**Newcastle Gateshead Clinical Commissioning Group**

**Joint Patient Forum**

**Notes of Meeting**

**Attendees**

Martin Bell (Chair) Denton Turret Medical Centre

Christianne Ormston NG CCG

Linda Taylor Assistant to PM Throckley Primary Care Centre

Lisa Wilkinson Patient Representative Betts Ave Medical Centre

S Harvey Patient Representative Westerhope Medical Centre

Susan Wilson Patient Representative Cruddas Park Surgery

R Thomas Patient Representative Cruddas Park Surgery

J Mason Patient Representative Cruddas Park Surgery

E Brown Patient Representative Cruddas Park Surgery

Mary McMahon Patient Representative Cruddas Park Surgery

Guy Pilkington NG CCG Cruddas Park Surgery

David Forrester Patient Representative Denton Turret Medical Centre

Suzy Ballantyne Patient Representative Denton Turret Medical Centre

Danielle McArdle NG CCG

David Harrison

Paul Whitlock Advocacy Centre North

Jayne Robson NECS

**In attendance**

Emma Parkinson (minutes)

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| **Item** | **Note** | **Action** |
| **1** | **Welcome and Introduction** M Bell welcomed the group to the meeting; a round of introductions took place on each table.  |  |
| **2** | **Notes from Previous Meeting** It was agreed minutes from the previous meeting were deemed accurate – further discussions are to be had on questions asked.  |  |
| **3** | **‘You said, we did’**It was advised the decisions made regarding ‘Deciding Together’ are to be revealed at the Governing Body meeting on 24th May. |  |
| **4** | **Themed Discussion: Social Isolation** It was explained the ‘Connected People, Connected Communities’ involved the CCG, working with Local Authorities and voluntary and community sector organisations across Newcastle and Gateshead to explore how the areas could be places where people can develop better social relationships. It was noted that the World Health Organisation (WHO) recognised that social relationships had a powerful and protective effect on both physical and mental health. It was advised that the discussions and activities involved in the meeting are to be fed back at the event to be held on 7th June at Newcastle Civic Centre. An opportunity for table discussion was initiated by attendees being asked to complete one of four statements relating to social relationships; one per table, followed by a feedback session to allow for idea sharing. The statements discussed were as follows; * **Good social relationships mean…**

One group described their views to this statement; a good social relationship is not being frightened of starting conversations, it is having a friendly response to a conversation, it involves sharing information on events in the community, it is knowing who to call for advice, help or for company.* **Good social relationships happen when…**

Another group explained a good social relationship happens when; a person has confidence and good self-esteem, when hidden illnesses are properly addressed and become socially acceptable – social relationships will form. It was advised integrated healthcare has an impact on social relationships due to support groups and clear pathways. * **Good social relationships are less likely to happen when…**

The group explained this happens when people find it difficult to communicate i.e. through language, learning difficulties etc. They could also be less likely to happen when networks are shrinking around you as a result of an ageing population.* **There would be more good quality relationships if…**

It was described there would be better relationships if there were more positive stories shared within communities to reduce negativity, and if knowledge of what help/organisations are available in their area was increased. **Action:** C Ormston to condense discussion and present on a poster to be delivered at the Connected People, Connected Communities event on 7th June 2016.  | C Ormston  |
| **5** | **Innovation Fund and its role in addressing social isolation**J Robson updated the group on the Innovation Fund; each of the ten clusters was funded £10k. Gaps in communities were identified through discussions with GP practices to determine the best way in which the money will be spent. As a whole, there were 25 bids put forward and 11 of the following organisations in the community and voluntary sector have been selected to offer projects in particular areas and to promote social relationships;* Newcastle Carers
* Scotswood Natural Community Gardening
* Scotswood Area Strategy
* Food Nation
* Newcastle Law Centre
* Alzheimer Society
* Helix Arts
* Advocacy Centre North
* Search
* Age UK
* RVS

Paul Whitlock from Advocacy Centre North provided a case study to show ways their organisation tackle social isolation. The case study described was as follows; Susan was a woman who suffered chronic anxiety and depression and had a long history of alcohol abuse. She had many broken relationships through this and consequently lost her job. Her GP referred her to Advocacy Centre North as she had recently moved to the area and had no support network. The organisation met with Susan to understand her interests, her barriers etc. in order to identify and create a plan. She slowly reduced her alcohol intake but still lacked confidence. Advocacy North then referred her to Tyneside Women’s Health who could help her further. She loved to sing and the group then introduced her to a women’s choir and then looked at ways Susan could get a job through volunteering opportunities. The organisation helped Susan and many others get their lives back on track.J Robson explained that there are many challenges for GPs and providers and wanted to know ways in which projects can be communicated so that people in Newcastle could access the right support. Are there groups that the Clinical Commissioning Group (CCG) should be talking to? Are there any other areas for improvement? Should Practice Patient Groups (PPGs) be ambassadors for their providers?Discussion led to how the Innovation Fund began; it was clarified that the community and voluntary providers were matched with gaps identified in particular areas – although all the projects provided by the community and voluntary sector discussed are available to all through self-referral on individual websites/phone numbers to eliminate discrimination. It was agreed that any comments or suggestions on how patients could link in better with innovation fund projects, including how Practice Patient Forums could support this work, be sent to Christianne Ormston by Friday 17 June. These comments would then be fed back to J Robson.  | **All** |
| **6** | **Any other business****Action:** Presentations and ‘Social Relationship’ statements to be circulated for discussion at future PPGs.  | H Harrison/E Parkinson  |
|  | **Date of next meeting**The next meeting of the Newcastle Gateshead CCG Patient Forum will be held on Thursday 15 September 2016 at the Beacon, Westgate Road, Newcastle.  |  |