

North Yorkshire Clinical Commissioning Group  
Scarborough & Ryedale Patient Partner Network

Tuesday 25 January 22, 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) Engagement & Administration Officer  
NYCCG

**In attendance:**

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

**External Invitees:**

Joe Woodvine (JW) Retail & Promotions Support Manager Medequip  
Alicia Rose (AR) Research & Intelligence Officer Healthwatch  
North Yorkshire

**Apologies:**

Georgina Sayers (GS) Engagement Manager NYCCG  
Ruth Stockdale (RS) Network & Engagement Officer Healthwatch  
North Yorkshire

**Practices Representatives:**

Jenny Moreton (JM) Ampleforth & Hovingham Practice  
Keith Taylor (KT) Brook Square Practice  
Diane Robinson (DR) Haxby Scarborough (formerly Central Healthcare)  
Practice  
Graham Lake (Dr) (GL) Derwent Practice  
Jeanette Anness (JA) Derwent Practice  
Colin Goodman (CG) Sherburn Practice  
Linda Kemp (LK) Eastfield Medical Practice

**Practice Apologies:**

Phil Sainter (PS) Hunmanby Practice  
Ann Theakston (AT) Eastfield Medical Practice  
Bernard Gospel (BG) Hackness Road Practice  
Ruth Fairchild (RF) Haxby Practice

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 six practices were represented.</p> <p>KK welcomed GL, newly elected Chair of Derwent Practice PPG, a new member to the group and virtual introductions with everyone were done. KK also welcomed AR Research &amp; Intelligence Officer from Healthwatch North Yorkshire representing Ruth Stockdale Network &amp; Engagement Officer from Healthwatch North Yorkshire.</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 16 March 2021</b></p> <p>The action notes were agreed as a true and accurate record of the meeting on 16 March 2021.</p> <p>The action tracker was reviewed and all outstanding issues were closed.</p>	
4	<p><b>Returning Community Equipment Medequip</b></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 &amp; 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 SRCCG this is 5B &amp; 5C Dunslow Court, Eastfield, Scarborough North Yorkshire YO113XT.</p> <p>JW asked if SR Patient Partner Network Group could support Medequip's Returning Equipment Campaign by sharing the Campaign with Practice Managers at GP</p>	

<p>Practices through GP Communications via digital screens, newsletters, notice boards or to update patients via SMS in GP Practices.</p> <p>JW stated as there is only one Service Hub sited in Scarborough he would welcome suggestions from SR Patent Partners of any additional local sites for amnesty bins to be sited that would be suitable.</p> <p><b>Action: PPs to email either JW or JM if there are any suggestions.</b></p> <p><b>Sherburn &amp; Rillington</b> – CG queried how long Medequip has been operating in the community.</p> <p>JW stated that the company has been operating for approximately seven years and he has been employed by Medequip for over four years. Medequip is working with PPNs to promote this service. Referral for equipment is via a GP ie: GP patient to the Occupational Therapy Department who would then carry out a home visit, assess the patient and appropriate equipment provided.</p> <p><b>Derwent</b> – JA asked what the delivery times are on delivering urgent requests for equipment.</p> <p>JW stated that urgent referrals operate on a 4 hour window of delivery/next day or within twenty four hours.</p> <p>JA stated that she had used Medequip in the past for equipment and found them to be excellent.</p> <p><b>Ampleforth &amp; Hovingham</b> – JM commented that there are quite a few patients at the Practice who have a lot of equipment at home not being used. If the unused equipment is stored in her garage would Medequip pick it up so that it can be re-used.</p> <p>JW stated that Medequip would pick up a bulk collection however only equipment with a Medequip label on can be picked up, cleaned and re-issued. Alternatively, it can be dropped off at the Medequip Scarborough Depot. Medequip is looking into donating unused equipment to charities within local communities.</p> <p><b>Haxby Scarborough (formerly Central Healthcare)</b> – DR queried what happens regarding equipment issued by a Hospice.</p> <p>JW responded if the equipment has no Mediquip label on then it needs to be returned to the Hospice.</p> <p><b>Healthwatch</b> – AR stated that Healthwatch happy to promote Medequip via social media.</p>	<p><b>JW/ JM</b></p>
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	<p>JW commented that would be very helpful and will contact Ruth Stockdale with information.  KK thanked JW for a very interesting presentation and asked JM to circulate presentation and flyers for the Patient Partners to take back to their Practices to be used via GP communications.</p> <p><b>Action: JM to circulate presentation and flyer to SR Patient Partners.</b></p>	<b>JM</b>
<b>5</b>	<p><b>Feedback on Joint PPN Annual Event 19 October 21</b></p> <p>BR thanked everyone who had attended the event and for JA helping to get the agenda together.</p> <p>BR stated that feedback from the survey following the virtual event was very positive showing that 90% of the members are happy to be involved in future virtual events. It was noted at the HaRD PPN Meeting 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><b>Brook Square</b> – KT commented that the Joint event was very good and a worth while exercise and thanked BR and team for organising.</p> <p><b>Derwent</b> – JA agreed that the event was very good and thanked BR and team.</p> <p>KK thanked PPs for their feedback.</p>	
<b>6</b>	<p><b>Integrated Care Systems</b></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 a long 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</p>	

