**Newcastle Gateshead Clinical Commissioning Group**

**Patient Forum**

**5th November 2015**

**Notes of Meeting**

**Attendees**

Martin Bell (Chair) Denton Turret Medical Centre

Lisa Wilkinson Betts Avenue Medical Centre

Susan Wilson Practice Manager Cruddas Park

Ron Thomas Patient Representative Cruddas Park

Diane Wallace Denton Park Medical Group

Alexandros Dearges-Chantler Denton Park Medical Group

Margaret Thomson Patient Representative Denton Turret Medical Centre

David Forrester Patient Representative Denton Turret Medical Centre

Suzy Ballantyne Patient Representative Denton Turret Medical Centre

Gordon Wynne Patient Representative Denton Turret Medical Centre

Gill Clancy ACORN Patient Group

Elizabeth Hemmill ACORN Patient Group

John King ACORN Patient Group

Ian McCalman ACORN Patient Group

William Lynn Patient Representative Parkway Medical Group

David Harrison Patient Representative

Jennifer Cane Patient Representative

Bryan Rees Patient Representative

Stephen Fairfax Patient Representative

Anne Raffle Patient Representative Walker Medical Group

**In attendance**

Guy Pilkington

Heather Harrison (minutes)

Christianne Ormston

Danielle McArdle

Hilary Bellwood

Alison Thompson

Marc Hopkinson

**Apologies**

Linda Taylor Throckley Primary Care Centre

Pauline Smith Patient Representative Throckley Primary Care Centre

SH Patient Representative Westerhope Medical Centre

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| **Item** | **Note** | **Action** |
| **1** | Martin Bell welcomed everyone and thanked all who had attended, and extended a welcome to members of the ACORN group (the equivalent patient forum from the North and East practices of the city. |  |
| **2** | **Notes of the meeting of the 5th November 2015** The notes of the previous meeting were agreed as a true and accurate record of the meeting. Martin Bell told the group that attendance to the forum had improved; he suggested that the next meeting also be held at the Beacon Centre, to see if good attendance can be maintained.In relation to the notes from the last meeting, the group had asked for a discussion on Social Prescribing and ways in which an additional strategy for GP practices could be put in place. Martin told the group that Ways to Wellness was an example of how this was already happening and it was a topic to discuss in future meetings.Furthermore, the group in the previous meeting had made comments about how time and money was being wasted in the NHS through poor admin and communication i.e. records/notes not following patients efficiently. The group believed that this issue was significant for GP Practices and within Primary Care. There should be a seamless transfer of information and it should be pushed at a national level, not just locally. Martin then said that this was an issue being considered by various parts of the NHS, and that it could be a good topic for consideration to talk about in future meetings. Attendees were asked to keep suggesting ideas for future meetings. They were invited to make comments on the overall operation of the meetings. These notes would be written up for future discussion.  |  |
| **3** | **You Said, We Did**Christianne Ormston gave an update on work that has been ongoing and what would be coming up in future. On the 23rd November, there will be a meeting regarding Medicines Optimisation at the Lancastrian Suite in Gateshead – it will be about improving quality patient care. Anyone interested in attending should email ngccg.enquiries@nhs.net.if anyone would like to attend the Healthwatch Newcastle Listening Event on Wednesday 11 November, 5.30pm – 7.30pm at St James Park, please visit the Healthwatch Newcastle website here:<http://www.healthwatchnewcastle.org.uk/news/listening-event-11-november/> |  |
| 4 | **THEMED DISCUSSION: Urgent and Emergency Care (UEC)**Marc Hopkinson from Newcastle/Gateshead CCG attended to talk through Urgent and Emergency Care (UEC) across the North East* Different types of UEC that have been commissioned, for example NHS 111, Walk in Centres and ED (A&E)
* There is a rising demand and rising expectations in this field
* In Newcastle alone over one year, there were approximately 111,000 calls made to 111/999
* 250,000 attendees to A&E and Walk in Centres and 48% were discharged requiring no follow up treatment
* 62,000 Emergency ambulance journeys and 12% were seen and treated on the scene
* 59,000 Emergency hospital admissions and approx. 10,000 were avoidable

