

Notes of the meeting of the North Tyneside CCG Patient Forum held on 12 March 2020 held at The Linskill Centre, Linskill Terrace, North Shields, 11am – 1pm

Present: The meeting was chaired by Eleanor Hayward

Practice Representatives:

Beaumont Park	Victoria Mayes
Priory Medical Group	Susan Dawson
	Anne Carlile
Wellspring Practice	Val Telfer
Swarland Avenue Surgery	Steve Cattle
Collingwood Medical Group	Peter Maitland
Northumberland Park	David Hall
Village Green Surgery	Bill Critchlow

In attendance:

Community & Health Care Forum	Michele Spencer
Community & Health Care Forum	Carole Reed (Note taker)
Northumbria University	Katie Brittain
Steve Rundle	NHS North Tyneside CCG

Apologies for absence:

NHS North Tyneside CCG	Lesley Young-Murphy
NHS North Tyneside CCG	Wally Charlton
NHS North Tyneside CCG	Donna Sample
Collingwood Medical Group	Phil Howells
Lane End Surgery	Steve Roberts
	Colin Thomson
	Steve Manchee
Priory Medical Group	Sandra Gillings
Whitley Bay Health Centre	Heather Carr
	Judy Scott
49 Marine Avenue	Hazel Parrack
	Pat Bottrill
Collingwood Surgery	Patrick Mayne
Marine Avenue Medical Centre	Jon Routledge
Park Parade Surgery	Ray Calboutin

Welcome and introductions

Eleanor Hayward welcomed members to the Patient Forum and thanked everyone for taking the time to attend.

Apologies

Apologies for absence were received as above.

Confirmation of quoracy

At 11.40am the meeting was confirmed as quorate with the late arrival of one of the members.

Declarations of interest

There were no declarations of interest but everyone was encouraged to declare if relevant.

Notes of the previous meeting dated 9 January 2020

Eleanor went through the previous meeting notes and they were agreed as a true record.

Matters Arising

Eleanor explained about the CCG Patient Forum Development Session for those members who did not attend. This took place on Thursday, 5 March and involved discussions about the many achievements of members which included amongst others, the Working Groups, Ambulatory Care and Care Plus visits, Frailty Events and Social Prescribing.

The group went on to discuss the Integrated Care System (ICS) which is led by Mark Adams and works to a high planning level throughout the North East and North Cumbria. It has a strategic five year plan and brings together local organisations, ensures patients get more options and better support at the right time and place, relieves pressure on A & E through effective population health management and so far is working very well. It aims to improve health, wealth and wellbeing allow patients to have their care tailored to their needs. The ICS involves high level planning of the Primary Care Networks, Local Authority, and the Integrated Care Partnerships. For clarity the Local Maternity System Prevention is a service based intervention to encourage smoking cessation in pregnant women. The members will be given updates as services develop and feedback through Lesley and Mark.

The CCG is very well prepared for the possible progression of the current health crisis the Coronavirus everyone is being made aware of taking precautions like frequently washing their hands with soap and hot water, using sanitising hand gels and coughing and sneezing into a hankie and binning it.

Some information that came from Dr Ruth Evans was given to members regarding the clarification of community deaths in the short term. In October 2019 there was a change of coroner in the Borough, and it has since become apparent that a number of changes are needed in North Tyneside to bring processes in line with other areas. To do this a guidance for expected deaths has been developed and once this is complete it will be updated further. In the meantime all community deaths are reported to the coroner unless a death certificate is issued in the first 24 hours. Information will be updated as soon as possible. The members were horrified and distressed by this news and would like this fed back to Dr Evans. It was suggested that the Forum should invite the new coroner to a future meeting. See Any Other Business.

The members were informed that the first Death Café in North Tyneside will be held at the YMCA in North Shields on Wednesday, 13 May and any cake donations would be greatly appreciated. Most of the group agreed that it is good in principle but nobody would particularly want to attend, they thought the name Death Café is particularly off putting.

Katie Brittain
Northumbria University

Katie explained that sometimes the systems in care homes don't line up with the NHS guidelines and they are not on the same path as the hospitals. The university has been doing a study working with care homes to capture the amount of safety incidents and their consequences. Sometimes information is neglected which makes sharing any feedback notoriously difficult.

Jason Scott from Northumbria University was keen to receive feedback from members and has now emailed his reply to CHCF. These are as follows:

1. We are liaising with different people in each region to try and identify care homes who would be receptive to participation. In North East, it's Ruth Marshall (care homes lead), whilst in the South West it's with the CCG quality and safety lead, though they have a very different setup to NE... my understanding is that they have a far more integrated system between the local authority and CCG, where they share the same offices etc. When choosing care homes, we don't think that them being self-selecting will be a problem, but we will be conscious of this when making comparisons to the national picture (workstream 1).
2. No, we won't be obtaining incident reports directly from CQC as I understand that they only collect notifiable incidents (in which case the care homes would hold copies). We will however be looking at any reports that are sent from the care home to the CQC as part of their notification processes, as well as the internal reports and safeguarding reports to local authorities.
3. Please pass on our thanks for this feedback – I'll write it into the application within the impact statement

For the outcome, I can't recall exactly but I think it's around end of June or July. Whether things like this are kept to time will be another matter altogether!

Katie confirmed that Dr Kathryn Hall is heavily involved with the university's findings, she is Chair of the CCG End of Life Working Group.

Katie agreed that it is quite difficult to do research with the care homes being so busy and there is a responsibility to the CQC to show how incidents are reported. There are also sometimes safeguarding issues which may involve loss of medication or information not being received from hospitals occasionally certain staff may be unduly concerned and report a safety issue which is unnecessary. It is understood that the care homes also have a very high turnover of staff which makes the facility more problematic and training temporary staff puts a strain on the service. Care workers are among the lowest paid staff and sometimes not valued. There are also data protection and communication issues there should be clear guidelines put in place. The NHS now have patients' records readily available but this is not the case in nursing and residential homes.

