



NORTH DURHAM PATIENT REFERENCE GROUP

Tuesday, 7th February, 2017

5.30pm - 7.30pm

North Road Methodist Hall, Durham

Action Notes

Present:

(KH) Keith Holyman, Chastleton, (Chair), (BJ) Brian Jackson, The Medical Group
 (CL) Carole Lattin, Claypath, (DH) Denise Harris, Coxhoe,
 (ID) Ian Doyle, Cestria, (JG) John Goodwill, Cheveley Park
 (MM) Marian Morrison, Lanchester Medical Centre, (RC) Robin Chapman, Dunelm,
 (SH) Stephen Hann, Pelton and Fellrose

Apologies:

Ann Maughan, Gill Rees, Jean McCormick, Jennifer Mole, John Kelley, Nanyce Carr,
 Pat Rafferty

Support and Notes:

CCG - Daniel Blagdon (DG), Mike Brierley (MB)

DCA Support - Kate Burrows (KB), Julie Bailey (JB)

Guest Speaker - Alistair Crisp and Ashley Graven, MS Society

No.	Note	Action
1.	Welcome KH welcomed all to the meeting.	
2.	Apologies for absence Ann Maughan, Betty Gibson, Gill Rees, Jean McCormick, Jennifer Mole, John Kelley, Nanyce Carr, Pat Rafferty	
3.	Declarations of Interest No declarations.	
4.	Guest Speaker – Alistair Crisp, Chairman of MS Society, North Durham Group (serving Durham, Chester-le-Street, Derwentside and surrounding areas). AC gave presentation Appendix A – MS Society copy of slides Appendix B – MS Society handouts	

	MB offered to arrange meeting between Medical Director and MS Society. RC asked for MS Support update to be added to ongoing Action Log.	ACTION LOG
5.	<p>Minutes and Matters Arising All to check through edited Appendix A and forward comments to JB no later than Friday, 10th February, 2017 before distribution.</p> <p>Additional information provided by DB by email (8/2/17): See Appendix C</p>	All to check Appendix A (January Meeting)
6.	<p>CCG Update MB shared the Great North Care Record leaflet and explained:</p> <ul style="list-style-type: none"> • Patient information will be available through a secure, encrypted electronic system accessed by clinicians. • Records will be viewable only (not shared/downloaded) with consent from patients on each occasion they need to be accessed. • If consent cannot be gained, then 'Break Glass' rules apply. • Nationally accredited systems will be used for security and tracking. • Secure sections will remain hidden and access will be role specific. • The system will track what has been accessed. • Data sharing agreements in place and process available by end of March. • A clinical system supplier (NHS in-house IT) has developed and will implement the system. • Leaflets and posters will be shared across practices. <p>CL confirmed the NDPRG had agreed to information sharing and agreed it would be of benefit for patient care when presenting for treatment.</p> <p>JG asked about sharing information out of the area and MB confirmed the summary care record is available showing high level information.</p> <p>Area covered is Great North, North East and Cumbria (Tees border).</p> <p>SH – highlighted some GPs have chosen to remove their own data from the 'cloud' amid security concerns.</p>	

	<p>Concerns expressed about data potentially being shared with private companies.</p> <p>Psychology Services Update Kate Harrington sent her apologies and MB confirmed patient engagement has taken place. KHa has 8-10 months' review information.</p> <p>All practices encouraged to promote patient online within practices. RC confirmed difficulties with patient online system within the Dunelm Practice with message stating not available.</p>	
7.	<p>Patient Issues</p> <p>MSK Update – DH highlighted an issue for a patient at UHND when a referral for an MRI scan could not be made at the same hospital by the clinician. DH raised this issue by email to Nicola Bailey. The response in summary explained it was a historical process dating back 17 years to a previous contract arrangement. NB confirmed this would be addressed.</p> <p>Other key points raised:</p> <ul style="list-style-type: none"> • MM questioned why the clinician had not raised this. • ID highlighted it was an example of difficulties arising from commissions, tenders and contracts rolling on without being challenged. • DH highlighted the appointment offered for an MRI was late on a Saturday night. People without transport would experience difficulties. <p>RSO/Ophthalmic Services DH explained a list had been drawn up of accredited opticians which patients can be referred from. If a referral is from an optician not listed, then the referral is sent back. DH estimated 90-95 opticians were listed but many more were listed on a well known business directory.</p> <p>Key discussion points:</p> <ul style="list-style-type: none"> • ID asked why there was a restricted list and practice in place. • The CCG may have written out and asked specific questions for opticians to get on the list. • Patients will go to their local optician who will refer to the GP. If the optician is not listed, they will not be referred to the original optician. • GPs have highlighted difficulties with referrals being sent back. 	

