

NHS North Tyneside CCG Patient Forum
Future Care Working Group
Wednesday 5 June 2019
11am-1.00pm
Linskill Centre
Linskill Terrace
North Shields

Attendees

Sandra Gillings	Priory Medical Group
Pat Bottrill	49 Marine Avenue
Judy Scott	Whitley Bay Health Centre
Gillian Bennett	Wellspring Practice
Susan Dawson	Priory Medical Group
James Martin	North Tyneside CCG
Paul Stanley	Tynehealth
Julie Campbell	Care Plus
Ann Byers	Care Plus
Michele Spencer	CHCF

Apologies

Patrick Mayne	Collingwood Surgery
Steve Roberts	Lane End Surgery
Anne Carlile	Priory Medical Group
Wally Charlton	North Tyneside CCG

Notes from last meeting (3 April 2019)

Agreed as a true record, with two corrections.

Judy Scott had informed members that Healthwatch is funding a youth group to make a short film to help GPs to talk to young people about their mental health.

Steve Roberts, Lane End Surgery had given his apologies.

Matters arising

It was confirmed members input to the Realistic Medicine discussion was greatly appreciated by Northumbria Healthcare Trust.

Members are awaiting feedback from the Digital Survey presented by North East Commissioning Service (NECS).

James Martin

Primary Care Networks (PCN)

Primary Care Networks ensure general practice plays a leading role interacting with hospitals, mental health trusts, local authorities and community providers to plan and deliver integrated care. The contract is a Directed Enhanced Service (DES) which brings with it additional investment and the opportunity to increase the range of health professionals working in primary

care and is additional to GP core services. It also gives the opportunity to pilot new initiatives in primary care for the benefit of patients. Each network can decide who to employ from their own pot of money

In North Tyneside there will be four PCNs each with a neighbourhood of around 50k people and are broadly in line with the current localities.

PCNs will be mindful not to destabilise existing functions, this first year will be developmental and future years will have seven specifications and details of these will follow.

Garden Park surgery will merge with Forest Hall Medical Group and will be part of the North West PCN. Northumberland Park is part of Whitley Bay locality and has asked to be in the North West.

PCNs will mean GP practices work together and will widen their scope to include community services and it is acknowledged developments need patient engagement. Each PCN will have its own Clinical Director and a nominated payee.

PB Patient Forum information is shared at PPG level but at 49 Marine Avenue PPG we didn't know one of our GPs was going to be a PCN director and I think practices are going to struggle to backfill.

JM It is happening at great pace but you're right and the workforce shortfall is to be addressed. Sensible planning and management is needed.

PB I'm not negative but I do have concerns.

JS I do feel two groups of people those who are frail and carers need to be identified in the new system.

JM All health professionals will be working to same IT systems. Although North Tyneside is doing quite well with GP provision we do need to utilise other health professionals skilled for their new job.

SD Making sure the patient voice is heard in North Shields locality has been good but what about the other localities.

JM The networks are finding their feet at the moment and maybe we need another group to ensure it happens as PCNs develop.

SG Dressings clinics are a new initiative but how do people know these exist. Can we have locality directory of services?

JM The PCN networks will be responsible for raising the profile of initiatives and maybe a press release at the appropriate time would be a good idea.

PB The danger is people will be confused but something simple is needed.

PS All services will still be accessed via their GP.

JM Services provided by the hub could be an option.

- SG Sometimes GPs don't know what is available.
- PB Continuity is essential.
- SD Any press release should be positive. Recent back pain information in another area said patients were prevented from seeing their Doctor and referred to another service, the way it was written was negatives yet the service was additional and a good thing for patients.
- PB There is clearly a lot of investment and this needs to be made to work for patients. Because it's a training practice 49 Marine Avenue will have more GP trainees
- SG How long are PCN directors in post
- JM It is up to PCNs to decide how best to set themselves up to deliver services for their patients. This includes who should be the PCN director and how long the term should be.
- JS Do patients really need to know about PCNs.
- JM Yes they do if choice and control is at network level patient engagement is essential.
- PS Social prescribing and pharmacist initiatives are for the first year.
- JM The networks need to decide how to deliver initiatives they choose based on their patient needs.
- SG What about the Rapid Specialist Opinion Service, previously know as the Referral management service will that change?
- JM It stays the same.
- SG/JS This seems very unpopular with patients. GPs should decide.
- JM There has been a huge change in referring practice since this was introduced and all indicators show this has not been detrimental to patients.
- PB The CQC will take a dim view of no patient engagement at PCN level.

