

**Notes of the meeting of the NHS North Tyneside CCG Patient Forum**

**11 November 2021**

**Microsoft Teams**

**11am.**

**Notes**

**Present:** The meeting was chaired by Eleanor Hayward

**Practice Representatives:**

Ray Calboutin Park Parade Surgery

Anne Carlile Priory Medical Group

Patrick Mayne Collingwood Surgery

Viki Mayes Beaumont Park

Pat Bottrill 49 Marine Avenue

Hazel Parrack 49 Marine Avenue

Gillian Bennett Wellspring Practice

Peter Maitland Collingwood Surgery

Steve Cattle Swarland Avenue

Susan Dawson Priory Medical Group

Sandra Gillings Priory Medical Group

Judy Scott Whitley Bay Health Centre

Heather Carr Whitley Bay Medical Centre

**In attendance:**

Anya Paradis NHS North Tyneside CCG

Gary Charlton NHS North Tyneside CCG

Kate Byrnes Northumbria University

Stephanie Mulrine Northumbria University

Michele Spencer CHCF

**Apologies:**

Steve Manchee Lane End Surgery

Paulette Burgess Monkseaton Medical Centre

Val Telfer Wellspring Practice

Steve Roberts Lane End Surgery

Dr Lesley Young Murphy NHS North Tyneside CCG

Teresa Ho CCG

Dr Richard Scott Clinical Chair CCG

Marc Rice NHS North Tyneside CCG

Wally Charlton NHS North Tyneside CCG

**Welcome and Introductions**

Eleanor welcomed everyone to the meeting today and delayed the start of the meeting to respect the two minutes silence for Armistice Day.

**Confirmation of Quoracy**

Confirmed as quorate.

**Declaration of Interests**

There were no declarations of interest.

It was confirmed any changes will be made but the original entries do stay on the record for six months. During the pandemic the Governing Body has agreed members are not required to complete another registration form.

**Notes of last meeting Thursday 23 September 2021**

One point of accuracy, top of page 7 should read indicated and not indicted.

Otherwise agreed as a true record.

**Matters arising**

There were no matters arising.

**Actions**

For actions not complete they will be carried over until the next meeting.

**CCG Update**

Gary Charlton NHS North Tyneside CCG

**ICS**

It was confirmed this is progressing and an announcement is expected soon on the appointment of the Chief Executive Officer, it is possible the announcement will be made during this meeting and Gary would share this at Any Other Business. There are various working groups overseeing the close down of the CCG and appropriate staff transfers in preparation for April 2022. The CCG programme of work will continue under the direction of the Future Care Programme Board and will be integral to the new Health and Wellbeing Strategy for the borough.

**Patient Forum**

The are no planned changes to how the Patient Forum works. Peter expressed concern about member expansion, and it was confirmed although the Forum will not have the same governance any increased membership will be managed. Ultimately members will either be North Tyneside residents and therefore registered with a GP practice in the borough or may be workers representing patients in the borough.

**GP Complementary service**

This procurement is expected to be concluded by the end of February it is currently provided by Livi. The continuity of care should remain the same.

**Community Services**

There is currently a redesign of the service contract underway, patient input will be invaluable and more information will be shared with members in due course.

**Carers Rights Day**

This was confirmed as 25 November 2021 and the GP Awards Scheme will be launched then at the Carers Centre in North Shields.

**GP Access**

This will be discussed at the Council of Practices meeting next week and the issues will be discussed, and solutions explored.

Eleanor felt nationally the NHS was receiving a lot of negative publicity and considered whether North Tyneside was also in a similar situation in terms of capacity and demand.

**Urgent and Emergency Care**

Anya Paradis NHS North Tyneside CCG

A presentation was given for members and will accompany these notes, Anya confirmed she would be happy to answer any additional questions not raised today.

There has been a national focus on ambulance services in terms of response times, in North Tyneside there are challenges, but we do seem to be managing this better than other areas.

Elective services have been affected by the pandemic and there has been an incremental increase over recent weeks in Covid related admissions and services have had to prioritise these within emergency care. The way the Northumbria Health Care sites are structured has meant they have been able to separate the admissions. Newcastle is in a different situation as patients come from further afield and therefore are not in the same situation as NHCFT.

Cancer services are still a priority and patients are being seen, however there continues to be challenges which are being addressed locally and regionally.

