Healthwatch Bristol Local Advisory Group

Priority Setting Meeting

Wednesday March 5th 2025

Bristol adopted recommendations

1. Primary Care Communication

   Potentially looking at the communication between primary care staff including clinicians and admin colleagues and service users within a GP setting.

2. Hospital Care Management

   Potentially exploring people's experiences of the care quality during inpatient care with a possible focus on nutrition.

3. Mental Health

   Potentially exploring the issues pertaining to the gap between low intensity support and high-level care.

MINUTES

Attendees

Susy Giullari (SG)

Pat Turton (PT)

Jessie Heather (JH)

Danya Ellis (DE)

Julie Bird (JB)

Apologies

Charlotte Adlem (Missing Link)

Natasha Sandiford (Nilaari)

Sayem Mukherjee (Changes)

Tony Hall (BDAA)

Dahlia Von Carolath (Bristol Women's Voice)

Josie Everett (HW volunteer)

Catherine Szewczyk (HW volunteer)

1. Welcome

JB welcomed group, introduced the agenda and explained that priorities will be set for the year from this meeting and subsequent meetings will develop and review the delivery of the work. JB added that group was made of personal rather than organisational representatives talking from a community perspective.

2. Membership Introductions

Julie Bird – manager of BNSSG Healthwatch, here today exclusively for Bristol

Susy Giullari – Carers Support, leading on carers voice

Pat Turton – Retired cancer nurse and UWE lecturer, HW volunteer

Jessie Heather – People's Voice @WECIL for advocacy

Danya Ellis – Hospital Coordinator St Mungo's

3. Declaration of Conflicts of Interest

JB Not precluding membership but for reasons of transparency. Declared manager of NS and SG also.

No other declarations.

4. Ratification of Terms of Reference

Comments:

JB summarised document received by members and asked if these could be adopted if there were no objections or comments and the group agreed by show of hands to accept these as written.

The Terms of Reference were formally adopted.

5. Explanation of Process

JB Discussion of considerations paper and how this led to the recommendations that are being proposed today, acknowledgement of gaps from some strategies and demographics, explanation of the rationale behind presenting the priorities. Explained how the priorities were weighted by the HW team and will be worked upon through deep dive potential projects, further research, Enter & Views or escalations. JB explained that capacity didn't allow for all to be full projects and resources would be allocated according to capacity.

PT agreed it was tricky for people to identify Sirona as a provider, and this was probably why there was little feedback concerning them in the considerations

6. Discussion of Priority Considerations

JB introduced scoring matrix and asked Group about how they felt this reflected fairness. There were no objections to the methodology used.

Priority A. Primary Care Communication

Looking at the communication between primary care staff including clinicians and admin colleagues and service users within a GP setting

Comments received by non-attending member:

CS highlighted Training for reception staff, specifically about de-escalation techniques and looking at whether staff at all levels have education or tips about providing trauma informed care or working with people who have mental health conditions such as anxiety. Additionally, CS was concerned about people's feeling, or not, of empowerment/knowledge about their health condition and whether they feel confident in managing their health

JB explained that feedback received concerned a range of issues from reception, to triage and referrals, and test results. The group were asked for their views.

PT agreed it was an excellent idea and she had heard of test result problems and difficulty in contacting the practice.

SG mentioned Healthwatch research and how clearly double gatekeeping is a real issue with the role that receptionists have been given. This is being considered by the Health & Wellbeing Board. Personal experience has shown how difficult it is to get an appointment even after the GP has told service users that they need to be seen. Feels that this should be a priority as it puts very vulnerable people at risk exacerbated by the tendency to give up when it becomes difficult.

JH agrees it's an issue and that too much is being pushed on to an app which raises access issues

DE personal experience and with those she supports, communication is a struggle, and a two-tiered approach exposes them to human error, why has triage in this way become so prevalent.

Recommendation adopted.

Priority B. Hospital Care Management

Exploring people's experiences of the care quality during inpatient care

JB reports that feedback tends to be negative around systems and positive around staff, but that quality in care can cover a wide range of issues from support for visitors, family and carers to the quality of food and nutrition, and asked the group where they felt a focus was required.

