# BaNES locality: Your Health Your Voice Meeting

# 08 December 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 |
| Tracey Cox | TC | Chief Executive, BSW CCG & SRO BSW Partnership |
| Ruth Atkins | RA | Head of Public Engagement and Insights, BSW CCG |
| Lee Rockingham | LR | Engagement Officer, BSW CCG |
| Donna Peake | DP | Public Engagement & Insight Manager, BSW CCG |
| Martha Cox | MC | Shaping a Healthier Future Engagement Lead |
| Dr Bryn Bird | BB | Locality Clinical Lead and Board representative for the BaNES locality |
| Mark O’Sullivan | MS | Member of the Public |
| Robert Page | RP | Member of the Public living in Bath |
| Jenny Evans | JE | Chair of Friends of St Chad’s and Chilcompton Surgeries Charity |
| Ann 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 living in Bath |
| Julie Hockey | JH | Member of the Public |
| Geoff Underwood | GU | Programme Director, Strategy and Transformation |

**Apologies:**

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| **Name** | **Initial** | **Job title /role** |
| Ruth Jones | RJ | Quality Manager for BaNES locality, BSW CCG |
| Rob Wills | RW | Member of the public |
| Hilary King | HK | Member of the public and Keep Our NHS Public Group |

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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 6 October 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.  JK advised that the action on the tracker is ongoing and as soon as there is sign off from the RUH a member of the infection control team will attend a future meeting to provide an update. **Action ongoing** |
|  | **Public questions** |
|  | Please refer the written questions and responses in the [latest Q&A slides](https://bswccg.nhs.uk/docs-reports/2403-q-and-as-yhyv-8-december-2021-updated-3/file)  JK advised that the written questions werein the majority centred around the recent takeover of Virgin Care.  JK felt that it is important to get full and proper answers to the questions posed by the group and introduced TC – Chief Executive BSW CCG & SRO BSW Partnership to respond and provide further context and to take any further questions from the group.  **Additional responses from TC, Chief Executive BSW CCG & SRO BSW Partnership**  TC advised that she was personally notified on 1 December 2021 that an announcement was imminent regarding the takeover of Virgin Care.  TC advised that we have had a private provider in Virgin Care for some time, and the  CCG are now liaising with HCRG on the future plan and approach, working jointly with the local authority, and will want to reflect on what this means for future service provision. The leadership of the partner organisation will remain the same. Assurances have been given that services continue as they are currently.  Further assurances have been sought regarding the acquisition plan and approach to strengthen the partnership. One of the key priorities are workforce challenges and managing urgent pressures so the CCG would welcome a different concept.  TC advised that the legislation for the ICB is making its way through Parliament and will need to wait for this before clarifying the position on private providers within an integrated care board.  As per the contract terms HCRG have notified the CCG of the change of ownership, with a requirement to inform us of any service changes. To date, there has been no notification of any changes so certainly for the next 6 months we would not envisage any changes.  JK asked TC if we have signed the document for the extension. TC advised that technically that the contract extension has not been signed yet, and the requirement is that this is signed by March 2022, in line with contract terms. CCG had assumed that Virgin Care were in the long-game partners and took the decision to extend the contract, based on a balance of factors with a strong premise to maintain stability. With Covid, system recovery and workforce challenges, it would have been a difficult time to go through re-procurement.  DJ: Watched Panorama programme on the crisis in the care system, so before anything is signed BaNES and CCG need transparency around the ownership of the company and a clear understanding of where the money is going. DJ asked if the Q&As can be sent out within a week so anyone not attending can see the responses. (Update: Q&As were distributed after the meeting).  TC advised that due diligence is taking place.  MS: Does the CCG have a view on whether the existing or proposed contact provides any space for any unexpected reduction in resources from the contractor.  TC advised that the CCG must be notified of any intent to reduce resource and in any NHS contract there are provisions to enable renegotiations. We would not be accepting a serious reduction in service prevision, but any changes would have to be agreed with the CCG.  RP: are Virgin Care still involved?  TC responded that Virgin Care, part of Virgin care group, are no longer an entity and are now rebranded as HCRG with Twenty20, who are the parent company.  RP: There are several GP practices being taken over by private health and share concerns and wonder if its legal or not, and if we can help let us know.  