# Swindon Locality Patient and Public Engagement Forum Business meeting notes (draft)

# Thursday 6 May 2021 | 1-2:30pm | Zoom virtual meeting

**Present**

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| **Name** | **Initial** | **Job title /role** |
| Julian Kirby | JK | Lay Member (PPE) Chair, BSW CCG |
| Ruth Atkins | RA | Head of Public Engagement and Insights, BSW CCG |
| Lee Rockingham | LR | Public Engagement Officer, BSW CCG |
| Tania Currie | TC | Head of Patient Experience and Engagement, GWH |
| Amanda du Cros | AdC | Deputy Director, Community Transformation (acting) |
| Sara Marriott | SM | PA to Emma Frost, BSW CCG |
| Roy Worman | RW | Moredon PPG, member of the public and Medvivo Group of 50 |
| Joe Backshell | JB | Vice Chair of Swindon Equality and Access Group, Healthwatch Swindon Volunteer |
| Jo Osorio | JO | Development Officer, Healthwatch Swindon |
| Michelle Coleman | MC | Patient Engagement Coordinator, Medvivo |
| Amina Amawi | AA | Parent Representative, Swindon SEND Families Voices |
| Nazma Ramruttun | NR | Healthwatch Swindon volunteer & member of the Victoria Cross Surgery PPG |
| Susanna Jones | SJ | Chief Executive, Swindon Carers Centre |
| Moya Pinson | MP | Healthwatch Swindon volunteer & member of PPG Forum at Ashington Way Surgery |
| Ian James | IJ | Member of Westropp PPG & Lay member of BSW CCG |
| Ruth Jones | RJ | Quality Manager BSW CCG, BaNES locality |
| Sue O’Kennedy | SK | Parent Representative with Swindon SEND Families Voice |
| Norma Thompson | NT | Chair of Swindon Seniors Forum (SSF) / Healthwatch Swindon Volunteer / Chair of Eldene Surgery Patient Participation Group |

**Apologies:**

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| Name | Initial | Job title /role |
| Emma Frost | EF | Public Engagement and Insight Manager |
| Harry Dale | HD | PPG Chair North Swindon / member Healthwatch Swindon Volunteer / member Primary Care Committee BSW CCG |
| Steve Barnes | SB | Trustee of The Care Forum / Healthwatch Swindon Volunteer Advisory Board / Chair of PPG at Taw Hill, Swindon |
| Vanessa Scott | VS | Manager, Healthwatch Swindon & B&NES |
| Steve Hemmings | SH | Moredon Medical Practice PPG |

