

SUMMARY OF ACTION NOTES

North Yorkshire Clinical Commissioning Group
Hambleton Richmondshire & Whitby Patient Partner Network

Wednesday 23 September 16.30 – 18.30pm
Video Conference: Zoom

Chair – Kate Kennady, Lay Member Governing Body Patient and Public Engagement

Bridget Read (BJR) Engagement Manager
Jane Marchant (JM) Communications and Engagement Assistant

In attendance:

Andrew Dangerfield (AD) Head of Primary Care Transformation NYCCG
Claire Saunders (CS) Service Improvement Manager
Stacey Stanton (SS) Medicines Optimisation Technician
Ken Latta (KL) Head of Medicines Management

Practices Representatives:

Jack Dobson (JD) Mowbray House Practice
Phillip Turner (PT) Mowbray House Practice
Jane Warburton (JW) Sleights & Sandsend Practice
Liz Atkinson (LA) Sleights & Sandsend Practice
Dr Rory Newman (RN) Sleights & Sandsend Practice
Carol Hirst (CH) Staithes Practice
Hazel Hickman (HH) Staithes Practice
Gill Sharman (GS) Thirsk Practice
Maureen Bursell (MB) Quakers Lane Practice
Sue Tucker (ST) Whitby Group Practice
Doff Pollard (DP) Whitby Group Practice
Nigel Watson (NW) Leyburn Practice
Pete Hart (PH) Glebe House Practice
Colin Grimstone (CG) Topcliffe Practice

Apologies:

Blaise Vyner Stokesley Health Centre
David Tucker Thirsk Practice
Jennie Pinkney Friary Practice

Item	Lead
1	<p>Welcome and Apologies</p> <p>KK welcomed everybody to the first meeting of Hambleton Richmondshire & Whitby Patient Partners Network meeting. KK is the Chair of the group and was appointed 1st April 2020 as a lay member for the NYCCG having previously been a lay member for Harrogate and Rural District Clinical Commissioning Group.</p>

	<p>BR introduced herself to the group as the Engagement Manager for NYCCG. BR's focus is on engagement and ensuring the patient voice is heard through engagement. BR has established and worked closely with the Patient Partner Network group in Scarborough and Ryedale and looks forward to developing and working with members of this group.</p> <p>The rest of the group then introduced themselves. There was representation from 10 practices at the meeting.</p>	
<p>2</p>	<p>Declarations of Interest</p> <p>There were no Declarations of Interest.</p>	
<p>3</p>	<p>Self-Care & Over the Counter Medications</p> <p>A presentation was delivered; SS stated that this campaign comes into effect from 1 October 2020 when GPs in North Yorkshire will no longer prescribe medicines that patients can buy themselves from a pharmacy or supermarket for minor health conditions such as coughs, colds, aches and pains etc. This does not affect the prescribing of over the counter medication for long term or more complex conditions or where minor illness are a symptom or side effect of a more serious condition.</p> <p>Last year, the NHS in North Yorkshire spent nearly £4 million on prescription items that are available over-the-counter. Across the NHS, it's around £140 million. By reducing the amount of money it spends on over-the-counter medicines, the NHS says it can give priority to treatments for people with more serious conditions such as cancer, diabetes and mental illness. Buying medicines over-the-counter for minor health concerns from your local pharmacy or supermarket, rather than obtaining them on prescription, can make more efficient use of NHS resources and free up more GP appointments for people who need them most.</p> <p>SS reported that the Over the Counter Medicines Project would have commenced earlier in the year but it has been on hold due to the COVID pandemic. SS assured the group that the pharmacy teams are all trained in dealing with minor ailments and will always refer to the duty pharmacist if more advice required.</p> <p>Sleights & Sandsend - RN stated that he was concerned for people living in poverty and in areas of deprivation having access to supermarkets to obtain over the counter medications. Could they get the medication from their practice?. Also patients who were shielding would be at a higher risk if they had to go to a town to obtain over the counter medication.</p> <p>KL agreed and due to COVID did not want to see the high risk group of patients' queuing up for their medication. It is important the NHS protects those people in difficult circumstances and there are safeguards in place with GP practices to ensure that people on the lowest income do have access and receive medication that they and their families require. KL stated that for patients living in rural areas it can be a problem. GP practices are not allowed to sell medication to their patients. However the pharmacy will also do on line consultations with patients if required.</p>	

