# BaNES locality: Your Health Your Voice Meeting

# 06 October 2021 | 13:30 – 15:00 | 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 |
| Lee Rockingham | LR | Engagement Officer, BSW CCG |
| Dr Bryn Bird | BB | Locality Clinical Lead and Board representative for the BaNES locality |
| Janice Guy | JG | Jungle Green |
| Ruth Jones | RJ | Quality Manager for BaNES locality, BSW CCG |
| Janet Cowland | JC | Member of the public living in Bath |
| 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 |
| Julie Hockey | JH | Member of the public living in Bath |
| Vic Pritchard | VP | Chair of the Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel, B&NES Council |

**Apologies:**

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| **Name** | **Initial** | **Job title /role** |
| Jenny Evans | JE | Chair of Friends of St Chad’s and Chilcompton Surgeries Charity |
| Mark O’Sullivan | MS | Member of the public and Federation of Bath Residents Associations |
| Deborah Jane | DJ | Member of the public & member of the Heart of Bath PPG |
| 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 |

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|  | **Welcome and Apologies** |
|  | JK welcomed the attendees to the meeting and LR listed the apologies. |
|  | **Declarations of Interest** |
|  | JK asked members to declare any interests. AH declared that she works for a GP practice within the Minerva group. |
|  | **Minutes from the meeting held on 4 August 2021** **&** **action tracker** |
|  | JK advised that the previous minutes have been circulated and asked if the group were asked to confirm if the minutes are accurate.  JK confirmed that the minutes can be signed off as accurate. |
|  | **Locality and ICA update** |
|  | BB advised that there will be no CCG from April 2022.  Interviews for a chief executive for the Integrated Care System are taking place the week of 11 October 2021..  Various core requirements are needed across BSW for the new Integrated Care System (ICS) and some are more tangible to BaNES in the integrated care partnership made up of colleagues and service providers from across BSW.  The new ICS NHS Integrated Care Board (ICB) will be dealing with the work coming from NHSE and the focus will be on partnership working.  Engagement locally with health and care has focused on its leadership; with finance and governance being looked at once this has been completed. Locally there has been good engagement with Primary Care to see how it is represented and further events are planned to help clarify this.  Alongside this sits some of the strategy work. This is prominent locally with the Health and Wellbeing Board. Very keen in BaNES that the strategy forms part of the overall strategy for BSW, considering the preventative health agenda and continuing to ensure that it is highly valued.  The health and care model started in the Bath region and has now been extended across BSW. The extension and communication with the public is in progress and has been well received locally. Further work is to be shared and this will dovetail with the Health and Wellbeing Board Strategy.  We have lots of areas at the highest level of demand and capacity at present, which is described as Opal Four. The demand on Primary Care as a result has a knock on effect regarding other services such as ambulances and frontline care services.  The pandemic has had a major impact on healthcare and healthcare settings and social distancing measures still need to be in place within these areas. Alongside this comes the balance of telephone and face to face appointments, isolation issues for patients and staff and the ongoing vaccination programme.  There is a backlog in hospitals and referrals which is having an effect on those needing treatment.  It is important that we continue to work with all staff to maximise their roles to ensure that we are providing the best possible service to the patients. This can have significant effects on patients but this is being managed at an acute level.  JK asked if there were any questions from the group.  Q: JK asked if practices can close their books, and do they do it?  A: BB advised that they can do it but only in extreme measures and if there were mitigating circumstances and the practice could not function as a business.  Q: JC asked what the out of hours service are.  A: BB advised Medvivo and practices run in house alongside the BEMS.  AH advised that at one time there was additional service being run by BEMS. BB advised that this has been restarted following Covid. BB advised the practices know about it but would be unsure how each practice runs this.  Q: HM asked if there is a risk of any practices in this area being privatised.  A: BB said that this is why we need the collaborative working that is being put in place. BB advised that Primary Care is quite resilient in this area and it takes quite a failing area for this to happen. |
|  | **Survey 6 of the Citizen’s panel: urgent and primary** |
