North Tyneside CCG Patient Forum
Innovations Working Group
Thursday 13 February 2020
10.30am
Room B3
Linskill Centre
Linskill Terrace
North Shields

Notes

Attendees
Susan Dawson	Priory Medical Group
Steve Roberts	Lane End Surgery
Ray Calboutin	Park Parade Surgery
Sandra Gillings	Priory Medical Group
Phil Howells	Collingwood Surgery
Peter Maitland	Collingwood Surgery
Judy Scott	Whitley Bay Health Centre
Marc Rice	NHS North Tyneside CCG
Wally Charlton	NHS North Tyneside CCG
Anne Timmins	NHS North Tyneside CCG
Michelle Douthwaite	NHS North Tyneside CCG
Michele Spencer	CHCF

Apologies
Steve Cattle	Swarland Avenue
Pat Bottrill	49 Marine Avenue
Anne Carlile	Priory Medical Group
Patrick Mayne	Collingwood Surgery

Notes of last (28 November 2019)
Agree as a true record.

Previous actions;
AT will prepare the CCG staffing structure list.
Members involvement and achievements will be covered in the development session during March.

Matters arising
The findings of the LIVI questionnaire will be shared in due course.

Practices have guidance for their website content, and this is due to be revised, it will continue to indicate basic minimum requirements. Members debated publishing GP salaries and whether this is per GP or an average, it was acknowledged that this amount would not include extra duties payments, it is hoped the new guidance will make this clearer.

NHS.co.uk available for information won't be phased out and NHS online is the same as the APP where patients can order prescriptions and book or cancel appointments. Members asked which practices use Patient Access and this is currently available to patients whose practice are using the Emis system, Collingwood Surgery use it however electronic records only go back so far. NHS England is to phase out online booking and the APP available on other platforms will be available. Members also felt that GP appointment online triaging would be a good idea and appreciated this did happen to some extent in some practices.

SD has previously carried out some practice website comparisons and members are keen for this to be done again. Members also asked what sort of influence the CCG has over practices and their websites. It was confirmed the Transformation Team continue to support practices with their websites and encourage improvements. However, in practices it was normally to do with the lack of staff appropriately IT trained, and usually technical support comes via the CCG or NECS depending on the level of need. Each practice was awarded £2k each to enable this to happen.

Primary Care Networks would have influence over their own websites and are likely to create one for each of their areas.

PM felt it is becoming more important in each surgery to have more staff with IT knowledge and if a problem is more complex, they can seek advice from NECS. Back up servers was discussed and confirmed as in addition to the central back up; Cobalt Leeds and North of London have the right systems in place and if there is a problem with one it transfers to the next. NHS data centres are currently in Europe.

North Tyneside is the first area to have successfully digitised patient records and members have previously expressed an interest in finding out how practise have used the extra space freed up.

The CCG website would benefit from members input and all members will be invited to share their views on content, accessibility and information. The contact us page has very little traffic and it is not clear on recorded hits to the site who is looking at what, in practices they may collect their own data, but this isn't clear. Members felt a rate the page option could be a useful tool and the amount of effort to navigate the site should be considered. In addition, the CCG is venturing on to make more use of Twitter and Facebook.

The CCG is upgrading from Windows 7 to 10 and this may have impacted operations in some practices.

LIVI update
To clarify, LIVI is a Swedish online GP appointment system, other systems include Push Dr, Babylon and eConsult. LIVI has been selected as a 12-month pilot for North Tyneside and aims to reduce the burden on GPs and is likely to start in April this year, in 2021 the GP contract will require all practices to give this appointment option to patients. The benefits of LIVI included patients staying registered with their own GP practice. Since the meeting members attended there is a need for LIVI to be hosted, likely procured and linked to extended access hubs.

Members asked for a demo of the programme and this is likely to be 27 February and will be confirmed in due course. Currently patients can download the APP but not log on as it is not live. SR made the point that it is tried and tested in Sweden, but local problems should be addressed, and it was confirmed LIIV is looking at the likely issues now. LIVI is considered a safe option for the pilot as all doctors will be GMS registered and there will be the option to choose doctors with specific language skills. SR also felt the lessons learned by Birmingham and Sussex should be considered by the CCG. It does beg the question if there is more patient choice does this create more demand. LIVI is seen as another option and patients not seeing their usual GP would not be an issue if it was treated as extended access.

It will take around six months to gather meaningful data and Primary CARE Networks may decide to use another system or create their own, but the CCG is offering this 12-month pilot for practices and there has been no negativity. None of the CCGs in other areas have stopped using LIVI. Members did feel the promotion of it will be crucial as the word LIVI does not explain what it is. It was agreed the LIVI logo would be used and an explanation would follow that. Even if practices don't choose to take up the offer of LIVI their patients will be aware of the publicity around it.

Practices are made aware of it through internal communications such as GP Teamnet, Practice Managers meetings and Primary Care Network meetings, the proposal for the pilot has also been presented to all of the relevant CCG boards. SR felt members had a role to play in the promotion of LIVI at their practice PPGs. Patients will be aware because of advertising as well as practice screens. Each LIVI consultation will cost around £22 per patient consult.

During April or May there will be a user group created and this will include members of the Forum and it was agreed patient influence can be very positive.

The APP is straightforward so there is no need for training but knowledge of it is key, it will be no different to any other APP in the set-up. Practices will get monthly reports on activity.

Regionally there are digital leads meetings, GP IT assurance meetings and as there are different initiatives with the ICS/ICP it is crucial to share the development of these.

AT is currently carrying some work about the viability of devices (tablets) in practices, funding is being sought to enable this to happen. Members were asked to support initiatives such as this by being willing to show patients how to use the devices. Tablets could also be a very useful too for practice Care navigators and SG asked that everyone involved be mindful of not over burdening staff and patients.

MR reminded members Care navigator training taking place in February and March was also available to members, currently two members have registered to attend.

A Patient Forum session can be arranged to be held at the Linskill Centre and this will be explored.

Next steps
To focus on the next stage of LIVI and introduce other, non-IT agenda items.

Any other business
None to record.

Actions
MS to cascade CCG website link to all Forum members for feedback.

MR to bring new practice website guidance to this group.

WC/MS to arrange a member specific LIVI session.

MS to invite Claire Howard and Ruth Batty to a future meeting (after March) to discuss the SIGN Network and Care Navigator status.

Dates and times of future meetings 2020
All Thursdays 10.30am
Linskill Centre
Linskill Terrace
North Shields
NE30 2AY

23 April
11 June
13 August
22 October
17 December