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

**29th November 2023**

**Meeting Minutes**

**In attendance**: Julie Bird (**JB**), Katie White (**KW**), Vicky Marriott (**VM**), Bella Brereton (**BB**), Janine Garel (**JG**), Anna King (**AK**) Miriam Booth (**MB**) Georgie Bigg (**GB**) Sue Geary (**SG**), Pat Turton (**PT**), Melanie Cooper (**MC**), Julie Kell (**JK**) Tim Evans (**TE**), John Rose (**JR**) Pat Foster (**PF**) and Sarah Hindle (**SH**)

**Minutes:** Bethany Marshall (Break out room minutes **JG, BB** and **KW**)

**Apologies**: Raquel Benzal (**RB**) Lance Allen (**LA**)

**Conflicts of interests:** None.

**Amendment to Terms** **of Reference -**Return to quarterly meetings, approved and formally adopted.

**Minutes of Last Meeting**- formally accepted as an accurate record.

Members introduced themselves to public attendees and JB thanked Tim and Peninah for their work with the panel and announced they would both be leaving in the New Year but as per the Terms of Reference new members would be joining and old members would be welcome back after the tenures had concluded.

**STRATEGIC UPDATES**

**VM** provided slides and updates concerning strategic work across BNSSG.

HW NS had been invited to present their best practice to the Healthwatch England network and one of our local service users have been chosen to take part in a national conversation about race disparity and maternity services. The Joint Forward plan for the next 5 years has been developed and includes a section from HW data and the ICS strategy has been released and is available on HW websites. The Integrated Care strategy on a page has been released and outlines the system priorities that have been selected. The ICS will be supporting research and innovation through a hub to look at adopting innovation at scale, HW have been invited to be part of this. VM then outlined the priorities that are emerging and how our work can be part of this work including mental health and learning disability protocols. The integrated care mental health strategy draft has been developed and HW BNSSG have added comments to this. Community group focus is around healthy weight and chronic pain.

**JK** asked about public health and how this might affect HWBNSSG focus next year. VM responded that a realignment was looking more at prevention, and this would be part the workplan mix along with patient feedback.

**PT** asked about the support for painful conditions and **SG** and **VM** confirmed there is no detail as currently regarding a definition. **MC** also asked about this regarding pain clinic intensive support. It was agreed this category needed more focus. **TE** outlined the need to identify root causes.

**GB** commented that the IC partnership is looking closely at smoking cessation and prevention strategy in the ICS and taking a closer look at the appreciation of trauma informed treatment and how the Healthwatch report has been used to inform the discharge to assess strategy.

**ACTION** – To monitor chronic pain in feedback.

**PROJECT UPDATES**

**JB** provided the latest news around the joint area project concerning GP access and said this would be ready for publication before the New Year

**BB** talked about her scoping work for the Bristol Mental Health project, and she is in conversation with several stakeholders before she hones the focus to one suitable area.

**DATA ANALYSIS**

**MB** shared data insights. She highlighted BNSSG wide statistics pointing out increased contacts with a slight upswing in positive feedback. Slides also highlighted waiting time s and appointments which is 26% of the entire contact topics. Dental and GP practices having most data of which 79% was negative. Waiting times are a recurring theme across 42 different providers.

**BNSSG ACTIONS FROM LAST MEETING**

**JB** update from action log

* GP treatments no longer available/privatisation of services – ICS have yet to respond to HW enquiry regarding their position. Sirona said they are facing unprecedented requests for podiatry and have been forced to only accept critical cases and have contacted others and suggested other support.
* Lack of digital access and HW feedback – HW BNSSG has added this to feedback question form to establish how many residents are having access issues.
* Monitor CAMHS waiting list – ongoing

**BREAK OUT ROOMS**

**South Gloucestershire**

**AK** gave an update on the actions from the last meeting. Progress is being made to increase the feedback from Adult Social Care. **AK** is monitoring the feedback from Concorde Medical Centre Patchway and any ongoing issues will be discussed at the BNSSG Workplan meeting in January 2024. **AK** is continuing to raise the profile of HW BNSSG with social care providers in South Glos with positive results.

