

**Gloucestershire's Physical Disability & Sensory Impairment Partnership Board**

Tuesday 13<sup>th</sup> August 2024

**Attendees:**

<ul style="list-style-type: none"> <li>• Jan Marriott – Co-chair</li> <li>• Katie Peacock – Co-Chair</li> <li>• Steph O'Neil - EBE</li> <li>• Karen Julke- Artlift</li> <li>• Louise Matthews – Commissioning Officer, GCC</li> <li>• Dave Evans – Independent/Inclusion Gloucestershire/Co-Chair Neurology Subgroup</li> <li>• Emily Luckham – Inclusion Gloucestershire</li> <li>• Vicci Livingstone-Thompson – Inclusion Gloucestershire</li> <li>• Danielle Neale – CEO of the Gloucestershire Deaf Association (GDA)</li> <li>• Claire Smith – Crossroads care Gloucestershire.</li> <li>• Jane Henderson – Parkinsons UK</li> <li>• Lewis Koprowski – Headway Gloucestershire</li> <li>• Sue King – Sensory Lead, Adult Social Care.</li> <li>• Emma Shibli - Transport planner</li> </ul>	<ul style="list-style-type: none"> <li>• Anna Peacock – Barnwood Trust</li> <li>• Jacky Martel – Access Social Care</li> <li>• Jo Scriven – ME/CFS Friendship Group</li> <li>• John Lane – Healthwatch/ ME/CFS Friendship Group</li> <li>• Lorna Carter – Gloucestershire Carer's Hub</li> <li>• Nikki Smith - Adult Social Care Operations, GCC</li> <li>• Magda Ede – GCC Quality Team</li> <li>• Nicola Shilton – GHC – Partnerships Team, Inclusion Lead</li> <li>• Funke Adetona – Community Dental Service</li> <li>• Yahya Pandor – Sight Loss Council</li> <li>• Menna Pugh– Sensory Impairment Support Team, QCare</li> <li>• Mary Woolly – Insight Gloucestershire</li> <li>• Lisa Bradley – Service Manager, Community Dental Service</li> <li>• Farooq Ismail – Patient experience manager for EDI at Glos hospital NHSFT</li> </ul>
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**Apologies:**

- Linda Hending - ME/CFS Friendship Group

No	Item	Actions
1)	<p><b>Welcome, Introductions and Apologies</b></p> <p>Jan introduced everyone.</p>	
2)	<p><b>Neurology Sub Group update (Dave Evans)</b></p> <p>Dave explained that the Neurology Sub Group met up to try and develop ways of bringing people with the condition together and share awareness.</p> <p>Recently they gathered feedback from people about talking therapies. The feedback suggests lots of people are not being signposted to the service. The Neurology group is going to get broader feedback to see if this is an issue across the board. Dave said they are hoping to engage in conversations to ask, 'how can we make this better?'</p> <p>Overall, the Neurology Sub Group is going well and moving forward in the right direction.</p>	

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3)	<p><b>Our New Priorities, what do we want to achieve? (Katie Peacock and Jan Marriott)</b></p>	
	<p>Katie started off by telling us that the board has met, discussed and collated what the boards priorities should be. They came up with 4 key points to focus on. They also discussed and agreed that we need to encourage more experts with lived experience to the board and keep promoting who we are and what we do. Katie then mentioned the philosophy, nothing about us without us which goes along with co production.</p> <p>The Four main areas of focus are going to be:</p> <ol style="list-style-type: none"> <li><b>1. The Holistic Approach.</b> This covers things like how to utilise the services, the need for GPs doing house visits, the long-term impact of covid 19, the need for appointments and communications around accessibility to digital exclusion, wider awareness of the impact of having a chronic long-term condition, health conditions and how they impact on each other. Also, we want more education for health care professionals, around the sunflower lanyard and people understanding about what it is.</li> <li><b>2. Physical accessibility to the community,</b> This is about the lack of accessible toilets, need for disabled parking, wheelchair accessibility for powered wheelchairs and accessibility for public and commercial premises. This also covers accessibility of pavements with the lack of drop kerbs on both sides and access to training and education.</li> <li><b>3. Advocacy.</b> People want support accessing the benefit system and with health and social care and affordable counselling. Also, waiting times for covid services are an issue as well as exclusion from services.</li> <li><b>4. Transport.</b> We have been working around getting more accessible taxis, blue badges for not just those in wheelchairs but for those with hidden disabilities, and asking the question, why does the blue badge form need to be completed every 3 years.</li> </ol> <p>Katie then thanked everyone for their thoughts and feedback which helped pinpoint the main points to focus on going forward.</p>	