	<p>Staithe - HH commented that she lived in a rural location and her pharmacy was over 5 miles away.</p> <p>Mowbray House – JD asked if the Department of Work and Pensions (DWP) were aware of the Over the Counter Medication campaign and had NYCCG been in communication with the DWP regarding this.</p> <p>KL stated the he is not aware if there had been negotiations between NHS England and DWP regarding the campaign. If a GP is aware that a patient cannot afford to buy their medication then GP practices will assist and prescribe on a case by case basis.</p> <p>JD stated that sometimes the GP does not know the patient or their circumstances and perhaps a discussion with the DWP would be appropriate</p> <p>Staithe – HH stated that people were often very proud and did not want to divulge their circumstances.</p> <p>Thirsk – GS asked could a GP prescribe paracetamol to patients with chronic conditions as they are unable to buy 200 tablets at the supermarket.</p> <p>KL replied that GPs would not expect patients to buy such a large quantity of tablets over the counter and would prescribe via prescription.</p> <p>Staithe – CH asked if Pharmacies and GP Practices were given any incentives for dispensing of drugs.</p> <p>KL stated that there were no financial/contractual rewards or incentives at all for GP practices/pharmacies’.</p> <p>Quakers Lane - MB stated that by obtaining medication from the local pharmacy or supermarket could this be a gateway for patients to self-medicate which in turn could hide something more serious such as bowel cancer.</p> <p>KL responded that the community pharmacists do have a lot of training and adhere to a red flag system that indicates to the pharmacist that the patient may have other symptoms and is referred back to the GP for further investigations and do not continue self- medicating.</p> <p>KK thanked SS and KL for a very interesting presentation.</p>	
<p>4</p>	<p>Update on Flu Messages</p> <p>AD reported that due to COVID the flu vaccination programme is different this year. The Government has extended the flu vaccine to those people that are shielding and their household members, year seven children to be included in the school programme and also to vaccinate 50 to 64 year olds. GP practices are carrying out vaccinations via an appointment system. However it is a slower process due to COVID and there are fewer people being vaccinated due to some uncertainty how</p>	

	<p>the process will be managed and some people are not happy about going to their GP practice. Currently supply and delivery of the vaccine is causing a problem and practices are under pressure and are asking the public to be patient.</p> <p>Sleights – RN stated that most practices order a year in advance and queries if there were shortages of the vaccine.</p> <p>AD replied that the vaccinations would be achieved but still not too sure about the 50 – 64 years old.</p> <p>Whitby Group – ST asked which children would be included.</p> <p>AD replied that year seven is now included in the flu vaccination programme.</p> <p>AD stated that the public can be assured that the vaccination programme is safe and GP Practices will call the appropriate people to be vaccinated.</p> <p>KK thanked AD for his feedback and asked the group to take this message back to their Patient Participation Group.</p>	
<p>5</p>	<p>Communication & Engagement Strategy</p> <p>KK stated that the Communication and Engagement Strategy for NYCCG has gone to the Governing Body meeting and has been approved. The document is a five year strategy and the action plan reviewed every year and pivotal with the Patient Participation Groups. Details of progress will be available on the NHS North Yorkshire CCG web site and will be included within the CCG Annual Report.</p> <p>BR replied that the document identifies NYCCG’s approach to communication and engagement across the local population. NYCCG values working with the Patient Partner Network groups and feedback from everyone is very much valued. Currently the virtual meetings are a good way of keeping in touch.</p> <p>KK stated that there are three Patient Partner Network Groups</p> <ul style="list-style-type: none"> ➤ Hambleton Richmondshire & Whitby ➤ Harrogate & District ➤ Scarborough & Ryedale <p>The programme for these meetings will have the same consistency and will be tabled roughly the same time of the year sharing ideas local to the individual group and also across the county.</p> <p>Staites – HH reported that she was unable to read the map on page 2 as the print was too small. Please can NYCCG provide an individual map with larger print.</p> <p>Action: JM to provide larger map</p> <p>Sleights – RN stated that he had read through the document and found it very</p>	<p>JM</p>

interesting but queried if NYCCG could deliver the Communication & Engagement Strategy.

