# BaNES locality: Your Health Your Voice Meeting

# 21 April 2021 | 18:00-19:30 | virtual meeting

**Present:**

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| **Name** | **Initial** | **Job title /role** |
| Julian Kirby | PB | Lay Member (PPE) - Chair |
| Ruth Atkins | RA | Head of Public Engagement and Insights, BSW CCG |
| Lee Rockingham | LR | Public Engagement Officer, BSW CCG |
| Emma Frost | EF | Public Engagement & Insight Manager, BSW CCG |
| Sara Marriott | SM | PA to Emma Frost, BSW CCG |
| Dr Bryn Bird | BB | Locality Clinical Lead and Board representative for the BaNES locality |
| Mark O’Sullivan | MO’S | Member of the Public and Federation of Bath Residents Associations |
| Anne Harding | AH | Member of the Public and Healthwatch link volunteer for Virgin Care (B&NES community health and care services) |
| Ian Perkins | IP | Member of the Public and Chair of Abbey Residents Association |
| Hilary King | HK | Member of the Public and Keep the NHS Public Group |
| Ruth Jones | RJ | Quality Manager BSW CCG |
| Cllr. Vic Pritchard | VP | Chair of the Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel, B&NES Council |
| Jenny Evans | JE | Chair of Friends of St Chad’s and Chilcompton Surgeries Charity |
| Janet Cowland | JC | Member of the Public |
| Robert Page | RP | Member of the Public |
| Layla Vargas | LV | Member of the Public / BaNES Disability Voices and DP Group |
| Pat Foster | PF | Healthwatch |

**Apologies:**

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| **Name** | **Initial** | **Job title /role** |
| Deborah Jane | DJ | Member of the Public and member of the Heart of Bath PPG |

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|  | **Welcome and Apologies** |
|  | JK welcomed the attendees to the meeting. The attendees introduced themselves and LR confirmed that Deborah Jane and Megan Yakeley are unable to attend. |
|  | **Declarations of Interest** |
|  | No declarations were made in the meeting. |
|  | **Minutes from the meeting held on 2 December 2020** |
|  | JK advised minutes from 3 February 2021 have been circulated and asked if anyone has any questions. HK asked if the meeting minutes could be sent out earlier and as a PDF. RA advised the team has acknowledged this and aim is to have the minutes sent out within 7 working days of the meeting. |
|  | **Action Tracker** |
|  | SM shared the action tracker with the group. LV advised that she has put two questions on the agenda and they do not appear to be there. RA advised that both questions are included in the Q&A section.  RA advised that RP is interested in joining point 2 and RA has agreed to liaise with him.  Action: RA to liaise with RP about the Oversight Framework  Sessions about the Integrated Care System  RA advised that Richard Smale, Director of Strategy and Transformation for the CCG has been invited to a separate session and this is currently being worked on.  NHS 111 First  EF advised that she is waiting for sign off to share the report in the public arena and advised that we had a good response to the survey and had over 600 responses. Overall, most people were welcoming and understood in the current climate the need for this service and its purpose. EF advised that users were happy with the information they had received and can share more when she has permission to do so. PF advised that there is an aim to restart the Healthwatch citizens’ panel.  Action: EF to share the report |
|  | **Locality Update** |
|  | BB advised long Covid clinics are continuing as well as the monitoring systems for patients at home and early Covid discharge. There are currently four vaccination delivery sites in BaNES and 91% of people in cohorts 1-9 have had their first vaccination and second doses of the vaccination are now in progress. BB advised that BaNES has one of the lowest Covid rate areas in the South West. Currently only three patients are in the RUH with Covid. BB explained that the vaccination for under 50’s will not be continuing across the fours BaNES sites as GPs are needing to continue with their primary care business.  BB explained to the group what an Integrated Care System (ICS) is and how it would work:   * Expected to go into an ICS formally by April 2022 and will be in shadow form prior to this * There will still be local groups (Integrated Care Alliances) and these will build on existing groups * BSW Partnership will provide a centralised system function and there will be support for the localities.   LV asked why the RUH hasn’t had correct infection control processes in place  and gave an example of a patient with Covid being on an orthopaedic ward., LV explained that she hoped that it would not happen again this winter.  BB apologised for this experience and said he was not involved with the full details. BB advised that the RUH has engaged with NHS England about its infection control support to ensure that their measures were appropriate in relation to Covid. BB advised that there are always challenges with this given the huge spike in the autumn and winter months, but they engaged at the earliest opportunity. BB advised if LV could share more specific information then he can pass it on to the RUH. LV thanked BB and explained that it must be known at the top what to do regarding infection control, but it does not appear to be filtering down. LV also highlighted that GP receptionists are not wearing masks in surgeries.  