# BaNES locality: Your Health Your Voice Meeting

# 02 June 2021 | 14:00 - 15:30 | Virtual meeting via Zoom

**Present:**

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| **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 |
| Emma Frost | EF | Public Engagement & Insight Manager, BSW CCG |
| Sara Marriott | SM | PA to Emma Frost, BSW CCG |
| Helen Sims | HS | Disability Rights and Awareness raiser &a member of BaNES Disability Voices Group |
| Mark O’Sullivan | MOS | Member of the Public and Federation of Bath Residents Associations |
| 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 |
| Ruth Jones | RJ | Quality Manager for BaNES locality, BSW CCG |
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| 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 |
| Lala Vargas | LV | Member of the Public, NHS patient, BaNES Disability Voices and DP Group member |
| 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 |
| Janice Guy | JG | Founder of Jungle Green Market Research Agency |
| Julie Hockey | JH |  |

**Apologies:**

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| **Name** | **Initial** | **Job title /role** |
| Lee Rockingham | LR | Engagement Officer, BSW CCG |
| 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 |
| Corinne Edwards | CE | Chief Operating Officer, BaNES Locality |
| Megan Yakeley | MY |  |
| Dr Bryn Bird | BB | Locality Clinical Lead and Board representative for the BaNES locality |

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|  | **Welcome and Apologies** |
|  | JK welcomed the attendees to the meeting. The attendees introduced themselves and SM listed the apologies. |
|  | **Declarations of Interest** |
|  | No declarations of interest were made in the meeting. |
|  | **Minutes from the meeting held on 21 April 2021**  |
|  | JK advised minutes from 21 April 2021 have been circulated and asked if anyone has any questions or points of accuracy.* LV advised that she has not yet been able to read the minutes from 21 April 2021 because of personal health issues. Adding that at the last meeting, a lot of difficult, complex and controversial issues had been discussed, that she had commented on during the meeting, and she might report back at a later stage after reading the relevant minutes.JK assured LV that her input at the last meeting had been recorded.
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|  | **Action Tracker** |
|  | RA shared the action tracker on-screen with forum members.Overview:1. Public questions - Integrated Care System: updating in September 2021.
2. Update on 111 First: Still waiting on whether this information can be shared.
3. Examples of CCG’s social media posts re COVID-19: LR to update at the next meeting.
4. Locality update, Infection controls at RUH: LV spoke again about her concerns, that the RUH didn’t have an isolation strategy and COVID-19 patients were mixed in with other patients, specifically in January, February and March 2021. Even COVID-19 patients on orthopaedic wards.RA advised that BB was possibly after specific details of the patient that LV mentioned in the previous meeting; RA added that this level of information could not be shared in a public meeting.LV advised that she can provide the specific details if required but not sure why she should have to prove that it happened and that this behaviour was actually common knowledge.RA advised that this particular case could go through the Patient Advice and Liaison Service. LV advised that this issue has already gone through the RUH’s complaints procedure and that she would have to drop the issue at this time but would like it noted that there was no isolation process or policy at the RUH this past winter season.RA advised that it will be left with the RUH to consider the process for this issue. JK said that this belongs with the RUH complaints process and that the RUH is an independent organisation within the NHS that BSW CCG commissions.DJ added that there doesn’t seem to be a mechanism for dealing with generic or systemic issues. Not an individual issue but feedback on a serious systemic problem; that COVID-19 patients were spread around the hospital, which makes no sense. Adding that by January 2021, the RUH had had the best part of the year to make sure their systems were in place to make sure that COVID-19 patients can be isolated. DJ asked if forum members are allowed to raise systemic problems or because the RUH is an independent, are not allowed to discuss these issues.JK responded that as members of the public, attendees to these forums can raise anything they wish.LV advised that she didn’t think the patient in her original question had received a satisfactory answer and further raised her concerns by saying we are going into another COVID-19 winter and that the RUH has no reasonable excuse to not be prepared for January.RA reiterated that concerns can be picked up through the relevant Patient Advice Liaison Service and Complaints Service, please see below.**BSW CCG**Email: scwcsu.palscomplaints@nhs.net Telephone: 0300 561 0250**Royal United Hospitals Bath** Email: ruh-tr.PALS@nhs.net Telephone: 01225 825656HK: About infection control; would it not be possible to submit a question about the RUH’s general operating systems or invite a representative from the hospital to attend one of the YHYV Forum meetings. Opportunity for the RUH to clarify things. JK said he would draft a suitable question to get an answer directly from the board.RP: CCG bringing patient stories to board meetings. Also, that as commissioners the CCG can hold the RUH to account, and cannot see a problem bringing specific questions to the hospital board.HS asked about a possible Freedom of Information Request on this issue. JK responded that this could be a way forward if the question he puts forward to the board is not satisfactorily answered. JH shared a real-life experience about when she was in hospital, and a nurse on her ward shouted across the room to tell a patient that her COVID-19 test had come back positive. Recognised that this is not good practice; but also acknowledged that frontline staff are doing their best and working hard. LV thanked JH for sharing this experience.