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<p>Jan asked if anything had been missed or if there is anything that you might want to see here? They would welcome ideas to be added. She explained it's just a starting point and as it will be used now for the next 18 months but the more we can include the better.</p> <p>Lisa explained that an issue her patients/service users face is that the hospital transport requires an extremely long wait for collections. Service users can be sat in reception for 2-3 hours for their return visit.</p> <p>Katie agrees this is something that needs to be addressed and is exactly the type of issues and feedback we are looking for.</p> <p>Emma asked if transport issues were extended to cover buses and train services? Katie said they have talked about it and will discuss further along because people want support and training around using services to improve confidence.</p> <p>Dave followed on saying that he has been doing some work around transport and had come up with a video that expresses the range of issues people have, not just for disabilities but sensory impairment and hearing issues. It has been something they are trying to drive with stagecoach and looking at their training with support around raising these issues better.</p> <p>Jan suggested sending out the video again and Dave says we need to keep raising the issue in as many forums as we can.</p> <p>Video is here: <a href="https://youtu.be/30uO8-klftQ?si= NY24Qnvhkyyvr5g">https://youtu.be/30uO8-klftQ?si= NY24Qnvhkyyvr5g</a></p> <p>Steph raised a concern about difficulty getting wheelchairs on buses because parents won't put pushchairs down and the drivers are not supportive enough.</p> <p>Steph also agreed that the hospital transport is not ideal for when appointments are late, they can't get the transport to wait because they have other bookings which means she must wait until they can fit her back into their schedule.</p> <p>Another issue she raised was that the taxis and dial a ride refuse to take bookings at certain times because they prioritise school runs.</p> <p>Jo agreed that pushchairs take up too much space on buses and that the hospital transport hasn't improved in many years.</p> <p>Karen has said that she often tries to organise transport for courses, but the Robin are restricted because of the school contracts.</p>	
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	<p>Emma explained that the Robin bus was intended for users in the Forest who couldn't get buses etc, but Steph explained it wasn't being used as it should be. Steph said the Robin has restrictions with the stops it will/won't take you to and doesn't cover the whole areas needed. Emma said it was disappointing to hear that people can't access it the way it was designed because it was supposed to be affordable and easily accessible to plug the gaps of other public transport.</p> <p>Everyone agreed that the issues discussed today needs to be a priority in the next transport meeting.</p>	
4)	<p><b>Engagement Update (Katie Peacock and Jan Marriott)</b></p> <p>Jan explained they are trying to arrange a meeting in September with taxi licensing to speak to all the district licencing officers to discuss the issues around wheelchair accessible taxis.</p> <p>Lewis said it is a concern that you generally can't order a wheelchair taxi in advance; it must be on the day.</p> <p>Dave explained it is a licensing issue and won't take bookings in advance because they may not have a driver or taxi available when it comes to the day.</p> <p>Katie moved us on to the next point of focus which is the need to bring on more people to join the board. They have been speaking to the National Star college about their students joining the board for a broader representation as it came up as a theme to see more people with lived experience being part of the board. Jan and Katie are going in September to meet the student union representatives at the National Star.</p> <p>Jan told us that she and Paul Tyrrell visited Charcot therapy centre recently. It is named after the man who named Multiple Sclerosis, who identified it as a condition. It does more than just support people with muscular conditions.</p> <p>Although it is a small place, it has as a huge oxygen tank where they believe there is a lot of research evidence that it helps maintain good muscle tone for people with ME, CFS, MS and many others.</p> <p>They also run a good therapy group; overall health support group run by a proactive physiotherapist. It is only £3 per session and has no funding. They have their own councillors for therapy. Jan asked the question why</p>	