JE asked about the long Covid clinics and advised that she does not know much about them and requested some facts and figures from BB. BB advised that this is a service that is delivered across BSW and there is a central hub that patients are referred to.  RP asked what the impact of long Covid has been on primary care. BB advised that the impact has been multifactorial. BB advised that we have seen lots more mental health issues and the vaccination programme has had a larger impact (positively) than long Covid. BB advised that the number of referrals has been manageable. RP asked how primary care is gearing up to meet its Quality and Outcomes Framework (QOF) points for cancer and other areas. BB advised that specialist quality and improvement processes are set up across practices and specific audits by priority within practices and then the learning is shared across the local area.  LV asked if there is any interest within the NHS to implement air filtration systems and UV light and other practices to implement better patient protect going forward. BB advised that his practice adhere to the national guidelines regarding infection control and colleagues around BaNES do the same. |
|  | **Public Questions** |
|  | RA shared the public questions document and went through the individual questions and answers.  **From Debbie Clifton, member of Your Care, Your Way**  As part of Your Care, Your Way I would like to see a survey done on Pharmacy services, as I believe there is room for improvement. For example, I spoke to a GP Wednesday am 9.20am and the GP raised a prescription and sent electronically to the pharmacy. The pharmacy said they did not receive it until Thursday morning and the prescription was not ready until 5.30pm on Thursday which meant I had to wait until Friday morning to collect. Now people who order a repeat prescription know that they need to order well in advance, but when medication is a prescription by a doctor so you can start a new medication it should be dealt with a lot quicker. I have since moved pharmacy but I can tell you it was one of the big pharmacy companies. I have also spoken to other people who live by me and they have moved pharmacy because of the poor service.  **CCG response**  The CCG does not commission (buy) pharmacy services and most of them are independent businesses. Concerns about a pharmacy initially need to be raised with the pharmacy manager or you can contact the Avon Local Pharmaceutical Committee:   * Office hours are 09:15 – 14:15 Monday, Tuesday and Thursday. * Telephone 0117 9562337 * Email [avonlpc@gmail.com](mailto:avonlpc@gmail.com)   **From Lara, BaNES Disability Voices and DP group**  We still can find no UK clear website information listing the groups (or NHS England information) that is known not to be able to be vaccinated. My GP in January had no guidance on this. So, for example respiratory consultants say one group is: "not people currently taking steroids".  The media often refer to the existence of groups, who legitimately cannot take the vaccine, when talking about human rights and a digital cover passport....but no one is clear who is in this category. So, can you PLACE on to the meeting agenda where we are to find this exact and important health information? It’s not good, to give standard response of: “ask your consultant", since I am waiting for an appointment on ZOOM from my team, to do exactly that, since the start of the second LOCKDOWN, Dec 9th.  Other countries give out clear guidance lists to their populations. For example ITALY from the off say AstraZeneca is not suitable for Diabetics...and some respiratory conditions and this is nothing to do with blood clot risk.  **CCG Response**  There is some information on the government website about who is not suitable for the vaccine here: [COVID-19 vaccination: guide for adults - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/covid-19-vaccination-guide-for-older-adults/covid-19-vaccination-guide-for-older-adults) All clinicians and the CCG refer to the ‘Green Book’ which is the Public Health England Guidance regarding immunisations. There is a specific chapter (14a) for Covid vaccines. The link is here:  [COVID-19 Green book chapter 14a (publishing.service.gov.uk)](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/961287/Greenbook_chapter_14a_v7_12Feb2021.pdf). It specifically references for example, people who are immunosuppressed, and those who can and can’t have whichever vaccines.  If any clinician has any clinical questions or queries, such as who can be vaccinated, with what and when, then these can and are frequently sent to the Clinical Advice and Response Service. This is led by Public Health England and is a group of clinical experts who respond with advice and guidance. We frequently issue reminders about this service to all of our delivery sites and leads.  **From Lara, BaNES Disability Voices and DP group**  Second, we hope on the agenda will be discussion around concerns shielders have, around the fact shielding is supposedly “finished", and what that may mean. In real terms as we have the South African variant already in Britain (and need to look out for the Brazilian) We would like to have a full definition or discussion on what the CCG sees as "shielding finishing” - and in relation to which different clinical vulnerabilities.  