

NOTES FROM THE MEETING OF THE
 North Yorkshire Clinical Commissioning Group
 Hambleton Richmondshire & Whitby Patient Partner Network
 Tuesday 18 January 2022 16.30 – 18.30pm
 Video Conference: Zoom

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

Bridget Read (BJR) Engagement Manager NY CCG
 Jane Marchant (JM) Engagement Officer & Administration Officer NYCCG
 Georgina Sayers (GS) Communications and Engagement Manager NY CCG

In attendance:

Rachael Durrett (RD) Head of Communications & Engagement NYCCG
 Stacey Stanton (SS) Medicines Optimisation Technician NYCCG

External Invitee:

Ruth Stockdale (RS) Network & Engagement Officer Healthwatch North Yorkshire
 Joe Woodvine (JW) Retail & Promotions Support Manager Medequip

Practices Representatives:

Jim Forrest (JF) Mowbray House Practice
 Jack Dobson (JD) Mowbray House Practice
 Gill Sharman (GS) Thirsk Practice
 David Tucker (DT) Thirsk Practice
 Jane Ritchie (JR) The Central Dales
 Jacqui Bennett (JB) Friary Practice
 Jill Pouncey (JP) Staithes Practice
 Shirley Brook (SB) Staithes Practice
 Pete Hart (PH) Glebe House Practice

Apologies:

Roger Everit (RE) Danby Practice
 Maureen Bursell (MB) Quakers Lane Practice

Item		Lead
1	<p>Welcome and Apologies</p> <p>KK welcomed everybody to the meeting via Zoom and thanked everyone for joining into the Zoom Meeting.</p>	

	<p>KK thanked RS for attending the meeting today from Healthwatch. There was representation from six practices.</p>	
<p>2</p>	<p>Declarations of Interest</p> <p>There were no declarations of interest.</p>	
<p>3</p>	<p>Agree Minutes and Action Tracker of 9 March 21</p> <p>The group agreed the minutes were an accurate record of the meeting on 9 March 2021.</p> <p>The action tracker was reviewed and there were no outstanding issues. Action Tracker closed.</p> <p>Action. Minutes and Action Tracker approved.</p>	
<p>4</p>	<p>Returning Community Equipment Medequip</p> <p>A presentation was delivered to the group by Joe Woodvine, who explained that Medequip are commissioned providers of the North Yorkshire Integrated Community Equipment Service on behalf of North Yorkshire County Council, NHS Vale of York CCG, NHS North Yorkshire CCG and NHS Bradford & Craven CCG. Medequip work directly with Commissioners and Prescribers to support patients and residents providing vital equipment on loan within the community.</p> <p>Medequip supplies, stores, delivers, installs, maintains, collects, repairs, cleans, refurbishes, and recycles community equipment as part of the service. The core aims are to increase service levels, enhance care delivery and support patient independence and rehabilitation to keep people safe and independent for longer. The main service centre depot is based in Knaresborough and there is also a service hub in Scarborough.</p> <p>Returning of equipment is very important and helps the Local Authority and NHS Services. All equipment is picked up free of charge and on average 75% of equipment returned is re-issued within the community. Any equipment which has a Medequip label attached to it can be returned to any of the six drop off points across North Yorkshire. For HRW CCG this is Friarage Hospital, (Occupational Therapy Dept) Northallerton DL6 1JG</p> <p>JW asked if HRW Patient Partner Network Group could support Medequip's Returning Equipment Campaign by sharing the Campaign with Practice Managers at GP Practices through GP Communications via digital screens, newsletters, notice boards or to update patients via SMS in GP Practices.</p> <p>Staites – SB asked if patients can self refer for equipment.</p>	

