Prioritisation Panel South Gloucestershire

Zoom Meeting

Thursday 10th February 2022

16:00 – 17:30

Public Minutes

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| **Abbreviations** |
| BNSSG | Bristol, North Somerset, and South Gloucestershire |
| CCG | Clinical Commissioning Group |
| CQC | Care Quality Commission |
| F2F | Face to Face |
| HW | Healthwatch |
| HWE | Healthwatch England |
| HWSG | Healthwatch South Gloucestershire |
| ICS | Integrated care system |
| PPG | Patient Participation Group |
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|  | **Welcome and apologies** |
| All panel members present.  |
| **Declarations of conflict of interest** |
| Nothing declared. |
|  | **Minutes of previous meeting (November 2021)** |
| Approved for accuracy. |
| **Actions Addressed** |
| **CQC**Publications from the CQC are more on social media.**Dental*** Southwest Covid recovery meeting announced plans for a dental reform programme with three main workstreams. Commissioning of dental services will go to the ICS in April 2023 and will aim to improve funding to increase capacity.
* HW feedback has helped in deciding priorities with access to NHS dentists being a top priority.
* HW will continue signposting people to the NHS England's Customer Contact Centre.

Article on HWSG website shared for further information:<https://www.healthwatchsouthglos.co.uk/news/2022-01-25/south-west-receive-almost-%C2%A35-million-provide-additional-dental-appointments>.**Access to GP care**Needs to be carried over. Regular meetings have been set up with CCG resilience planning so feedback can be shared more regularly. * Examples of positive communication with the public included OneCare presentations at a PPG forum and the new campaign to helping people understand urgent care and what service to use.
* Public involvement will be extra important as many changes go ahead.

**Vitaminds waiting times**Systems Quality Group- no update on this yet. Will be carried over to next meeting.  |
| **Action log updates/outcomes** |
| Most has already been covered in previous section. **Dental care- letter to practices** Ongoing and will be in the matrix discussion.**Digital inclusion project**Someone has been appointed as project officer. This is a year contract funded by Aging Well. * It is suggested than information around who does/does not benefit from the changes (such as e-consults) would be useful. Not everyone needs to be digitally included if it is benefitting a certain proportion of the population.
* There should always be the offer of F2F appointments and digital appointments should not completely take over.
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|  | **Patient feedback report Q3 (Oct-Dec)- briefing and matrix** |
| Low numbers this quarter. The majority was about dental but there was some feedback about previously unmentioned services. **Changes to report structure*** Demographics collection and presentation now includes how many people do not answer certain questions so that the information is not skewed.
* Post codes are noted to help with recording dental issues and closures (and clusters of feedback in general).

*NB*- clusters may appear due to specific advertising in that area, or because of a snowball effect, rather than specific issues with the service.Two issues acknowledged but scored low due to lack of feedback:1. **Sirona discharge-** Disjointed provision and lack of communication between services
2. Trust **waiting times** for arrival and admission into hospital.
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| **Three topics chosen for discussion** |
| **Dentistry** * Discussion around including dentistry as it appears every quarterly meeting. This is what the patient feedback highlights as a key issue, but HW has limited ability impact this issue as it is a national problem.
* HW has been invited to dental network meetings. This could help in the push for improvements, especially in the administrative and communication concerns.
* Decision to focus on the specific action of contacting Frampton directly about negative feedback.

**Covid care**The organisation “Peer Partnership” has received funding for a long covid peer support project across BNSSG. People can access this by GP referral. Any feedback around long covid received this quarter will be signposted to the peer support program. * HW is in contact with an informal long covid support group run by a PPG chair, which could be an explanation for the increased feedback.
* Feedback on Covid is a mix of long covid and people who have just contracted Covid. Needs monitoring to understand the nature and trajectory of the comments.
* Information will be put on the website and will include information about Sirona’s long covid clinic in Bristol that has a single point of access for BNSSG.

 **Access to GP surgeries** Highest scoring issue.Update on Green Valleys Health- The head of PPG at Green Valley has asked for help in getting the group going.* A panel member mentions a future requirement of GP surgeries to have a minimum level of technology and a call back service.
* Some surgeries are increasing the number of receptionists who work part time from home which makes a big difference.
* Information is needed on how people are booking and accessing appointment with their GPs, and the differences between practices. This influences the type of feedback received about a practice. Knowing this will help to put some feedback into context.
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|  | **Update on projects** |
| **Learning Disability project**An LDGP GP has requested the project and checklist be presented at the next area wide LDGP meeting. The consultation on the LD strategy is out at the moment. The report will be submitted and shared among networks. HW is also looking to get feedback from five people who used the app “Hear me now” (which uses the checklist).**Dementia Carers Mental Health project**Has prompted some PPG to look at setting up memory cafes. Promising but challenges with COVID restrictions etc.Positive response from someone looking at taking further action on the dementia carers project- she would like to link up to make some changes to the strategy based on the report. **Perinatal Experience project**Covid has stopped some of the focus groups happening as planned.The Maternity Voices Partnership are wanting to be involved in this. |
|  | **Strategic Updates** |
| The integration white paper has been published and shared by HWE. It is looking at better transparency and choice, earlier intervention, improved access to social care, better data sharing, better support to care homes, coordinated services, more flexible services, and better value for money. Integration is going to be a big change and important to know about in the future. Slide includes link for further information: <https://www.gov.uk/government/news/patients-to-receive-better-care-as-nhs-and-social-care-systems-link-up> |
|  | **Agreed items for discussion in public meeting** |
| No registrations for the public meeting. |
| **AOB** |
| Nothing mentioned. |