

SUMMARY OF ACTION NOTES

North Yorkshire Clinical Commissioning Group
Scarborough & Ryedale Patient Partner Network

Tuesday 6 October 2020, 18.00 – 20.00pm
Video Conference: Zoom

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

Present:

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

In attendance:

Simon Cox (SC) Director of Acute Commissioning NYCCG
Andrew Dangerfield (AD) Head of Primary Care Transformation NYCCG
Ken Latta (KL) Head of Medicines Management NYCCG
Stacey Stanton (SS) Medicines Optimisation Technician NYCCG

Apologies:

Claire Saunders (CS) Service Improvement Manager Primary Care
NYCCG

Practices Representatives:

Amanda Thompson (AT) Ampleforth
Bernard Gospel (BG) Hackness
Jennifer Gospel (JG) Hackness
Sheila Miller (SM) Derwent
Jeanette Anness (JA) Derwent
Eric Kaye (EK) SMG
Steve Parsons (SP) SMG
Colin Goodman (CG) Sherburn
Sue Petyt (SPe) West Ayton
Linda Rowley (LR) Brook Square
Diane Robinson (DR) Central Healthcare
Linda Kemp (LK) Eastfield

Practice Apologies:

Nick Kemp (NK) Eastfield
Frances Turner (FT) Hunmanby
Keith Taylor (KT) Brook Square
Susan Brown (SB) Filey
Jenny Moreton (JM) Ampleforth
Daphne Smurthwaite (DS) Derwent

Item	Lead
<p>1</p> <p>Welcome and Apologies</p> <p>KK welcomed everyone attending the virtual SR Patient Partner Meeting and introductions were then done via Zoom. A total of 9 practices were represented.</p>	
<p>2.</p> <p>Declarations of Interest.</p> <p>There were none.</p> <p>Derwent – JA stated that she was a Public Governor at NHS York Foundation Trust. SM stated that she was a Public Governor at NHS York Foundation Trust</p> <p>KK thanked them for making that known to the Patient Partners attending the meeting.</p>	
<p>3</p> <p>Agree Action Notes Meeting Held on 6 May 2020</p> <p>West Ayton - SP Item 5 Remove Scarborough Medical Group (SMG) to West Ayton (WA)</p> <p>Action: JM to amend</p> <p>The action notes were agreed as a true and accurate record of the meeting.</p> <p>Matters Arising</p> <p>Any Other Business - Ampleforth May Meeting - JM asked for the group to have an update on Elective Surgery.</p> <p>KK introduced Simon Cox Director of Acute Commissioning NYCCG for an update to the group.</p> <p>SC stated that the NHS is currently planning a third phase of recovery during COVID. SC reported that the NHS is committed to getting services back to pre COVID levels but also now has to deal with the new normal – which is living with cases of COVID in the community and hospitals where admissions have increased due to the virus spreading again.</p> <p>Endoscopy procedures have re commenced however extra precautions have to be taken between each patient which means that throughput is less than previous. Hospitals have submitted plans to NHS England outlining what they can do from October onwards. The levels in January, February and March 21 will be as close to what was previously achieved. Consultation contact with patients is now done virtually. Patients scheduled for procedures /operations will have to have a COVID test and if positive no procedure/operation will be carried out until negative. The aim is to get back to 80 – 90 % of hospital activity.</p>	<p>JM</p>

	<p>Ramsay Hospital in York is also being used by York Trust and is carrying out operations/procedures on behalf of the NHS and delivered in COVID19 secure environments. Also cancer screening has re started.</p> <p>West Ayton – SP asked if more people are turning up to A&E who would usually go to the GP practice as the virtual consultation is seen as a barrier rather than face to face appointment.</p> <p>SC responded that attendance was increasing, but patients are able to get face to face appointments with their GP but they do need to telephone their GP practice to initiate the appointment. The NHS is also promoting the use of NHS111 First and the community pharmacists as well.</p> <p>KK thanked SC for updating the group.</p>	
4	<p>Self Care/Over the Counter (OTC) Medicines Campaign</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, this equates to a spend of £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>Derwent - JA asked what percentages of GP practices have a pharmacy within the practice.</p> <p>KL responded that 50 out of 51 Practices across NY CCG have a pharmacist at the practice. All pharmacy counter staff are very well trained. Patients who are shielding and also low income families can still get medication from their GP practices.</p> <p>Sherburn - CG advised that the amount of paracetamol the public can buy in one</p>	