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	<p>people choose them over talking therapies, and they explained when people are in distress, they need therapy sooner rather than waiting a long time.</p> <p>John explained the benefits of the oxygen tanks and explained it is like a mini submarine which you enter with other people. You are closed in, and they use high pressurised oxygen which goes deeper into the tissue which is why it is good for muscle therapy. John said he had therapy outside the unit, and he found that very effective and that this is something that should be more well known.</p> <p>Lorna said it is great for people with fibromyalgia. It also has seating outside the tank for those who cannot enter due to not liking being in small spaces, and this still gives them most of the experience.</p> <p>Also, they have exercise machines which work your body for you. You just sit on the equipment and the machines do the work, but your body still gets that benefit of the movement. Lorna said they are a fantastic organisation, have great source of resources and so welcoming.</p> <p>Rachel and her colleague will be coming to the next board meeting with a video clip of the oxygen tank to show how amazing it really is.</p>	
5)	<p><b>The Gloucestershire Community Dental Service (Funke Adetona)</b></p> <p>Funke shared a presentation, she explained who the Community Dental Service are and that they are made up of different types of dental services under the same umbrella. They provide a range of different services. These include:</p> <ul style="list-style-type: none"> <li>• Special care and paediatric dental service- referral system</li> <li>• Intermediate minor oral surgery – referral system</li> <li>• GDS Springbank</li> <li>• Out of hours service Springbank</li> <li>• Nurse led urgent care telephone triage</li> </ul> <p><b><u>Definition of special Dentistry.</u></b></p> <p>Special care dentistry is a dental speciality established in 2008 which provides preventive and treatment oral care services for people who are unable to attend routine dental care because of some physical, mental or social impairment or a combination of these factors. It requires a holistic approach that is specialist led in order to meet the complex requirements of people with impairments.</p>	

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<p>GHC Community Dental Service (CDS) is a small specialist led service who treats patients that meet the Special Care Dental Service referral criteria. They have an electronic referral on the website which can be accessed by any health or social care professional services. All referrals are triaged by a senior clinician based on the referral criteria.</p> <p>They currently have four locations:</p> <ol style="list-style-type: none"> <li>1. Southgate moorings, Gloucester</li> <li>2. St Pauls Dental Clinic, Cheltenham</li> <li>3. Forest of Dean Hospital, Cinderford</li> <li>4. Redwood House Stroud</li> </ol> <p>GHC CDS will see patients in other settings like homes or residential care homes and even hospital patients on a domiciliary basis if the criteria are met. They have medical history forms so patients can inform them of any additional needs and adjustments. GHC CDS make reasonable adjustments to ensure dental care and treatment is provided in the most appropriate way.</p> <p>This includes:</p> <ul style="list-style-type: none"> <li>• Familiarisation visits to the clinic</li> <li>• Appointments for the best suitable day/time</li> <li>• Additional time for appointments</li> <li>• Easy read information</li> <li>• Any adjustments necessary</li> </ul> <p><b><u>Who we see.</u></b></p> <ul style="list-style-type: none"> <li>• Paediatric patients.</li> <li>• Adults with additional needs.</li> </ul> <p>Majority of their patients are discharged back to their General Dental practitioner for continuing care once treatment is complete based on the shared care principle. We work closely with patients/parents/guardians and carers concerning prevention of dental disease.</p> <p>For patients who met their criteria we devise an individual oral health care preventive plan which is sent to the carers/parents/guardians.</p> <p><b><u>Treatment Modalities</u></b></p> <ul style="list-style-type: none"> <li>• Local anaesthesia</li> <li>• Inhalation sedation</li> <li>• Intravenous sedation</li> <li>• Dental treatment under general anaesthesia following referral to Gloucester Royal Hospital</li> </ul>		
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	<p>Specialised facilities including wheelchair tipper, inhalation sedation, specialised Xray machines, WAND – administers aesthetic in a computerised way to help those who are afraid of needles.</p> <p><b>Partners</b></p> <ul style="list-style-type: none"> <li>• We work collaboratively with other health care and social care professional, patients and their parents/guardians and representatives.</li> <li>• Link in with GHC intensive health outreach team (IHOT) to facilitate care regardless of the setting.</li> <li>• Should a patient be referred for dental treatment under general anaesthesia at Gloucester royal hospital we liaise with other specialities to ensure any other treatment required is undertaken under general anaesthetic.</li> </ul> <p>One of our aims is to ensure that those who have additional needs are seen by the right team in the right place at the right time.</p> <p>'People with additional or special care needs may receive most of their care from a general dentistry practitioner (GDP) for most of the time. Occasionally they may require treatment that requires Special care dentistry: clinical standard more specialised management and may require a referral. This shared care may be for a short period of time or for a specific episode of care. Once the episode of care or period of time has ended, they may be discharged back to their GDP for routine care and monitoring. Patients suitable for management within GDP should not be disadvantaged through inappropriate and unnecessary referral'</p> <p>(Quote from Special care dentistry: clinical standard).</p> <p>John asked about costs. Lisa explained treatments are charged at the normal NHS rates but if patients are in receipt of certain benefits the treatment would be free of charge.</p>	
6)	<p><b>Questions and Updates from Individual and Organisations on Issues and Concerns. (All)</b></p> <p><b>Gloucestershire ME/CFS Friendship group:</b> John updated us that the Gloucestershire ME/CFS Friendship group has launched a Facebook group. The intention is that it will be for ME/CFS professionals in Gloucestershire, and it is there to link any professional with anyone with ME related conditions for help on how to tailor their care. It is designed to open the doors to a group of 700 EBEs. John believes there is a lack of connectivity between professionals and experts with experience. John will be forwarding the details.</p> <p><b>Carers Hub:</b> Lorna updated us about plans for the upcoming carers rights day which will be on Thursday 21<sup>st</sup> November. If anyone would like to be involved of the</p>	

