

**NOTES OF THE MEETING OF THE**

North Yorkshire Clinical Commissioning Group  
 Harrogate and District Patient Partner Network  
 Tuesday 2 March 2021 16.30 – 18.30pm  
 Video Conference: Zoom

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

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

**In attendance:**

Vanessa Burns (VB) Deputy Director of Acute Commissioning  
 Andrew Dangerfield (AD) Head of Primary Care Transformation NYCCG

**External Invitee:**

Dr Ashley Overton Bullard (AOB) Research & Intelligence Officer  
 Healthwatch North Yorkshire

**Apologies:**

Claire Saunders (CS) Service Improvement Manager NYCCG

**Practices Representatives:**

Mike Collins (MC) Church Lane Surgery  
 Kathy l'Anson (KI) Dr Akaster  
 Lawrence Sherrington (LW) Nidderdale Practice  
 Malcolm Bottomley (MB) Dr Moss & Partner  
 Roy Wilson (RW) Park Parade  
 Malcolm Wailes (MW) Leeds Road  
 Sylvia Fox (SF) Kingswood

**Practice apologies:**

Charles Gibson (CG) Nidderdale  
 Arnold Warneken (AW) Springbank

Item	Lead
<p><b>1</b></p> <p><b>Welcome and Apologies</b></p> <p>KK welcomed everybody to the meeting and thanked everyone for joining in the Zoom Meeting. A total of seven practices were represented.</p> <p>KK welcomed the new members to the group and virtual introductions with everyone</p>	

	were done.	
<b>2.</b>	<b>Declarations of Interest</b>  There were no declarations of interest.	
<b>3</b>	<b>Agree Minutes and Action Tracker held on 8 September 2020</b>  The group agreed the minutes were an accurate record of the meeting on 8 December 20.  The action tracker was reviewed and KK stated that there was one outstanding issue still open concerning the closure of Dacre Bank Surgery  AD responded that currently there are no plans to close Dacre Surgery in the foreseeable future. It is currently being used for clinical purposes.  KK thanked AD for the update and confirmed that this issue could now be closed on the Action Tracker.  <b>Action.</b> Minutes approved and item on Action Tracker closed.	<b>JM</b>
<b>4</b>	<b>Acute Recovery</b>  A presentation was delivered; VB stated that there have been three waves of Covid-19 since the pandemic began last year that have impacted on the hospital services delivered by the NHS to patients. During the first wave from March to July 2020 with a peak in hospital bed occupancy in July, routine services were closed to protect hospital capacity and ensure urgent and emergency care and urgent 2 week wait cancer referral could continue. Routine referrals commenced again from June with the expectation of returning to pre-COVID-19 activity levels through autumn and winter.  The number of patients waiting for hospital treatment remains broadly the same however patients are waiting longer for their treatment. Due to the impact of social distancing, cleaning and infection prevention; maintaining separate clinical areas has impacted on the number of patients being seen and treated.  As providers open up routine capacity, clinical prioritisation of waiting lists within a nationally endorsed framework is being used, patients are being contacted and advised of treatment delay and developing support packages for patients while they wait to ensure people wait well.  VB reported that Acute Trusts and NYCCG continue to work collaboratively where safe and sensible to do so and national arrangements with the independent sector for additional capacity continues.  <b>Park Parade</b> – RW reported that he recently had an appointment at HDFT and he was very impressed how the hospital has been very clearly divided into “COVID-19”	