	<p>transaction is sixteen tablets from the supermarket and thirty two tablets from the pharmacy.</p> <p>The pharmacists have an accurate up to date list on what medication they are allowed to sell to the public. The Local Pharmacy Committee also liaises with local pharmacists on these issues.</p> <p>Derwent – SM stated that patients can stock pile medicines.</p> <p>KL responded that there has been a change in the re ordering of patients medication. Pharmacies now do not re-order for patients. Patients can now re order their own medication on line.</p> <p>KK thanked SS and KL for the presentation.</p>	
<p>5</p>	<p>Flu Messages – AD reported that over 65 year olds and patients with long term conditions and those who are shielding and members of their household are being vaccinated. However the programme is taking longer due to COVID, social distancing and infection control. All practices in the Scarborough and Ryedale areas have started the vaccination process. However still waiting to hear from NHS England what the situation is regarding the 50 to 64 age group being included in this vaccination programme. Expecting to hear by November.</p> <p>The vaccine order was put in by January 20 but more people are coming forward than the previous years to have the vaccination and there is a delay in replenishing the stock.</p> <p>Scarborough Medical Centre – SP reported that he has had his flu vaccination – the venue was the Scarborough Rugby Club and there were not many people attending. SP stated that he thought the venue was not very good as difficult to get to if you were unable to drive.</p> <p>AD stated that GP practices were doing the majority of flu vaccinations at external venues but that they are also carrying them out at their GP practices.</p> <p>Derwent – JA reported that she and her husband had their flu vaccination at Derwent Practice in Malton and it was brilliant. – a very good experience.</p> <p>KK thanked AD for his update.</p>	
<p>6</p>	<p>NYCCG 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</p>	

<p>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>Scarborough Medical Group – SP stated that he had not received information from The Loop.</p> <p>West Ayton – SP also responded that she had not received any emails about the Loop either.</p> <p>Ampleforth – AT also stated that she had received no emails regarding the Loop.</p> <p>Central Healthcare – DR had also received no emails pertaining to the Loop either.</p> <p>BR reported that the emails could have gone into Patient Partners junk mail box, but further checks would take place.</p> <p>Action: BR to check emails sent to Loop members</p> <p>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 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>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 	<p>All</p> <p>All</p>
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	<ul style="list-style-type: none"> • 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. This is work in progress and will be stored electronically.</p> <p>Ampleforth – AT queried if the induction pack can be shared with other Patient Partner members to review it.</p> <p>BR stated she thought that was a very good idea and would include other members from Harrogate & District and Hambleton Richmondshire & Whitby and also Scarborough and Ryedale to review the document.</p> <p>Ampleforth – AT reported that she would be happy to write something for the induction pack from a Patient Partner’s point of view.</p> <p>BR responded that she thought it was a very good idea.</p> <p>Action: AT to write up a paragraph when the induction pack is prepared</p> <p>BR will also look at putting the induction pack into a hard copy and sharing it with the practice managers.</p> <p>KK suggested that it could be used by the practice managers as a reference document.</p>	AT
7.	<p>Patient Partner Network Survey Results – August 2020</p> <p>BR stated that the survey was completed by two different groups across North Yorkshire. The feedback received from the Patient Partner members has given NYCCG a clear indication that the meetings are effective and that members benefit from being part of them. Eighteen members completed the questionnaire and all had experience of using Zoom. Going forward NYCCG will:</p> <ul style="list-style-type: none"> • Ensure that agendas give members sufficient time to provide feedback from their practice • Speakers/presentations do not take over the full contents of the meeting • Ensure members are kept up to date early on re changes/developments • Not to use acronyms – members to have access to a glossary • At the end of the first year assess the frequency of meetings • Check the convenience of meeting times per local group • Consider using video platform during inclement weather conditions <p>BR reported that there would also be a standard agenda item on finance</p>	

