## Minutes

### Present

**Members:**

Susanna Jones; Chief Executive Officer of Swindon Carers Centre

Pam Webb, Voluntary Action Swindon

Judith, Hospital Governor Great Western Hospital Swindon

Nazma Ramrutten, Healthwatch representative

Jade, Parent Carer representative Swindon SEND Families Voice

Sandy Jack, Practice Manager Kingswood Medical Group

Amrita Dwivedi , PCN Lead PCN 6

**Attending Officers:**

Lee Rockingham, Public Engagement Office BSW ICB

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

Gordon Muvuti, Place Director Swindon BSW ICB

### 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

Sue Carvell, Member of the public

Jonathan Sheldrake; Member of the public

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

Joe Backshall, Member of the Public

Roy Worman; Member of the public

### 1. Welcome and Apologies

1.1 The Chair welcomed members and officers and introductions were given as new and returning members were in attendance.

### 2. Declaration of Interests

2.1 None declared.

### 3. Minutes of the previous Swindon Patient & Public Engagement Forum meeting

3.1 The minutes of the meeting were discussed and signed off as accurate.

### 4. Actions and Matters Arising

4.1 No actions were taken from the last meeting.

### 5. Swindon Locality Update

5.1 GM addressed the group and gave the locality update for Swindon. GM advised that he was pleased with the number of people attending today’s meeting and advised that we are aspiring to improve the forum to ensure that we are providing the best service possible to the local area.

5.2 GM explained that he has been in the area for around 18 months and explained that he has a background in psychiatric nursing and community mental health, as well as other areas of health and care. GM asked the group to reflect on what they may want to hear from him in the future,

5.3 GM advised that this time of year can be very stressful for the NHS due to the demand that our hospital services get, particularly those at Great Western Hospital. GM explained that this can lead to ambulances queuing outsides hospitals unable to unload their patients. GM advised that there are drivers for this, including increased illness due to the season, flu and Covid-19, all of which can affect both patients and staff. GM explained that we work closely with our third and voluntary sector colleagues who provide valuable support to the locality, and that the initial data that has been drawn shows that this could be a particularly difficult winter.

5.4 GM discussed with the group that for Swindon, around 5000 patients do not attend appointments that they have booked, and this can have a huge knock on effect to services.

### 6. The future of the Swindon Patient & Public Engagement Forum

6.1 LR shared a presentation with the group and explained the current vision for the future of the engagement forum.

6.2 LR advised that the aim is to grow the current forum to create a more discussion-based meeting, as well as growing the membership to create a more diverse and inclusive group. LR also explained that any discussion points that are raised within these meetings can be taken back to the BSW ICB Communications & Engagement team for further discussion.

6.3 LR displayed the initial draft wording for a Terms of Reference for the Swindon Engagement Forum and advised that this will be circulated along with the presentation so that all members can provide feedback for future meetings.

6.4 LR discussed the need for co-production from BSW ICB and the local community, to ensure that any actions raised within this meeting are taken away and discussed with the relevant people within the ICB as well as members of the local community. LR explained that co-production is key to creating an engagement network, to ensure that the right people/groups are attending the meetings to have their voices heard.

6.5 LR discussed the need for feedback from the group around topics for future meetings, to ensure that the issues and information which is important to the membership is discussed and the right outcomes are reached.

6.6 GM thanked LR for the presentation and advised that it has been difficult to get the relaunch of the forum off the ground, and advised thoughts and feedback from the group will be hugely important when building and improving on the current model that is being provided.

6.7 AD asked what would be co-produced? Are we making things more joined up, tackling inequalities etc and it is important to understand exactly what we are trying to improve so that positive outcomes can be produced. AD also asked who has the power to commission co-produced services from this group? AD also explained that it will need to be clear to those attending these groups how they can affect change. AD also advised that a robust process for this will need to be put in place.

6.8 SJ agreed with AD and advised that we need to measure expectations very clearly. SJ also advised that the understanding of co-production may not be the same for everyone, and ensure the need for clarity on what we as colleagues can and cannot do. SJ also asked if we can utilise the resources that we have, and look at the long term prioritises are for the ICA, rather than look for short term quick wins.

6.9 AD advised that this process does not have to be complicated, and ensure that the right people are attending the meetings to ensure that the patients experiences have been heard.

6.10 LR advised that any feedback can be sent to bswicb.engagement@nhs.net and encouraged members to share the meeting information with their own groups and contacts.

**7. Public Questions**

7.1 Questions submitted by RW.

**Do all surgeries have an active list of hospital appointments?**

GP’s would not hold a list of patients who have appointments at hospital. Particularly if you are referring to Outpatient Appointments.

**Do they routinely progress these appointments?**

Once the GP refers a patient for a speciality, unless something changes medically it would be down to the patient to manage their appointment.  It would be unusual for a GP to chase up a patients appointment unless it was a 2 week wait and the patient hasn’t heard anything.

**Do they inform patients on any progress.**

Answer above relates to this question also.

**Are the surgeries informed of cancellations and do they in turn inform patients?**

The GP practice would not be informed of cancellations; these would come directly from the speciality to the patient.

### 8. Any Other Business

8.1 No further business was discussed.