PT felt this was very important for older people who might be in hospital longer and were dependent on what the hospital provided for much longer

DE felt there was not much flexibility around approach in a variety of provision and inclusion health issues were not being met with standard approaches, she also highlighted the importance of trauma informed care and practices and training for staff in this aspect.

JB agreed there was little acknowledgement of individual needs

SG considered carers involvement was a major issue and although local trusts have charters and strategy in place, in reality this identification was not happening, and carers were missing out on entitlement. The forms to fill in at

a difficult time are not generally completed. Also felt the quality of food was poor and personal experience suggests it's not nutritious or healthy and there is a lack of flexibility around choice and does not meet more complicated needs (vegetarianism as choice and no fats as a clinical requirement)

Recommendation adopted.

Priority C. GP Appointment Availability – not a recommended priority

Understanding the difficulty of securing an appointment within primary care services

JB explained the rationale behind the non-recommendation based on new initiatives in this field and previous HW work, continuing GP Access Working Group actions, and although much feedback is still coming into HW on this issue, it doesn't seem a useful exercise to undertake currently given national announcements about impending changes. JH requested HW GP booklet and HW provided this

Recommendation not adopted.

Priority D. Mental health

Exploring the issues pertaining to the gap between low intensity support and high-level care

JB talked about feedback received from people feeling they had been turned away from lower-level help as were thought to be too unstable but not seen by more intensive support providers unless it was a life-threatening crisis. She added that much of the feedback on mental health often came in under another guise and was picked up on by the engagement team. She asked the group how useful it would be to look at this "gap."

PT said personal observations showed an issue here and support around aftercare.

JH also said there is a big gap and issue with support oversubscribed and the gap between children and adult services was also a problem. She agreed a middle ground service between CBT and crisis was called for.

DE said once people have navigated the entry to services, which can be very difficult to do, then if their emotional state deteriorates and they begin to miss appointments they are removed and left without support entirely. She feels this is a very grey area, to be allocated someone and then lose support is a big gap.

JB agreed appointment missing and no flexibility has been a feedback issue.

SG agreed that it is a dangerous gap that needs to be addressed and that the shift in policy to force people into employment who have issues will cause further mental health need because of the pressure and lack of support. For carers bad mental health is one of the main impacts from caring and people struggle to access any help. She highlighted how people transition between states of needing less and then higher levels of care and fall into that gap.

Recommendation adopted.

Priority E. Dentistry – not a recommended priority

JB explained the rationale behind the non-recommendation based on an ongoing project at HW speaking to 350 service users in 2024, and an inability to make any real impact whilst the national contract remains as it is.

Group agreed

Recommendation not adopted.

Priority F. Support for refugees and access to services (Consideration as shared BNSSG project)

Exploring systemic barriers to access and support for refugees and asylum seekers

JB explained how this would be intended as a BNSSG project for comparisons but also to address the issue at scale. Service access from a female perspective and issues of interpretation, confidentiality and cultural considerations had especially been discussed while weighting this. This is also an area that has not received HW focus previously and is a growing concern regarding health inequalities.

PT thinks it sounds like a sensible project and that children used as interpreters has been an issue for some time. Each GP practice should provide this and thinks volunteer interpretation would be one solution and that looking around recommendations around this would be useful.

SG asked about those who have no recourse to public funds and where the links and health focus is here. She thinks this is a health inequality risk group and will be useful to look at.

JB agreed it will be a difficult piece of work in reaching those that we need to represent but very valuable.

JH agreed that is important and in and around St George she knows this has been an issue by talking to local people.

DE agrees a huge overlap in homelessness, no recourse and health inclusion and she does not know numbers but is aware of support groups and acknowledges a lack of provision. She agreed PT idea around volunteers was brilliant.

PT said more engagement with GP populations was needed.

Recommendation adopted.

7. AOB

JB discussed how subsequent meetings will be presenting HW intended timescales and progress around these recommendations at a workplan level and asking the group their thoughts on focus and for their support with reach and direction. JB mentioned an ongoing relationship would be useful and thanked the group. JB also intended to include NS and SG priorities within the minutes and said that direction and focus for delivery was what was intended for the agenda discussion in June.

JB added that attendees' local views and representation were essential and thanked the group for their input, interest and attendance.

8. Date and Time of Next Meeting

This is hoped for first week in June 2025 face to face if possible and if the group agree.