	<p>commencing at the December meetings for all three groups and in the future a discussion on the development of Primary Care Networks. Communication and Engagement Team will continue to provide the Patient Partner Network with briefs. BR raised concern that Loop members were not receiving any of the emails sent out by the Communication and Engagement Team. BR will look into this.</p> <p>Action: BR to check about emails being sent out to the Patient Partner Networks via the Communication and Engagement Team.</p> <p>KK thanked BR</p>	BR
8	<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 Bridget Read: bridgetread@nhs.net</p> <p>KK if there was anything that the group wanted to share.</p> <p>Derwent – JA stated that the practice has not had a PPG meeting and she has been trying to set one up via Zoom.</p> <p>Scarborough Medical Group - SP reported that you needed to set up a Zoom Account . Once in a Zoom meeting after 40 minutes you are timed out.</p> <p>West Ayton – SP reported that she initiates the PPG meetings at her practice.</p> <p>Central Healthcare – DR reported that their PPG meetings are done via Microsoft Teams</p> <p>Sherburn - CG reported that his practice is having a PPG Meeting next week – which will be the first one for nine months.</p> <p>BR stated that the PPG meetings were put on hold due to COVID. NHS England have written to all GP Practices in July 20 saying that practices must start them up again.</p> <p>Hackness – BG stated that he tried to ring his GP practice but they were very busy so he went onto the internet and found out that Hackness Surgery accepts messages on their web site via their web site/internet. BG sent a message to the Practice.</p> <p>KK asked if BG has received a prompt response</p> <p>BG reported that he received a response from the practice within one hour which he was very impressed with.</p> <p>KK thanked the group for their feedback</p>	

	<p>Update: The service described is called “Engage Consult” and is a function within “System 1”. It is down to each GP practice whether this service is available. Members may wish to explore this option with the practice.</p>	
<p>9</p>	<p>Updates from CCG (Information distributed with agenda prior to meeting)</p> <p>KK asked the Patient Partners if they found the update useful. The group discussed and all agreed that it was.</p>	
<p>10</p>	<p>Any Other Business</p> <p>Thank you to Filey Patient Representative BR stated that Rob Rose Patient Partner representative has resigned from Filey Surgery as he has moved out of the area. BR thanked RR for his continued support and involvement to this group and wished him well in his new location.</p> <p>Working with Eastern Europeans Communities (POMOC Project) – BR reported that two Project officers had been appointed and it is planned to extend the project into Ryedale. The officers will have a regular session at Next Steps Café in Norton. BR stated that this was very good news.</p> <p>BR reported that Humber PACE Group is having a Patient and Carer Experience Forum on 21 October 20 14.30 – 16.30 for Scarborough and Ryedale Areas. The meeting will be virtual via Microsoft Teams. (Details shared via email)</p> <p>Cancer Alliance – BR wondered if any Patient Partners would like to join the Cancer Alliance Engagement group and give feed back they would be very welcome.</p> <p>KK thanked everyone for a very enjoyable and interesting meeting.</p>	
<p>11</p>	<p>What Key Messages Are You Taking Away</p> <p>Sherburn – CG stated that he would report back to his practice that the NHS had written to all GP practices requesting them to re start the Patient Partner Groups at their practices.</p> <p>Derwent - JA stated that she chairs the PPG meeting at the practice and there were a variety of ways to all meet up for the meeting.</p> <p>Sherburn – CG stated that it was good to hold the PPG meetings virtually. Usually have meetings four times a year.</p> <p>BR stated that that there are different models of meetings and suggested that SP and CG have a conversation to see how different models can work.</p> <p>Scarborough Medical Group – SP stated that he was surprised to hear about the letter from NHS England. He had not heard anything about it.</p> <p>Derwent – JA reported that the meetings at her practice were arranged by the PPG.</p>	

	<p>The Practice Manager doesn't usually attend.</p> <p>SM stated that they had never met the Practice Manager – only knew the Deputy Practice Manager.</p> <p>KK and BR encouraged the Group to reinstate the PPG Meetings at their Practices.</p> <p>KK thanked everyone for contributing and having a very interesting meeting.</p> <p>Date of the next virtual meeting is Tuesday 15 December 18.00 – 20.00pm</p>	
	<p>Date of future meetings</p> <ul style="list-style-type: none"> • Tuesday 15 December 2020 18.00 – 20.00pm • Tuesday 16 March 2021 18.00 – 20.00pm • Tuesday 19 October 2021 – Joint Patient Partner Network Meeting 14.00 – 17.00pm • Tuesday 25 January 2022 18.00 – 20.00pm <p>PLEASE NOTE ALL PATIENT REPRESENTATIVES ARE WELCOME TO ATTEND – please email bridgetread@nhs.net advising which GP Practice Group you represent</p> <p>All meetings will commence at 18:00hrs and close at 20:00hrs, unless otherwise stated. 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>	