

BaNES locality: Your Health Your Voice Meeting

03 August 2021 | 18:00 – 19:30 | Virtual meeting via Zoom

Present:

Name	Initial	Job title /role
Julian Kirby	JK	Lay Member for Patient & Public Engagement, BSW CCG - Chair
Ruth Atkins	RA	Head of Public Engagement and Insights, BSW CCG
Lee Rockingham	LR	Engagement Officer, BSW CCG
Corinne Edwards	CE	Chief Operating Officer, BaNES Locality
Helen Sims	HS	Disability Rights and Awareness raiser & a member of BaNES Disability Voices Group
Karen Baker	KB	Interim Director of Urgent Care and Flow
Ann Harding	AH	Member of the Public and Healthwatch link volunteer for Virgin Care (B&NES community health and care services)
Hilary King	HK	Member of the Public and Keep Our NHS Public Group
Emma Smith	ES	Head of Urgent Care
Jenny Evans	JE	Chair of Friends of St Chad's and Chilcompton Surgeries Charity
Janet Cowland	JC	Member of the Public living in Bath
Robert Page	RP	Member of the Public living in Bath
Ian Perkins	IP	Member of the Public living in Bath
Deborah Jane	DJ	Member of the public & member of the Heart of Bath PPG
Andy Morley	AM	Digital Community Champion, Healthwatch BaNES volunteer, PPI groups volunteer
Amelia-Jayne Cornick	AJ	BaNES Disability Voices and DP Group member
Julie Hockey	JH	Member of the Public living in Bath

Apologies:

Name	Initial	Job title /role
Lala Vargas	LV	Member of the Public, NHS patient, BaNES Disability Voices and DP Group member
Vic Pritchard	VP	Chair of the Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel, B&NES Council
Vanessa Scott	VS	Manager of Healthwatch B&NES and Healthwatch Swindon
Ruth Jones	RJ	Quality Manager for BaNES locality, BSW CCG
Megan Yakeley	MY	Member of the Public living in Bath
Dr Bryn Bird	BB	Locality Clinical Lead and Board representative for the BaNES locality

Mark O'Sullivan	MOS	Member of the Public and Federation of Bath Residents Associations
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1.	Welcome and Apologies
	JK welcomed the attendees to the meeting and LR listed the apologies.
2.	Declarations of Interest
	JK asked members to declare any interests. AH declared that she works for a GP practice within the Minerva group.
3.	BaNES update from Corrine Edwards
	<p>CE gave an overview of what's happening in BaNES at present. CE explained that currently the locality are (as is the rest of the country) grappling with unprecedented demand across all services and partners, including children's services and mental health due to the Coronavirus pandemic. CE advised that the levels of uptake across all of the services are returning to the same as pre-pandemic, and this is creating pressures on those systems. CE informed the group that demand on both ED & community services have increased and we face an uncertain future around long Covid and the complex needs of patients we are seeing across all service due to the pandemic.</p> <p>CE explained that staff vacancies play a part in this, as well as staff isolation due to test and trace, as well as some increase in Covid levels in hospitals and care homes. CE advised that domiciliary carers are struggling to recruit care staff, especially as the hospitality industry is offering better hours and pay, as well as the flux of EU nationals leaving the country due to the pandemic.</p> <p>CE discussed the impending Integrated Care Alliance (ICA) and advised the group that the ICA are looking at plans and schemes to help support us going into the winter, working closely with partners to identify where we can focus efforts on schemes regarding patients going in and out of hospital, as well as the funding streams that are available.</p> <p>CE explained that we are on the journey to become ICA by April next year, and the CCG will dissolve come April next year as a result of this. CE advised that whilst on this transition path to become an ICA, BSW are developing our integrated care alliances and an awful lot of work is to be undertaken and the CCG across all functions and areas of work are reviewing what we do now and what the opportunities are for the future going into an ICA.</p>

