



## **Healthwatch South Gloucestershire Local Advisory Group**

Priority Setting Meeting

Tuesday March 4<sup>th</sup> 2025

### **South Gloucestershire adopted recommendations**

#### 1. Primary Care Satisfaction

Potentially looking at why some GP practices seem to have positive service user satisfaction outcomes and others do not, exploring what makes a GP surgery perform well.

#### 2. Neurodivergent diagnosis for children and young people

Potentially around understanding the difficulty of securing a diagnosis with a focus on subsequent support services for children and parents

#### 3. Economic Deprivation

Potentially exploring the interconnectivity between economic deprivation and health outcomes/experiences and understanding how communities can be reached and supported

## **MINUTES**

### **Attendees**

Sarah Erskine (SE)

Cat Goudouchaouri (CG)

Jemma Ballinger (Jem B)

Melanie Cooper (MC)

Lo Ming Wong (LW)

Karl Stephenson (KS)

Julie Bird (JB)

### **Apologies**

Tim Birkbeck (Diversity Trust)

Amy Evans (SG Community)

Isabelle (Equality Network)

Glenda Pralle (Sight Support)

Harsimrat Kaur (Healthwatch volunteer)

### **1. Welcome**

JB welcomed group, introduced the agenda and explained that priorities will be set for the year from this meeting and subsequent meetings will develop and review the delivery of the work

### **2. Membership Introductions**

Julie Bird – manager of BNSSG Healthwatch, here today exclusively for South Gloucestershire

Sarah Erskine – Southern Brooks, Health & Happiness Hubs project manager

Cat Goudouchaouri – Southern Brooks, Dementia coordinator

Jemma Ballinger – Healthwatch volunteer

Melanie Cooper – Healthwatch volunteer

Lo Ming Wong – Healthwatch volunteer

Karl Stephenson – People's Voice project

### **3. Declaration of Conflicts of Interest**

JB Not precluding membership but for reasons of transparency. Declared manager of NS and Bristol also.

CG also works for BDAA in Bristol (Bristol Dementia Action Alliance).

No other declarations.

### **4. Ratification of Terms of Reference**

Comments:

JB summarised document received by members and there were no objections or comments and the group agreed by show of hands to accept these as written.

**The Terms of Reference were formally adopted.**

### **5. Explanation of Process**

JB Discussion of considerations paper and how this led to the recommendations that are being proposed today, acknowledgement of gaps from some strategies and demographics, explanation of how HW team have weighted and presented the priorities. Explained how the priorities were weighted by the HW team and will be worked upon through deep dive potential projects, further research, Enter & views or escalations. JB explained that capacity didn't allow for all to be full projects and resources would be allocated according to capacity.

### **6. Discussion of Priority Considerations**

JB introduced scoring matrix and asked Group about how they felt this reflected fairness.

#### **Priority A. Primary Care Satisfaction**

**Looking at why some GP practices seem to have positive service user satisfaction outcomes and others do not, exploring what makes a GP surgery perform well.**

JB explained how focus could change but this was a general theme from feedback and that looking at differences might be valuable.

MC asked if poor feedback practices could be connected to inequalities in local areas.

JB said it was often waiting times, and this could be location specific.

LW commented that satisfaction often depended on reception staff.

JB agreed much of the feedback was about experiences prior to seeing the clinical staff.

The group agreed that looking at this part of the GP experience was worthwhile.

**Recommendation adopted.**

### **Priority B. GP Appointment Availability – not a recommended priority**

#### **Understanding the difficulty of securing an appointment within primary care services**

JB explained the rationale behind the non-recommendation based on new initiatives in this field and previous HW work, much feedback is still coming into HW on this issue, but it doesn't seem a useful exercise to undertake currently given national announcements about impending changes.

MC asked about whether digital access was an issue here and JB agreed and said that HW Bristol are currently undertaking a project around this.

LW agreed that digital difficulty was part of this as the apps were not ideal.