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|  | **Public questions** |
|  | Two questions were submitted prior to the forum meeting by AM.**1) How can the public /community and community champions such as myself get more involved in the development and implementation of the BSW STP and ICS (i.e. True North) to help shape the future of healthcare; especially in terms of digital innovation in line with the Topol review?****2) BSW & BNSSG CCGs have some of the best expertise in the world for digital health, but this is not being utilised locally very much (to my knowledge); can we change this?**RA advised that answers could not be provided at present due to the relevant members of staff being on annual leave, but agreed that the questions are now in the system. HK said that it had been raised at the last YHYV meeting that some of the innovations brought in because of COVID-19; they were going to try and continue these. Good for triage and to help with prioritising, in particular video consultations.  |
|  | **Presentation on the results of Survey 5 of the Citizens Panel** **– Our Health, Our Future (OHOF)** Janice Guy, Founder of [Jungle Green MRC](https://www.junglegreenmrc.co.uk/) |
|  | JG shared her presentation with the forum members, which will also be sent out with the meeting minutes, and that further data charts from all of the OHOF surveys can be found on the [BSW CCG's Our Health, Our Future Panel](https://bswccg.nhs.uk/get-involved/how-to-get-involved/bsw-ccg-s-our-health-our-future-panel) section of the BSW CCG website.**Focus of the Survey 5 in April 2021**Coronavirus vaccine, remote consultations, remote monitoring technology, Patient Initiated Follow Up (PIFU), and mental health services.40% response rate to Survey 5, with a robust and representative sample of panellists. **Highlights of the presentation**COVID-19 vaccine and the keeping well trackers across the sub-groupsNov/Dec 2020 – positive direction for keeping well, change in April 2021, scores slipped back, BaNES slightly lower scores than Wiltshire and Swindon.**70% panellists have already had the vaccination**Majority in 64+ age groups Slightly more in Swindon, slightly more females than males81% unpaid carers have had the vaccine**Sub-groups**Gives indication where most persuasion is needed, insight for engagement.Question answered by JG that yes there is a disability, long term health condition category (LTC in the survey).**Young people; location preference in BSW**Preferred location is at a GP practice – 16 to 24 age cohort, followed by local community venues. Less interest in large vaccination sites, pharmacies and hospitals.Two thirds of 16 to 24 cohort said they would find a virtual Q&A information event quite useful. **Recent consultation experiences**Panellists asked about their most recent consultation, either by telephone, video or face to face. Results reflected a high level of satisfaction with video consultations; possible potential for these to be used in the future. Telephone/face to face had similar levels of satisfaction.* LV stated she desperately would like to have Zoom consultations with the RUH; and receives them from another hospital. LV does not understand why the RUH don’t offer Zoom consultations for vulnerable patients, is it something I have to ask members of the top-level management? RA advised that there is work taking place on this, and to ask this question to the relevant colleagues. **Action RA**. RA also advised LV to ask the question via the PALs team at the RUH.**Royal United Hospitals Bath** Email: ruh-tr.PALS@nhs.net Telephone: 01225 825656LV responded that during this year she would prefer Zoom consultations and thanked RA for her help.RP said the issue in hospitals and GP surgeries that the computers they use do not have cameras on them; leaving the choice for clinicians to use their own phones but that they might not want to. A lack of equipment might be the main issue. LV found this interesting and suggested that the clinicians need iPads.AM advised that he has studied this topic quite a bit and that the problem is cultural rather than a barrier with the technology; really trying to find out what is in the mindset of key decision makers. [NHSX](https://www.nhsx.nhs.uk/) and [NHS Digital](https://digital.nhs.uk/) want what the public would like and the Survey 5 shows. Many cases that there are perceived barriers to get through; people are not ready to address some of these barriers.LV would rather go and see her GP in person. LV’s reason for wanting Zoom consultations with the RUH, is from concerns with infection control, use of air conditioning, lack of windows, making the environment bacteria and COVID-19 friendly. LV advised she has previously asked for a room with a window. This highlights the various issues as to why some people would like Zoom consultations; especially for vulnerable patients this is the best plan moving forward.

