## Minutes

### Present

**Members:**

Hilary King, Protect our NHS BANES

Deborah Jane, Member of the Public

Mark O’Sullivan, Federation of Bath Residents' Associations & Greenway Lane Area Residents' Forum

Julie Hockey, Member of the Public

Ian Perkins, Member of the Public

Andy Morley, Member of the Public

Ann Harding, Member of the public and Healthwatch link volunteer for Virgin Care (B&NES community health and care services)

Rob Wills, Member of the Public

Anna Beria, Public Governor for NES, RUH-NHS Trust

**Attending Officers:**

Laura Ambler, Place Director BANES, BSW ICB

Nellie Stevens, Business Manager BANES, BSW ICB

Sue Poole, Development Officer Healthwatch BANES

Sarah Murch, Research and Community Engagement Project Manager, BSW ICB

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

### Apologies:

Lee Rockingham, Public Engagement Office, BSW ICB

Callum Graham-Robertson, Programme and Project Manager, BaNES Council

### 1. Welcome and apologies

1.1 The chair opened the meeting and apologised for the meeting access problems and delayed start.

### 2. Declaration of interests

2.1 None declared.

### 3/4. Minutes and actions of the B&NES Your Health Your Voice meeting on 12 December 2023

3.1 Given timings minutes and actins noted as circulated with the papers, but not discussed – action all to identify if any amends required which can then be reviewed at next meeting.

### 5. Public questions

5.1 LA advised that two public questions had been submitted.

5.2 Question from the public

What is the BSW’s views of the current government’s keenness to adopt the use of Physician Associates? I understand these are people who have done a Master in a science or health-related degree of an academic nature who then do an accelerated 2-year medical type training and are frequently used in General Practice or A and E departments. I believe they are intended to work under the supervision of qualified senior medics, but there is a possibility of them ending up with very little supervision and with a lot of medical responsibility and with the public not necessarily being aware they are not qualified doctors.

5.3 BSW ICB response

BSW providers have recruited and invested in Physician Associates in a number of services and organisations.

You do need to be a graduate who has undertaken postgraduate training and you do work under the supervision of a doctor and the supervision is vital. So, working with minimal supervision is not acceptable.

Training includes the following to perform a number of day-to-day tasks:

* taking medical histories from patients
* performing physical examinations
* diagnosing illnesses
* seeing patients with long-term chronic conditions
* performing diagnostic and therapeutic procedures
* analysing test results
* developing management plans
* provide health promotion and disease prevention advice for patients.

Usually, a bioscience-related first degree gets someone on to the training programmes available. Undergraduate integrated Master of Physician Associate Studies programmes are available and these courses require A-levels or equivalent for entry.

A registered healthcare professional such as a nurse, allied health professional or midwife can also apply to become a physician associate. There is also a level 7 apprenticeship for Physician Associates. Apprenticeships give you the chance to earn a living while gaining your qualification.

Alongside academic qualifications, an individual would need to demonstrate experience of working with the public, an interest in health or social care, the right to work for the NHS and excellent communication skills.

Physician associate training usually lasts two years, with students studying for 46-48 weeks each year and involves many aspects of an undergraduate or postgraduate medical degree. The training focuses principally on general adult medicine in hospital and general practice, rather than speciality care.

There will also be 1,600 hours of clinical training, taking place in a range of settings, including 350 hours in general hospital medicine with a minimum number of 90 hours in other settings including mental health, surgery and paediatrics so direct contact with patients will be experienced.

5.4 IP raised that there seemed to be two issues with the role. Firstly around the labelling of the role and the role holder not declaring their position to patients. Secondly, around observed practitioner complaints over the internet on mission creep of Physician Associates with their being pulled into roles for which they were not intended without adequate supervision.

5.5 LA queried whether it was the case that whilst the intent of the position was understood, the reality saw role holders being pulled onto inappropriate tasks or whether this was the perception.

5.6 IP emphasised that the labelling of the role and being clear as to who a patient is seeing should be where the ICB is providing reassurance. LA to give this feedback to clinical colleagues for consideration.

5.7 JH proposed that Physician Associates taking on additional responsibilities, where training had been provided may be acceptable to support stretched NHS resources.

5.8 AH raised that whilst the Nurse Practitioner role had been around for longer and holds more power than a Physician Associate, the same issues were not manifested. She also said that a suggestion had been made for Physician Associates to wear badges in her local surgery to offer clarity but the idea had been rejected.

5.9 LA agreed to feedback to the ICB Quality team and seek any further comment to address these points.

**Action: LA will address this with the ICB Quality Team and share any further supplementary detail to answer the public question.**

5.11 Question from the public

Could the YHYV BANES panel be updated on the progress of finding a new provider for Community Health Services for BANES when the current HRCG contract expires? Will this cover the running of the 2 community hospitals at St Martins and Paulton as well as the employment of Health Professionals in the community?

5.12 BSW ICB response

The BSW Primary and Community Care Delivery Plan is seeking to redesign the way community-based health and care services operate. It supports the delivery of the ambitions set out in the BSW Together ‘Integrated Care Strategy’ and to drive forward the implementation of elements of the BSW Care Model.

The Integrated Community Based Care (ICBC) Programme is the method by which services will be procured in support of the ICP strategy and Primary and Community Care Delivery Plan.

The Programme lies at the heart of our aspiration to implement a greater focus on prevention and early intervention in our approach to supporting the health and well-being of the BSW population. The approach being undertaken aims to enable BSW to achieve fairer health outcomes for the whole population and to deliver excellent health and care services.

