



Healthwatch North Somerset Local Advisory Group

Priority Setting Meeting

Monday March 3rd 2025

North Somerset adopted recommendations

1. Primary Care Communication & Empathy

Potentially exploring communication with service users at an appropriate level within a GP setting, considering the impact of trauma informed policy.

2. Minor Injury Units

Potentially exploring why service user outcomes from minor injury units are consistently better than other care routes across primary and secondary locations.

3. GP changes to supplementary services

Potentially exploring the impact on service users of changes within the GP supplementary service provision.

MINUTES

Attendees

Julie Kell (JK)

Mark Graham (MG)

Lyu Pavlova (LP)

Julie Bird (JB)

Apologies

Soumeya Bouacida (Lived experience)

Adrian Riley (We are with you)

John Rose (Healthwatch volunteer & UHBW affiliated)

Melanie Cooper (Healthwatch volunteer)

1. Welcome

JB group 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.

2. Membership Introductions

JB – manager of BNSSG Healthwatch, here today exclusively for North Somerset

JK – Healthwatch volunteer, retired NHS, Core20+5 author

MG – Chief Executive, Healthy Living Centre WSM, Locality Partner and VCSE member

LP – Healthwatch volunteer and UWE student

3. Declaration of Conflicts of Interest

JB Not precluding membership but for reasons of transparency, declared manager of SG and Bristol also.

JK volunteer for Feed the Homeless and mentor for 1625.

MG part of Locality Board.

LP none.

4. Ratification of Terms of Reference

Comments:

JB summarised document received by members.

JK commented it was important that we ensure that the group is seen as North Somerset Healthwatch and although part of The Care Forum but is still independent and local.

JK ensure wording is participation of all members.

MG asked about Chair and locality, and requested that we clarify the borders of locality as defined and whether Chair will be HW manager for all three and whether the Chairing of all three should be the same person or different to maintain NS focus.

JK asked that background and context for NS could be added to meeting introductions to establish demographics.

The Terms of Reference were formally adopted subject to changes above

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 how HW team have weighted and presented the priorities. Explained how the priorities will be worked upon through potential projects, further research, Enter & views or escalations.

6. Discussion of Priority Considerations

JB introduced scoring matrix and asked Group about how they felt this reflected fairness.

MG asked about how impact was measured.

JK suggested JSNA would provide a good metric for this.

MG asked for clarity around impact of an issue versus impact of the study, JB agreed that clarity was needed around the wording.

Priority A. Primary Care Communication & Empathy

Exploring communication with service users at an empathic level within a GP setting, considering the impact of trauma informed policy

JB expanded on the feedback received regarding confidentiality within GP reception settings, empathic support, triage and trauma informed practice and asked the group for comment.

JK felt the use of “empathic” was questionable as some people didn't feel that was necessary and perhaps “appropriate” would be a better term and less subjective.

MG acknowledges JK comment but felt this isn't about the GP staff but about the practice where the trauma informed understanding isn't happening, within the reception area including the environment and the telephone recordings, maybe just change the priority to the lens of trauma informed practice. Maybe some initial work is required around how much trauma informed and total triage is being used in NS.

Recommendation adopted.

Priority B. Urgent treatment centres

Exploring why service user outcomes from urgent treatment centres are consistently better than other care routes across primary and secondary locations

JB explained the work in these centres by HW might influence the positive feedback received from attending service users but overall the feedback regarding the whole patient experience was encouraging.

JK noted there are no urgent treatment centres in NS.

JB said it was MIU that was intended and this needs changing in the heading.

MG applauded learning from good practice as an approach, and noted Clevedon MIU was Sirona run.

JK also felt encouraging people to use the right service was an additional benefit.

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.

Group agreed, JK pointing out new government changes made this undesirable.

Recommendation not adopted.

Priority D. GP changes to supplementary services

Exploring the impact on service users of changes withing GP contracts

JB explained the supplementary service offer was very confusing and the impact that the withdrawal of services had meant.

MG agreed it was confusing, and clarity would be useful.

JK asks if this is also an issue not just in NS but within the different locale of NS especially around transport and asked if this might be a priority of understanding in terms of an informational offer or recommendations around this, asking do we see this as a work of exploration to evaluate what already existed. Exploring impact and what is already available.

MG thought an explanation may well not be publicly available and again feels that the issue needs to be clarified because at present the focus is too wide looking at the GP contract.

Recommendation adopted.

Priority E. Dentistry – not a recommended priority

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

Group agreed, MG adding the possibility to revisit this next year, JK mentioned managing people's expectations and LP stated it was complicated.

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 translation, confidentiality and cultural considerations.

JK asked about the number of asylum seekers /refugees and JB agreed that data could provide these.

MG agreed it was important especially around inequalities but pointed out that interpretation would be better used rather than translation.

Recommendation adopted.

7. AOB

JB discussed how subsequent meetings will be presenting HW intentions 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.

JK would like more statistical information about the groups involved so we can assess the impact of the work.

JB mentioned growing the membership and working together to do this.

JK felt that project outlines were summarised and available in written form, so approaches were made with a clear remit for clarity and introductory purposes.

MG asked if it were possible to be informed what the priorities were for Sg and Bristol and JB agreed to add this to the minutes.

JB 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.