

**NOTES OF THE MEETING OF THE**

North Yorkshire Clinical Commissioning Group  
Scarborough & Ryedale Patient Partner Network

Tuesday 16 March 2021, 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  
NY CCG

**In attendance:**

Martin Braidwood (MB) Service Improvement Manager – Primary Care  
NY CCG  
Vanessa Burns (VB) Deputy Director of Acute Commissioning  
NY CCG

**External Invitees:**

Ashley Green (AG) Chief Executive Healthwatch  
North Yorkshire

**Apologies:**

Andrew Dangerfield (AD) Head of Primary Care Transformation NY CCG  
Dr Ashley Overton Bullard (AOB) Research & Intelligence Officer Healthwatch  
North Yorkshire

**Practices Representatives:**

Jenny Moreton (JM) Ampleforth  
Keith Taylor (KT) Brook Square  
Linda Rowley (LR) Brook Square  
Diane Robinson (DR) Central Healthcare  
Daphne Smurthwaite (DS) Derwent  
Sheila Miller (SM) Derwent  
Jeanette Anness (JA) Derwent  
Ann Theakston (AT) Eastfield Medical  
Colin Goodman (CG) Sherburn  
Steve Parsons (SP) Scarborough Medical  
Sue Petyt (SPe) West Ayton

**Practice Apologies:**

Phil Sainter (PS) Hunmanby Practice  
Eric Kaye (EK) SMG

Item		Lead
1	<p><b>Welcome and Apologies</b></p> <p>KK welcomed everybody to the meeting and thanked everyone for joining the Zoom meeting. A total of eight practices were represented.</p> <p>KK welcomed AT a new member to the group and virtual introductions with everyone were done. KK also welcomed Martin Braidwood, Service Improvement Manager in Primary Care standing in for Andrew Dangerfield, Head of Primary Care Transformation at NYCCG. Vanessa Burns Deputy Director of Acute Commissioning at NY CCG and Ashley Green Chief Executive Healthwatch were also welcomed by KK.</p>	
2.	<p><b>Declarations of Interest.</b></p> <p>There were no declarations of interest.</p>	
3	<p><b>Agree Action Notes Meeting Held on 15 December 2020</b></p> <p>The action notes were agreed as a true and accurate record of the meeting on 15 December 2020.</p> <p>The action tracker was reviewed and all outstanding issues were closed.</p>	JM
4	<p><b>Acute Recovery</b></p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p><b>Sherburn</b> – CG asked what is the reason for patients not going to hospital to have</p>	

their appointments and treatment.

VB reported that during the pandemic the consultants have been re-deployed and work with patients admitted due to the pandemic. Elective surgery has been stood down and prioritisations within the NHS have been reviewed and patients waiting for treatment should have received a letter indicating that they have been put onto a waiting list.

**Healthwatch** - AG queried why the number of patients waiting for treatment remains the same as before COVID-19.

VB replied patients who required urgent treatment received it. Referrals into secondary care are very much reduced but the actual waiting time has increased.

AG asked if NY CCG had done an audit on waiting lists.

VB replied that there is a large amount of work being carried out in conjunction with Cancer Alliance and reviewing stroke and cardiac pathways.

**Eastfield** – AT asked if telephone consultations will continue and will practice staff who deal with patients be offered regular training.

VB responded that telephone consultation are perceived as a positive way of seeing patients and a convenient way of getting advice and help and also reduces travel.

AT stated that a member of her family had a telephone consultation and it was not a very positive experience.

VB reported that she would feedback to work colleagues.

BR reported that SPe had sent a question in this morning regarding the sharing of data from private providers ie optometrists and dentists with hospitals and GP practices.

**West Ayton** - SPe confirmed that she had had tests and been referred by an optician to the hospital but the referral journey was not straightforward.

VB reported that it is often the optometrists that cannot share the information due to their systems and interface with secondary care systems not being compatible but there are projects looking at how this can be improved. NYCCG also have the RSS team that work as an interface between the optometrists and secondary care to ensure as much information in the referral is included and also working with NHS England to create a digital platform so that imagery can be attached to the referral being sent through to GP practices and hospitals. Dentistry is more complex and commissioning is the responsibility of NHS England rather than NY CCG.

