

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

**23 September 2021**

**Microsoft Teams**

**11am.**

**Notes**

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

**Practice Representatives:**

Ray Calboutin Park Parade Surgery

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

Sandra Gillings Priory Medical Group

Judy Scott Whitley Bay Health Centre

**In attendance:**

Dr Lesley Young Murphy NHS North Tyneside CCG

Teresa Ho CCG

Kate Byrnes Northumbria University

Claire Easton North Tyneside Carers Centre

Michele Spencer CHCF

**Apologies:**

Paulette Burgess Monkseaton Medical Centre

Susan Dawson Priory Medical Group

Heather Carr Whitley Bay Medical Centre

Peter Maitland Collingwood Surgery

Val Telfer Wellspring Practice

Steve Roberts Lane End Surgery

Gillian Bennett Wellspring Practice

Dr Richard Scott Clinical Chair CCG

Gary Charlton CCG

Marc Rice CCG

Wally Charlton CCG

**Welcome and Introductions**

Eleanor welcomed everyone to the meeting today. In particular a warm welcome was extended to new member Paulette Burgess who is currently on holiday.

**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 22 July 2021**

Agreed as a true record.

**Matters arising**

Pat asked about the Livi (the online GP video consultations for patients) evaluation and Teresa was able to confirm this is complete and the report has been shared with the Overview and Scrutiny Committee and the CCGs Four Cs (Commissioning, Contracting, Clinical Committee). Teresa will share more information when she can and confirmed that practice views were also included in the evaluation. The initial teething troubles have been rectified and practices are now able to book Livi appointments for patients.

Judy confirmed the recent Healthwatch survey on GP Access also includes Livi experiences.

It was pointed out that the CCG had received a Highly Commended award at the recent Health Service Journal Awards, for the Livi GP video consultation service for North Tyneside patients.

**Actions**

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

**GP Access**

Dr Scott unfortunately was unable to attend today and had wished to have this discussion with members and the following experiences were shared.

Pat felt some areas had improved at her practice, when patients ring they hear an informative message from one of their GPs this is followed by a list of options and very quickly patients get to talk to a receptionist. The website is felt to need some improvement and currently blood tests cannot be booked online. Pat talked anecdotally about friends registered with other practices and their experiences are very poor. Pat wondered why this was so different across the borough.

Judy highlighted that Healthwatch had discovered there is a very different interpretation of triage across the practices and what this may mean for patients. Also, the relationship and communication between consultants and GPs should be explored.

Patrick has had some experience with requesting a face to face GP appointment and although Livi was able address two of his issues, he did have to also see his practice GP, overall Patrick felt he had good experiences. Patrick also feels an email facility within practices would help with some of the patient contact issues.

Sandra’s concerns are, issues will be blamed on COVID, patient experiences are very much determined by who contact is with as not all staff, clinical or non-clinical have the same level of knowledge. Sandra shared that she had good and bad experiences of appointments. The need for standardisation when GPs ring patients would be useful to ensure the same process is followed and the same questions are asked.

Teresa confirmed access is always a contentious issue and confirmed a workforce planning sessions with primary care staff took place recently. During the event increases in patient frustration and verbal and physical aggression had been raised. Naturally the pandemic has changed the way practices work, and there would need to be a period of adjustment. The receptionist does take the brunt of patients frustration and it has been stated there will be zero tolerance. Across the practices and sites there are inconsistencies, but efforts are being made to standardise the way they work. Additional telephone lines have been put into practices to help improve access. Front line staff do have the most experience of patient behaviour.

Ray felt his practice was working well, they have changed their website which offers a lot of information. Patients are becoming weary of a COVID reason for problems and that there are other underlying issues.

Sandra felt the practice was only as good as the GPs and practice staff. Sandra also felt practices should involve the public to work through the issues. Treating patients in the right way is key to a good relationship as well as understanding each other’s perspective.