We also would like to point out, that the experience of being shielded in BaNES has been virtually no contact from Virgin Care, and what little there was, being spoken to in a dry letter, as if we are employees, for the council. There is no concept we could feel of helpful, concerned, accessible communication, But, which yes, has come from others in the charity sector... (3G) and from CURO and the Carers centre.  **CCG Response**  The CCG hasn’t made the decision about shielding finishing as this is based on national guidance following the government’s easing of lockdown.  The latest advice for the clinical extremely vulnerable on the gov.uk website states:  “If you are clinically extremely vulnerable, you are no longer advised to shield. However, you should continue to follow the [guidance for people who are clinically extremely vulnerable](https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19) and are advised to continue taking extra precautions to protect yourself. It is important that you continue to keep the number of social interactions that you have low and try to limit the amount of time you spend in settings where it is difficult to maintain social distancing.”  The community wellbeing hub in B&NES remains in place and has provided significant support to the clinically extremely vulnerable (CEV) and other people who have needed support throughout the pandemic.  As you know this has been a collaboration between Virgin Care, 3SG, the council and CCG and as referenced there was a CEV webinar on 9th March to give people the opportunity to ask questions which I see has been posted on the wellbeing hub’s website.  **From: BaNES Disability Voices and DP group**  Lack of GP engagement groups; is an issue that has come up in *Your Health Your way,* in the previous meetings minutes, for various Bath GP practices, including Heart of Bath, so I would like to ask what the commissioners can do to prod Pulteney St. into running one?  The official answer given to me by the Practice manager in the years before COVID-19, is that "they had received some government funding to run one, and when the funding was no longer available they could not afford to run one.“ By this I understand that there is not (even before CV19 times) the staff time/capacity to take on the time consuming issue of listening to patients, consulting them, and gathering our views, into data. However, this is totally unacceptable, and also I would argue unprofessional in their duty of care, especially as they are regularly doing things that completely alter the quality of patient care and treatments, with zero warning - and certainly no warning that is done in any meaningful accessible, and inclusive way.  Inclusion is not on their radar, as a concept, really in terms of consulting patients. They ideally need to have some training around this, in terms of management. Plus, they seem really not care they are duty bound to have an engagement service.  **BSW CCG response**  The Pulteney Practice does have a Patient Participation Group. The group is operated virtually and has over 200 members. The Group welcomes new members, and anyone wishing to join may do so by contacting the Practice’s Reception Manager (via the Practice’s Contact form on their webpage). The Group do not currently have forthcoming meetings scheduled, but plan to reinstate them once capacity allows.  **From: BaNES Disability Voices and DP group**  As the UK has effectively bought on order a huge amount of vaccines, when will it become possible for vulnerable people, and those with complex health needs to be able to state a choice over which vaccine they have, and for us to have that freedom of choice ?  I think some would prefer to be able to pay for vaccine choice, rather than be given No choice at all.  **BSW CCG response**  At the current time the national direction is that unless there are clinical indications, there is not a choice about which vaccine is offered and vaccines cannot be paid for privately.  Recent guidance changed about the under 30 years old for the Oxford Astra Zeneca vaccine and an alternative will be offered where clinically appropriate in line with the national guidance.  As more vaccines are made available, that position may change.  **From Deborah Jane**  Please note my concerns about Heart of Bath Surgery’s continuing inability to handle phone calls and appointments satisfactorily? I am forwarding to you (for information, NOT as a formal agenda item) the email I have today sent to the surgery, which I trust is self-explanatory. We have had these issues raised by different people on numerous occasions and there does not appear to be much if any improvement, just increasingly feeble excuses. I think the CCG needs at least to be aware of this & perhaps to increase supervision & monitoring of the practice. When is Heart of Bath next due to be formally inspected by the CQC?  **BSW CCG response**  We are aware that all GP practices are currently experiencing high call volumes, particularly in relation to the Covid-19 vaccination programme.  We have highlighted the specific issues raised with Heart of Bath. The practice currently offer urgent same-day appointments which can be booked in the morning (from 8am) or from the afternoon (from 2pm). Routine appointments are available up to two weeks in advance. They have recently recruited additional staff to help support with call answering and appointment booking, and have an active recruitment programme for additional administrative and clinical staff to support the high-demand for services.  