IP: This clearly shows major problems with procurement and due diligence process, what measures will be put in place to improve and fix this long-term?  TC: We followed a procurement process, within guidelines and did extensive due- diligence. Many of you were part of the decision to award the care in 2016. Patient champions concluded that Virgin Care were the right organisation. At the time we were not aware that there would be a risk that a provider would want a change of direction and no procurement process would tell you that. We had assumed that Virgin Care were in the long-game and took decision to extend the contract on balance of factors and a strong premise was to maintain stability right now. With Covid, recovery and workforce challenges with the contract, it would be a difficult time to go through re-procurement.    TC noted that she was as disappointed as Forum members that we are now in a period of uncertainty. Guidance is due to change. Integrated Care Systems are likely to be less attractive environments for private providers so we may start to see a reverse to the NHS families rather than further privatisation because the environment is challenging. We will need to look at the options for the arrangements in the future. |
|  | **Shaping a Healthier Future - this part of the meeting was recorded** |
|  | MC introduced herself to the group and advised that she has been contracted by BSW CCG to undertake the public engagement activities for the new health and care model and has been running workshops and interviewing people about the proposed model.  MC explained that the engagement period was running from 2 November 2021 and will end on 14 December 2021. This has included a public survey.  MC advised that the purpose of attending the meeting today was to ask the Forum members on the elements of the model of care and to focus on areas that the group members would like to see going forward.  MC handed over to GU introduce himself and present on the new health and care model via shared screen.  [Shaping a Healthier Future presentation](file:///C:\Users\Donna.Peake\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\ER3B0ZRB\model%20slides%20for%20workshops%20and%20interviews%20v4.pptx)  GU described the model as a picture of the proposed health and care model. GU explained that there are 5 key elements of the model and that focus on a person-centred approach. GU explained that all the services that can be accessed and received is right for the patient and does not work towards a “one size fits all approach”.  MC thanked GU for the presentation and then posed some questions to the group.  **Q1. “Do you understand the model in the way GU has explained it”?**  Some group members raised their hands to show they understood the model  **Q2. “Could you rate the model on a scale from 1-10, with 1 being poor and 10 being excellent”**  IP gave the model a 4 rating  AH gave the model a 5 rating  JH gave the model an 8 rating  **Q3. “Has anything been missed or is there anything that has not been mentioned?**  JE: It doesn’t matter how wonderful the model is, if we don’t solve the staffing issue we won’t get anywhere. That goes for every discipline we have got as far as I can see. JE advised that she does welcome all of the new thinking but without the relevant staffing numbers we could end up going backwards.  JH: Could a village hall or library be used in villages for appointments be set up for elderly patients who are not good with technology and struggle to make virtual appointments.  IP: Looking at the model makes you feel weary as we have seen this all before. Talking about individualised care but imposing on a system where carers have 15 minutes for appointments. IP advised that most of the people he talks to would benefit from a better explanation of individualised care. IP also explained that we seem to be going in a look with the discussions of what is more economically efficient, to provide services in bigger hospitals or provide services in the local community. Will someone be coming back to this meeting in 5 years’ time reverting back to an older system.  IP: What is meant by community, as this can mean different things to different people. IP advised that the word community is never defined.  AH reiterated what IP said and agreed with the comments made.  MC thanked IP and AH and advised whilst she can’t answer these questions, the feedback provided will be included in her report.  RP: In Weston in Bath the local church and community have been working hard to try and build a “community” and work out what the local people need. RP advised that it is an uphill struggle and agreed with IP that it can be difficult to feel part of a community in that respect.  RP advised that personalised care needs to be provided in an evidence-based way and we must be careful not to lose an evidence-based approach.  **Q4. “One of the emphases of the model is to move towards digital solutions”, What are your views?”