Anya confirmed the current position for urgent and emergency care and demand for services have returned to pre-pandemic levels and in some cases this has increased. Reduced capacity is affected by social distancing measures and infections control as well as workforce challenges. Some staff are isolating because of Covid related incidents and it is important to acknowledge staff are experiencing extreme pressure and have worked tirelessly throughout the pandemic. The demands of the pandemic have resulted in staff exhaustion and fatigue, this in turn affects their mental health.

The demand for same day care both in general practice and secondary care has been very high and this does mean people have waited longer for treatment and targets are not being met. Ambulance and walk-in patients have increased and if an emergency department set up to receive 180 people a day but 290 are attending this naturally impacts on the waiting time.

Increased levels of calls to 999 for the ambulance service has meant targets have not been met, the presentation shows the additional wait may be over by two seconds, but this still impacts on the response.

111 calls have also increased, and staff shortages have resulted in some people abandoning the call and that is a concern for patient safety. Consideration was given to whether people are aware that the 111 service can also be accessed online.

Many more, frail and poorly patients are attending and this impacts on the length of stay in hospital, it does seem people have perhaps become more ill during lock-down but have not sought help until now. If patients had sought help earlier they may not have reached this stage. Flow through the hospital is difficult, some patients are needing to stay in hospital for 10 days whereas previously it would have been about four days. However, the same amount of hospital beds remains the same, naturally this does have an effect on the challenges hospitals face.

The care sector is also significantly affected, and staffing has been greatly impacted throughout the pandemic, this does mean it is more difficult to arrange packages of care for patients on discharge.

Winter plans do need to change to meet demand, as demand has been relentless during the summer months, historically this has usually been a quieter period.

Anya talked through current performance in North Tyneside and highlighted waiting times targets both in A&E and within NEAS, the ambulance service. Solutions are being sought with partners in a newly established Integrated Care Partnership, this includes Newcastle, Gateshead, North Tyneside and Northumberland. The aim is to make services more resilient in the longer term, local planning and national guidance are key. There is a 10-point action plan which can be seen on slide eight of the presentation.

System management, transformation and place-based systems (slide 6) show the different areas the partnership is working toward. The ambulance service is key to reaching the goals being set.

System Governance was discussed, and the boards were highlighted, and this is shown on slide 7.

There are many actions to explore to understand why people go to A&E, patient flow, integrated community health and the models of care where appropriate, will be designed around practice populations. Talk before you Walk was implemented in the North ICP and was subsequently chosen to be a pilot scheme for Further – Faster, see slide 12.

Primary Care initiatives include; vaccinations and boosters, increasing capacity, GP Practice resilience, communications, community pharmacy consultation service and the practice engagement programme. The Livi service and extended hours have also increased patient appointments.

Eleanor asked about the walk-in facility at Rake Lane, this is still operating but a new initiative is exploring being able to offer patients a dedicated appointment rather than them having to wait after walk-in. Eleanor felt people follow the rules and ring 111 but are not perhaps getting through, so then go to emergency care. Anya explained the volume of calls have increased so much and there are difficulties, the algorithm does have 111 as the first port of call and maybe this could be revised if they are not able to cope with demand. 40 additional call handlers will be appointed to help with this, in additional there will be another 30 clinical staff. Anya explained there is a national contingency for areas experiencing high volumes of calls, as a result 111 has had to pick up calls from other areas. This is being explored by the national team.

Pat also raised 111 and the confusion of 119 being available for vaccinations bookings, the one area the public are sure of is that A&E is available 24 hours per day, simple messages are needed for the public. Anya agreed to look at the comms for this.

Sandra endorsed what Pat said and felt the public need the simple sound bites and pictures in messages and some people will not be aware Rake Lane still has a walk-in facility. Sandra also felt members could help with the production of messages.

Gary confirmed the Living Well North Tyneside booklet will be revised for distribution in December and could include this information.

Anya confirmed the community initiatives include mental health responses and the review of crisis provision. The secondary care initiatives include an increase in 999 call handlers.

Key challenges are identified as;

* Increasing demand
* Workforce
* ICP guidelines appointment times, reducing capacity
* Estates
* COVID, isolation and potential further waves
* Service capacity
* Right messages for the public

Susan asked where people go for urgent care after midnight, Anya explained the Out of Hours service can be accessed via 111 and this could result in a home visit if needed. The issues with the 111 service are being addressed.