Katie explained that Jason is trying to get raise funding, he has a very good track record and good links with the CCG Lesley Young Murphy is keen to access feedback from the care homes and she is also involved with the university. The findings of the research will become apparent in maybe six months' time.

Katie said she would appreciate any input from the CCG Forum Members and if they had any further comments they could email Michele. She will arrange to come back to the Forum meeting at some point in the future to keep the members informed.

Steve Rundle
Head of Planning and Commissioning
CCG

Steve attended the meeting to give his annual update on CCG Commissioning Intentions 2020/2021. He explained that decisions will be made in what to invest in and what will be changed and identify priorities and build on the progress that has been made in previous years. The strategic vision is supported by ambitious plans to change the way that care is delivered by keeping people healthy, using self care, future care, caring for people locally and admitting patients to hospital when appropriate. The CCG will determine outcomes on what they will achieve in key areas such as long term conditions, frailty and falls prevention.

The Living Well with Cancer in North Tyneside aims to include a whole system response to prevention and addressing the causes of cancer including tobacco addiction, alcohol, obesity and poor diet. Achieving earlier diagnosis and improve waiting times, and proactively work with primary and social care and the voluntary sector to develop services that improve access to high quality support for people affected by cancer. The objectives are to enable more smokers to quit with support from smoking cessation services, to increase the proportion of people diagnosed at stage 1 and 2 from 50% to 75%. To improve the mortality rate with more people surviving and living well with cancer at least five years or more following diagnosis. To deliver 28 day referral to first treatment by 2020/21 and improve the whole patient experience and safety. All of this is a work in progress and we are in the second year of the five year plan up to 2023.

One member pointed out that on page 24 of the draft Diabetes Services in North Tyneside, there was a lot of information written about Type 2 but not Type 1 which is a much more serious condition. It was agreed that Type 2 can be helped with certain lifestyle changes and Type 1 can't be prevented. Foot and eye screening in the diabetes clinic is ongoing. The outcomes for Diabetes Services are to increase identification of patients with high risk of developing Type 2 diabetes by providing appropriate interventions to reduce risks, increase accessibility of educational courses and reduce reliance on hospital care. There will be an annual diabetic review and a launch of diabetic treatment for people with learning disabilities encouraging self care and shared decision making.

Steve told the members that the CCG are liaising with different people in each region to try and identify the care homes who would be receptive to participation. In the North East the Care Homes Lead is Ruth Marshall. He confirmed that the CCG wouldn't be obtaining incident reports directly from the CQC as it is understood that they only collect notifiable incidents (in which case the care homes would hold copies). They will however be looking at any reports that are sent from the care home to the CQC as part of their notifications process, as well as the internal reports and safeguarding reports to local authorities. For the outcome of this Steve did not recall exactly but thought it would be around the end of June or July.

Some members commented that there was nothing in the draft about Maternity Services other than a brief line on page 49 in the draft, Eleanor expressed her disappointment about this and thought it should have a section in its own right. On page 41 Mental Health Provision, drugs and alcohol abuse need to be included.

Steve would be looking for more comments from members and is aiming to produce the final draft by 27 March. He will get approval and any further comments from the Clinical

Commissioning Contracting Committee and in May the details will be put on their website. Steve went through the Planned Care Services objectives to review and improve referral systems, to achieve the 92% 18 weeks referral to treatment, to implement recommendations of the clinically-led review of NHS Access Standards once published and to apply MSK First Contact Practitioners in all Primary Care Networks. He confirmed that current systems would benefit from review and improvement, other measures will be identified in line with the Operating Framework. Communication with GPs and patients will be the key to success.

Steve confirmed that the any members who could not attend today's meeting will receive a copy of the draft. He also verified that the Rapid Specialist Opinion Service (formerly the Referral Management System) will be discontinued from September 2020.

Any members who wish to contact Steve can email him on steve.rundle@nhs.net

Working Groups Briefing

Future Care

Nothing to report.

Self Care

Susan attended the Care Navigator Training but found it disappointing, there was another one arranged for 17 March but this has now been cancelled due to the coronavirus. Viki attended a Women's Day walking with asylum seekers last Sunday. The CCG made available a large pot of money to enable the community and voluntary sector to apply for grants for innovative projects to improve the health and wellbeing of North Tyneside residents. Details of successful applicants can be found on the CCG website.

Mental Health Working Group

Nothing to report.

Innovations

Peter told the members he had had a short meeting with his Collingwood Surgery PPG to discuss LIVI, which is the new service from Sweden which enables patients to book appointments from home, work or on the go, to get medical advice referrals and prescriptions, this is a free NHS service in eligible areas. Forum Member Steve Roberts also did a useful report about this. Lesley and Wally are leading on it, information was sent to everyone by email and anyone who is interested can receive an invite to see a further demonstration, some parts are IT related and some are not.

Comms Working Group

Nothing to report.

Any Other Business

Michele has emailed Dr Ruth Evans with members' concerns about the new arrangements for community deaths in the short term. Also Michele will contact the new coroner and invite her to this meeting, although not appropriate at this time due to the current coronavirus crisis.

Viki Mayes gave apologies for the next meeting as she will be on holiday.

Eleanor thanked Michele for today's papers and also thanked the members for their participation.

Date and time of next meeting

Thursday, 14 May 2020

11.00am to 1.00pm
Linskill Centre, Linskill Terrace
North Shields NE30 2AY