strengths and good practice. This is an opportunity to seek views from our patient partners.

General discussion with the group followed:

**Ampleforth & Hovingham** – JM stated that due to the alignment of North Yorkshire and the Vale of York the village of Ampleforth sits under Ryedale which is part of North Yorkshire CCG thus making health care services within that area difficult to access. Ampleforth does not sit under the "umbrella" of York CCG therefore does not provide any health services within the village making it difficult to get anyone to "care for you" locally. Care agencies are situated in York and Malton therefore anyone registered as a carer travels daily to York and does not stay local.

RD responded that the North Yorkshire as a "Place" within the ICS, would address the anomalies and will be co-terminous to local authority boundaries.

**Haxby Scarborough (formerly Central Healthcare)** – DR asked how this will affect the relationship with hospital services, with a lot of specialist services moving to York Hospital, which is becoming unworkable for many people in Scarborough. It has also been noted that ambulance responses are taking longer.

RD responded that the proposed approach of the ICB does aim to bring together organisations - to plan and deliver joined up services and to improve the health of people who live and work in their area. Specialist services are not available in every local hospital because they must be delivered by specialist teams of staff who have the necessary skills and experience.

**Derwent** – GL stated that he had read the document but has not been able to have a meeting with the Practice Staff.

GL queried once the ICS comes operational is there a role for the PPG in the structure and is that the end of the CCGs?

RD responded that PPGs will still be in existence and sit within the GP Contracts. CCGs will cease to exist on 31 June 2022 and all staff and functions in the CCG will transfer over to ICB on 1 July 2022. We have an opportunity to see how we can embed PPNs in the structure to build on what we have and influence the system-wide strategy for engaging with people and communities.

JA asked if there is a process used indicating that GP Contracts will be changing.

RD reported that periodically a "consultation" on the model contract is undertaken. The GP contract is with NHS England.

**Brook Square** – KT raised concerns that when the ICS becomes operational from 1 July 2022 it will create a much larger organisation and asked how the PPGs and keeping the services "local" will work.

	<p><b>Haxby</b> – DR reported that there is a difference between how rural GP Practices operate and Town GP Practices and would it be helpful to share the different ways of working and ideas with members of these Practices.</p> <p><b>Action:</b>  <b>BJR to put the request out to all members to see if there is an interest to connect members from different localities to discuss this in further detail.</b></p> <p><b>Derwent</b> – JA asked if the merger would bring a greater commitment between health and social care to work together.  RD stated that since the pandemic, its recognised how well health and other care services worked together and there is a genuine commitment and shared ambition for this to continue.</p> <p>JM commented on the need to improve public transport across Scarborough and Ryedale.</p> <p>RD comments the importance of not to lose the local issues.</p> <p>JA advised York and Scarborough Trust are going to start building a new Emergency Department at Scarborough and work is in progress improving the A&amp;E at York Hospital, which will have 10 more beds.</p> <p>KK thanked RD for a very interesting presentation.</p>	BR
7.	<p><b>Updates from NY CCG</b></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><b>Derwent</b> – GL reported that he found the briefing very interesting especially "My Local Practice". GL stated that since March 2020, the practice had ceased the use of the on-line booking of appointments and the only way to access appointments was by telephone, resulting in long waits. GL asked if this was the same in other practices.</p> <p>A group discussion followed, and it was noted that there were modified systems between the practices in how patients access an appointment. Some practices were offering an email service that is replied to within 4 hours; a practice has recruited additional staff to accommodate the extra phone calls; a ring back system offered.</p> <p>BR responded advising the November figures from NHS Digital are now available on appointments delivered in primary care and it shows that the highest number of appointments on record were delivered in GP practices.</p> <p>Numbers:</p> <ul style="list-style-type: none"> <li>• More than 254,547 total appointments booked in NY</li> <li>• More than 237,894 attended in NY</li> <li>• More than 14,250 Did Not Attends recorded</li> </ul>	