**Experiences of video consultations**Positive feedback, see people more quickly, cut down on travel, feel more relaxed in your own home, have a relative next to you who can listen in. * LV spoke about experience of if you miss the phone call, they might try one more time and then you are put back on the waiting list for possibly another six to eight weeks.
* HS agreed with LV that she prefers Zoom but equally concerned if it goes too far with technology it will become increasingly difficult to see GPs in person. With regards the RUH and appointments, contacted saying she has missed her appointment when the original letter never arrived.
* JG: People have spoken about how video consultations free up more time for people who want face to face appointments? HS said it is good that some GP surgeries now have Zoom consultations which speeds up the triage process.

**Experience of telephone consultations**77% positive experience of users, 10% said dissatisfied.Reassurance with face-to-face consultations.Some felt the need to rush because they were on the telephone.Difficulty with accents, lack of body language, poor connections.GPs not reading notes in advance. * HS highlighted situations pre COVID-19 where she had to keep telling the clinicians about her medical history.

**Telephone consultations**Three quarter of the panellists were comfortable having a telephone consultation.* LV feels strongly against telephone consultations, don’t connect properly.
* JG advised that people really need a suite of options.
* HK said she doesn’t know how you can generalise; surely depends on the type of problem, might need to be face to face. Agreement amongst forum members.

**Own monitoring device or Apps**Half of panellists have made use of such devices or Apps. Step counters, blood pressure monitor; wasn’t useful; tried blood pressure monitor – unsure how to interpret data or forget to take pressure. * LV advised that the process of self-managing blood pressure is quite stressful. Element of anxiety if you have to monitor too much. People spend a lot of time already with digital devices, so possible health risks with using even more devices. Leave too much to people can increase anxiety and affect their health. In contrast it was said that self-managing can sometimes alleviate anxiety in patients; going to a surgery for blood pressure reading can increase anxiety. It was agreed that there are negative and positive experiences, and that one size does not fit all.Examples were spoken about where a family member who has eating disorders who had a watch that monitored her fitness and even in treatment, she had this watch hidden and was using it and it made her condition worse. Definitely problems for some people.JE: Gave a an example of a positive experience with monitoring devices; using oximeters to record daily blood pressure, included within daily routine. Producing a record to take with the patient to the RUH; this was helpful for the clinicians dealing with the patient. Very pleased with this service.LV: Technology needs to be properly supported and implemented; people need to be using the positive experiences to implement the technology well. Important to keep a human in the loop, for support with the technology. Challenged that people still have to accept using the technology but concerns over scientific evidence of exposure to WIFI and 5G affecting our health. Balance of technology and human contact is needed. JK: Advised that these surveys gather information and the debate in this forum today will also feed into the planning within the CCG and other NHS organisations. Negative and positive experiences provide important insight for BSW CCG.
* JH said that all of this is very helpful and raised the point of confidentiality between GPs and patients
* JE: Asked if JG is aware of any parallel research going at local or national level with GPs and clinicians to see what they are finding most value when patients have home monitoring devices at home. JG will see if there is any associated research and send the relevant information through to RA to share with forum members.
* RA advised that different people within the CCG had included these survey questions and that work is ongoing within each area; adding that the minutes from this meeting will be shared with these particular groups.

**Patient Initiated Follow Up appointments (PIFU)**One quarter of panellists had had an outpatient appointment in the last 12 months.Most people who had been offered PIFU understood the explanation and process; but more work is needed regarding those that didn’t. Or people who thought they should have been offered a PIFU appointment but did not receive one.* RP spoke about how competent are we to manage ourselves with self-care. A massive pressure coming down from the NHS for self-care; many medicines were pushed into self-care in 2017. It’s not always appropriate; GP seem to think a particular condition is now self-care but aware that there are all sorts of conditions that are exceptions; chronic conditions or those caused by medicines, seem to be overlooked. Being in a position to make the decision to make a PIFU appointment needs some kind of oversight and audit to make sure it is being done in the patient’s best interest. RP spoke about his personal experience with a delayed diagnosis because symptoms were seen as kind of normal; if the GP had a high index of suspicion, it could potentially have saved the NHS a lot of money and also meant less stress for the patient. People might not know what is going on in their bodies regarding making decisions on self-care.

