

NHS North Tyneside CCG Patient Forum
Future Care Working Group
Wednesday 3 October 2018
11am-1.00pm
Room B6
Linskill Centre
Linskill Terrace
North Shields

Notes

Attendees

Sandra Gillings	Priory Medical Group
Susan Dawson	Priory Medical Group
Anne Carlile	Priory Medical Group
Pat Bottrill	49 Marine Avenue
Judy Scott	Whitley Bay Health Centre
Gillian Bennett	Wellspring Practice
Wally Charlton	North Tyneside CCG
Michele Spencer	CHCF

Apologies

Steve Roberts	Lane End Surgery
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Notes from last meeting (8 August 2018)

Notes were agreed as a true record.

Matters arising

Residential home data requested is to follow.

Musculoskeletal (MSK) Pathways

Member information of patient experience was shared with Steve Rundle via Wally Charlton and this was raised to avoid others going through the long and complicated process the timeline provided will enable the CCG to have a thorough understanding of the experience and a response should be available at next meeting.

The Locality Support Officers are now working closely with the new Locality Managers within Northumbria Healthcare Foundation Trust (NHCFT) in order to bind the community services alignment work on pathways and service delivery. Two North Shields members are working with the Locality Support Officer instead of attending locality meetings.

Future Care Work Programme

The newly formed board met this week and some of the work-streams have been aligned.

Community Nursing – it was agreed pathways should determine the workforce and where they are based a future pathways mapping exercise similar to the older people's mapping is likely to take place. In addition how teams operate and historical cultural issues will be highlighted.

The North Shields Locality and Support Officer are also looking at a number of projects including Physio First which will run for 6 months as a pilot. Less debilitated patients will

be referred to Physio First to prevent having to go through the process of referral etc into secondary care. The process will involve a Practice appointment with the GP or Nurse triggering the need for an appointment. The physio for this pilot has been identified and it is understood he also runs the back pain workshops.

The success of this pilot could mean rollout across the other localities currently patients go through the Referral Management System into the service run by Northumbria Healthcare Foundation Trust (NHCFT). Currently each case remains open for a limited six weeks then patients would need to see the GP again if their problem continues.

Spirometry is another project being undertaken in North Shields locality – this looks at a range of areas including the technique of using inhalers. All projects will be evaluated

District Nurses and Practice Nurses don't come together as staff teams to look at areas such as patient dressings and this is being addressed.

Patient Experience

After hospital discharge they were told to ring their practice for a dressing change, the practice informed the patient that they should contact the District Nurse so was given the number to ring, staff were not available to do a home visit and the patient had to go to Monkseaton Clinic to have it changed it was felt this was just a bit too time consuming for patients and the process should be clearer.

Frailty Event

There was a multi agency to look at service provision a plan on a page would be prepared and shared with members for comment.

The Community Falls Service has been given an 18 month extension; feedback will be given by Dr Kent at the next meeting.

Urgent Care, the new arrangements started on 1 October and there is no feedback available yet.

Realistic Medicine

NHCFT has adopted Realistic Medicine which is about ensuring decisions are made in partnership with people, helping them to make the choices about their individual treatment and care that are best for them as individuals. This is very like Shared Decision Making (SDM) but there are 5 questions:

- Is this test, treatment or procedure really needed?
- What are the potential benefits and risks?
- What are the possible side effects?
- Are there simpler, safer or alternative treatment options?
- What would happen if I did nothing?

It is recommended that this is shared and discussed with Practices. Most Practices feel that they are doing SDM already but Patients need to have the confidence to ask the questions, however this is often determined by patient confidence and age. Soft intelligence will be used to gauge how it is currently working via the Locality Support Officers and Wally Charlton will feed back. Allied health professionals may more likely to

do practice realistic medicine as appointment times may be longer. It would be logical for secondary and primary care to follow the same protocols (SDM is part of RMS process)

Transformation

The four localities are each developing a series of initiatives including Care Home Alignment, Physio and Spirometry. 6 months – 18 months for evaluation.

Digitisation is running well with 27 Practices now signed up. This initiative arises from NHS England requiring practices to become paper free.

Remote Working

The aim is to have four laptops per Practice so that when GPs visit people in their home or in a care home they will have full access to the Patient's records

There are a number of training, development and IT projects happening at Practice level and systems impact is progressing well.

Practice information screens continue to be installed and Sensemaker (or something similar) is being explored to collect patient stories.

Any other business

Anne Carlile, in her role as part of the Governors Advisory Commission, attended an event, the topic being CQC – guide to what Governors need to ask? The mock CQC inspection framework used by the CCG could be useful and Wally would be happy to speak to the lead person.

Pat Bottrill is a rep on the Area Prescribing Committee whose main business is to ensure drugs are safe and cost effective. Two multinational pharmaceutical companies tried to stop 12 CCGS, including North Tyneside, from using Avastin as a treatment for wet age-related macular degeneration (wet AMD) to its patients. Pat was part of the decision making process which led to high court intervention and the NHS won the legal battle so now patients can be offered Avastin as an alternative which is about 30 times cheaper than the most expensive alternative

Dates and times of future meetings

All Wednesday at 11am in the Linskill Centre
5 December