Steve shared information about his mum who had been in hospital and how it took two weeks to sort out a care package, Steve wondered what was being done to address social care problems. Anya explained some additional funding was available for social care and felt all partners review who is being discharged and what can be put in place. There are no easy answers with shortfalls in care home and domiciliary care staff.

Judy felt the problem was not necessarily funding for social services but recruiting the right staff, with a career pathway.

Heather also agreed about too early discharge and lack of care planning and the low wages for care staff was also considered.

**Working Groups briefing**

Members received the paper in advance of the meeting, and it highlights the work within the groups listed below.

**End of Life**

**Future Care**

**Mental Health**

**Communications**

**Innovations**

**North Tyneside Cancer Plan**

**Engagement**

It was confirmed the newly formed Engagement Working Group will aim to influence patient engagement within the ICS and Place Based Plan.

**SafeST-Care Homes Research Northumbria University**

Kate Byrnes

**Workstream 1**

Kate explained this workstream investigates what policies exist for incident reporting, the technology used, and the types of data captured. It comprises; structured telephone interviews with care home managers, a narrative systematic scoping review and a policy review.

The aim is to recruit 150 people across the country and to date 38 people have taken part, this is understandable given the demands of Covid on care homes. Recruitment comes from 15 regions and apart from two areas recruitment is underway. The job roles of those interviewed were confirmed, the CQC status was highlighted as was the number of care homes and beds they have.

The literature review has resulted in 85 papers meeting the criteria, analysis starts next week.

The aim of the policy review is to identify the data captured and to date 13 homes have sent their policies. An internet search will help identify policies that are freely available.

Kate felt homes were welcoming the opportunity to share their policies and best practice and do identify system issues during transition.

Gary asked about recruitment challenges and impact on sample size, Kate confirmed the 150, 10 from each area is still the aim and there are strategies in place for the new year to increase uptake.

Peter confirmed for other members the presentations shared today can be maximised to enable you to read it more easily, the three little dots gives this option.

Stephanie Mulrine

**Workstream 2**

Steph explained this workstream has three components; qualitative interviews with

care home staff and non-care home staff, content analysis of anonymised care home

safety incident reports and co-production workshops.

Interviews in phase 1a, have reached 20 in the North East and recruitment is closed,

in the South West 19 interviews have been completed and recruitment is also

closed. The fieldwork is completed, and analysis of data is underway.

In phase 1b,16 North East interviews have been completed and in the South West

15 interviews have been completed with recruitment for both being closed.

Issues arising from the interviews confirm staff care passionately about their

residents and do want a safe and secure transition. During COVID naturally the

outbreaks and impact of this on care homes has been highlighted. Quotes from

people interviewed will be used in the final report about the difficulties homes

experienced when taking residents back into their homes.

There are no national reporting standards and therefore each home is different in

their approach. The care homes do want transition improved for their residents.

Slides from each of the work streams presentations will accompany these notes.

Keep up to date with progress by visiting the website;

<https://research.northumbria.ac.uk/SafeST>

Pat congratulated Kate and Steph for the research and felt this does indirectly raise the profile of the care homes and that is welcomed.

Viki alluded to the programme presented by Ed Balls on care homes and felt they too should be aware of the research.

Patrick raised the pricing structure within the different homes and although it is not part of this research there is work going on about the true picture of costs.

Eleanor asked if findings would be made public before the research is concluded and Steph confirmed this will be decided next year.

Eleanor thanked Kate and Steph for their presentations today.

**Any other business**

Gary informed members there would be a newly formed Social Care Group and would be part of the Future Care Programme Board. This would go some way to address some of the findings arising from the care homes research.

Viki confirmed her practice PPG has not met for some time and this makes it difficult for her to share information with them. Their website is also very out of date with no minutes of PPG meetings.

Susan confirmed there is a PPG bulletin prepared and this is sent to practice managers along with the working groups briefing.

Ray confirmed his PPG has not met and found out his practice will now be run by Northumbria Primary Care and they received this information be letter.

Steve asked for clarity about the newly formed Engagement Group.

Gary confirmed the new CEO of the North East and North Cumbria Integrated Care Board has been announced as Sam Allan, Chief Executive Sussex Partnership NHS Foundation Trust and she will take up her new position at the end of January.

**ACTIONS**

Lesley will share ICS structures when available.

Michele to seek members views on face to face meetings.

**Date of Next Meeting**

Thursday 6 January 2022

11am to 1pm

Venue to be decided