	<p>and “non COVID-19” zones.</p> <p><b>Healthwatch</b> – AOB asked what the waiting list situation was in North Yorkshire.</p> <p>VB responded that during the earlier months there had been a reduction in referrals which was cause for concern with patients not presenting earlier enough with cancer and stroke symptoms and the NHS continues to encourage people to come forward and see their GP if at all concerned. Currently routine referrals are just coming back up to pre COVID-19 numbers.</p> <p>KK thanked VB for a very interesting presentation and stated the key message is for people not to be frightened and come forward if not feeling well.</p> <p><b>Action:</b> JM to circulate presentation to the group.</p>	<b>JM</b>
<b>5</b>	<p><b>Update on COVID-19 Vaccination Programme</b></p> <p>AD reported the successful rollout of the COVID-19 vaccines across York and North Yorkshire is expanding. The top four cohorts have successfully been vaccinated and the programme is now moving to the next cohort which will include everyone aged over 60 and people with underlying health conditions.</p> <p>North Yorkshire and York are on target to offer vaccinations to everyone in the nine priority groups by the middle of April 21 with all adults by end of July 21, all pending supply of vaccine. The vaccine is being offered in some hospitals and pharmacies and local vaccination centres run by GPs and at larger vaccination centres ie, Yorkshire Show Ground, Ripon Race Course and Askam Bar York. Second doses of vaccinations have already commenced at the beginning of March.</p> <p><b>Nidderdale</b> - LS commented that he took his wife for her vaccination at the Yorkshire Show ground and was very impressed how it was run.</p> <p><b>Leeds Road</b> - MW agreed as well. MW queried the regular continuity of vaccine supply and why NHS England is treating Primary Care sites differently to the larger mass vaccination sites.</p> <p>AD advised it was due to different pillars of provision, but confident going forward the supply should be more consistent for PCNs.</p> <p>BR thanked the Patient Partners who gave their story of their vaccination to NY CCG. BR also asked if the Patient Partners would be happy to send an email to BR giving their story on “What does it mean to have the vaccination” The group discussed and would be happy to participate.</p> <p><b>Park Parade</b> – RW stated that he received his vaccination at the Merion Centre in Leeds and the system in place at the vaccination centre had worked well.</p> <p>KK thanked AD for this update.</p>	

<p><b>6</b></p>	<p><b>Update on Induction Pack</b></p> <p>BR thanked Patient Partners for their contributions received during January. The pack is in the process of being re-designed and will be in the format of a “handbook”. BR will share with everyone once completed.</p> <p>KK thanked BR for this update.</p>	
<p><b>7</b></p>	<p><b>Updates from the CCG</b></p> <p>BR asked the group for feedback on the content of the Patient Partner Briefing March 2021 Update circulated out to them before the meeting today. Usually all documents are circulated out in PDF format but due to embedded documents included it had to be circulated out in Word format.</p> <p><b>Leeds Road</b> – MW reported that it was quite a lengthy document to read with various organisations involved and difficult to digest and highlight what is important.</p> <p>BR stated that the document is more for information but would welcome feedback from the group.</p> <p><b>Dr Moss</b> – MB commented that he found the document very useful and comprehensive and asked how appropriate is it to share with members of the PPG.</p> <p>BR advised that the document can be shared with PPG members and useful for putting agenda items together.</p> <p><b>Dr Akaster</b> – KI stated that she had found it a very useful document to read and would share with the PPG.</p> <p>KK thanked the group for the feedback.</p>	
<p><b>8</b></p>	<p><b>Member Agenda Items</b> – (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 <a href="mailto:janemarchant@nhs.net">janemarchant@nhs.net</a></p> <p><b>Nidderdale</b> - LS reported he joined the PPG at Nidderdale in September 2019 but is only aware of two other people in the group. Has had brief contact with Charles Gibson but has had little communication from the group so far. LS would welcome communication with another Patient Partner member to discuss how these groups work.</p> <p>BR stated that currently Primary Care is under a great deal of pressure. Some PPGs run the group themselves without a Practice Manager whilst others are held “virtually”. BR is aware that Nidderdale PPG has got four new members.</p> <p><b>Action:</b> BR to speak to Nidderdale practice to see what help is required.</p> <p><b>Dr Moss</b> - MB reported that all the meetings are chaired by the PPG Chair. The Practice attend three out of the five meetings between January and August. Their attendance usually includes the Senior Partner and the Practice Manager. Currently</p>	

this system appears to be running well. MB would be very happy to talk with LS to explain how these groups work and could contact him via email. LS confirmed he was happy for his email address to be shared with MB.

**Action:** JM to email address for LS to MB

**JM**

**Church Lane** – MC stated that Church Lane have continued to have PPG meetings during Covid. However the practice is short on numbers and now recruiting. Currently have had four replies to join the PPG

**Park Parade** – RW commented that perhaps a survey of all GP practices to see how the PPGs operate and more “networking” could work well.

**Leeds Road** – MW reported that he had been a member of Leeds Road PPG for 15 years and has chaired these meetings for the last 10 years. The practice is trying to attract younger members of the public to join the group. During the pandemic the PPG has had 2 virtual meetings however attendance has been low with only six members attending out of 30. The minutes from the meetings are on the Practice website for anyone to read.

KK asked MW if the PPG has had any engagement with their PCN in the Harrogate area.

MW stated that the PPG have agreed to get the practices within the PCN together and have a virtual meeting. Date to be confirmed.