KK responded that this would be done by having an annual review and measuring of outcomes during the year.

RN reported that he hoped there would be a mix for people to dial-in to the meetings and also to do a face to face as he thought it is a very good way of communicating during the pandemic.

KK replied that she hoped so as well as it is proving to be a very positive way of communicating.

Whitby Group - DP stated that she was aware that other organisations were doing things differently and is it possible for there to be more collaboration with other groups.

BR replied that NYCCG is working and engaging closely with the Humber Foundation Trust groups and NYCCG is also using existing forums and groups to further its communication and engagement. Where ever local engagement is needed, we would focus on those groups that are already in existence rather than reinvent new ones.

KK stated that engagement between Primary Care Networks and Patient Partner Groups is still in its infancy.

DP reported that Primary Care Network Groups (PCNs) are already engaging with the Patient Partner Groups within Hambleton Richmondshire and Whitby area.

Quakers Lane - MB reported that she had looked at the Communication and Engagement Strategy and found the document very interesting and hoped that performance indicators such as a dashboard would be used to evaluate the communications and engagement achievements.

KK confirmed that the performance would be monitored.

MB stated that it would be helpful to know who is accountable for this.

KK stated the director accountable is Julie Warren, as Director of Corporate Services Governance and Performance and the NYCCG's performance would be reported back at the Governing Body meetings

BR commented, as an example it was a key objective of the Communications and Engagement Team in the first year, to establish a Patient Partner Network in Hambleton Richmondshire and Whitby. This has successfully been achieved within the first six months.

Terms of Reference – KK asked the group if there were any issues with the Terms of Reference and stated that they were the same for Harrogate and District and Scarborough and Ryedale Patient Partner Networks. The group discussed and

	<p>approved the Terms of Reference.</p> <p>Action: Terms of Reference approved.</p> <p>Values and Behaviours: KK discussed with the group and stated that these were the same set of Values and Behaviours for Harrogate and District and Scarborough and Ryedale Patient Partner Network. The group discussed and approved the Values and Behaviours.</p> <p>Action: Values and Behaviours approved</p>	<p>ALL</p> <p>ALL</p>
<p>6</p>	<p>Induction Pack - BR shared with the group that she was in the process of putting an Induction Pack together for new members which contained information pertaining to NYCCG:.</p> <ul style="list-style-type: none"> • Travel Claim Forms • History of NHS • Contact List • Contacts for Patient Relations across North Yorkshire • Map of North Yorkshire • Communication and Engagement Strategy • Glossary of Terminology/NHS Jargon • Structure of NYCCG Governing Body <p>BR stated that the information would be put together into an easy to read document and please contact her if members think of anything else.</p> <p>KK stated that for new people joining the group this would be very helpful.</p> <p>Quakers Lane – MB asked who the induction pack is for.</p> <p>KK stated that it would be for all Patient Partners who are members of the network.</p> <p>MB thanked BR for producing the induction pack.</p>	
<p>6</p>	<p>Member Agenda Items – (eg: feedback from practice groups, sharing best practice, innovative ideas/ideas) If you would like to add anything to the agenda please contact Jane Marchant via email janemarchant@nhs.net</p> <p>KK reported that if there is anything that has been discussed at members Patient Partner Groups that they want to share then please use this space and put on the agenda for the meeting in December.</p> <p>Whitby Group – DP reported NHS Humber Teaching Hospital Trust is holding an Involvement/Engagement event for Whitby Hospital and garden enhancement. Peter Todd is managing the project and it will be a virtual event. This will take place 1 October at 11am.</p> <p>BR stated that the group will have received a flyer sent out with the papers for this</p>	

