

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

**22 July 2021**

**Microsoft Teams**

**11am.**

**Notes**

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

**Practice Representatives:**

Susan Dawson Priory Medical Group

Ray Calboutin Park Parade Surgery

Heather Carr Whitley Bay Medical Centre

Patrick Mayne Collingwood Surgery

Viki Mayes Beaumont Park

Pat Bottrill 49 Marine Avenue

Hazel Parrack 49 Marine Avenue

Anne Carlile Priory Medical Group

Steve Cattle Swarland Avenue

Steve Manchee Lane End Surgery

Peter Maitland Collingwood Surgery

**In attendance:**

Dr Lesley Young Murphy NHS North Tyneside CCG

Gary Charlton CCG

Marc Rice CCG

Jade Smith CCG

Kate Byrnes Northumbria University

Claire Howard VODA

Michele Spencer CHCF

**Apologies:**

Sandra Gillings Priory Medical Group

Val Telfer Wellspring Practice

Judy Scott Whitley Bay Health Centre

Steve Roberts Lane End Surgery

Gillian Bennett Wellspring Practice

Dr Richard Scott Clinical Chair CCG

Teresa Ho CCG

Wally Charlton CCG

**Welcome and Introductions**

Eleanor welcomed everyone to the meeting today. Hazel was welcomed to her first meeting on Teams.

**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 13 May 2021**

Kate Byrnes asked for the following amendment and confirmed this was presented by Dr Stephanie Mulrine;

Page 6 change to “Workstream 1 consists of structured interviews with care home managers aim to recruit 150 people across England. W1 also consists of a narrative systematic scoping review which has identified 252 pieces of research that refer to incident reporting in care/nursing homes.”

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**

Dr Lesley Young-Murphy Executive Director of Nursing-Chief Operating Officer

NHS North Tyneside CCG

**ICS**

Lesley confirmed the second reading of the bill will go through and if passed will result in the dissolution of the CCG and the establishment of the ICS across the North East and Cumbria from the 1 April 2022. There a number of workstreams and partners across all sectors are involved. The CCG will be closed down and staff will be transferred to the new organisation, support and guidance are in place for staff to ensure there is a duty of care. The CCG short, medium and long-term plans already agreed with partners through the Future Care Programme Board and workstreams will continue. There is no expectation that these plans would be disrupted although during these changes there is an increase in COVID cases, a lifting of restrictions and with significant work programmes it will be a challenging time for people.

Anne raised the issue of ICS and confirmed she promotes the Patient Forum within the other Boards she is part of and had concerns about its future. Lesley confirmed the emphasis is on place within the ICS plans and felt CCG staff and the Forum should continue at place along with partners in the Future Care Programme Board and at the moment there is no agreed structure. Guidance is available for who has membership to the Board, as we know this proposed ICS is the largest in the country. It is important to focus on place and how voices are heard and able to influence remains important. An event recently which Sir Liam Donaldson the chair of the ICS attended, he is the only appointed member at the moment, Lesley gave the presentation on behalf of North Tyneside and there were discussions on the current ways of working and this included the Patient Forum and how important the members role is. Depending on the level of authority in North Tyneside from the ICS will determine what is in place. The unknown is what will be delegated to place and if the budget is as significant as it is now the CCG would hope that the existing partnership arrangements would continue. The plan would be that this Forum would be a formal sub-committee of whatever Board was put in place as well as the Future Care Programme Board.

Pat thanked Lesley and was heartened to hear the commitment to patient voice.

**Urgent Care**

Urgent Care is under a lot of pressure from 111 and 999 calls as well as out of hours and there is a great deal of work being done to manage that. There are increased health and social care demands and there is also impact on other sectors resulting from the COVID app isolation notifications. For some groups of staff there is a way forward, but this is not the case for all and there is new guidance in place and the safety of the public is paramount.

For all NHS buildings the guidance is to continue social distancing, using PPE and face coverings and all staff are complying. The key priorities remain in place and the other single biggest issue is hand hygiene.

**COVID Vaccinations**

There is a good uptake of vaccinations in North Tyneside and all partners have played their part and worked together for the benefit of the population. Pharmacies will increase their level of vaccinations involvement.

Partners continue to work closely to manage the pandemic and the COVID Engagement Board, chaired by the Mayor and the operation group chaired by North Tyneside’s Director of Public Health Wendy Burke and a range of other groups are also working hard despite the lifting of restrictions. Eleanor highlighted the partnership working during difficult times.