	<ul style="list-style-type: none"> • Further information required about how the list was drawn up. • DH queried if the business or individuals were accredited. • DB confirmed opticians would need to be an approved provider for any NHS Service. DB will clarify details but highlighted individuals were likely approved who could give specific treatments. • JG highlighted audiology appointments were now referred to private companies instead of appointments within audiology departments. <p>Items of Good Practice</p> <p>RC shared a new process within Dunelm – previously, if a GP wanted to see a patient in 2 weeks’ time an appointment could not be made with reception and patients were asked to phone on the day. The GP now gives a note to the patient to hand in at reception to allow appointments to be made on the day of the first appointment.</p>	<p>DB to clarify list and criteria</p>
<p>8.</p>	<p>PPCE Update</p> <p>CL highlighted the managing pain booklet/toolkit which provided coping strategies for patients and carers. ID highlighted £2m spend on the main painkiller within North Durham CCG.</p> <p>DB highlighted the information/toolkit is available online and attached (Appendix D – Pain Toolkit).</p> <p>CL – STP response to go to Mark Adams. DB highlighted more details of the how, when and why of the plan were needed.</p> <p>CL highlighted extended GP access for weekends and evenings which would increase appointments by 38,000 across North Durham. DB explained these appointments might not be at patients’ own practice. ID highlighted 23 additional slots within the Cestria practice. DB highlighted further discussions about allocating appointments will take place.</p> <p>ID requested group revisit the position of deputising and voting on behalf of others and the group.</p>	<p>DB to provide link to toolkit.</p>
<p>9.</p>	<p>Any Other Business</p> <p>Terms of reference – KH distributed terms of reference and asked for all comments to be forwarded to him for consideration. KH will recirculate in one colour. Group to vote next time. Terms of reference to be reviewed annually.</p>	<p>All to check terms of reference – comments to KH.</p>

Membership - Key points:

- KH highlighted a surgery is one place and a practice is a group and could be 5 different surgeries. KH further explained 31 practices could have one member per surgery.
- Could formula be based on patient numbers e.g. 1 per 5,000 patients.
- Two members per surgery/practices was agreed previously. DH highlighted discussion previously which entitled 2 voting members from the same place but more representatives were welcome to attend as members.
- CL explained the DDES group have the same issue of patient representatives present who do not have a vote.
- The group consensus was not to discourage attendance if members could not vote.
- Consideration to be given to members who are not mandated by practise who want to attend.
- DB considered the PRG a group which welcomes members and is about practises coming together.
- RC highlighted practices do not consider this meeting to be public.
- MM asked how voting was decided at other similar meetings and DB confirmed – one practice has one vote.

PRG Development – CL confirmed the DDES group had had development days and was a good interface between groups. Group agreed this was a good idea and should input into content. ID, BJ and KH met with CCG and gave suggestions.
RC highlighted the PRG meeting should not be used to express personal opinion and should respect confidentiality.

Smoking Meeting – KH, JG and RC met with Lee Mack and reported smoking difficulties from PRG group and a good and receptive meeting.

New Member – MM was voted in as a new PRG member by ID and seconded by CL and RC. MM will replace NC.

Speakers – KH suggested speakers should be on agenda at the end of the meeting in order that they do not overrun into meeting time.

Chair Position – KH has been chair for a year and asked group to consider position at March meeting – he is happy to stand for another year.

	<p>Emails/Confidentiality – all to consider appropriately replying to all and forwarding email conversations from group members.</p> <p>Helen Doyle – ID explained Helen has officially resigned her position and is now retired. She will continue her efforts in the area of Epilepsy. The group would like to thank Helen for her invaluable contributions to the PRG group.</p> <p>BJ - Liverpool Clinical groups are offering cataract treatments and this should be considered in our area.</p> <p>DDES – CL & KH highlighted same frustrations and an invitation was extended to the PRG meeting. Information Sheet attached (Appendix C) supplied by DB in response to queries raised at the January meeting.</p>	
10.	<p>Date & Time of Next Meeting Tuesday 7th March 5.30pm North Road Methodist Church Hall, Durham</p>	

- Appendix A – MS Society Slides
- Appendix B – MS Society Handouts
- Appendix C – Information Sheet (Daniel Blagdon)
- Appendix D – Pain Toolkit
- Action Log

Agreed as correct:

Date: 7th March, 2017

Signed:  Print: Carole Lattin

Information Sheet provided by Daniel Blagdon follow-up from January meeting

Additional information provided by DB by email (8/2/17):

- NTWND - £641 million
- Suffolk and North East Essex - £248 million
- Humber Coast and Vale - £421 million
- Staffordshire and Stoke-on-Trent - £542 million
- Norfolk and Waverley - £548 million
- Birmingham - £712 million
- North Central London - £876 million
- North West London - £1.4billion
 - Derwentside healthcare Limited
 - Chester-Le-Street health Limited
 - Central Durham GP providers Limited
 - Academic Health Science network no longer seem to be running
 - Leeds have large patient leadership programme – slightly different focus as champions out in local community.
 - DB still researching possibilities – can be linked to objectives that come out of the development session

For reference, STP are population vary between 300k – 2.8m people (NTWND 1.7m)

Names of ND Federations:

- Derwentside healthcare Limited
- Chester-Le-Street health Limited
- Central Durham GP providers Limited

Patient Leadership Training

- Academic Health Science network no longer seem to be running
- Leeds have large patient leadership programme – slightly different focus as champions out in local community.
- DB still researching possibilities – can be linked to objectives that come out of the development session