**Mental health services**One quarter of panellists had personal experience of using or supporting someone with mental health services in BaNES, Swindon and Wiltshire. Positive and negative feedback in Survey 5, of mental health services in BSW.A lot of education needed, takes months to access, still stigma around mental health issues and symptoms, lack of resources – waiting lists, people given up over time. Practicalities of getting help are sometimes too difficult. These will be fed back. * MOS: Asked if there is any further information about the differences mentioned, particularly between the City of Bath and the more rural areas of North East Somerset? Part of the area (Chew Valley) looks into Bristol for work and services; interested in differences that exist.
* JG: Advised that BSW CCG has not divided the three localities any further but that this is possible to do moving forward, and JG is due a catch up with RA soon to discuss this for future surveys, to get more granular details.
* JK advised that this is also the case in Wiltshire and Swindon and the CCG will definitely need to dig down further, especially in the rural areas.

JK thanked JG for Survey 5 presentation and said it had generated a fantastic conversation; lots of great discussion and comment. JG advised that Citizens’ Panel Survey 6 should take place in June/July 2021. Click on the link to find out more about [Jungle Green recruiting more panel members for future surveys.](https://wh1.snapsurveys.com/s.asp?k=159290421727) |
|  | **Shaping a healthier future** |
|  | A new programme of work focussing on the redevelopment options for the Royal United Hospitals Bath (RUH) site, and also a healthier future; shaping the care across BSW area.Read further information on Shaping a Healthier Future on the BSW Partnership website.RA advised that at the next YHYV Forum meeting in August, someone from this programme of work will join us. They may want a meeting earlier but RA will keep forum members informed if this is the case. RP asked if this includes Circle Bath Hospital? RA responded that she doesn’t know if Circle Bath are included in this programme.  |
|  | **Any Other Business** |
|  | **1. Questions and comments from HK****Virgin Care**HK that she was cross because at a previous meeting (YHYV Forum meeting on 3 February forum) she had asked the question, if Virgin Care were going to be involved in the Intermediate Care Strategy board for BSW. The response provided; was that categorically no they were not going to be involved HK continued to say that this would be a decision-making role and suggests that this creates a conflict of interest and would be really controversial. HK recognised that the decision has not been finalised, adding that Virgin Care should may be at the ICA level, but doesn’t understand why they are on the board level, quite worrying. Concern over further controversy that private organisations had to contribute to the running costs. Were we told deliberately that Virgin Care were not involved, so the information was hidden, or that we just didn’t know? Concern that these meetings are not totally effective, just going through the motions, and that the public can ask any questions and told the truth in response, but is that really true, a very frustrating situation.HK was open that she belongs to the Protect Our NHS group with campaign and personal opinion that the health service should be provided publicly and not by private bodies. Things should be honest and clear, which is the point of these meetings. HK is very unhappy about this situation. HK also spoke about how questions for the YHYV meetings are submitted a week in advance and then given a bland response during the meetings. Would it be better to be sent the response before the meeting to read and then to discuss further during the forum meeting. HK stressed that she does not like the way the public questions are handled.  JK: Reiterate what was in previous meeting minutes, this morning an update that the legislation has not yet been written; no formal decisions have been put in place. HK read out the minutes from the previous meeting, highlighting what JK was recorded as saying. HK advised that the first ICS board meeting was last Friday, and Virgin Care attended on the board. JK advised that the meeting doesn’t yet have a statutory authority. HK responded saying the statutory authority is on the verge of happening. JK: Responded by saying everything is how it is, and also expressed his personal opinion, saying that people won’t be entirely disappointed with how it works. HK responded that she is not optimistic about this. JK responded to the queries about the public questions, that solutions need to be found and requested that forum members keep coming back with further questions if required until satisfied with the answer. JK is happy to stick to what he said in the minutes about HK’s question regarding Virgin Care. **2. Emma Frost leaving**JK: Spoke about EF leaving her current post with BSW CCG, and thanked EF for all her hard work, especially with the forum meetings and best wishes for the future.**3. Length in time of the forum meetings**MOS: Struck on during the restructuring of the CCG taking place; YHYV meeting reduced in length of time. Suggesting an assessment of change, whether it was better being two hours long as it is now only one and a half hours. RA responded by saying timings were reduced due to two forums being in place across BSW and time restraints of other work during this period. RA advised that this can be looked at the next meeting, and also for members to raise any issues with the forum meetings moving forward.JK: Needs a possible review; what has taken place throughout the pandemic.JH: Advised that we use to have a coffee break so really only 15 minutes shorter. HS: Advised that the current timing suits her better. |
| **9.** | **Closing Remarks and Date/Time of Next Meeting** |
|  | Next meeting: Wednesday 4 August 2021, 6pm – 7:30pm.   |