	<p>JW responded that patients are referred by GP Referral or Occupational Therapist at a hospital. Patients can self fund themselves for small equipment however larger pieces of equipment are by referral and which are on loan from Medequip.</p> <p>Glebe House Surgery – PH asked when residents living in care homes have no further use for the equipment can it be offered out to anyone in the community.</p> <p>JW stated that this has been suggested and Medequip is looking into donating the equipment from care home residents, to charities within local communities.</p> <p>Mowbray House – JF reported that he had looked at Medequip's website and there is no obvious marker on their website about returning any equipment and it would be useful to have a marker at the top to inform the public of the process.</p> <p>JW stated that he will pass this information on for the attention of the website designer.</p> <p>Friary – JB commented that as the public can drop used equipment into the amnesty containers can the equipment be easily removed.</p> <p>JW responded that some of the amnesty containers are located in house centres and some are outside under CCTV cameras and there have been no reports of equipment having been removed.</p> <p>The Central Dales – JR asked if wheelchairs can be serviced by Medequip.</p> <p>JW responded Medequip did not provide this service in North Yorkshire. The wheelchair service is commissioned separately by Nottingham Rehab Services(NRS) https://www.nrshealthcare.com/wheelchair/index.php/your-local-service/north-york-wheelchair-service</p> <p>RS stated that Healthwatch would be pleased to promote the "Returning Community Equipment to Medequip" via Twitter and social media etc and any feedback that came to Healthwatch can be emailed to JW. JM to exchange emails for RS to JW.</p> <p>Action: JM to forward RS's email address to JW and to circulate video to Patient Partners and Practice Managers.</p> <p>KK thanked JW for a very interesting presentation and asked that Patient Partners take messages back to their Practices.</p>	JM
5	<p>Feedback from Joint PPN Event 19 October 21</p> <p>BR stated that feedback from the survey following the virtual meeting was very positive showing that 90% of the members are happy to be involved in future events. It was noted at the HaRD PPN Meeting last week that the Chair of the event Helen Clothier commented how with modern technology she was able to access the breakout rooms and participate in the conversations taking place.</p> <p>BR commented that discussions regarding Primary Care Network should have been on the agenda for this meeting but due to COVID will now be scheduled for the May PPN meetings.</p>	

	<p>The Central Dales – JR reported that she was concerned about the issues raised at the Joint PPN Event in October and how will NY CCG tackle this.</p> <p>BR stated there are continuing conversations taking place within NYCCG regarding NHS Reforms and working closely with Healthwatch.</p> <p>RS stated that Healthwatch is very keen to "better inform" the public about Primary Care and access to GP Services. Healthwatch would like to promote this by doing combined road shows with NY CCG and Patient Partner Groups. This would be a great opportunity to involve the PPGs members and encourage the public to get involved in their local GP practice.</p> <p>KK thanked BR for the update and the Patient Partners for their contribution to the event.</p>	
6	<p>Integrated Care System (ICS) – NHS Reforms</p> <p>RD gave a presentation to the group giving an update on the development of the NHS Integrated Care Board and the foundations for developing the ICS engagement and public involvement strategy.</p> <p>Integrated Care Systems are partnerships of health and care organisation that come together to plan and deliver joined up services to improve the health of people who live and work in their area. Informal arrangements have been in place for some time locally as Humber Coast and Vale Health and Care Partnership</p> <p>Based on recommendation of NHS England/Improvement the Government has set out plans to put ICSs on a statutory footing. The NHS Integrated Care Board will be formed (pursuant to legislation) and come into existence on 1 July 2022 as NHS Humber and North Yorkshire Integrated Care Board</p> <p>ICBs are expected to develop a system wide strategy for engaging with people and communities by 1 July 2022. using the 10 principles as detailed in the slide deck. The creation of statutory ICS arrangements brings fresh opportunities to look at new ways of working, building on existing relationships and make full use of existing strengths and good practice. This is an opportunity to seek views from our patient partners.</p> <p>General discussion with the group followed:</p> <p>The Central Dales – JR commented that the public do need to be kept informed of the changes taking place and that it is very important for communications to be done at local level including working with Primary Care.</p> <p>Staithe – JP queried if being part of the ICS would address the cross-border problems of patients being treated out of area and then having their discharge back to their original locality being delayed as their local authority is unable to put in community services as required.</p>	

	<p>RD stated she would discuss this issue with colleagues at NY CCG and get some clarity on the cross-border issue and will update the group.</p> <p>Action: RD to report back at next PPN Meeting in May 22.</p> <p>Mowbray Surgery – JD commented that due to the re-organisation within the NHS and reduction of councillors in local authority it is important that the patient voice will still be heard.</p> <p>RD stated that the current plan is for the Patient Partner Network to remain and moving forward to build on what already exists.</p> <p>The Central Dales – JR stated that when their practice was inspected by the CQC the CQC did not engage with the Patient Partners and ask for their opinions. The CQC implies by their disinterest that PPGs are not important. This is surely quite wrong.</p> <p>The group acknowledged that there is a strong desire for local engagement at local level to continue and need explanations that are easy for the local population to understand. "Local" is very important and key to the change being a success.</p> <p>KK thanked RD for a very interesting presentation</p>	<p>RD</p>
<p>7</p>	<p>Updates from CCG</p> <p>BR asked the group if there were any questions on the briefing</p> <p>KK stated that she found it very useful.</p> <p>BR gave an update on the vaccination programme. From the middle of December 2021 NYCCG commenced the vaccination booster programme, which continued through the Christmas period. There remains a high take up of vaccinations in North Yorkshire: In the younger cohorts the numbers are lower as not all will have become eligible yet due to the requirement for a three month interval between second and booster dose There will also be some who are eligible but who have recently had Covid-19 and therefore need to wait 28 days before coming forward for their booster vaccine.</p> <p>Members were asked to remind family, friends, and colleague that the vaccine is an evergreen offer, encouraging anyone who has changed their mind about having the vaccination to come forward. There is still walk in availability that we are promoting via social media, in the press and on the CCG website and people can also book on the National Booking Service website or ring 119.</p> <p>Mowbray Square – JD commented that credit should be given to the Grammar School who acted very quickly to enable the public to be given their vaccinations at the site.</p> <p>BR stated the vaccination programme in NYCCG is going very well and the use of social media is a very good way of communicating to the public.</p>	

