## Minutes

### Present

**Members:**

Susanna Jones; Chief Executive Officer of Swindon Carers Centre

Norma Thompson; Chair of Swindon Seniors Forum (SSF) / Healthwatch Swindon

Joe Backshall, Member of the Public

Roy Worman; Member of the public

Nazma Ramrutten

Pam Webb, Voluntary Action Swindon

**Attending Officers:**

Lee Rockingham, Public Engagement Office BSW ICB

Julian Kirby, Non Executive Director for Public & Community Engagement BSW ICB

Amber House, Strategic Manager BSW Referrals Service

### Apologies

Ian James; Member of the public

Harry Dale, PPG Chair North Swindon / Member Healthwatch Swindon Volunteer / member Primary Care Committee BSW CCG

Vic Pritchard; Member of the public

Jacqui Watt, Swindon SEND Families Voice

Jane Moore, Director of Equalities, Innovation & Digital Enterprise, BSW ICB

Sue Carvell, Member of the public

Gordon Muvuti, Place Director Swindon BSW ICB

Jonathan Sheldrake; Member of the public

### 1. Welcome and Apologies

1.1 The Chair welcomed members and officers to the meeting and noted that two apologies had been given. JK acknowledged the passing of Moya Pinson and offered his condolences to her family at this time.

### 2. Declaration of Interests

2.1 None declared.

### 3. Minutes of the Swindon Patient & Public Engagement Forum meeting on 15 December 2022

3.1 The Committee reviewed the minutes of its previous meeting and **approved** them as a true and accurate record of the meeting.

### 4. Actions and Matters Arising

4.1 The group noted that there are no outstanding actions following the previous meeting on 15 December 2022.

### 5. Update from the Place Director for Swindon

5.1 JK informed the group that, unfortunately, a locality update for Swindon could not be given in person today, but a written update has been provided in the form of a PowerPoint presentation. The presentation was shared on screen and JK discussed the slides with the group. The slides will be made available to the group alongside the minutes when they are disseminated and relate to the following topics.

**Dentistry**

JK advised that NHS England is currently responsible for the commissioning of dental services across England, and that, in April 2023, the commissioning responsibility will transfer to the Integrated Care Boards (ICB), however, there will be joint arrangements for the first 12 months.

JK went on to advise (as shown in the slides on screen), that there has been a steady decrease in patients from the Swindon area who have been accessing a dentist for routine care. JK also described the use of emergency care dentistry within Swindon and where these services are available.

JK finished the dental review slides by explaining to the group the key issues facing dental services and the plans that are currently in place. These issues and plans are highlighted below, as well as being available within the PowerPoint presentation

* Workforce is a key issue with dentists leaving the service.
* Improving access is also a key issue for people in Swindon
* Improving oral health is also a priority.
* NHSE have developed an improvement plan focusing on these three areas. A summary of this plan can be provided to the PPE Forum if this would be helpful.
* An example of improving access is a new clinic opening at Brunel House, Swindon in April 2023.

**Current manpower levels and plans**

JK read from the slides and explained to the group how the current Target Operating Model (TOM) will work. JK explained that this is a model that will help the Integrated Care Board (ICB) fulfil its new responsibilities whether these are working externally with partners across our integrated care system, or internally to deliver our key statutory responsibilities.

**Update on winter crisis and latest strike action**

JK discussed the latest dates for strike action with the group and explained the actions taken during the recent strikes to ensure that services continued with as minimal disruption possible. JK advised that all of these actions are detailed in the slides which will be attached to the minutes of this meeting.

**Progress on care provision**

JK explained to the group the progress being made from within the care provision and the developments within home care, and explained that a review is currently taking place of the delivery model being provided by First City.

The final slide in the deck referred to The Grand Care System. JK advised that he did not have any further information on this and asked the group if anyone had any questions that they’d like us to take back to GM following this meeting. JB asked Healthwatch produced a report on dental care in Swindon. Has this been used to help form policy in the future. JK confident that this will happen but will take back to GM for an answer. JK has discussed representation on boards and committees to ensure that Healthwatch are listened to across all areas.

