

Notes of the meeting of the North Tyneside CCG Patient Forum held on 9 May 2019 held at The Linskill Centre, Linskill Terrace, North Shields, 11am – 1pm

Present: The meeting was chaired by Eleanor Hayward

Practice Representatives:

Priory Medical Group	Susan Dawson
	Sandra Gillings
49 Marine Avenue	Pat Bottrill MBE
	Hazel Parrack
Lane End Surgery	Colin Thomson
Park Parade Surgery	Ray Calboutin
Whitley Bay Health Centre	Judy Scott
Collingwood Medical Group	Phil Howells
	Peter Maitland
	Patrick Mayne
Beaumont Park	Viki Mayes
Swarland Avenue Surgery	Steve Cattle
Wellspring Practice	Val Telfer
Lane End Surgery	Steve Roberts
	Steve Manchee

In attendance:

NHS North Tyneside CCG	Eleanor Hayward (Chair)
NHS North Tyneside CCG	Dr Lesley Young-Murphy
NHS North Tyneside CCG	Dr Richard Scott
Community & Health Care Forum	Michele Spencer

Not in attendance:

West Farm Surgery	Patsy Lemin
	Grace Foggin
	Andrew Fothergill
Battle Hill Health Centre	Dean Stewart

Apologies for absence:

NHS North Tyneside CCG	Wally Charlton
	Mathew Crowther
Wellspring Practice	Anne Lawson
	Gillian Bennett
Marine Avenue Surgery	Jon Routledge
Battle Hill Health Centre	Anne Baxter
Park Road Medical Practice	George Mitchell CBE
Priory Medical Group	Anne Carlile
Whitley Bay Health Centre	Heather Carr
Village Green Surgery	Bill Critchlow
Forest Hall Medical Group	Judith McSwaine

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: The meeting was confirmed as quorate.

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

Notes of the previous meeting dated 14 March 2019: The notes were agreed as a true record with one correction page three third line, should read...The Better Care Fund supports health and social care.

Matters Arising

Commissioning Intentions are in the planning and implementing process. The CCG is keen to work more closely with the community and voluntary sector and recognise it is difficult for smaller organisations to access funding and the CCG is launching a grants programme. Patient Forum reps have an excellent opportunity to be involved and it was confirmed grants are not the same as procurement. The process and decisions will be published on the CCG website. There will be a stakeholder event in June to launch the programme.

The Recovery College, offering a range of courses and workshops related to mental health and wellbeing has been commissioned by the CCG and is aligned to Commissioning Intentions and monitoring the impact will be in place, members will receive an update in the near future.

CCG Update

Primary Care Networks (PCN) are part of NHS England's five year plan, GP practices are private providers and work in accordance with the General Medical Services (GMS) contract in addition there is a Directed Enhanced Services (DES) and this encourages practices to work together, there has been an additional £2m investment from the CCG to improve patient and staff experience and better outcomes for patients. There is good innovative work at practices to enhance Primary Care and this includes community services. North Tyneside will have four PCNs in line with current localities each is required to have a director and they have to identify one bank account. A PCN Board will be established and this will have multi agency membership.

There will be 30-50 thousand patients per network and each locality meets that, by 15 May the CCG receives the submission.

Garden Park Surgery has joined up with Forest Hall Medical Group in the North West locality it is a Wallsend practice but stays in the locality, Shiremoor is joining North West but stays in Whitley Bay locality. Primary Care Home is an approach to strengthen and redesign primary care working together with partners.

- JS As national requirements do they conflict with Care Plus for example?
- LYM The new structure can mean people want a clean slate but existing initiatives will stay if they are right for local people.
- SD You have four Locality Support Officers, what happens to them? Together with Sandra Gillings we have worked closely with the North Shields officer and applaud the great work she does.

- LYM The CCG funded all seconded posts and have extended these to the end of December and networks could decide to fund them
- SR Has there been some resistance to PCNs?
- LYM This is a national requirement.
- SR How would the CCG address any fall out?
- LYM The CCG will monitor patient carer outcomes in the contract. There should be no obvious deviation resulting in post code lottery. Practices need to work together, contract penalties would apply if necessary in relation to locality working;
- North Shields - investment to aid practices with some pooled money and have identified mental health as a need and social prescribing will pay a part for patients.
- Wallsend – Village Green Surgery has capital money for to improve ventilation in their practice, extra nursing and also pooled resources from mental health with indentified work in schools being undertaken.
- Whitley Bay – Doing good work, but needs momentum in the locality.
- North West – A number of initiatives underway with a full impact assessment after a year.
- Across all of the localities digitisation is underway which has left practices with extra space to utilise for patient benefits.
- Eleanor reminded members to bring back their experiences and note differences and benefits.
- PM Collingwood Patient Participation Group (PPG) members have been kept informed
- JS There hasn't been a PPG meeting at Whitley Bay Health Centre for some time.
- PB Our practices fire fights and this highlights the need for the Patient Forum.
- VT When was money available to practices?
- LYM It was December 2018. Capital was the same for each and every practice; the money is for improving staff patient experience and care.
- SR Do the directors put themselves forward and do they have to be GPs?
- LYM There is a requirement for the director to be a clinician. The Local Medical Committee (LMC) wanted GPs in North Tyneside to be in a good position, for localities, Primary Care Home and Future Care initiatives.

