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

**27th September 2023**

**Closed Meeting Minutes**

**In attendance**: Julie Bird (**JB**), Katie White (**KW**), Vicky Marriott (**VM**), Megan Stanley (**MS**), Trish Godfrey (**TG**), Sue Geary (**SG**), Pat Turton (**PT**), Melanie Cooper (**MC**), Lance Allen (**LA**), Tim Evans (**TE**), Anna King (**AK**) and Sarah Hindle (**SH**)

**Minutes:**  Bethany Marshall (**BM**) (Correct from last time)

**Apologies**: Raquel Benzal (**RB**), Georgie Bigg (**GB**), Julie Kell (**JK**), Lance Allen (**LA**)

**Conflicts of interests:** None.

**Terms** of reference officially adopted.

-

After the welcomes **VM** started with the strategic update and **LHW** (Local Healthwatch) news.

The **LHW** are planning to monitor ICB as it draws nearer to winter, the first is the ICB’s plan to improve people’s experience of being discharged from hospital, Pathway 3 (to care homes) and Pathway 2 (to short term rehab). As these two are having “less beds” purchased for them, the **LHW** plans to monitor this one carefully.

While the Bristol and NS Transfer of Care Hub (CTOCH) has been opened by Sirona, it’s full rollout will not be until March 2024. It aims to help patients receive the best care after being discharged. It also delivers a training programme to staff working on Pathway 1.

There has been a £3 million investment in AWP estates to improve safety which coincides with **LHW** looking into mental health later in the year.

Every Minute Matters is a program that was released by the NHS. **LHW** volunteers helped in designing the booklet and some research was based around a report that was released by **LHW** called “Discharge to Assess.”

**VM** gave a quick update of some services and their CQC ratings. As of May 2023, Graham Road Surgery and Horizon Medical Centre are under enhanced surveillance; E-Zec medical transport is no longer under enhanced surveillance but is still rated inadequate; and AWP had an inadequate CQC rating in several domains and is also in enhanced surveillance.

**VM** then explained how some of the decision making worked inside of the ICS.

**KW** gave the project update about GP Access; the project is in its the latter stages and the **LHW**s are hoping to have it completed by October 2023. It is currently in the designing process with a brochure and infographics. The project itself is to help patients access appointments in diverse ways using GPS and local communities, the project started with a survey that had 900 responses. It aims to help patients understand how GP services work, the staff, and their specialties and how they can help. **MS** explained the “access recovery plan” which was set up by the NHS that they hope to also have explained in the brochure.

**South Gloucestershire**

Notes by **MS**, edits by **BM**

The local Healthwatch looked at the actions from last meeting, they formally closed the action to support Disabled Women Take Action’s campaign for more public toilets (as the LHW have already done this via social media). Actions around communication and digital exclusion in GPs to be carried over and monitored post-BNSSG project to see if there is any change in the feedback the LHW receive.

Discussed new actions:

The lack of social care-related feedback from South Gloucestershire (submitted by **JK**): action to redouble efforts around contacting social care providers. **AK** to liaise with **JK** when she begins her new role as **JK** has been leading this with the council.

Concord Medical Centre have received a concerning amount of negative feedback: action to monitor this and compare to feedback received as part of the BNSSG project. It has also been considered for a possible Enter and View candidate.

The LHW spoke about how **SH** can liaise with **MS** and **AK** to help raise Healthwatch profile and put the LHW in touch with social care providers. The three exchanged emails and **MS** to set up meeting before **MS** leaves and the role is handed over to **AK.**

**Bristol**

It was suggested to do an Enter and View at the South Bristol Community Hospital, it was agreed to add it as a suggestion for the next year’s workplan.

**PT** suggested adding a demographic to future forms, a question around whether a person has digital access (e.g., smart phone, computer). **JB** replied that she would mention it to the team.

An action was suggested around podiatry care; a patient gave feedback about not being able to receive corrective surgery and told to go private. The new Bristol Officer would investigate the policy of GP services in what they can and cannot offer and how they refer patients.

The monitoring suggestion is around GP access regarding appointments, a lot of the negative feedback especially around administration. **SG** mentioned that some GPs would only look at one or two issues in an appointment, while she understands why, she commented that sometimes issues are connected, and a patient may not know until a diagnosis.

**PT** and **SG** brought up the continuing problem of dentists and that feedback should continue to be collected and sent to the ICB.

**JB** updated the panel on the action log from the previous meeting:

* The was an action around the deaf community not receiving adequate care and while the LHW has not received any feedback from a deaf individual, the Bristol lead will investigate ways to better converses with the deaf community.
* Long waiting continues to be an issue and monitored.
* Bristol has a new Dental School that has been designed in consultation with NHS commissioners and LHW. The LHW hopes to continue to work with the school.

**North Somerset**

Notes by **KW**, edits by **BM**

The panel discussed CAHMs first; **KW** has sent out four emails to various people regarding what happens to children who are on the waiting lists for CAHMS service but are not yet in system. **KW** has been contacting people since February and the last email was sent to the ICB. The **LHW** decided to close the action if do not get a response.

The panel then discuss Milton Road Surgery telephone system; Initially there had been negative feedback regarding this. **KW** explained that she had subsequently been into the practice three times and had spoken to the practice manager who then explained the new telephone system, X-ON. Since then, **KW** has decided to use this for the BNSSG project and has since interviewed reception staff and patients regarding this and has received positive feedback about the system. **Action closed.**

At the previous panel meeting the LHW had discussed the lack of feedback we received from social care. The panel wanted **KW** to obtain an engagement slot at 65 High Street in Nailsea. **KW** now have a regular monthly Monday morning slot and in the process of starting a focus group to have some insightful conversations with service users about social care experiences.

There continues to be ongoing concerns with access to appointments concerning Mendip Vale, **KW** has been monitoring the situation and is contact with the PPG who are conducting surveys. Currently the appointment situation has been slowly improved but **KW** will continue to monitor.

Feedback informed LHW with two separate Issues with Oncology at the BRI, **KW** came in contact with the Patient health and safety officer at the BRI who gave her a response about how cancer treatment decisions are made. The panel chose to **close** the action.

The panel had a brief look at the Matrix.

**KW** suggested to investigate an issue at Southmead Hospital after feedback from a patient suggested that they received no support equipment and had a referral that no one came to; the patient obtained grab handles from Care Direct. **Action:** investigate the communication around discharge of stroke patients to North Somerset from Southmead.

**TE** suggested that the LHW monitor Mendip Vale surgeries due to most of the feedback being negative.

Locking Castle Medical Centre was suggested as an Enter and View candidate as well as Mendip Vale.

**Rejoined Panel**

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

**MS** brought up that Concord, one of the surgeries, was not connected to the Patient Participation Group yet and should be persuaded to do so.

When **JB** prompted the panel for suggestions on actions for the three areas.

**MS** mentioned that digital inclusion and digital access should be investigated.

**TE** and **PT** and several others of the panelsuggested looking at communication, not only between staff and patients but also staff with management to help patients’ experiences, **TG** also backed up this action and suggested looking into online training courses.

**TG** also actioned and mentioned the difficultly that older people have with payment for numerous services as they slowly become privatised, and a payment plan should be implemented.

**VM** actioned to put CAMHS on the list; while it was mentioned in the North Somerset room, it is a wider issue that should be investigated.

While they did not have questions, the public appreciated the feedback from the public and being able to know about what was happening in other areas.

**The next meeting will be on Wednesday the 29th of November.**