Eleanor did feel the recorded message sets the tone for the patient experience.

Teresa did note some practices pre-recorded messages were not necessarily patient friendly in terms of the message given.

Anne stated the Covid messages on a pre-recorded message are not necessary now they just make the call longer before the options are given.

Ray had previously mentioned, if during the queuing process patients were told their position that may help some of the frustrations for example, if you are fifteenth in the queue you would expect there to be a reasonable wait. Ray also mentioned he was given his flu jab appointment at North Tyneside Hospital and this was a good use of the sites available.

Steve (C) felt we are at a crossroads with patients view of the NHS, having spent the last 18 months working to save and support the NHS, it was now time to accept the NHS is there to save patients. There is a concern and perception that people are waiting too long for clinical assessments and appointments.

Teresa confirmed workforce within the NHS across primary and secondary care is being addressed. The CCG is looking at the wealth of careers across health and social care and work is underway to build in awareness of careers across schools. Also, staff often move from one geographical area to another and this just results in the problem changing places.

Anne felt it would be useful to promote the access issues in the newsletter.

Pat felt it was important to acknowledge nobody is in the same state as they were 18 months ago, people have always complained about NHS services and this has been heightened by COVID.

Michele confirmed she was in the process of carrying out some patient experience case study work for the CCG to be used during practice staff training, to identify issues and solutions.

The recent Healthwatch survey was acknowledged and this had been shared with members.

**SafeST-Care Homes Research Northumbria University**

Kate Byrnes

It was confirmed this research being carried out across North Tyneside and North

West of the country to establish the processes in place for incident reporting, during

transition from hospital to home, in care homes.

Workstream 1 This investigates what policies exist for incident reporting, the technology used to incident report and the types of data captured within incident reports.

 Kate confirmed the number of structured interviews and the recruiting process and who is taking part. The literature review and policy review were also explained.

Workstream 2 This investigates what policies exist for incident reporting, the technology used for incident reporting, the socio-cultural determinants of reporting and the types of data captured within incident reports. There are three components within this workstream, qualitative interviews with care home staff as well as qualitative interviews with non-care home staff involved in transitions. Content analysis of anonymised care home safety incident report and co-production workshops. A number of interview are also being carried out across both regions.

Sandra asked about the dates for the literature review and Kate confirmed they spanned 1990s to date. Kate also stated during the research, questions are being asked about what information is shared with relatives following an incident.

Lesley stated that they know feedback and complaints about discharge from hospital and experiences are not what they should be, the homes are the receivers of some problems. If systems and therefore information are shared, this will mitigate some of the issues that arise.

Kate will be sharing findings in the coming months.

A copy of the presentation detailing the progress of the research discussed today will be shared with these notes.

Keep up to date with progress by visiting the website;

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

**Carers, during COVID**

Claire Easton Chief Executive North Tyneside Carers Centre

The presentation was shared by Claire and she explained throughout the pandemic they have found both adult and young carers have and continue to struggle. Many carers are isolated, and this created additional stresses and responsibilities.

During June and July an adult carers survey was also undertaken to establish what the last year has been like for them.

419 young carers have been supported by the Carers Centre during the pandemic and their caring responsibilities have been exacerbated. During the first lock-down many young carers had not been identified and were not offered a place in school, as a result many had increased caring responsibilities and did not get a break. As well as education, school also gives young carers a break, for many they reported a decline in their mental health with an increase in anxiety. They worried about the people they cared for and shouldered most of the strain of caring. They had reduced coping mechanisms and as a result there has been an increase in self-harm and suicidal thoughts. By week three of the first lockdown the shift for young carers was obvious. Many anxieties during this time included shopping for basic essentials. The Centre contacted MPs and supermarkets to raise the issues and as a result some of the bigger supermarkets did acknowledge young carers as key workers, which gave them priority access to their stores. Where possible the Centre arranged home deliveries and worked with the Covid Hub, for some young people though it was about the stress of going for a bottle of milk, the fear and stress of taking the virus into their home was overwhelming. Young carers dealing with their caring responsibilities and home schooling, often without access to IT or equipment was extremely challenging. Many young people just did not have the environment at home to do home schooling, many were living in poverty and choices were being made about food or heating or other essential aspects of living in a home.