	<p>CE informed the group that another area of work underway is the Shaping a Healthier Future Programme for BaNES integrated care alliance. CE explained that there have been various workshops which have been undertaken and the output from them is helping to shape the health and care model.</p> <p>RP advised that one of the things the government wants to happen is to diagnose cancer quicker and asked CE if one of the hotspots is radiology? CE advised that she is not aware that the issue is with this department. CE explained how the diagnostic hubs are working in the community.</p> <p>JC asked CE who the clinical care team are and who are the people who are taking those posts, as well as who are the individuals and how many are there. CE advised that the commissioning managers are made up of individuals from the CCG and BaNES council.</p> <p>AJ advised CE that it is hard to find staff and people are not interested in doing care full stop. CE advised we are seeing this in all aspects of care delivery so not surprised to hear this. CE explained that there is no easy solution to this and currently exploring with other local authorities how we can boost recruitment. CE advised the team are pulling together a recruitment fayre for 23rd September to attract care and nursing staff.</p> <p>JK explained about public engagement going forward and we need to be far more honest and direct and say that there is not enough people and not enough money. JK advised that a key part of this is the need to hear full and frank input from forums such as this one because otherwise the CCG will not hear it with all of the other noise going on.</p>
<p>4.</p>	<p>Bath and North East Somerset, Swindon and Wiltshire Urgent Care Strategy</p>
	<p>KB opened the discussion and advised it is important for them to set the scene and plan for 5 years ahead. KB gave a presentation that set the scene and ES advised what has been going on at present during the presentation.</p> <p>Following the presentation, KB advised that it has become apparent that the language that they use when asking questions needs to change. KB opened up to the floor and asked if the group had any questions.</p> <p>JE explained that she felt there was a conflict between specialist centres and the fact that it's a large geographical area. We have an overlap and must have a relationship with them as it's one health service. JE went on to say she didn't see enough people to have enough specialist services. KB agreed that it's a difficult one to answer.</p> <p>IP explained that he looks on Google for information and one of the problems he has found is knowing which of the information that comes up is reliable, even if the</p>

information is labelled NHS. IP feels there is a role for the NHS getting its act together with its presence on the internet and using the power of the NHS to set up strategic alliance with google. Need to think about all of the sites that seem to be labelled NHS.

IP also asked how does he determine what is urgent or not. Is there a mechanism to do some preliminary checks to talk him through some of that definition? ES thanked IP for his contribution and said he raised some good points that need to be considered.

JH asked if the out of hours GP service at A&E still exist. ES advised that this is now in Keynsham that carry out face to face and home visits. JH asked if it will go back to RUH and ES advised she was unsure. JH also said she was worried about older people missing out on what they need due to increase in virtual appointments due to Covid. KB agreed.

HS advised that she is a patient with both a physical condition, Cerebral Palsy, and anxiety issues and wanted to talk from a perspective of not getting to places in a perspective of care, as well as finding it difficult to go into hospitals. HS advised she dreads to think what it will be like in 5 years' time. As a patient without a car and reliant to people taking her from A to B it can be really hard, alongside her physical condition and anxiety. HS advised she is worried about the centralisation of these services. KB advised the point HS is making is really important and maybe we need to look at the needs of the community and having services both in the centre and within the community.

HS advised that she would welcome more virtual interaction as she is very tech savvy. HS also advised that conditions should be listed on a system so that instances of having to explain to multiple people what her medical conditions are.

AH asked who runs the 111 service. ES advised that the 111 service is part of an integrated care contract that was commissioned in 2018 and the main provider is Medvivo, who's head office is based in Chippenham and have multiple face to face places across the patch. ES advised that Medvivo sub-contract their 111 service to another provider, but there are plans to change to a new 111 provider by November.

HK feels it would be a good idea (once all plans have been put in place) for GPs to contact all of their patients with a leaflet publicising how to access services. HK also advised that there could also be scope to have this online also, as patient needs are becoming more complex. KB advised that there have been discussions about how help can be put in place for the public in order to navigate the various systems that are out there how they are accessed and advertised, either through digital or publication formats.