	<ul style="list-style-type: none"> <li>• The remainder were 'unknowns'</li> <li>• For NY this is 35,559 more appointments booked than in November 2019 (approximately 14% more)</li> </ul> <p>Appointment timing:</p> <ul style="list-style-type: none"> <li>• 113,601 appointments in North Yorkshire were same day or next day, which represents approximately 44% of the total booked appointments</li> <li>• 172,085 of booked appointments were recorded as face-to-face – that's 71%,</li> <li>• 121,457 of booked appointments were with a GP – that's more than half,</li> <li>• Primary care delivered more appointments in November 2021 than at any time since data started to be available in April 2019</li> </ul> <p>JA queried if GP Practices are exempt from the latest set of rules issued by the Government regarding COVID.</p> <p>BR stated that the COVID rules still apply and masks are still mandatory in Practices and in Pharmacies and within any NHS setting.</p> <p><b>Sherburn &amp; Rillington</b> – CG stated that the Text system is used at their Practice. Patients can be reminded of their appointment and the practice informed from the patient if they cannot attend the appointment.</p> <p><b>Brook Square</b> – KT suggested that monthly technical information regarding GP practice statistics is collated by each individual practice and available for the local population to read.</p> <p>KK thanked BR and the group for their input.</p>	
<b>8</b>	<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>Haxby Scarborough (formerly Central Healthcare)</b> – DR reported that the PPG have had face to face meetings and hope for another one soon. The practice has been re-assessed by the CQC recently and has achieved "good" in all sections. However unfortunately the practice is sometimes portrayed as having a poor reputation within Scarborough area.</p> <p>KK responded that the turnaround is highly commendable.</p> <p><b>Derwent</b> – GL reported that he has not been able to arrange a PPG meeting since June last year. Has had a meeting with PPG members last week. Currently a patient member has organised the meeting and has taken the minutes but hope that</p>	

	<p>in future the Practice will send out the details for the meeting and a member of the Practice staff will take the minutes. We have finally been able to arrange a date for meeting and expect to action this then.</p> <p>GL reported to that NHS Digital and NHSX are allowing patients with online accounts to read new entries in their health record via the NHS App and will commence from April 2022. Please see link below for access to the paper</p> <p><a href="https://digital.nhs.uk/services/nhs-app/nhs-app-guidance-for-gp-practices/accelerating-patient-access-to-their-record">https://digital.nhs.uk/services/nhs-app/nhs-app-guidance-for-gp-practices/accelerating-patient-access-to-their-record</a></p> <ul style="list-style-type: none"> <li>• From April 2022 patients with access to online accounts will be able to read new entries of their health records</li> <li>• This is a facility that is available only to those who chose to have the online access</li> <li>• This is an NHS England programme supported by NHSX and NHS Digital.</li> <li>• 80% of the 20 million NHS App users are wanting easy access to health information</li> <li>• This could include - entries made to patient records - documents - test results</li> </ul> <p>KK thanked the group for their practice updates.</p>	
9	<p>AOB</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 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"> <li>• Advice given only</li> <li>• Advice and the sale of an over the counter (OTC) medicine</li> <li>• Advice and support to access an appointment with their GP</li> <li>• Advice and signpost on to another service.</li> </ul> <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&amp;E departments whilst also offering choice to patients.</p>	