Ray raised the issue of hospital pharmacy and his experience was the prescription was sent electronically and he was told it would be ready in 30 minutes and following that he was told it would be a further 30 minutes and he felt this was not being monitored. Lesley asked for more detail to be shared after the meeting.

**Livi**

Lesley confirmed the Livi evaluation was ongoing and members as well as Healthwatch have contributed to that. The steering group has met, and the findings of the evaluation will be shared in due course. Livi has delivered on the contract requirements and any future procured delivery must be good value for money and meet patient demand, especially as we go into the winter months. The CCG will share the evaluation with the Overview and Scrutiny Committee and ultimately it will become a public document. Members appreciate Livi is part of primary care services and welcome this choice for patients.

**Living Well North Tyneside**

Claire Howard VODA

The Living Well North Tyneside platform continues to be developed and this has been over the last 18 months, as members know this will replace the current SIGN Directory, which was a good tool at the time. Now access, functionality and search facilities of SIGN are not really appropriate. The LWNT partnership formed, funding was identified, and the new site will be more interactive and accessible. The build is underway, and the provider registration has been sent to existing SIGN members to set up on the new site and a user guide is available to support organisations to do this to get the best out of their profile. Organisations can now add images, videos and upload social media accounts. More information about services and activities will be on the site and this is across all partner organisations. Naturally registration has raised questions, and this has resulted in a FAQs resource.

The site is not currently live to the public to enable the opportunity for organisations to upload their content. The plan is the site would be launched during September and over the next month or so the effort will be on content. Partners are doing a lot of site testing along with other groups and Forum members were also asked to test out the site and feedback. Recite Me is an accessibility software package and this will be integral to the site, it gives the opportunity to translate, change colour, easy read and font sizes, in turn this makes the site easier to use for more people.

All feedback will be welcomed on the test site and this will make it a better resource.

Ray asked about the simplicity of the site and what people see as options on every search, Claire confirmed for example where VODA had sent out information about LWNT, VODA will come up as an option. When the site goes live this will settle. Ray felt if could be confusing if LWNT comes up several times during the search, via the Council, CCG and Healthwatch as well as VODA.

Marc confirmed this will be search optimised as it is launched, although it was impossible to rule this out totally but once live it will be the first option.

Phase two of indigo’s work is on improving GP Practice websites and four practices have been identified as the pilot stage, further funding will be sought to enable more practices to benefit. The Innovations Working Group will be the main group for discussion of this.

Lesley confirmed the PCNs will also have their own pages. Michele confirmed the term Living Well North Tyneside originated from the Forum.

Peter asked about the accessibility software and feedback received could be looked at in more detail by the Innovations Working Group. If successful Recite Me could be adopted by other websites.

Claire told members some North Tyneside organisations already use Recite Me and have found it to be very beneficial for their audience. Accessibility is paramount to ensure as many people as possible can use it to the full, one of the local deaf support organisations had fed back to say they didn’t feel the software had specific features for them and Recite Me informed them they are in the process of addressing this.

Heather asked if this was connected to the LWNT booklet and Claire confirmed this booklet did highlight some of the information that would be on the site and was an opportunity during the vaccination programme to share information with the public. It was also important to remember that non digital information would also be considered, in order that people are not digitally disadvantaged. The Innovations Working Group had also taken the time to speak to and share their ideas with the web developers about practices sites.

**Working Groups briefing**

Members received the paper in advance of the meeting and highlights are indicated below.

**End of Life**

Members had the opportunity to review a new Coroner information leaflet in relation to expected deaths. A bereavement toolkit was shared with members for discussion.

**Future Care**

Members have continued to share their Livi experiences to form part of the evaluation process. The Integrated Frailty pathway continues to develop, and members have taken an active role throughout.

Pat raised the term frailty and to be labelled frail because of a date of birth was not acceptable, the communication of why this term is being used is not positive for patients. The basis of nursing is to be patient centred not just an age focus. Hazel felt there was concern about patients being labelled this way and the focus should be on additional support of benefit to patients. Lesley thanked members for their comments and hoped that the reasons for calls to patients would be communicated, frailty is not an inevitable part of being older and the definition is based on the opportunity to identify conditions people may have as well as markers on their medical record. People can have a lot of conditions, but it does not necessarily mean they are frail. If there can be positive interventions and support before people become frail it can make a big difference in later life, often the key issue is about strength and balance.