|  | JG gave a presentation to the group regarding the results of Survey 6 of the Citizens Panel.  JG advised that the survey focused on urgent and primary care. The aim of the survey is to get the views from across BSW and advised that response rates have remained strong across all of the surveys.  JG went through the breakdown of the representation of people taking part in the survey in her presentation. JG advised that at present more females are completing the survey than males.  JG explained that the survey asked specific questions around how healthy people are feeling, how lonely they feel and how in control of their lives they feel.  JG summarized the presentation and advised that a quarter of the population of BSW have not made a GP appointment in the last 15 months. 70% said that they didn’t need to make one, with just fewer than 10% saying that they didn’t want to burden the NHS. Some people advised that they used the 111 service as they were unable to get an appointment, and there were a small number of people who chose to wait as they could not get a face to face appointment. JG also summarised that younger patients are happier to travel for their appointments/treatments, whereas older patients prefer to stay more local.  Questions following the presentation:  JH – Sad that 25-40 found it difficult to make an appointment as it’s hard to get that age group of males to make appointments. How much is it that people are afraid to do CPR during Covid times. JH also advised about the [Good Samaritan Law](https://en.wikipedia.org/wiki/Good_Samaritan_law) which covers people undertaking CPR.  RA Explained that going forward a couple of months after each survey a report will be produced saying what has happened as a result of it. RA and LR have been in discussions with urgent care clinicians also following the results of this survey. RA confirmed that the results from the survey do mirror what clinicians are seeing on the ground. JG asked if the reports can be sent to the panel and RA agreed. |
|  | **Public Questions** |
|  | **What are the proportion of face to face GP appointments within BaNES and how does it compare with the rest of England**  **CCG response**  In August, 48% of appointments in BaNES were face-to-face. Nationally, the proportion of appointments that were face-to-face for the same period was 58%.  **If a GP practice is struggling with its workload is it possible for it to suspend taking on new patients, especially if they can be redirected to other practices.**  **CCG response**  *In exceptional circumstances, GP practices may apply to close their list if their workload is jeopardising their ability to provide safe care for their registered patients.*  HM advised that an article in the Bath Chronicle advised that Bath has a very poor uptake of face to face GP appointments at present and is unsure of the current situation within the practices. JK advised that the area of BaNES has a shortage of GPs.  JH asked if anyone else is being passed from pillar to post in relation to the joined up working between surgeries and the hospitals. JH asked how the joined up system is being monitored.  RA advised that JH should contact the PALS team within the CCG if she has any concerns. RA confirmed that there would only be monitoring if people raise any issues with the PALS team.  JH advised that it has taken around 90 minutes to get through to her GP.  JC advised that she was told by a pharmacy to report her problem to her practice. Advised that it took some time to get through to the practice and was advised that she needed to email her query to the practice. JC explained that there are a lot of people out there who would not know to email. JK asked which practice this was and JC advised it was Heart of Bath surgery.  RA advised that a GP practice local to her in Oxfordshire has closed its books to registering new patient.New patients have to go to neighbouring towns and villages to see other practices.  AH requested that if the answers to the questions that she has raised could be emailed to her.  Action: JK and LR advised that an email would be sent to her after the meeting. |
|  | **Any other business** |
|  | JK asked the group if there were any topics around the ICS that people would like to see on agendas for future meetings.  AH asked if we will still be labelled as BaNES for the purposes of this meeting. JK advised that this would be a decision for the new organisation to undertake.  HJ advised that in the past there has been mention of printing a pamphlet once a year with contact details and information of local services across BaNES. RA advised that this may come down to individual practices and how they share information with their population. RA also advised that a pamphlet (cost aside) can go out of date very quickly, which is why online is being pushed so prominently.  RA advised that there is no one route adopted by all practices in regards to this issue, but each practice is ran as an individual business.  RA asked the group where they go to look for information and services.  AH advised that in working hours it would be a GP and out of hours would be 111.  RA asked if any of the group would consider linking with a pharmacist. HM advised it would depend on the nature and severity of the illness. Chest pains would be 999, but a nasty cut that does not require stitches she would call 111. |
|  | **Closing remarks and next meeting** |
|  | The next meeting is to be held virtually, via Zoom, on Wednesday 8 December 2021 from 1:30pm – 3:00pm |