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|  | **Welcome, Apologies, Introductions** (JK) |
|  | JK opened the meeting and thanked everyone for attending. Apologies were given. |
|  | **Declarations of Interest** (JK) |
|  | There were no declarations of interest. |
| **3.** | **Explaining about Patient Experience and Engagement role at GWH** |
|  | TC shared a presentation with the group, which had been sent out before the meeting.  TC has been looking at patient complaints and feedback opportunities, using the friends and family survey. TC advised although Family and Friends and text messages have been a good source of information, it is important that this is taken forward and expanded to completely understand the patient experience.  TC explained once areas of improvement have been identified, the users of the services will be involved to highlight what is important to them. TC advised that she wants to set up a group similar to this one in order to improve the quality work streams already in place.  TC went on to explain how partnership working unfolds and how they share best practice with colleagues and partnership organisations, so that the patient journey/experience across all colleagues is a smooth one.  TC explained the last area of focus is the staff, and to ensure that the patient experience is as important to them. TC described to the group how staff are involved in the work streams, as well as discussion through appraisals so that patient engagement is at the forefront of everyone’s minds.  TC asked the group if there were any areas that Great Western could be involved in or improve.  RW thanked TC for the presentation and asked how a patient can communicate with her. TC advised that an engagement forum will be set up and from that there may be a focus on one particular area/project, and GWH would then go out for people to be involved. There will be opportunities widely advertised to be engaged.  RW explained that usually someone goes to the source to get an answer and that’s why he asked the question. RW asked where the buck stops if communication is not upheld. TC advised that concerns raised can be handled by the patient liaison service (PALS) and the complaints department. TC explained that sometimes these things need to go through a more formal process, hence the need for the complaints process. TC advised that they’d like to hear when things go right as well as things go wrong.  RW asked about other areas of coverage, such as relationships between surgeries and hospitals. Would you go to PALS or who would it be addressed to? TC advised this would be raised with the PALS and complaints team and they would work with the surgery to find out where the communication has fallen down.  RW asked for an explanation of the phrase “close working with members and governors” – TC advised this is about doing more to work with these people to further include them in work streams.  JB – Trouble with tuning in and could not hear the presentation. TC advised she can send the presentation again. RA advised the problem seems to be at JB’s end.  JO – A lot of people forget that foundation trusts have members. Is the trust still recruiting members? TC unsure if GWH are actively recruiting but there are meetings in the diary to discuss this subject.  JO – Could the engagement work and patient experience work be classed as two separate entities?  NR – Friends and family test, during pandemic this was online. Do you have any idea when the paper leaflets will be back in surgery? TC advised text and online is continuing, and the cards will be re-introduced in line with infection control, as well as volunteers going out to gain feedback.  MP – Positive comment about a ward at GWH and the expert service of staff. TC acknowledged that the staff have been working hard and it is good to hear positive feedback.  NR – How are you involving those who English is not their first language. TC advised that they are looking at language options with the Friends and Family test. All leaflets can be provided in a wide range of languages.  Difficult to reach – TC explains that this was a focus from the new urgent treatment centre in a recent survey. The survey had a good response rate and good feedback, with all considerations received in the feedback have been addressed.  RA – Raised question from Siddarth. What is being done to reduce wait times? TC advised Covid has impacted this and there is a huge amount of work currently being undertaken to try and reduce this, as well as expanding theatre times to ensure that there is more time to operate. Virtual appointments are continuing to be set up to reduce the number of people attending the hospital. |
| **4.** | **Previous meeting minutes** |
|  | * **10 March 2021 business meeting** * **Deep dive held on 7 April 2021**   Advised of two amendments and then the minutes were signed off as a true and accurate record. |
| **5**. | **Action Log** |
|  | RA discussed the actions raised from previous meetings and all updates logged in the [Action Log](file:///K:\Comms%20&%20Engagement\Engagement\FORUMS\Swindon%20PPE%20Forum\6%20May%202021%20business%20mtg\Action%20Tracker_Swindon%20PPE%20Forum_March%202021%20and%20April%202021.docx).  NR – Has been asked lots of questions about the vaccination and Ramadan. RA advised that information has been put out into the communities via faith leaders. |
| **6.** | **Public questions** |
|  | RA advised that no public questions have been received for this meeting. |
| **7.** | **Update on the Swindon Locality** |