Additionally, they have recently implemented new process which displays average call wait times to the reception team to help them better manage high-call volumes. The CCG will continue to closely monitor the situation.  **From Hilary King**  As it is likely ICS boards (Integrated Care System) will take over the commissioning of health services from CCGs, how will local GPs and Primary Care Networks be involved in commissioning decisions in this area?  **BSW CCG response**  The arrangements for how our ICS will operate and how different stakeholders will be involved in processes in future will be developed during 2021 with input from all of our partner organisations. The involvement of GPs and PCNs in the future arrangements will be critical and we will involve colleagues from primary care in the design process to ensure we have a meaningful and effective mechanism for involvement.  **From Hilary King**  In BANES will Virgin Care have to re-submit a bid to continue to provide community health and social care services in 2024 following new introduction of ICS mechanisms? Will VC be required to submit evidence that it has successfully delivered on its contract requirements?  **BSW CCG response**  The future arrangements for the procurement of all providers are expected to change as part of the development of ICSs. We are awaiting further guidance on the legal changes that are proposed. This will inform the approach BSW takes with regards to all existing contracts and any processes associated with their renewal.  All providers are required to demonstrate that they are delivering services in line with their contracts and delivering good value for the resources invested in them. This principle is expected to be retained in the new arrangements.  (We can share the Virgin Care Commissioning Update Report which was presented to the March 2021 Children, Adult Health and Wellbeing Policy and Development Scrutiny Panel).  **From Hilary King**  How does BWS CCG propose to lead on tackling the waiting list for planned procedures and treatments that have been delayed by Covid?  **BSW CCG response**  The recovery of elective services and the tackling of waiting lists is a significant priority for BSW. As part of the planning for 2021/22 we are in the process of assessing the demand for services and sourcing the capacity that is needed, with the aim of both shortening the waiting time for individuals and reducing the overall size of the list, as well as restoring services to full operational capacity.  The emphasis is on ensuring we tackle the waiting list in order of clinical need and the list has been segmented to help us identify the individuals in this way. The planning of this work is being done in conjunction with providers across BSW and we will be seeking to use the capacity that is available as flexibly as possible to address the needs that exist - this includes developing a single waiting list approach whereby capacity is best aligned with where demand is across providers.  Additionally we are planning to maximise the opportunity of the national Elective Recovery Fund to work with providers who have additional capacity available, including those on the geographical periphery of the CCG. We are also ensuring that transformational changes in delivery of service, for example virtual appointments, and alternative ways of delivering the care are embedded into the planning. |
|  | **Revised Engagement Model** |
|  | RA shared her presentation regarding the revised engagement model for the Clinical Commissioning Group. RA described the background information regarding the need for a revised engagement model, as well as explaining about the integrated care alliances working under the engagement umbrella of the BSW partnership. RA explained to the group what is working well regarding engagement currently, as well as what is not working well. RA also went on to discuss what the engagement model could look like in the future, including representation from every patient group, terms of reference. RA also explained to the group the next steps of the engagement model, highlighting coproduction to find the best approach.  LV asked why there is no group in Wiltshire and EF advised it is being developed alongside the ICS and Elizabeth Disney, Chief Operating Officer, is leading this process. EF advised that consultations are in place to find the best mechanism moving forward and is being robustly canvased and developed. |
|  | **Any Other Business** |
|  | There was no AOB. |
| **9.** | **Closing Remarks and Date/Time of Next Meeting** |
|  | JK asked for a straw poll if the evening meeting has worked well.  JK also asked if the attendees can let RA and her team know if it worked or not.  Action: Attendees to email RA   * HK advised that at present it works but as life goes back to normal evenings may become difficult. * Some members of the group suggested that it could be good to alternate the times of the meetings and have some in the day and some in the evenings. * LV advised that she is happy with either day or evening meeting but hopes that we can find people with lived experience to attend the meeting.   RA thanked PF her contributions to our meetings and all the best for the future as she is leaving Healthwatch Wiltshire.  JK advised the next meeting will be held on 2 June 2021 at 2pm via Zoom. JK thanked everyone for attending and closed the meeting. |