CG agreed this was a problem especially for older people.

JB said after these comments that it was something we would monitor but not prioritise.

Group agreed.

**Recommendation not adopted.**

### **Priority C. Neurodivergent diagnosis for children and young people**

#### **Understanding the difficulty of securing a diagnosis and support services for children and parents**

JB many local community events have revealed this as an issue of significance.

SE asked what the purpose of work here would achieve and how this would be useful rather than just an exploration. SE felt that a support angle would be better than focusing on diagnosis, stating diagnosis in itself changes nothing but support before and after diagnosis is more important.

JB mentioned the Group was a reciprocal relationship and that members contacts and experience was useful.

MC asked how it fits in with HW as much of the work on this issue with children is through education rather than strictly health and social care.

JB said this was an interesting mix and SE agreed this was part of the complexity and the lack of understanding was often a huge problem and suggested linking with SG parent carers.

Group felt an exploration about how we could add value to this would be useful.

**Recommendation adopted.**

#### **Priority D. Dentistry – not a recommended priority**

JB explained the rationale behind the non-recommendation based on an ongoing project at HW speaking to 350 service users in 2024, and an inability to make any real impact whilst the national contract remains as it is.

LW agreed the process of finding an NHS dentist was difficult and frustrating and another project probably wouldn't be useful at this time.

Group agreed.

**Recommendation not adopted.**

#### **\*\*PRIORITIES REORDERED AT MEETING**

#### **Priority F. Economic Deprivation**

##### **Exploring the interconnectivity between economic deprivation and health outcomes/experiences**

JB clarified MC point about how difficult it was to separate connected areas of concern and referenced the CORE20+5 work of HW Bristol that has been picked up by the SG HWB board who have a particular interest in this qualitative data. It was noted of interest that SG does not show as having any of the worse outcomes according to the Index of Multiple Deprivation but

that there are very real pockets of poverty and low employment and bad health outcomes that are overlooked by the scale of the matrix that is used, and you can see affluence at one end of the street and not at the other. SG also has rural deprivation that could be explored in terms of transport and healthcare access.

CG agreed it's a very relevant area.

SE suggested that we already know that is the case so what do we do with that knowledge unless it looks at how and why these people might be harder to reach and actively can make a difference.

Jem B agreed that economic deprivation is often seen in health matters and that includes how lack of transport can make attendance at appointments very difficult and recounted her personal experience of this.

Group agreed happy to take this forward especially around the ways in which communities can be reached.

**Recommendation adopted.**

### **Priority E. Support for refugees and access to services (Consideration as shared BNSSG project)**

#### **Exploring systemic barriers to access and support for refugees and asylum seekers**

JB explained how this would be intended as a BNSSG project for comparisons but also to address the issue at scale. Service access from a female perspective and issues of interpretation, confidentiality and cultural considerations had especially been discussed while weighting this. This is also an area that has not received HW focus previously.

MC asked about the numbers of refugees in SG and whether that would make it worthwhile, JB confirmed she would find this.

LW felt from personal experience that there were Ukrainian groups accessing faith spaces in SG.

JB asked if this was a useful project once those groups were statistically identified.

MC added even if numbers were low, it was still someone's experience and valuable.

SE suggested that if NS and Bristol were proceeding with it then it would be useful for SG to have that same work and not compound that as an inequality.

Group confirmed after exploration they were happy to adopt.

**Recommendation adopted.**

## **7. AOB**

JB discussed how subsequent meetings will be presenting HW intentions and progress around these recommendations at a workplan level and asking the group their thoughts on focus and for their support with reach and direction. JB also intended to include NS and Bristol priorities within the minutes and said that direction and focus for delivery was what was intended for the agenda discussion in June.

JB added that local focus was key to this work.

JB thanked the group for their input, interest and attendance.

## **8. Date and Time of Next Meeting**

This is hoped for first week in June 2025 face to face if possible and if the group agree.