**Dr Akaster** – KI stated that prior to COVID-19 the format used for the PPG at Dr Akaster was working really well having four meetings a year with attendance from the Practice Manager and a GP with ten to twelve members attending. Since the pandemic no virtual Zoom meetings have taken place due to lack of internet in the Dales. The group have received an update from the Practice last December. The demographic age range of the group is a problem and are hoping to have a public meeting this Autumn to try and encourage new members with a wide age range to join.

BR agreed that age demographic is an issue across North Yorkshire and recruitment is difficult and different ways of communication need to be found such as practices using social media and Facebook, and explore opportunities from the youth forum and local schools.

**Park Parade** – RW stated that the attitude of the CQC towards the PPGs was very important.

KK agreed and stated that it was very good for PPG members to meet with the CQC when they were visiting their GP Practices.

**Kingswood** – SF reported that the PPG at the practice has tried to have three virtual Zoom meetings. Due to very low attendance at these meetings the PPG group have decided to meet when COVID-19 restrictions are more relaxed.

	<p><b>Healthwatch</b> – AOB reported that at the end of December 20 Healthwatch carried out an audit on information that was available on GP Practice web sites and concluded that only 49% of Practices have up to date information showing on their web sites.</p> <p><b>Healthwatch</b> - AOB reported as most PPG groups are carried out via Zoom unless there is an account set up the meeting automatically ends after 40 minutes.</p>	
<p><b>9</b></p>	<p><b>Planning for the October Event</b></p> <p>BR explained that NY CCG would have its AGM during this summer and a joint PPN meeting for Tuesday October 19 has been scheduled for the three PPNs to meet together for the afternoon. The event is to be designed by members including the topics to be discussed and speakers. It is a great opportunity for local PPGs to showcase their work. Due to the pandemic this may be virtual or face to face. The venue will be central and the agenda items will represent what the Patient Partners' would like to discuss. Suggested speakers would be Amanda Bloor from NY CCG and AOB from Healthwatch.</p> <p>KK stated that it is hoped that the meeting will be face to face and initially a limit of two representatives from each practice.</p> <p><b>Park Parade</b> – RW suggested that the use of Digital Appointments would be a good topic to discuss.</p> <p><b>Church Lane</b> - MC reported that there is a triage appointment system at the practice which works very well and could be a topic for the agenda at October meeting.</p> <p>KK suggested that a member of the NY CCG Communication and Engagement Team might be able to attend to discuss the use of Social Media.</p> <p><b>Dr Moss</b> – MB asked if BR would send an email out on ideas/suggestions for agenda items for the group to consider and also if anyone would like to join a Task and Finish Group to put their name forward and email BR.</p> <p><b>Action:</b> BR to circulate an email to the group and to AOB from Healthwatch</p> <p>KK hoped the group found this information useful.</p>	<p><b>BR</b></p>
<p><b>10</b></p>	<p><b>Any Other Business</b></p> <p><b>Nidderdale</b> – LS queried how the public will know that the closure of Dacre Bank Surgery is not going ahead.</p> <p>AD responded that there was no formal application submitted for Dacre Bank Surgery to close. What was discussed was what the surgery needed to do to proceed and this has never happened.</p> <p>LS stated that he would check the practice web site and see what information was showing.</p>	

	<p><b>Leeds Road</b> MW asked if the Pharmacovigilance yellow form for any reactions to medications could be reduced.</p> <p>AD reported that he will take that point back to the GP who has already been looking at it.</p>	
11	<p><b>Key Messages Taking Away</b></p> <p><b>Park Parade</b> - RW stated that it is good that NY CCG is supporting the progression of PPGs.</p> <p>KK thanked everyone for a very enjoyable and interesting meeting.</p>	
	<p><b>Date of future meetings</b></p> <ul style="list-style-type: none"> <li>• Tuesday Joint PPN Meeting with HRW &amp; SR 19 October 21 14.00 – 17.00pm</li> <li>• Tuesday 11 January 2022 16.30 – 18.30pm</li> </ul> <p><b>PLEASE NOTE ALL PATIENT REPRESENTATIVES ARE WELCOME TO ATTEND – please email <a href="mailto:janemarchant@nhs.net">janemarchant@nhs.net</a> which GP Practice Group you represent</b></p> <p><b>Meetings will commence at 16.30hrs and close at 18.30pm 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.</b></p>	
	<p>Circulation of Minutes:          Practice Managers          Harrogate &amp; Rural Patient Partner Network</p>	