Following the booklet and website Howfit as well as controlling long term conditions can be very beneficial for patients. Frailty is not meant to be a label but an indicator for patient care. Lesley agreed to take this back to the group dealing with this and produce some clear comms and share this with members for their input. People who are frail are significantly at risk and where this can be addressed it is beneficial. Conversations with patients are so important. Sometimes we rely on the person speaking to the patient to articulate in an appropriate way consistently. It will help to have an aide memoire for staff.

Pat also confirmed she is part of the Area Prescribing Committee and had fed back about one of the members concerns about how Parkinson’s medication is dispensed, and Pat confirmed there is no mechanism for secondary care to issue electronic prescriptions. Currently there is no solution, but the chair of the group David Campbell welcomed this being raised.

**Mental Health**

An excellent presentation from North Tyneside Life-Recovery College was a main agenda presentation at the last meeting and the range of work and support carried out during the pandemic was applauded.

**Communications**

The June issue of the newsletter has been produced and the September issue is in the draft stage. There is also now an A-Z of newsletter contents which demonstrates the extent of the members work over many years, this will be uploaded to the CCG website.

**Innovations**

Members continue to have input to the Living Well North Tyneside platform and soon will be asked if they would be willing to test out a range of search tasks. GP practice information screens will be an agenda item next time.

**Practice PPGs**

It appeared no further groups had met.

**North Tyneside Cancer Plan**

Three members are now part of this group and the purpose is to assist the North Tyneside and Northumberland Strategic Cancer Locality Group improve patient outcomes in terms of survival, quality of care and patient experience. Patrick confirmed a lot of the work was done in 2019 and members are being brought up to date.

**NHS North Tyneside CCG Annual Report**

Marc Rice and Jade Smith CCG

As well as the full main report, there is an executive summary, an easy read version, a patient engagement report and a short video. The prescribing budget as well as the different budget headings for secondary and primary care were discussed. Jade presented the video she produced and confirmed it was being shown for the first time today.

Members thanked and complimented Jade for the video and gave some feedback which they hoped would be useful for the final edit. It was confirmed this would go onto the CCG website and would either have a voice over or music.

Members felt all of the text could come up as one paragraph at a time which would also make it easier to read.

Patrick asked if the full written report was aimed at the public and it was confirmed the different options gave the choice of what people wanted to read. Patrick felt the terms systems, places and neighbourhoods could be difficult for people to understand.

Peter confirmed he was delighted with the way the vaccination programme has been carried out in North Tyneside.

**SafeST-Care Homes Research Northumbria University**

Kate Byrnes

Workstream 1 looks at general incident reporting the, the kind of data captured and how this is used in Care Homes. There are three components structured telephone interviews with care home managers and senior members of staff, a narrative systematic scoping review and a policy review.

21 interviews from the target of 150 have been completed, this is an ambitious target and has been impacted by the pandemic.

Kate talked through the recruitment in each region, the North East and Cumbria is complete, and the presentation which will accompany these notes and indicates activity by area. 252 papers were identified with a focus in care homes, 83 meet the criteria and the sifting process has been robust. At the next Forum some of the date will be shared. The policy review aim is to identify what data is captured at a policy level and the process followed.

During the structured interviews managers are asked if they would share their policies and some have.

Workstream 2 (Dr Stephanie Mulrine) focusses on two areas, Phase 1a, 40 interviews are planned across both regions and Phase 1b, 30 interviews across both with non-care home staff. This data as it is being gathered is being analysed by the team.

Kate and Steph had each presented to the British Society of Gerontology Annual Conference and very positive feedback had been received and felt to be very beneficial for care homes and nursing homes. Steph has also had an abstract accepted as a verbal presentation at the British Sociological Association, Medical Sociology Annual Conference in September.

Kate confirmed she had written a blog post in relation to Workstream 1 recruitment.

Pat and Patrick had attended the advisory group meeting and referenced the membership as being very senior including the national Chief Director of Nursing for adult social care.

Keep up to date with progress by visiting the website;

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

**Any other business**

There was no other business.

**ACTIONS**

Michele to share a draft plan to increase membership this will follow in due course.

Lesley to check community podiatry waiting times. The contractual expectation is waiting times are within eight weeks, nationally this is 16 weeks. Feedback will follow. To confirm Ray had been told the waiting list is five weeks ahead however he has now waited 25 weeks.

Lesley will share the Future Care Programme Board action plan; this is complete it was shared by Gary.

Lesley will share ICS structures when available.

**Date of Next Meeting**

Thursday 23 September 2021

11am to 1pm

MS Teams