At times, some young carers saw an increase in violence and difficult behaviour from siblings they were caring for. Increased isolation was clear, if there was usually support from other family members this did not continue because of the pandemic restrictions.

For young carers not being able to share their experiences with their peers was very difficult. The Centre provided support services online, but clearly this was not an option for some without an internet connection or the equipment. The Centre was able to source this for some young carers, but not all. The Centre was also able to organise some school places. For those living in poverty it was extremely difficult.

Returning to school for some young carers meant they had real terror of bringing the virus into the home. Schooling very disruptive, as often they went to school then positive cases meant they were sent home, and this was an ongoing scenario.

Transition between schools is difficult at the best of times for young carers, they struggle with the change and making friends, during normal times young carers miss on average 48 days of schooling each year because of their caring role, naturally this has been considerably more during the pandemic. Accessing new uniforms was also difficult for young carers as this could be one of the tasks they would have to do themselves.

The anxiety of exam results was heightened for young carers and the impact on their future employment opportunities.

The Centre was able to secure funding for a Therapeutic Practitioner to work with young carers. The demand for this is high and continues to grow.

Educational attainment and aspirations are not the same for young carers as other young people.

There is also evidence there is more of a reliance on young carers within the home because they have been at home for so long.

During the pandemic the Centre reconfigured their services to meet as much of the anticipated demand as possible. The complexity of cases has also increased.

Now schools are open, teachers are recognising the support needs of young carers and making referrals to the Centre.

Claire felt if there was a winter lock-down this would exacerbate all of the issues currently known.

The adult survey with 258 responses, was the most depressing survey the Centre has ever carried out, the analysis highlighted 76% were caring for one person, 17% were caring for two people, 4.5% were caring for three people and 2.8% were caring for more than three people. The age range of carers were from 35-74 with the highest age range being 35-45 years.

The vaccination programme did result in more carers being identified within primary care following the work the Centre did with the CCG and Primary Care Networks.

The main response was from those caring for people with a physical impairment, the next was caring for someone with mental health issues and then learning disabilities.

The amount of additional care being provided significantly affected 50% of respondents, for some caring was less, as they were not allowed to visit the person they normally care for. This would give some carers the opportunity to improve their own wellbeing.

Quotes from carers about how they have felt over the last 12 months included;

* Many dark days
* Living under extreme stress has affected my mental and physical health
* Struggled to cope
* Pressure cooker situation
* I was so stressed I took an overdose and ended up in critical care-still no change
* I wake up in the morning and think not again but you have to get on and deal with it
* System weaknesses have been magnified during the pandemic

About 95% of the responses indicted significant increases in caring, stress and anxiety.

The key issues and themes were, isolation, loneliness, no time to themselves, dealing with challenging behaviour, juggling work and caring and money pressures. Naturally being at home increases gas, electricity and food bills. Shielding was another issue, and the impact on carers was difficult, not everyone has space at home or a garden to take some time out.

Services closing down during the pandemic put more emphasis on carers to care, this in turn will put more pressure on health and social care. Many carers chose not to resume services, as the worry of contracting Covid was too much to cope with. Many GP access issues, as well as bereavement were also raised and where a death was Covid related this was very difficult.

Other isolation comments raised by carers include;

* Being alone and caring for my mother has increased significantly, I now have no life
* I have missed out on precious years with my grandchildren that I cannot reclaim
* My son is a baby with significant development delay because of cerebral palsy and hearing loss. I have been unable to be supported at appointments by my husband, due to the one parent carer rule
* Note being able to see, or cuddle family members is hard

The physical, emotional and financial impact on carers during the pandemic has been huge.