|  | AdC joined the meeting and gave an update on the Swindon Locality. AC advised that the ICS/ICA development is ongoing.  AdC explained there has been increased pressures in the acute hospitals due to the ease of lockdown. There has been a significant increase in patients attending the Emergency Department (ED) and Urgent Treatment Centre. Work is underway to support teams due to the pressures.  Real reduction in number of Covid-19. Still high in Swindon compared to BSW and South West but it has come down from significant numbers in the past.  RW – Another problem such as Bank Holiday. Ridiculous situation that you can’t communicate with people. RW’s surgery were not taking calls and he could not get through to POD. If you can’t communicate with these places the next place is ED or Urgent Care. AdC agreed that there are some implications following a Bank Holiday and advised of other avenues that could be used as forms of support.  JO – Has been talking to Simon Billingham about the improvement plans for RW’s surgery and they recognise that they have a large problem with call handling, which was not helped due to the Bank Holiday. Healthwatch share the concerns raised in the Care and Quality Commissioners report and they need time to put measures in place. AdC agreed that progress is being made and there is still room for improvement.  MP – It is difficult as surgeries are short staffed due to helping with the Covid-19 vaccination. There are huge pressures being placed on staff and they need to be praised for the hard work that they do. |
| **8.** | **Update on the Covid-19 vaccination for 18–30-year-olds** |
|  | LR gave an update on the project and advised that the recent interview with two young volunteers from Healthwatch went extremely well, and both volunteers gave a well-rounded and informative interview.  LR reminded the group that this interview was recorded, and the recording was sent out to everyone prior to the meeting.  LR explained to the group the plan for an accompanying social media campaign and gave an overview of the information that the work is ongoing with colleagues from the Digital Communications team.  **Feedback**  LR asked for feedback from the members of this meeting. No direct feedback was given but LR requested that any future thoughts be sent to him via email. [BSWCCG.engagement@nhs.net](mailto:BSWCCG.engagement@nhs.net)  JO said the video was great and then spoke about a recent conversation with someone from this age cohort concerned about booking a vaccination appointment and if they could choose which vaccine they received. Adding that the individual stated if they couldn’t choose the vaccine, then they would not be getting vaccinated.  LR responded in saying that contact has been made with clinicians from the 18-30 cohort to create a myth busting resource, possibly similar to the BSW CCG’s Opening Doors event and requested if forum members knew of anybody within the 18-30 age cohort from a health care setting who might be willing to get involved in this project, to put them in touch with him.  RA explained about social influencers and how Gemma Walker from the BSW CCG Digital Team is linking with some from the local area; to try and encourage people from the 18-30 cohort to have their vaccine. LR will update as we get further information.  JO advised about the issue of Swindon residents having to travel to Bath Racecourse for their vaccine jab; can anyone go to Steam?  RA responded by saying people are being given the nearest vaccination clinic at the time, with the option to travel further afield if they want it sooner.  JO enquired about pharmacists in the area which appear on the BSW CCG map, that one had appeared only briefly. **Action RA:** We can follow up with Dave Reynolds about appearance on the CCG map.  JK & RA clarified that Steam as a COVID-19 vaccination venue is on the national booking system. Important move forward for Swindon |
| **9.** | **Use of the word BAME (Black, Asian & minority ethnic)** |
|  | RA shared her presentation and explained what the term BAME means.  RA explained there are links and worthwhile reading within the presentation as there are a number of different views considered.  NR advised she raised this in a previous meeting, and there has been plenty of discussion, but nothing confirmed to what it has been replaced with. RA advised that at present we are still using the term until an alternative is provided.  JO posted a link to government web page in the chat. As a Jewish person, sometimes not included in that acronym. Travellers and Roma who make up significant minorities in parts of the country are also excluded from the acronym.  JK advised that the language we use is important and we keep talking about it and challenging until a solution is found.  NR advised that when she first came to the UK, she was referred to as West Indian. She described the definition within the connotation of the discussion. NR discussed unacceptable terminology with the group from a book that she owns and urged the group to read it. RA reiterated that she would send out the links from her presentation to the group.  JK advised that the term is used within the NHS and CCG for the time being, but this will develop further and recognise the limitations of the language we use and urged the group to think of things from the perspective of others. |
| **10.** | **Any other business** |
|  | BSW Together Newsletter – LR gave an update on the current edition of this and explained that future editions would be amalgamated into BSW’s new publication, The Triangle. LR advised that anyone who is currently on the mailing list for BSW Together will automatically be on the mailing list for The Triangle.  JO commented on CCG engagement activity. The CCG has posted on its website calendar the Governing Body meeting on the 20 May. He advised that the CCG has not posted a time of the meeting and was given a response of it being difficult to set at time at present.  **Action:** JK to follow up on this. |
| **11.** | **Closing remarks** |
|  | **Next meeting:** Deep Dive  **Topic:** Community Mental Health Services  **Date:** Thursday 3 June 2021  **Time:** 1-2:30pm  **Venue:** Virtual via Zoom |