**MONITOR**- Received feedback from Concorde Medical Centre Patchway

**ENTER & VIEW - Suggestion** of Emersons Green Medical Centre**.** HW have received some negative feedback about reception staff and possible inequity for people trying to access appointments.

The panel discussed support for carers especially regarding not being supported by staff at GP surgeries and not being properly recognised as a carer for their loved one. Additionally, there is little recognition that some carers are working people. Many support activities take place in the daytime, e.g. memory walks, coffee mornings etc. So, the carer sometimes must take annual leave to participate in them.

The panel also talked about issues around digital exclusion and people who cannot use apps to book appointments etc. This can be a problem with local GP surgeries use different apps to access their services, and some are difficult to use, even by someone who is tech confident. This also means keeping the phone free which is troublesome if the carer needed to be contacted urgently.

**Bristol**

**BB** led a discussion concerning a feedback item concerned with an understanding about resuscitation of an elderly patient. **SG** said there were issues around Do Not Resuscitate during Covid, and **MC** said that the issue presented in this piece of feedback was more around the communication between the patient and doctor. **JK** also agreed, and asked what the protocol is when English is not the patient’s first language, but they need to make decisions, such as whether to sign the DNR. The group discussed how people have these conversations and concluded upon a suggested action.

**ACTION** – To discover how services communicate with people on end-of-life care, especially when the patient is not a confident speaker of English.

**MC** brought up the feedback HW have received about social care, particularly around Care Direct and receiving advice that is not accurate. **SG** asked how they monitor the quality of care direct. **PF** said that in South Gloucestershire they send questionnaires to people who have used the service, but that they do not do this in Bristol. **MC** did declare a potential conflict of interest, as she used to work for Care Direct. The group suggested a further action.

**ACTION/MONITOR** -Find out how Care Direct monitor the quality of the service they provide, and whether they collect user feedback and continue to monitor feedback about Care Direct.

**ENTER & VIEW** - suggestion for the Chronic Pain Clinic after discussions around who uses it, the waiting lists, and the criteria for referrals.

**North Somerset**

**KW** gave PowerPoint of completed actions and outlined recent communications that had taken place at Mendip Vale. **KW** explained to the panel about a recent patient survey Mendip Vale had carried out and the positive outcomes they have actioned since the survey. KW will continue with positive communications with Mendip Vale and will pass on further updates. **Action Closed.**

**KW** discussed poor discharge procedures with staff at Southmead Hospital regarding Stroke patients. Department representative sent a report of how procedures should be followed with safe discharge of stroke patients and said it was hard to be more specific due anonymity of complaint. **KW** agreed it can be tricky with lack of information. **Action closed.**

Matrix discussed in brief due to lack of time. One action emerged.

**ACTION** – Research the release of patient records within the ambulance service.

**MONITOR** - lack of support whilst patients are awaiting CAHMs.

**ENTER & VIEW** - Mendip Vale was suggested however with recent positive changes around better communication and some increased patient satisfaction this may not be required.

**RETURN TO MAIN PANEL SESSION**

**JB** thanked all participants and suggested that the actions and monitored issues would be recorded and updated by staff for the next meeting.

**AOB**

**JG** raised concerns from a Somali group she had attended about access to mental health support and how this could be integrated into HW work, as well as digital issues. She also commented that there had been feedback that HW translated information was of excellent quality.

**AK** added how important language is when talking about mental health. During recruitment it is useful to ask other communities how this can be better phrased.

**JK** spoke about CORE20+5 engagement and how this also highlighted the problems around digital engagement and transport. **JG** added how excluding the language and attitudes around digital process can be.

**The next meeting will be on Wednesday 24th January 2024 6pm and BNSSG Workplan meeting Wednesday 31st January 2024**