	<p>KK thanked VB for a very interesting presentation.</p>	
<p>5</p>	<p><b>Update on COVID Vaccination Program</b></p> <p>MB reported the positive news of COVID-19 positive patients in NY CCG hospitals continues to come down – presently there are ninety nine COVID-19 patients in hospitals throughout North Yorkshire (over five hundred during the peak). 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, Scarborough Rugby Club, Yorkshire Show Ground, Ripon Race Course and Askham Bar York.</p> <p>First doses are now being offered to people aged 56 and over and people between 16 and 60 with underlying health conditions. People in these cohorts will be invited for a vaccination either by the national vaccination centre or their GP. Second doses of vaccinations have already commenced at the beginning of March. Early signs show that the up take is extremely high.</p> <p><b>Key messages to take away are:</b>  We continue to encourage everyone who is invited for a vaccination to take up the offer to protect not only themselves but their communities, families and loved ones.</p> <p>Anyone who did not initially come forward when invited can still get the vaccination. This is most easily done by contacting the National Booking Service online (<a href="http://www.nhs.uk/covid-vaccination">www.nhs.uk/covid-vaccination</a>) or by calling 119 to get an appointment at one of the larger vaccination centres. The telephone booking line is available between 7am and 11pm.</p> <p>Regardless that somebody may have had the vaccine, everyone is still advised to be abide by the rules as national lockdown still exists. People should only leave their home for permitted purposes. When they are outside the home, face covering and social distancing measures should be observed to the letter; and good hand hygiene helps prevent spread of the virus.</p> <p>Please be patient, primary care is under considerable pressure, patients will be contacted, no one will be forgotten.</p> <p><b>Derwent</b> – JA asked if GP practices are mainly using the AstraZeneca vaccine not the Pfizer vaccine.</p> <p>MB replied that practices get what they are allocated and it is down to supply.</p>	

	<p><b>Central Healthcare</b> – DR reported that there is a lack of notice to the practice when the vaccine is arriving – is there any way of getting notification of supply earlier.</p> <p>MB reported that unfortunately the vaccine is supplied from a central place and delivery cannot be altered.</p> <p><b>Sherburn</b> – CG advised that he was still waiting to be given a date for his second vaccination and to keep the vaccination card safe as would be required for the second dose.</p> <p><b>Scarborough Medical</b> – SP queried would the adverse publicity surrounding the AstraZeneca vaccine have a “knock on effect” and slow down the process.</p> <p>MB stated that the vaccine had passed the safety testing process and no concerns had been raised.</p> <p>KK thanked MB for the update and gave a huge thanks to practices for all their hard work that has gone into the vaccination programme.</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 NY CCG</b></p> <p>BR asked the group for feedback on the content of the Patient Partner Brief March 2021 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>Ampleforth</b> – JM stated that she was concerned regarding the amount of documents being circulated out by NY CCG and the volume of printing this entailed. Would prefer to receive more concise information.</p> <p><b>Central Healthcare</b> - DR stated that some PPG members do not use or have access to a computer or printer and felt it was a waste of information. Media releases are better as they are shorter.</p> <p>BR reported that the three PPN groups have the same agenda and will look at how else the information can be disseminated.</p>	