8	<p>Member Agenda Items</p> <p>KK invited the group to give feedback on what is happening in their PPG.</p> <p>The Central Dales - JR stated that there have been two face to face meetings. The vaccination centre based at Tenants Auction Centre at Leyburn has been very efficient and successful. Information for the local community has been circulated via local newsletters via Parish Councils who provide the PPG membership.</p> <p>Staithes – JP reported that the Practice has focussed on getting the public vaccinated. There was an issue re flu vaccines but this has been resolved. There have been lots of changes for the PPG. A new acting chair has been appointed and two Zoom meetings have taken place but long standing members have felt left behind due to advance of technology.</p> <p>Thirsk – GS stated that there have been no PPG meetings since November 2020. Biggest challenge is the building which is owned by NHS Property Services. Due to limited space available GPs are having to work from home therefore cannot have face to face consultations with the patients which is not satisfactory at all.</p> <p>BR stated that she would take the issue of Thirsk Practice back to base and get a steer from CCG colleagues.</p> <p>Action: BR to discuss with colleagues at CCG and report back at next meeting.</p> <p>Friary – JB reported that there have been no face to face PPG meetings so far but are hoping to be able to change this soon. Vaccination programme and telephone consultations have been very good. The practice has introduced an evening surgery from 18.30 to 20.00pm which is very successful. There are expected alterations to the building but no set plans yet.</p> <p>Mowbray – JD commented that no meeting had been held since June 2021. The Practice is the lead for a new assessment hub for patients which guarantees that the patients will be assessed and contacted within 4 weeks of referral. JD stated that with the demise of the District Councils there may be buildings available with more space for Practices to move into.</p> <p>Thirsk - GS stated that Thirsk Council had no buildings available in Thirsk that would help ease the accommodation problem at their practice.</p> <p>KK thanked the Patient Partners for their feedback which is very helpful.</p>	BR
9	<p>Any Other Business</p> <p>GP Community Pharmacy Consultation Service (CPCS) – SS</p> <p>The purpose of GP CPCS is to free up general practice of minor problems, allowing reception staff/Care Navigators to refer patients needing advice and treatment for certain low acuity conditions to a community pharmacist. Its aim is to make sure that</p>	

	<p>patients have access to the same levels of care, close to home and with a self-care emphasis.</p> <p>Community pharmacists have been successfully delivering CPCS since 2019, accepting referrals from NHS 111 for face to face or remote consultation providing more convenient treatment closer to patients' homes. This is not a new service.</p> <p>The agreement is for the pharmacy to provide self-care advice and support. This will include information to all people referred by the GP practice to the pharmacy under CPCS. The end points of the consultation may include:</p> <ul style="list-style-type: none"> • Advice given only • Advice and the sale of an over the counter (OTC) medicine • Advice and support to access an appointment with their GP • Advice and signpost on to another service. <p>All GP practices are encouraged to use this service to ensure patients are able to access the right care, in the right place, with the right person, at the right time. The service aims to reduce the pressure on general practices and A&E departments whilst also offering choice to patients.</p> <p>KK thanked SS for her presentation.</p> <p>BR formally introduced Georgina Sayers Engagement Manager in the Communication and Engagement Team who has returned to NYCCG after maternity leave. GS is currently running My Local Practice campaign within NYCCG highlighting the challenges that GP Practices are facing and showcasing the different roles within practices. If any Patient Partners would like to get involved in the campaign, then please contact GS.</p> <p>KK reported that the next joint PPN Meeting would be on 17 May 2022.</p> <p>KK thanked everyone for attending the virtual meeting and for sharing their achievements with the group and how interesting the meeting had been.</p>	
	<p>Date of future meetings</p> <ul style="list-style-type: none"> • Tuesday 17 May 16.30 – 18.30pm 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>	