Anne felt the presentation was excellent and as many people as possible should hear it.

Claire will take the presentation to the multi-agency Future Care Programme Board and Lesley confirmed it was important to not only acknowledge the impact of the survey findings but to have substantial actions. This has to be in partnership with cares both adult and young carers. System change is important and can be slower than we would like.

Members confirmed they would be happy to raise the profile of the presentation as well as the initiative to have carer friendly practices in North Tyneside, commonly known as the GP Award Scheme.

Eleanor asked if the Centre also works with community groups to raise the profile of carers, the Centre and the issues raised in the survey.

Claire asked for the information the Centre holds be shared with members networks. The young carers survey will be carried out soon and Claire is happy to come back to the Forum to present the findings.

Lesley confirmed the right comms for the public is important and Teresa informed members that work is underway on this.

**Working Groups briefing**

Members received the paper in advance of the meeting, and it includes the groups below. Other than the Cancer Plan there were no other issues to raise.

**End of Life**

**Future Care**

**Mental Health**

Anne asked that carers issues should be an integral part of this group.

**Communications**

It was confirmed that there will be a hospital discharge discussion at the meeting tomorrow.

**Innovations**

**North Tyneside Cancer Plan**

Steve (C) is a member of this group and made members aware there is a five-year cancer strategy.

**CCG Update**

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

NHS North Tyneside CCG

**ICS**

The chief executive post is out to advert, once the appointment is made it will become more apparent what will be in place locally. Updates will follow.

Anne referred to her national governor role and information she had received positive information about West Yorkshire ICS. Lesley confirmed she had those connections and it is helpful to know. Anne also felt it was important that this Forum continues, and Lesley confirmed this was one of her recommendations and it would be important not to lose the commitment and involvement of members.

Patrick asked about finance and whether this has been agreed, Lesley confirmed there will be more detail once the local model is agreed. Patrick asked if the Health and Wellbeing Board will continue and Lesley confirmed this was the case and they would continue with their statutory function, with an emphasis on inequalities in health.

**Podiatry**

There is a recovery plan in place, and this will be shared by Anya Paradis in due course, every effort is being made to resume to normal levels of service as soon as possible.

Ray confirmed he understood the service is under a lot of stress. Ray’s usual wait was 12 weeks and this time it has been 30.

**Livi**

It was confirmed the evaluation has been carried out and will follow in due course.

**GP Access**

There has been some time out with practice staff, some practices do not have problems with face to face appointments or patients getting through on the phone. Lesley said she would welcome feedback from members to fully understand the issues. It was clear sometimes staff isolation results in a dip in service provision.

Eleanor asked who members would contact and this could be via Michele, or James martin or Jo Wood at the CCG.

Pat asked what role PCNs have, what their powers are. Lesley confirmed they are groups of practices and hold a direct enhanced service. This is a contractual arrangement.

**Any other business**

Although Steve Roberts was not able to attend today he asked in advance about the likelihood of face to face meetings in the near future.

Lesley confirmed she would give this some thought, it would depend where meetings are held, NHS staff have to observe the two-metre distance rule and also wear masks when they are away from their desk. Lesley agreed to take stock of this next month in relation to infection rates and other contributing factors. As well as this there should be the opportunity for members to state how they feel about face to face meetings.

There was insufficient time to discuss the increasing membership paper, however feedback received did not raise any concerns. Peter Maitland (not able to attend today) had made the point if membership grew to an unmanageable number of people a three member per organisation cap could be introduced. This would be the same as current arrangements.

**ACTIONS**

Michele to ensure carers are considered in the Mental Health Working Group.

Lesley will share ICS structures when available.

Members to raise carer issues and the GP Awards Scheme at their practice.

Michele to seek members view on face to face meetings.

**Date of Next Meeting**

Thursday 11 November 2021

11am to 1pm

MS Teams