**Action: LR to send question submitted by JB to GM**

### 6. Patient Letters

6.1 AH introduced herself to the group and explained what her role as Strategic Manager for the BSW Referrals Service entails. AH shared her screen to show a slide explaining where the referral service sits within the BSW ICB.

AH explained to the group where the referral process sits and how the process works. AH advised that this process will involve communicating with the patient. AH explained that when the GP initially refers the patient, they will send out a standardised national letter that comes from the e-referral system. AH went on to advise that the referrals team have no control over this but will send out their own letter at the point of giving information about where they can go to. Two examples of this are when a patient is given a single provider to see, or if the patient has multiple options for treatment. AH advised that the team have separate letters for each of these options.

AH shared her screen and showed the group an image of both the national letter and the letter from the referrals team. Copies of these letters will be included with these minutes.

RW asked AH what would happen if a patient was blind? AH advised that the national team could produce brail versions of letters, but AH’s team are unable to do this. AH explained that the letters are on the BSW ICB website so could be printed and converted. RW explained that there is no standardisation with what is being presented and there must be standardisation across the ICB area. AH advised that the reason for this wording is that each GP practise will have different systems for this and there is a need to cater for the different scenarios that patients face.

JK asked if we have got an statistical evidence on areas that can be fixed with the local letter. AH advised around 10% of patients have a conversation with their GP about treatment but for whatever reason do not act on this. AH advised that we are currently trying to reduce the number of patients are being seen. AH explained that it is possible that the information given in the national letter is not clear enough for the patient to act on, which is why a local letter is also sent out.

PW asked that if that is the issue, would it be easier to telephone the patients with a higher clinical risk? AH advised that these patients are contacted by telephone if they have not acted on their advice from their GP but explained that the success rate for this is very low. AH advised that leaving a message for a patient can be a risk, so the team are currently looking into better ways to do this.

JB explained that he supports what RW said about people with sight problems not being able to read the letters properly. JB also felt that this could be construed as discrimination as people may not be getting the correct information that they need.

AH advised that patient circumstances such as sight loss is not always clear when the referrals are received by the team.

JK asked about how other languages are used. AH advised that the letters will be available on the BSW ICB website as word documents so that they can be translated. AH advised that patients could contact the referrals team by telephone and ask for their letters to be translated.

NR asked what happens to those patients who cannot access websites. AH advised that the teams telephone number will be given out and patients can contact the team from 9am-5pm Monday to Friday.

JB advised that this is too big a discussion to be had within the timeframe for this meeting and feels that there needs to be positive investigations into these issues to advise the board that they have to act on these responsibilities.

NT advised that she knows someone who has not had a positive experience with this service within a hospital setting. AH advised that she could not comment without knowing the specifics around this as her service does not work at weekends.

NT advised that we need to think about older patients who do not have the skills to download documents from the website.

NR explained that she had received a letter after she had been seen so this needs to be looked at, as this could worry patients.

RW feels that the patient is what we should be talking about and look at having a system whereby the patient is aware of all goings on at every stage of the process. RW advised that he is aware that the NHS is in a difficult position at the moment but feels that communication isn’t working at present as the patient is not being put first, such as where they are within the pathway or patients not understanding the clinical pathway.

SP asked if these letters can act as a trigger for the patient to book themselves into an online system, as this could alleviate some of the concerns that have been highlighted in todays meeting. AH advised that it will depend on the service, as it will depend on the choices that have been presented to the patient.

PW asked how long these letters have been used, and does it have to be a letter? Could it be a card containing the important information? AH advised that the letters have started to be sent very recently, and a longer version of the letter was being sent previously as it contained all of the relevant Covid-19 information. AH explained that an assessment has not yet been undertaken to obtain the data on patient uptake.

NT asked if the hospital or GP calls a patient they use a withheld number, which is not always helpful as people may be afraid to answer. AH advised that the teams number is an 0300 number as this is the number that the system uses, but we have no control over the telephone systems used by the hospital.

RW feels that this is where hospitals could use patients national health number when contacting patients.