The group mentioned how there was a concern whether GP numbers would be able to support the increasing demands on the NHS. To what extent was access to a GP restricted? The group then asked whether or not the time of peak demand had been checked. Marc responded that it has been checked and there was a peak at 1 pm – 3 pm. He continued to say that there was a clear indication that other services were available during the peak periods. Questions were asked around how the CCG has responded and whether there was capacity in the system to account for the extra appointments. Marc mentioned that we need to focus on how the system is accessed in the most appropriate way as many people expect immediate care. The role of the media in providing a negative message to the public was raised as an issue by patients. The group then discussed how we access 24/7 care – who would use it? Where would it be?* A local hub could be created whereby patients could have more trust e.g. like a ‘local Tesco store’ to provide continuity
* The public need to be educated on how to determine whether something is Urgent or Emergency and the most appropriate place to receive the care
* People who come to walk-in centres should be diverted to A&E only when they need to be
* The roles of nurses need to be considered for a 7-day service
* GPs should be based in A&E to provide primary care
* Should be a drop in service to speak to somebody to determine the route of care that needs to be taken – a face-to-face triage system
* Children accessing A&E should be looked at – do they need to go straight to A and E on each occasion, as they deteriorate quickly? If this was a standard approach, would it then free up time at GP practices?
* A 7-day service may have its issues – will it be empty on a Sunday? We need to make sure it’s an efficient use of resources
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| **5** | **THEMED DISCUSSION: Commissioning Plan**Hilary Bellwood from Newcastle/Gateshead CCG attended to talk through the Commissioning Plan across the North East* The plan presents the CCG’s intentions and priorities
* It provides reasons and rationale for these priorities
* It establishes how we work to improve the health outcome of our population
* Its priorities include Mental Health, Long Term Conditions, Urgent Care and Older People

Hilary asked the group to focus on if these were the right priorities and then moved on to explain what proposed focus was for each key area of work in 2016/2017.Following on from Urgent Care, the group were asked to look at Mental Health and whether the areas the CCG were focusing on were the right ones. Comments from patients included: * Improve social prescribing beyond just prescribing medication
* The knowledge and education of practice staff is extremely important
* There should be a hub specialising in Mental Health
* Prevention is key
* The co-ordination of services is also important

The next priority the group were asked to discuss was Children/Young People and Families:* There are issues around midwives capacity and resources
* Should be more support and preparation for new mothers and in ante-natal classes
* Need to educate children and parents – improves wellbeing
* The role of Health Visitors in early identification of issues should be improved – needs to be as early as possible

Moving on from Children and Families, Hilary asked us to discuss priorities within the Older Person pathway* Community Rapid Response Team (CRRT) is a good role
* Should be a care home project whereby private care homes link with GP Practices
* There is an issue around CRRT – “you have to be in crisis before you’re identified and get your care sorted out”. It should be sorted out before crisis is reached
* Should there be more focus on rehab and respite?

The following questions were raised regarding the topic of Long Term Conditions and Cancer* There should be a discussion about year of care and how it would work. Seems like a good priority and links into the issue around managing patients’ co-morbidities
* Need structured education on this topic
* Should be a focus on self-care

The final topic the group discussed was Planned Care* There should be a discussion around non-urgent eye care – opticians writing to GP rather than referring patient to the eye hospital. There is a lack of explanation of conditions to patients.
* Is there any patient involvement in this sector?

These general views were collated from the participants* Walk-in centres should be operated by GPs and practice nurses on a rota system
* What services have the CCG changed decommissioned/re-commissioned in the past three years?
* Anecdotally, the physiotherapy service provided in Newcastle residents/workers has compared poorly with that provided in Gateshead – why?
* Why not scrap Primary and Secondary care and have an integrated unitary health service?
* Is there an over emphasis on urgent care demands at the expensed of the need to improve planned care?
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| **6** | **Any other business**As the themes of today were heavily-discussed, the plan to have a themed discussion about patient and public involvement and engagement was agreed to be moved to the next meeting. The group had welcomed the opportunity to discuss the CCG’s commissioning intentions, but felt that to do justice to the process, more time and better information before the meeting would be helpful, in future.  |  |
| **7** | **Date of next meeting****To be confirmed**: possibility of date changing slightly, to enable a joint meeting of both patient groups across the city (possible date is 28th January, so feel free to pencil this date into your diaries). |  |