A formal procurement process is being undertaken using established procurement frameworks and subject to the confidential, commercial requirements that govern all public sector procurement processes. Once the process has concluded, more information will be made available.

5.13 LA added a further response by saying that the ICBC programme was currently in a commercially sensitive phase so a fuller update was not possible at this point but will follow.

**6 BaNES Locality Update**

6.1 The BaNES locality update paper had been circulated and LA provided a verbal overview. The paper covers areas that may have been raised to a public health scrutiny committee or areas that have been suggested as being of interest by the forum members. Forum members are invited to request areas to be covered in the report going forward.

**Action: Forum members to raise any additional areas that they would like to be covered in the report going forward.**

6.2 In relation to the closure of POD HK queried how someone may be able to order their prescription if they do not have a smartphone and can’t access the NHS App.

6.3 LA replied that other mechanisms such as ordering via your GP surgery and other repeat prescription mechanisms are still in place.

6.4 HK requested that an update on Community Services procurement be added to further reports and clarity on where consultation was taking place in the Community Services procurement programme.

**Action: LA to provide an update on ICBC in future Locality Updates.**

**7 Healthwatch**

7.1 SP provided an update on Healthwatch (report has been circulated) including a summary of feedback being provided on health and care services. Current issues include GP appointments, waiting time for hospital investigations and access to dentistry services. Other themes include communication ranging from tone of voice by hospital staff, interpretation services for refugees and booking appointments.

7.2 IP requested some notes to explain the remit of the engagement networks and services.

**Action: SP to provide an overview of the engagement network members.**

**8 Parent and carers strategy**

8.1 CG-R as unable to attend the forum so LA provided an overview of his slides (circulated).

8.2 JH raised that there are two carers strategy workshops taking place in Twerton. Confirmation of attendance is requested in advance:

**Session 1 – Thursday 14th March - 5.30pm-7.30pm**

**To be held at Cleeve Court Community Resource Centre, Twerton, Bath BA2 1RS**

**Session 2 – Tuesday 26th March - 5.30pm-7.30pm**

**To be held at Cleeve Court Community Resource Centre, Twerton, Bath BA2 1RS**

8.3 A question was asked on how Carers were approached about the workshops. LA replied that people could self-nominate and would have been notified via relevant VCSE network communications channels. LA suggested that if anyone knew of anyone else who would like to be involved then they could approach the Forum administration or Callum Graham-Robertson.

8.4 AM questioned who is leading the delivery plan for this strategy. LA replied that CG-R on behalf of the Council was the lead officer for this, and that it was viewed as a jointly owned output with the ICB.

8.5 AM also asked how the Carers Centre were involved. LA confirmed that they are involved and would confirm if a lead had been nominated. CG-R has since confirmed that the points of contact at the Carers Centre are Jacqui Orchard and Leanna Wall.

**Action: CG-R to confirm who the lead on behalf of the Carers Centre would be.**

8.6 MO questioned if a figure was known for the total number of carers in the area and how representative cover would be guaranteed especially across urban and rural.

8.7 LA confirmed that broad representation would be endeavoured but identifying the number of carers was problematic due to self-identification as such. Any estimates therefore tend to be conservative and are likely to be in the thousands.

8.8 JH proposed that it would be worthwhile including the KS2 Group and that carer assessment needs particular focus in the strategy.

8.9 IP suggested a discussion around what constitutes a carer and the extent to which helicopter caring is considered.

8.10 LA concurred that this needed consideration and was an example of the challenge of self-identification of being a carer.

8.11 JH said that she had raised with CG-R that the role of the Carers Centre needed to be reviewed including the issue of a crisis contact number for around-the-clock support and acknowledgement of the health issues currently facing carers. LA replied that the Community Wellbeing Hub fulfils this purpose to some extent with a single point of access number and offering broader support.

**9. Any other business**

9.1 SM introduced herself and her role at the ICB as Research and Community Engagement Project Manager. She is running a project to look at mapping how people and communities have their voices heard in the local provision of health and care services. Sarah can be contacted at [sarah.murch@nhs.net](mailto:sarah.murch@nhs.net) should anyone like to get involved.

9.2 DJ queried if there had been any movement in creating an email network for the participants of this Forum. LA stated that she thought the action had been completed and will follow up.

**Action: Member email addresses are to be CC’d in the distribution of these minutes for visibility to all members.**

9.1 LA raised some issues with Zoom functionality such as chat access post meetings and Microsoft Teams may be a preferable solution. LA asked members to flag any concerns.

9.2. AH flagged some concerns with audio issues on Microsoft Teams.

9.3 DJ requested that the minutes for this meeting and written answers to the public questions be shared within one week.

9.4 JH requested that future meetings reserve some time to provide guidance on how to navigate the platform used and on acronyms.

**Action: LR to provide guidance on platform usage in future meetings.**

9.5 MO raised that Apple Macs do not work with Microsoft platforms very efficiently and would prefer to remain with Zoom.

9.6 LA suggested that the next meeting on 16 April 24 take place face-to-face, followed by a trial of Microsoft Teams. Some members flagged that would be unavailable so an alternative date will be identified.

**Action: LR to arrange a new date for the April meeting.**

9.7 HK requested that these meetings take place on different days of the week, and to avoid Tuesday afternoon.

9.8 Requested input on potential face-to-face venues. St Martins and Cleve Court were proposed and will be reviewed. Parking needs to be a consideration. Further suggestions will be canvassed over email.

**Action: LR to coordinate a review of future face-to-face meeting venues.**

9.9 LA apologised for the meeting access problems that were encountered by some members at the start of the meeting.

9.10 No further business was discussed and LA closed the meeting.