Paul Stanley Tynehealth

Paul explained Tynehealth as a federation of GP Practices in North Tyneside delivering primary care to residents. In addition Tynehealth has additional contracts: Care Plus and extended access to primary care, providing three thousand extra appointments across the borough. These appointments include provision at Battle Hill, Priory Medical Group, White Swan Centre in Killingworth and Shiremoor.

The aim is to have an equal spread of appointments, staffing estates is difficult so recruitment from GP practices is essential and they can then backfill that role at practice level. There are over 50 people on the payroll at Tynehealth and recently Tynehealth has been commissioned to provide enhanced care in care homes. This means the same nurse/ GP is assigned and stays with that home for continuity. A review of this service in the North West and Whitley Bay is due

in January next year. Primary Care Networks (PCNs) ultimately will decide how and when this service is future funded.

Tynehealth's infrastructure has been strengthened & Whitley Bay and North Shields have asked us to be the PCN fund holder. It was agreed there is a finite resource and it's not in anyone's interests to destabilise existing services.

Care Plus Service Update

The Care Plus geriatrician Dr Rogers has retired this gave us the opportunity to review and reconfigure the service.

The team has two physiotherapists, 2OTs, five matrons (four are part time), a pharmacist we also have Age UK North Tyneside in the team. We are based in the Shiremoor Centre. The majority of contacts are home visits home and referral forms are now easier for GPs to use.

We are always talking to GPs to raise profile of service and ultimately to identify patients.

We are working with two Northumbria Healthcare Foundation NHS Trust geriatricians.

On average patients are with us for 12 weeks and aligned as a caseload. We have an event day planned to share information with general practices.

Ann is an Occupational Therapist and is working on a patient information leaflet.

SG Care Plus has not been discussed recently so is good to have an update and a visit in due course.

PS Now we are reconfigured and stabilised as a service we are happy to receive visitors

PB How are people identified?

JC GPs retain responsibility for this and there is currently a caseload of 250 and we have very positive feedback from patients

AB Our existing leaflet is too wordy and simplifying is essential.

JS Care Plus gets excellent reviews at Healthwatch. One of my issues is people who have been discharged from hospital and if they are put into a care plan too soon with a private provider the incentive to get the patient well is maybe not as strong.

JC It's important to confirm we are not a rehab service, the Royal Quays Rehabilitation Service based at Princes Court is the service for that.

AB It is beneficial for us to have input before a patient goes home, but we do work closely with rehab.

PB Stroke, for example, there are so many services inputting which is great but when they withdraw and there is a passage of time patients have residual issues which are not addressed.

- AB We do have patients who have had a stroke.
- JC We do base our accepted patients on the Rockwood Frailty Index but not entirely and there is so much merit with involving Age UK who identifies social needs.
- The two teams of dedicated nurses going into Whitley Bay and North West care homes is working well for patients
- JS Mental health can be a big issue for people in care homes, not just in relation to dementia, depression and anxiety can be very difficult for people.
- PS At the moment mental health support is not a part of the contract but as we go on to PCNs this could be addressed, it would be nice to have a Community Psychiatric Nurse as part of the team.
- SG What happened to the Tynehealth work force brochure prepared about 18 months ago, Patient Forum members had a lot of input to this but didn't see it circulated.
- PS By the time it was ready a lot of the personnel featuring in it had moved on and it was quickly out of date.

Any other business

Pat informed members she understood the Freedom to Speak (whistle-blowing) policy in the Acute Trusts is to be rolled out into Primary Care.

Dates and times of future meetings

All Wednesday at 11am in the Linskill Centre

7 August 2019

2 October 2019

4 December 2019