**  AH advised that this should be optional as some things need to be face to face where other things can be sorted online”  IP: I like digital, it has saved me a lot of time and I feel it has saved health professionals time as well. We have been forced into using digital for all sorts of things so now is the time for a review to find what has worked and what hasn’t, and if things have not worked then an explanation is to be sought as to why.  JH: Is worried that things can still be missed through digital consultations. JH advised that some people may not push for a face-to-face appointment or give across all the information digitally. JH agreed with AH that there should be a choice.  **Q5. “What about the soft support services, do you think that you would use those services in the community”**  JE: Are those already available in the community? MC advised that it is her understanding that some not currently available.  JE advised that she has a problem with all of the localised services if they are staffed with staff being removed from the RUH or other areas, as staff will be stuck in traffic jams getting from A to B. When they are based in hospitals, they are able to spend the 7- or 8-hour day on their specialisms. There is a lot of balancing to be done and carefully thought through.  JH: We had discussed previously with Your Health Your Voice about the Health Improvement Programme (HIP) that was going to be put in place, as a lot of it would be to do with pre-op.  **Q6. “What differences do you think these changes will make to you, friends and family”**  JE: What would have made a difference would be if there hadn’t been a waiting list which ended up costing the NHS thousands of pounds and numerous appointments as a result of a delayed day cases.  JH: Where is the accountability for joining up these services, is someone really going to oversee this, or will patients be bounced back around the system? |
|  | **Locality update** |
|  | BB joined the meeting and advised that two development sessions for the integrated care alliance have taken place and have been very productive. Several more conversations are due and a key element of work at present is primary care resilience and managing winter pressures and workforce challenges. Support has also been put forward for managing learning disability patients within the community, with the aim of taking some of the pressure off this service.  BB advised that a broader overview is being taken when working towards Integrated Alliance agenda, along with the governance and core responsibilities of Primary care to BANES Integrated Care Alliance ICA. BB explained that the structure is also being examined, with the leadership of the organisation and how the patient voice, community with further conversations will be brought into this into early next year.  BB advised that a lot of good work has been undertaken regarding keeping frailty patients out of hospital.  BB explained that currently there are workforce challenges, therefore there has been a greater focus on paediatric services, especially for urgent patients and supporting people with learning disabilities.  BB also advised that there have been changes and developments designed to help patient access and care across system, with a recent focus on fragility in community and patients being kept closer to home.  BB asked if anyone had any questions regarding the update.  MS: “We continue with long waiting times for contacting a GP, are there any prospects for improvement.”  BB advised that we are not where we want to be in terms of access. The demand on the service is up 20% normal capacity and staffing are a real challenge for primary care as clinicians are not recruited in at the level needed. BB explained that we are pulling a lot of levers but lots of long-term issues are still be resolved.  BB went on to say that hopefully most GP practices should have an online format in place. Some conditions are being supported in Primary Care with developing operational models as we move out of the pandemic and winter period.  Physical and health challenges will hopefully be alleviated as booster programme comes in. Vaccinations were taken up less in Primary Care as we focussed on other high-risk areas, but now with the new variant it’s all hands-on deck again.  JK advised that a discussion had already taken place regarding Virgin Care, so this did not need to be discussed further. |
|  | **Any other business** |
|  | RA advised that LV from the disabilities group has sadly passed away in September 2021 and wanted to acknowledge her contribution to the Forum.  RA addressed the group and advised that she is leaving the organisation on 14 December 2021 and is going to the national participation team with NHSE. RA advised that Donna Peake has joined the team in the role of Public Engagement and Insight Manager and recruitment will start in early 2022. |
|  | **Closing remarks and next meeting** |
|  | The next meeting was to be held virtually on Thurs 3 February 2022 via Zoom, on from 1:30pm – 3:00pm  Please note: this date is likely to move to w/c 7 February 2022, subject to agreement with our Lay Chair, Julian Kirby. We will contact you soon to confirm a final agreed date. |