	<p><b>Ampleforth &amp; Hovingham</b> – JM asked as Ampleforth is a dispensing surgery can the practice use this service.</p> <p>SS responded that a dispensing practice can use this service and could still refer the patient to a pharmacist of their choice.</p> <p><b>Sherburn &amp; Rillington</b> - CG asked if the pharmacist is getting training for giving the advice to patients.</p> <p>SS responded that all pharmacists are trained to give advice and if they are not the correct person to help then they will also advise the patient on obtaining the correct treatment</p> <p>KK thanked SS for her presentation.</p> <p>BR reported the following regarding Eric Kaye:        I am very sad to inform you that following an illness Eric Kaye has passed away. Eric was a member of the Scarborough Medical Group PPG and Vicky Matson, Practice Manager – expressed their thanks to Eric and his wife Loretta for their help and support over the years with the PPG. Adding that Eric was always a very fair, professional member who always had a valued input and will be sorely missed at their meetings.        Eric was a former patient member with the S&amp;R Patient Group and continued his involvement with us as we formed NY Patient Partner Network. Echoing the words of the practice, Eric was a valued member of the group and always happy to get involved. Our thoughts are with his wife Loretta and family for their loss.</p>	
<p><b>11</b></p>	<p><b>What Key Messages Are You Taking Away</b></p> <p>Concerned that PPGs may disappear for good</p> <p>Date of the next virtual meeting is Tuesday 24 May 22 18.00 – 20.00pm</p>	
	<p><b>Date of future meetings</b></p> <ul style="list-style-type: none"> <li>• Joint Event sometime in October 2022</li> <li>• January Meeting 2023</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>	

## Glossary of terms / Understanding NHS Jargon

When you are new to working with the NHS it can be difficult to get used to some of the language and terms that are used. This [acronym buster](#) might be helpful alongside

'Think Local Act Personal (TLAP)' also has a useful care and support [jargon buster](#) that includes terms related to health and social care.

There is also an [easy read glossary](#) – to help to talk about the NHS with people with a learning disability.

### JARGON BUSTER

Section 136 Room	-	Place of Safety under S136 Mental Health Act 1983
AGM	-	Annual General Meeting
AIMS	-	Accreditation for Inpatient Mental Health Services
AMH	-	Adult Mental Health
ARRS	-	Additional Roles Reimbursement Scheme
CAMHS	-	Child and Adolescent Mental Health Service
CCG	-	Clinical Commissioning Group
ICT	-	Integrated Care Team (formerly Community Mental Health Team)
CEO	-	Chief Executive Officer
COO	-	Chief Operating Officer
CQC	-	Care Quality Commission
CQUIN	-	Commission for Quality and Innovations
CRHT	-	Crisis Response & Home Treatment Team
CRISP	-	Carers Information Support Group
CSW	-	Community Support Worker
DAS	-	Domestic Abuse Service
DEEP	-	Dementia Engagement Empowerment Group
DOH	-	Department of Health
ERF	-	Elective Recovery Funding
HAS	-	Health and Adult Services
HBPOS	-	Health Based Place of Safety
HDP	-	Hospital Discharge Programme
HOS	-	Head of Service
HRW	-	Hambleton, Richmondshire, Whitby
IAPT	-	Improved Access to Psychological Therapies
ICB	-	Integrated Care Board
ICPs	-	Integrated Care Partnerships
ICSs	-	Integrated care systems (ICSs) are partnerships of health and care organisations, local government and the voluntary sector. They exist to improve population health, tackle health inequalities, enhance productivity and help the NHS support broader social and economic development. Subject to Parliamentary approval, ICSs will be put on a statutory footing from Friday, 1st July 2022, and will operate in shadow form for the next three months.

LD	-	Learning Disability
MHSOP	-	Mental Health Service for Older People
NYCC	-	North Yorkshire County Council
NHS	-	National Health Service
PPI	-	Patient Public Involvement Team
PCN	-	Primary Care Networks
QUAG	-	Quality Assurance Group
RPDW	-	Rapid Pathway Development Workshop
RPIW	-	Rapid Process Improvement Workshop
SPD	-	Standard Process Description
SWR	-	Scarborough, Whitby, Ryedale
TEWV	-	Tees, Esk & Wear Valleys NHS Foundation Trust
TOC	-	Triangle of Care
VCSE	-	Voluntary, Community, Social Enterprise
WAF	-	Winter Access Funds