	<p>meeting via email from Jane Marchant.</p> <p>Leyburn Practice - NW reported that it was very beneficial to learn how other PPGs were operating and managing virtual meetings via Zoom.</p> <p>BR agreed that this is a great opportunity to get all PPGs together linking in with Harrogate and District and Scarborough and Ryedale.</p> <p>KK hopes the group will bring items for this section of the agenda to discuss.</p>	
7	<p>Updates from CCG (Information distributed with agenda prior to meeting)</p> <p>KK reported that the updates were circulated out before each meeting and contained the latest information about NYCCG and hoped that the group will find it useful.</p> <p>BR wanted to raise the profile to the group of the “Loop” the virtual engagement network and encourage members to sign up and share with their colleagues, family and friends.</p> <p>Sleights and Sandsend - JW asked what the implications were for local government organisations working with NYCCG.</p> <p>AD stated that NYCCG works very closely with its external partners, North Yorkshire County Council, Hospital Trusts and other CCGs. High level discussions take place on a regular basis.</p>	
8	<p>Any Other Business</p> <p>Whitby Group – DP shared with the group that there is a Patient & Carer Experience meeting taking place on 21st October 2.30 – 4.30pm</p> <p>BR informed the group that the NYCCG Go to Mental Health Champions Campaign have now got 20 members signed up.</p> <p>Mowbray House - JD reported that lots of appointments had been cancelled at the Friarage Hospital during August. His wife had also problems with eye injections.</p> <p>Quakers Lane - MB advised that her husband was sent confirmation of a hospital appointment for eyes. On arrival for the appointment they were told by the nursing staff that the appointment was at a different hospital.</p> <p>Update from AD - The Friarage has been setting up a new Eye Department which has now opened (back in August) in a different part of the hospital. There was a cross over period of approximately 3 weeks where the old Ophthalmology Out Patients Department closed and the new one (due to building delay) had not quite opened and appointments had to be diverted to James Cook. There had been some confusion with regards to letters sent out to patients detailing where the appointment would be which may explain some of the confusion.</p> <p>AD confirmed that he had assurance from the Deputy Service Manager that a</p>	

	<p>communication has been done by the Friarage to rectify this and services are now fully operational in the new unit. There should be no need for Hambleton Richmondshire and Whitby to access James Cook for standard ophthalmology consultations as only the complex cases will now be seen there.</p> <p>Leyburn - NW stated that he thought the presentations were very good and interesting. Please could there be a presentation about Primary Care Networks at the next meeting.</p> <p>AD stated that he would do a presentation about Primary Care Networks at the December meeting.</p> <p>Action: JM to add to the December Agenda</p> <p>Staithes - CH asked that Mental Health and Well Being contact details be included in the Induction Pack.</p> <p>BR confirmed that they would be included.</p> <p>Action – BR to add details to induction pack.</p> <p>Quakers Lane – MB stated that she has been very impressed by the collaboration and communication from NYCCG and hoped there would be a dashboard included in the Communication and Engagement Strategy.</p> <p>KK thanked everyone for attending the first virtual meeting and hoped that it had been useful and interesting.</p> <p>The next meeting is planned to take place Thursday 3 December 2020</p>	<p>JM</p> <p>BR</p>
	<p>Date of future meetings</p> <ul style="list-style-type: none"> • Thursday 3 December 2020 • Tuesday 9 March 2021 • Tuesday 19 October 2021 Joint PPN Meeting (Time to be Confirmed) • Tuesday 18 January 2022 <p>PLEASE NOTE ALL PATIENT REPRESENTATIVES ARE WELCOME TO ATTEND – please email janemarchant@nhs.net which GP Practice Group you represent. If you are in doubt if you are the nominated Patient Representative of your GP Practice, please check at your next GP Practice Group or discuss with the Practice Manager.</p>	
	<p>Circulation of Minutes: Practice Managers HRW Patient Partner Network Members</p>	