RW asked what is the timeline if a patient doesn’t act on any information given. AH advised that generally speaking that follow ups will happen over a three month period, and if no resolution has taken place the team will close off the referral.

AH thanked the group for their feedback and JK advised he can take this feedback away and feed into the meetings that he attends.

### 7. Public Questions

7.1 The group submitted the following questions prior to the meeting and have received the following answers.

7.2 Question posed by JS:

* I do have questions referring to the Shaun public information which was mentioned on the Dr Campbell video recently and asked for admissions for myocardial patients. Firstly, what precautions are being taken to ensure such a mistake never happens again? It should have been obvious that with the issues the hospital is having such high case numbers were not possible, also the discharges clearly do not tally with the admissions.
* Secondly The revised data seems difficult to justify. Since the beginning of the pandemic there have been significant increases due to Covid of these pathologies nationwide, yet the data shows a completely stable trend. Indeed, it is also well known that MRNA vaccines have side effects with Myocardial diseases especially with younger male patents.

Some quotes to back this up from the British medical Journal.

[Myocarditis followed by CoViD-19 vaccines: A cause for concern or a reversible minor effect? | The BMJ](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.bmj.com%2Fcontent%2F373%2Fbmj.n1244%2Frr-10&data=05%7C01%7Cbswicb.engagement%40nhs.net%7Cf700ee67cc6946259dc408daf3d9f3b3%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638090414660778232%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=hBTOV8iKiEBAMVc4QdK08uw%2FW90BDMl3PHdr7zPiak8%3D&reserved=0)

[COVID-19 and acute myocardial injury: the heart of the matter or an innocent bystander? | Heart (bmj.com)](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fheart.bmj.com%2Fcontent%2F106%2F15%2F1122&data=05%7C01%7Cbswicb.engagement%40nhs.net%7Cf700ee67cc6946259dc408daf3d9f3b3%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638090414660778232%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=W9q7Nc9GVnaGDssO5yDlHgfP%2FaxyfCbpSnN%2Bb8N7Y%2F8%3D&reserved=0)

* Thirdly of and only if this latest data set is accurate how come Swindon is so successful at keeping myocadiac disease so low. Especially in the context of high case numbers in the local area, which are above national average.

Response collated by Great Western Hospital

The initial data released in response to the Freedom of Information (FOI) request was incorrect, due to an internal formula error which accounts for the disparity in the numbers. This error occurred during the process of simplifying data into a pivot table. The value that was displayed was the sum total of a numeric value within the raw data. The value displayed should have been a count and not a sum.

This error was identified, and the data codes were checked and validated. A new FOI response was issued with the correct data, which is shown below:

Table

Description automatically generated

There is no evidence locally that Covid-19 or any vaccinations impact on myocardial disease. The above data refers to patients who receive a diagnosis in the Emergency Department. Some patients may not be given a firm diagnosis fothe reason for attendance in the Emergency Department, as they will require further diagnostic testing, and the coding used in the Emergency Department is different to the coding used for inpatients. This is why the total number of discharged patients is higher than the number of admitted in the Emergency Department.

PW asked how we obtain the answers to the questions and JK explained the process.

### 8. Any Other Business

8.1 RW asked about POD service and if someone from the POD could come to a future meeting and discuss the annual review process. LR advised that we can contact the POD and request a representative come to a future meeting and explain how the POD works.

SJ offer an opportunity to write an invitation to increase the number of people attending this forum, so that it can be circulated in publications from across the VCSE publications. JK agreed that this would be a good way to increase the number of people attending the forum.

NR asked if someone from the POD can come and talk to the group and explain how the process works for people who may need a number of months’ worth of medications if they are going away for any reason.

RW asked if there is any way that this meeting can be offered to PPG groups and request that a representative attends this meeting in future. JK acknowledged that we can look into this.

NT advised that she has been told that HealthWatch have been told by commissioners to focus on Primary Care and Not PPG Groups.

PW advised that Healthwatch is commissioned by the Joint Commissioning Group in Swindon which a blend of local authority and ICB money (50/50 split).

8.2 There being no other business, the Chair closed the meeting at 15:15.