**Bristol, North Somerset & South Gloucestershire Prioritisation Panel**

**12th July 2023**

**Closed Meeting Minutes**

**In attendance**: Julie Bird (**JBHW**), Katie White (**KW**), Charlie Back (**CB**), Megan Stanley (**MS**), Miriam Booth (**MB**), Trish Godfrey (**TG**), Sue Geary (**SG**), Raquel Benzal (**RB**), Pat Turton (**PT**), Melanie Cooper (**MC**), Julie Kell (**JK**), Lance Allen (**LA**), Vikky Le May (**VLM**) and Jemma Ballinger (**JB**)

**Minutes:**  Bethany Marshall (**BM**)

**Apologies**: Vicky Marriott, Tim Evans, Sue Geary, Dave Crofton, and Jan White.

**Terms** of reference officially adopted.

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**JBHW** started the panel stating that there may be public attendance during the next meeting; while this is not set in stone it may change the proceedings of future meetings. She continued with the panel having a new process; instead of three items, the individual areas were to go down to two and examine which would need actions and which would need to be monitored for long term. The third items were to now become a suggestion for an “enter and view” to ease Work Plan meeting struggles.

AWP was discussed.

The panel were informed that some of the volunteers were stepping down from their involvement with the PP, these people include Vikky le May, Jemma Ballinger, Dave Crofton, and Jan White. New volunteers will be trained in the PP process.

**CB** explained the project that was spread out over the three areas about GPs services: dissatisfied with services, lack of access to appointments and language barriers. The NHS have plans to help with this, with a plan they call “Recovery Access.” Healthwatch’s plan is to make a guide that is accessible and easy to read, to explain the separate roles in GPS services and why patients might not necessarily see their GP.

Healthwatch do plan to translate these guides into other languages and Easy Read. The team are working with the NHS Recovering Access team on this project and hope to contact the ICB. **MS** stated that a lot of GPs are changing their systems from phone to an online system which has its high points and low points as it is based on needs and not a first come first serve basis. This project does not include Pharmacies.

**MB** briefly went over data, stating that most feedback was negative and about the Primary Care sector within that the top three receivers of feedback were: GPs, Hospital Services and Dentists. Southmead Hospital received the most feedback on a service provider.

**South Gloucestershire**

Written originally by **MS**, edited by **BM**

The panel discussed Matrix item 1; Cases of vulnerable adults missing healthcare because they are unable to advocate for themselves. The panel asked whether GPs consistently have indicator notes on their patients with vulnerabilities and how often these are updated. **Action:** monitor this issue**.**

Discussed Matrix item 2: New systems and processes at GP surgeries leaving older adults feeling left behind. The panel discussed the difficulties of online appointment request forms and how they are not always clear on what they expect from patients. **Action:** **MS** to work with Surgeries and their PPGs to help them communicate a better understanding of processes and how to navigate them with their patients. This will also form part of the wider BNSSG GP project.

**Bristol**

Written originally by **CB**, edited by **BM**

Conversations around the action long - **PT** mentioned there is a difference between independent pharmacies and larger companies (such as Boots). Major chains seem to have difficulties communicating with GPs compared to smaller branches.

The Panel agreed to monitor the experiences of the deaf community within healthcare appointments. This was one of the priorities that came out of the matrix. **JG** mentioned that this could be linked to the GP project shared by each area. As there are resources such as SignHealth, the Bristol panel felt it would be useful to investigate what services use locally for communicating with the deaf community. It was also addressed that the project should translate for the deaf community to understand changes going on in their GP surgeries.

The Panel agreed to carry on monitoring the general issues of long waiting times. We should particularly monitor which services are causing people to wait longer, and which communities are most affected by this. More concrete evidence is needed.

The safeguarding concern was raised concerning a local Care Home. Bristol Panel agreed to take this action to **VM** to raise with the CQC.

The Enter and View suggestion from the Bristol panel is the oncology department of the BRI, after receiving three pieces of feedback on this department in the last Lost Voice report.  **PT** addressed the question of whether this is due to insignificant staffing (not enough specialist nurses). **JG** raised that this could be due to health inequalities - e.g., Black men's risk of prostate cancer being higher than White men.

**VLM** asked whether we are still invited to see the new dental school when this opens - **CB** to inquire.

**North Somerset**

Written originally by **KW**, edited by **BM**

**KW** went through the completed actions from the previous meeting.

Mendip Vale booking service, **KW** told the panel that she had met with the Mendip Vale communications manager . Discussions around the ongoing issues at Mendip Vale. Panel agreed that KW keep in close contact with the manager. **KW** suggested regular online meetings.

One Care appointments process. The information is now on the North Somerset website. Panel agreed that this action is now complete.

**KW** reported that a third email had been sent to CAHMS regarding children who have a referral but are not yet in the system. Again, there had been no response. **JK** suggested contacting ICB and said that she may have a contact for **KW** to follow up.

The oncology issue with GPs, **KW** told the panel that Locking Castle had been contacted, however, there had not been a response. There was a discussion around the possibility of contacting the BRI for further information. KW agreed to do this.

Telephone appointments at Milton Road Surgery. **KW** said that she had met with the practice manager on 10th July and had agreed a follow up meeting on 24th July 2023.

Two issues were agreed to be actioned. The first, a missed 2-week oncology referral; the second, Mendip Vale’s difficulty with appointments.

The missed referral was discussed. **JK** pointed out that the referral could have been internal within the BRI. The panel could not be sure that the referral came from Primary Care.

Discussed Mendip Vale. The panel considered the possibility of doing enter and view there. The panel agreed that the line of communication needs to- be kept open to monitor the level of negative feedback.

The panel then discussed that more feedback is required from social care settings.

**Rejoined Panel**

The panel rejoined after the breakout rooms and each area lead talked about the conclusion then had come to.

**CB** started, explaining that the deaf community did not feel supported when it came to GP services and appointments, they would like to monitor it and connected it to the current project. The Bristol panel would also like to monitor the waiting times and the different trends. There was a third conclusion that came in the form of a piece of feedback talking about a self-guarding incident which needed to be passed on to the CQC. Enter in view wise there was some feedback about the oncology department at the BRI that the panel would like to investigate further.

**KW** was next to explain that the North Somerset panel were looking into CAMHS and if there were any mental health resources for children before they entered the program. **KW** tried to contact CAMHS themselves and received no response, the panel prompted her to contact the ICB and see if they would be able to provide info. The other conclusions were to investigate a missed two-week cancer appointment; to find out whether it was a two-week referral or a missed appointment and why it happened. The next was the negativity about Mendip Vale and work with the PPG to improve it. The North Somerset panel would like **KW** to do more research into social care.

**MS** explained that the top priority that came from the South Gloucestershire panel was vulnerable adults not being able to access healthcare because they cannot advocate for themselves, **MS** explained that this priority can be linked back into the GP project. The next priority was the new systems that have been put in place at GP surgeries, making older patients feel left behind due to a lack of digital skills, **MS** is already looking into working with GPS and Patient groups to sooth the problem. **JB** also posed the question about how these systems would work if the internet went down which **MS** will investigate. Pilning Surgery was suggested as the enter and view.

**The next meeting will be on Wednesday, 27th of September**