showed that if you are already poor and in an area with a lack of public transport then this is even more difficult. Julie said that we already know that the NHS and HWE are investigating this. Vicky said we forwarded the Q4 dental feedback to NHS England and they were grateful to receive it. They are setting up a ‘sprint’ meeting to co-design a new method of service delivery in the Southwest. The Southwest is also developing a dental reform programme to include NHS England, Public Health SW, reps from CCG, Primary Care and patients. We hope this will consider the feedback we are giving them as Bristol is having problems. Vicky asked who would like to represent HW at this ‘sprint’ workshop which is on 10 June from 6-8.30pm, open to dental professionals and others? Vikky le May volunteered to get involved. Dave asked who pays for dental services. Vicky said it comes from NHS England however in the future with the ICS changes it will become a locally commissioned service. Karen said it’s not jmerely the way the service is being provided, but how people are being informed. The frontline staff are dealing with the brunt of complaints. Can we do anything to mention how hard it is for reception staff? Julie mentioned about receptionist training at individual GP practice level and how this can vary.Peninah commented that she fails to understand why some people are not getting appointments coming through and why dentists are not responding to people. The new process means they can only see half of the people they should see. Is it that dentists are not informing people or is that they are just not providing a good service? The Chief dental officer has suggested practices use their websites, but they don’t seem to be doing this. There is a lack of information on Bristol’s dentists’ websites. Things have changed in the last 4 months but on the whole people still struggle to access a dentist. Dentists are currently being asked to achieve 60% of their usual treatment commitment. Peninah said that she believes there is an untapped resource of students who are working at the Dental Hospital. Action: speak to the dental hospital about this and see if people can self-refer . **GP’s – communication/access/booking appointment difficulties**Vikky mentioned that there are lots of pressures on receptionists from both the GP’s and patients. Karen asked if we have a way to reach the GP receptionists via the PPG groups. Julie Bird said that this is not possible currently.Action : Contact practice managers to see what they feel we could offer to support.There also needs to be an awareness of patients’ expectation as service delivery has changed due to Covid. Eg: phone calls can get backed up so there’s frustration for both reception and patients. Dave said that they had discussed with UHBW PEG that patients need to be educated on what to expect. Karen said doing some work around mutuality of understanding would be good if we have active PPG’s.Each surgery could have a focus group to look at what could work for them, share good practice to make receptionists jobs easier to manage. Action: share positive comments about receptionists work on social media. Another idea would be some work around communication and digital exclusion around GPs as there is confusion about what is on offer at GPs now. Action: Consider creating focus groups whilst scoping the digital/comms exclusion project. Julie will add this to the matrix. This is a positive project to work on as PPG’s that are having problems will be able to benefit and it will acknowledge the hard time that staff have had. Karen said it will be good if pull in dental receptionists into this also at they have the same issues. Julie mentioned that any ideas that come out of PPG meetings around training/comms we could develop further into a resource to share. **Lack of support/quality of care from CAMHS (cases 91, 92,100)**There is lack of service provision for 5–11-year-olds.Vikky commented that there is lots of “passing the buck” between education and CAMHS. If child is not going to receive support in school, then there is nowhere else that offers it. There can be problems with SENCOs at schools not making adequate decisions about what young person's needs are. Vikky asked what services we sign post people to . Off the Record is a service for young people aged 11 years and up. Action: Vikky said she will look to see what services are offered in Bristol for young children. She has had experience with children attending Place to Be – Play therapy children’s counselling service. Karen said that there is also Young Minds parents’ helpline and Julie added there is Happy Maps links to various help sites. Karen said it is important that we gather as much good signposting information as we can so that we are part of the solution. **Elgar House/E&V**Julie mentioned that Elgar House has come up again in the feedback. We completed an E&V in 2020 and the report went to the hospital for comment. They responded listing things they were going to do to make improvements, but we felt what they had mentioned was already in place, so it didn’t’ lead to any significant improvements. Karen asked if the management is still the same. Vicky said that there is a new Chief Nurse at Southmead, This is the 3rd time problems have been reported at Elgar House. Action: Vicky will email contact at Southmead and point out the feedback for her to look at. . Enter and View is still suspended currently due to the pandemic.  |
|  | **Strategic Updates****Stroke consultation**Vicky mentioned that across the BNSSG area, and of particular importance to Bristol, is the stroke consultation being led by the CCG. This involves a new pathway to gain help for stroke patients and aftercare treatment. The consultation starts on 7th June until 3rd September. Online engagement events start on 16th June. We will be involved helping to ensure people get the opportunity to have their say – if you want to get involved please let us know. **Integrated Care System (ICS)**An Integrated Care System (ICS) will replace the CCG by April 2022. We have been involved but we don’t know exactly what HW involvement will look like in the future. HW has been part of the partnership board for 5 years. We hope to retain our membership on the ICS – Georgie and Vicky have been involved in the ‘sovereign body’ session. They have asked questions about how to involve patient voice to give this value and importance. Co-production is a key part of this work of which we have experience. It will be good to ensure that the ICS takes our patient feedback onboard. Dave said that HW experience is wider than just health and we can “think outside the box” and highlight important issues. Vicky mentioned the system of levels ,3 & 6. Local Authorities will go to meetings at each local level. There are also 6 CCG locality levels which we attend. |
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 | **Agreed items for discussion in public meeting**There was no registered public attendance.**AOB** |
|  | **Future meeting dates:**Wednesday 4th August 10-12.30Wednesday 3rd November 10-12.30 |