The directors are Dr James Lunn North West, Dr Katherine Murray Whitley Bay, Dr Dave Tomson North Shields and Dr Kirsten Richardson Wallsend.

Dr Richard Scott
Clinical Chair NHS North Tyneside CCG

- CT Does the CCG work with medical schools?
- RS GPs/Practices some take students in and they are GP trainees. Sunderland Medical School will be very positive for the region and I feel that Primary Care will benefit and tap in to it. The CCG has had five fellows at the end of their training and have been learning about the CCG, three have returned as clinical leads. Dr Alex Kent came for a year she is a clinical director with increasing numbers of GPs wishing to have a portfolio career.
- PB Dr Murray from 49 Marine Avenue is now a locality director but is her post backfilled?
- LYM Yes money is there for backfill.
- RC Park Parade Surgery does have GP trainee training but North East and Cumbria is not seen as an attractive area for people to live and work.
- RS We need to look at areas within areas but when we get clinicians we need to work hard to keep them. Sunderland and Hartlepool fair poorer. There is a feeling the GP role is a negative one and we need to highlight what we are doing well.
- RC Promotion is needed at locality level on the positives.
- RS What would make you stay? GPs normally say they want to feel valued.
- JS Exit interviews are really important and more should be done to try to address the reasons people leave.
- RS A lot of GPs are approaching retirement (within 10 to 15 years) and we need to encourage them to stay in post. Normally people say it is the workload, seeing patients is fundamental and changes are being made for example having a pharmacist to carry out medication reviews.
- CT Sunderland and Newcastle University take students from all over the country but placement can be anywhere in the area. Often practices are where the student gets the most rich experience and building and strengthening links while they are in post is important.
- LYM We need to recognise and celebrate Primary Care as well as investment for infrastructure.
- RS We all need to think differently about what patients need; a GP is not necessarily what patients need.
- CT Face to face doctor and patient consultation is what excites GPs.
- RS Electronic appointments can also be very valuable.
- VT Retention and investment is over years for medical students. It is thought this investment helps GPs commit to staying in the region/country.
- RS We need to make to this country and this area the best environment.

- VT Sunderland is very deprived.
- RS There is a culture about where GPs go and it depends on their perception of the area.
- SR You're right, practices need to work smarter with advanced nurse practitioners.
- RS Practices are starting to use different specialities and a culture shift is needed. Many Advanced Nurse Practitioners work in walk-in centres and should be in Primary Care but not used to replace GPs.
- LYM We don't train enough Advanced Nurse Practitioners and there are bids in at the moment for 16 posts, we are currently seeking bespoke training for North Tyneside. There should be different access points for training and the CCG has a commitment to this as well as succession planning.
- SG Do you think GPs are unwilling to give up some of the work they do?
- RS Yes, but when you push that with GPs they do ultimately see benefits.
- JS I am not from this area and not until I moved here did I realise how good it is. The TyneHealth booklet is still being used for recruitment.
- PB Often the Practice environment is not conducive to learning recruitment/retention.
- PM How much is frailty subjective/objective?
- LYM Knowing patients is the best way to understand frailty and also family members' views. Frailty indicates a number of conditions and identified early results in whole health interventions.
- SG What tool is used?
- LYM The Electronic Frailty Index is used and Patients should know if they are on it.
- PM I was measured in hospital and don't know if the information was transferred to my GP. Maybe we need a task and finish Frailty Group.
- PM This list, is it an option for people to be told and included in this decision?
- LYM There is a national requirement to collect data and GPs are required to run a frailty check list. Being frail puts you at risk of certain things. The paper describes what is happening; older people on medication with no reviews, for example. This paper gives a flavour of what we are doing and what will be driven forward in a positive way.
- SG This paper does not mention patients.
- LYM This is a person centred approach with patients and relatives and papers should be clear patients come first.
- PM Can GPs just put people on the register without seeing them, surely this can't be finalised without the patient.

VM An algorithm is used without patients knowing therefore patients should be informed.

LYM It is a process to pull information together, create care planning including a comprehensive assessment with patients' needs and wants also considered.

RS It's not a new register and its purpose is about collating information and providing the best possible care.

Working Groups

End of Life a patient information leaflet is in progress.

Self Care meeting to be held at the end of May.

Mental Health the next meeting is in July.

Future Care the next meeting is in June.

North Shields Locality, a Wellbeing Prescription has been produced and this gives patients the opportunity to find out about social prescribing opportunities.

Any other business

Judy Scott explained about the Mental Wellbeing in Later Life Board and asked members to consider information they may have and if they would like to share this, if anyone was interested they should pass their details to Michele.

One of the members asked what happens to a patient if they die in transit and they have a Do Not Resuscitate form (DNAR)? See actions below.

NHS North Tyneside CCG will be holding their Annual Public Meeting on Tuesday 25 June 2019 at 10am with the venue is Hedley Court all members are welcome.

Date and Time of Next Meeting:

Thursday, 11 July 2019

11am to 1pm

Linskill Centre

Linskill Terrace

North Shields

NE30 2AY

Actions

Minute No/Action No	Action	Responsible Officer	Target Date	Status
Matters arising	Recovery College update	Lesley Young Murphy	11 July 2019	
AOB	DNAR form, what happens if a patient dies in transit?	Michele Spencer	11 July 2019	