	<p><b>Brook Square</b> – KT stated that he would rather have too much information rather than too little.</p> <p>KK thanked the group for their input.</p>	
8	<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 Bridget Read: <a href="mailto:bridgetread@nhs.net">bridgetread@nhs.net</a></p> <p>KK asked if there was anything that the group wanted to share.</p> <p><b>Central Healthcare</b> – DR reported that she had circulated the draft induction notes and draft December PPN notes to the PPG group via the practice. During the pandemic it has been difficult to communicate with members of the group who do not have a computer. Sharing of home telephone numbers has been a positive way of keeping in touch but over the last three months feedback from members has been very negative and those without access to computers have been the most affected.</p> <p>The practice has installed a new telephone system and calls are answered within one minute making the practice more efficient.</p> <p><b>Brook Square</b> – KT reported that there was a PPG Zoom meeting last August and again last week and these meetings were supplemented with an update from the Surgery sent to members last October. The minutes of recent Patient Partner Network Meetings have been circulated to all PPG members to ensure they have been kept up to date with CCG matters. KT stated that he was quite happy with the two way communication during this difficult time for everybody although as he mentioned communicating with the wider patient network remains a problem.</p> <p>It had been intended for PPG members to engage with patients attending clinics as part of the annual patient survey and at the same time to publicise the PPG in order to obtain patients views on activities for investigation and to recruit additional members. Unfortunately this has not yet happened but it is intended to revisit this once the COVID-19 situation has been resolved. KT mentioned that the Assistant Practice Manager was leaving but would be discussing with her replacement ideas he has for future improvements to how the PPG is operating at currently.</p> <p><b>West Ayton</b> – SP reported that she chairs the PPG - the last meeting was six to eight weeks ago via Zoom and some members have left the group. There is a standing item on the PPG agenda for feedback from this PPN meeting in the form of a summary which SP circulates out to the group.</p> <p><b>Healthwatch</b> - AG reported that Healthwatch have done some work in the Wolds area about how people are accessing information. Healthwatch produce newsletters and intend to produce paper copies in the future, AG stated that Healthwatch cannot assume everyone has access to digital email.</p> <p>AG commented that there is a lack of access to NHS dentists in Scarborough and limited information on NHS Choices regarding dental services in the area. AG stated that lack of dental services is a national problem and HW will be working with</p>	

	<p>commissioners raising this issue with Yorkshire and Humber and lobbying MPs locally.</p> <p><b>Scarborough Medical</b> – SP stated that there has been a lack of NHS Dentists since he arrived in 2004 and has been going privately ever since.</p> <p><b>Derwent</b> - JA reported that members of the group took over the organisation of the group a few years ago and JA is currently the Chair. The group had a successful Zoom meeting in September with the Practice Manager attending. The next meeting is towards the end of March 21. All the members are on email but can send hard copies by post if requested.</p> <p><b>Ampleforth</b> – JM reported that the practice has more than 20 members for their PPG and have Zoom meetings every three months. Certain Media releases are passed on to the Practice Manager between meetings to send to Group members and the Chair passes on others to Committee members either by e-mail or at the committee meetings. A member of staff takes the minutes at meetings and the Practice Manager always attends. JM stated that the local dentist had retired and the practice was sold to the Alpha chain of surgeries. A very good dentist took over but unfortunately, presumably due to the Covid epidemic, Alpha closed the surgery. JM was already a private patient at Helmsley since they had no further places for NHS patients and she has now gone privately to Thirsk but the treatment is more expensive.</p> <p>MB shared with the group that NY CCG does not commission dental services – this is commissioned by NHS England.</p> <p><b>Sherburn</b> – CG reported the last meeting was 26 January 21. Communication is done via Facebook, email and newsletter. CG initiated a discussion on the dispenser practice and if any other practices were having challenges.</p> <p><b>Scarborough Medical</b> – SP commented that the last meeting was in December 20 and the next one is towards the end of March 21.</p> <p><b>Derwent</b> – JA stated that Derwent used to dispense within the practice. This has now changed and Beechams are now the pharmacy and they are very good and no complaints.</p> <p>KK thanked the group for their practice updates.</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 19 October 2021 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</p>	



	<p>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>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><b>Ampleforth</b> – JM asked if Social Care could be discussed at the October Meeting.</p> <p><b>Derwent</b> – JA asked if ICS could be discussed at the October Meeting.</p> <p>BR has noted the above requests.</p> <p>KK hoped the group found this information useful.</p>	
10	<p><b>AOB</b></p> <p>There was none.</p>	
11	<p><b>What Key Messages Are You Taking Away</b></p> <p>KK thanked everyone for attending and to email BR with their ideas and suggestion for the AGM October 19th 14.00 – 17.00pm</p> <p>Date of the next virtual meeting is Tuesday 25 January 22 18.00 – 20.00pm</p>	
<p><b>Date of future meetings</b></p> <ul style="list-style-type: none"> <li>• Tuesday 19 October 2021 – Joint Patient Partner Network Meeting 14.00 – 17.00pm</li> <li>• Tuesday 25 January 2022 18.00 – 20.00pm</li> </ul> <p><b>PLEASE NOTE ALL PATIENT REPRESENTATIVES ARE WELCOME TO ATTEND – please email <a href="mailto:bridgetread@nhs.net">bridgetread@nhs.net</a> advising which GP Practice Group you represent</b></p> <p><b>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.</b></p>		