RP advised that there is a new autism strategy that must be considered in the settings of these new strategies and RP has asked to signpost people to that. RP also advised that people with dementia will not retain their ability to use computers in the future and

	the service must be able to communicate with them in the future.
5.	Minutes from the meeting held on 2 June 2021
	JK advised that the group had been sent the minutes from the previous meeting and asked if anyone had any comments/amendments that they would like to make, or if the minutes could be signed off as an accurate record. It was agreed that the minutes can be passed as accurate
6.	Action Tracker
	<p>JK advised that his action on the action tracker is in hand. An invitation to attend this forum has been offered out through Gill May and RUH staff are keen to come to the forum. JK advised that the task now is to get the right person from the right department to attend.</p> <p>RA advised that she has been having dialogue with AM and an email has been sent so that the relevant people can have a further discussion directly with AM. AM advised that he has seen the email and has responded. AM advised that he'd like to opportunity for more dialogue and a number of points made today are relevant for discussion within the digital transformation. This action has now been classed as closed.</p>
7.	Public Questions
	<p>The question below had been submitted in from AH. RA displayed this on screen and gave the following answer:</p> <p>Anecdotal evidence suggests that some surgeries are referring patients to 111 for routine non-urgent treatment. Is there any evidence to substantiate this claim?</p> <p>111 are experiencing high call volumes, and this reflects the increased demand for services across the healthcare system. Unfortunately, however, we are currently unable to distinguish what proportions of calls made to 111 are for routine non-urgent treatment and those that require care on the day. Where we receive feedback that patients have been referred to 111 (or other urgent and emergency units) by another healthcare provider inappropriately, we investigate reports on a case-by-case basis.</p>

8.	Discussion about the Covid booster and flu vaccinations – seeking your views
	<p>RA advised we are still waiting for medical guidance on whether or not there will be a Covid booster in line with the flu vaccine or if they will be a break between the two. RA put the question to the group and asked for their thoughts.</p> <p>JE advised her surgery has indicated they would be doing both jabs in one day. JE confirmed that her GP practice is St Chads in Midsomer Norton.</p> <p>AH explained that she read that this initiative will be mainly done by pharmacies and she would support that. JE advised that they have lost two pharmacies in their town in the last 12 months</p> <p>AJ advised she is allergic to AstraZeneca and has been advised by her GP not to have Pfizer due to her ongoing allergies. JK advised this is why we are waiting for the clinical advice and hopefully your local GP understands your needs and requirements and will respond accordingly.</p>
9.	Any other business
	<p>RP advised he was asked to be a patient participant in a review and redesign on ophthalmology services. RP took part in a zoom meeting of 50 people from all aspects of the ophthalmology service. Presentations were given from clinicians and commissioners and break out rooms were set up so that questions could be sought to challenge what the best services for the future would look like.</p> <p>The questions were developed for patient experience, how we can improve resources and how we can define and communicate patient pathways.</p> <p>RP advised three sub-groups have been set up to discuss system mapping and national strategy called optometry first.</p> <p>HS advised that she has a question raised from LV. HS advised that LV is very unwell and has been in and out of the RUH for quite a while. LV has been in the RUH with an infection on top of the condition that she already has. HS explained that LV had been sent home with a high temperature and the wrong antibiotics, which resulted in her being hospitalised twice in 24 hours due to being sent home too early.</p> <p>LV is worried that people needing urgent care are not getting the treatment that they need. JK asked if she has raised it formally with RUH and HS advised that LV is not well enough to make a formal complaint at present.</p> <p>RP asked if that was something that could be raised with Dr Grabham? JK advised that as we have not yet had permission from LV we may not be able to take it further at this stage. HS understood and advised she would feed back to LV that she raised this in</p>

	the meeting.
10.	Date and time of next meeting
	JK thanked everyone for coming and closed the meeting by advising the next meeting would take place via zoom on 6 October 2021 at 2-3:30pm.