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	<p>planning and main events, please email her and she will add you on to the mailing list. She welcomes input for what you believe you need.</p> <p><b>Access Social Care:</b> Jacky updated that the local authority is still reviewing the fairer contribution policy. The survey went out earlier in the year and they are looking at putting out some results. If anyone has any feedback about the accessibility of that survey or the process so far, please let her know. Jacky also sent out a plea to keep talking to your local county councillor because there is a lot of misunderstanding about the costs of social care even if someone is on benefits.</p> <p>In Stroud District they are reviewing their aids and adaptations policy within their tenants but is largely focused at their disabled facilities and Jacky is starting a project to look at the different districts approaches. She asked If anyone is interested in looking through the policies to please get in touch.</p> <p><b>Gloucestershire Deaf Association (GDA):</b> Danielle wanted to update us on how the GDA are developing and promoting deaf awareness training across all sectors (third, commercial, public sector) and said there is a huge gap in terms of how we communicate with deaf and hard of hearing people.</p> <p>They have a deaf awareness training, which they are launching in September. She will be emailing it out to all partners and offering a 1-hour free awareness session. Places are limited so if you are interested, please email and they can facilitate that. Any questions, please contact Danielle</p> <p>Jan and Katie will circulate the leaflet advertising this.</p> <p>Karen from Artlift says the training is a high priority for them and they are very interested in this.</p>	
7)	<p><b>Discuss Outstanding Actions (Katie Peacock and Jan Marriott)</b></p> <p>None discussed</p>	
8)	<p><b>Any Other Business. (Katie Peacock and Jan Marriott/All)</b></p> <p>Emily said the priority of transport has come up a lot and they have been meeting with various people who have been identifying that gap. There used to be a service commissioned called Lift training but this was a while back meaning there has been a gap for a while now for adults who want support to navigate public transport.</p> <p>They have been having discussions Tom Main and Tim Griffiths about this issue and one of the suggestions was linking with Adult Education and Skillzone because there is an opportunity to use the resources that already exist in Gloucestershire.</p>	

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	<p>Skillzone are inviting some of the partnership board members to come along and see what Skillzone feels like for different people and explore if they would be able to do some travel training.</p> <p>We are exploring options and will update when we get back from Skillzone.</p> <p>Another option is looking at a mentoring scheme where people can be linked up with someone else who is more confident on that route.</p> <p>Steph kindly offered to be a travel buddy once it is up and running and also said we should link with Simon Price about travel in the Forest of Dean.</p>	
	<p><b>Next Meeting: Tuesday 8<sup>th</sup> of October, 11am – 12.30pm</b></p> <p><b>Venue details: Zoom</b></p>	

**Acronyms you may come across in our Minutes/Agendas**

ASC – Adult Social Care	ICB – Integrated Care Board
BBTL – Building Better Transport Links Group	ICS – Integrated Care Services
CMT - Charcot Marie Tooth	KPIs – Key Performance Indicators
CPG - Clinical Programme Group	LA – Local Authority
EoL – End of Life	ME/CFS - Myalgic Encephalomyelitis/Chronic Fatigue Syndrome
GHFT - Gloucestershire Hospitals Foundation Trust	MND – Motor Neurone Disease
GHCFT - Gloucestershire Health and Care NHS Foundation Trust	PBs – Partnership Boards
HD/HDA – Huntington's Disease/Association	PDSI PB/PB – Physical Disabilities & Sensory Impairment Partnership Board
H&SC – Health & Social Care	PCN – Primary Care Network
	VI – Visual Impairment