

**NORTH DURHAM PATIENT REFERENCE GROUP**  
**Tuesday 1 August 2017**  
**5.30pm - 7.30pm**  
**North Road Methodist Hall, Durham**  
**ACTION NOTES**

**Present:**

Keith Holyman, Chastleton Medical Group (**Chair**)  
 Robin Chapman, Dunelm Surgery  
 Ian Doyle, Cestria Health Centre  
 John Goodwill, Cheveley Park Medical Centre  
 Stephen Hann, Pelton and Fellrose Medical Group  
 Denise Harris, Coxhoe Medical Practice  
 Brian Jackson, The Medical Group, Langley Park/Esh Winning  
 Carole Lattin, Claypath and University Medical Group  
 Ann Maughan, Great Lumley Surgery  
 Pat Rafferty, The Medical Group, Langley Park

**Support and Notes:**

**North Durham CCG** – Mike Brierley, Daniel Blagdon, Lisa West (minutes)

| No. | Note  | Action |
|-----|---|--------|
| 1.  | <p><b>Welcome</b></p> <p>KH welcomed all to the meeting.</p>  |        |
|     | <p><b>Apologies for absence</b></p> <p>Nanyce Carr, Lanchester Medical Centre<br/>           Betty Gibson, Browney House Surgery<br/>           Jean McCormick, the Medical Group, Esh Winning<br/>           Jennifer Mole, The Medical Group, Ushaw Moor<br/>           Marian Morrison, Lanchester Medical Centre<br/>           John Kelley, The Medical Group, Esh Winning</p> |        |
|     | <p><b>Declarations of interest</b></p> <p>CL declared an interest during the IAPT discussion in item 4.</p>   |        |
| 2.  | <p><b>Previous minutes and matters arising</b></p> <p>The minutes were agreed as an accurate record – LW is to circulate to Practice Managers. Regarding item 7, it was queried if the example</p>  |        |

Patient Participation Group Terms of Reference which had been raised in the previous meeting had been looked at by the group. There was some discussion about the fact that the words about the use of capital letters. The overall consensus of the group was that the ToR did not look very contentious. JG pointed out that there is a model in the CQC booklet around ToR.

CL said that she would like to receive some guidance around Sexual Health for University students at Claypath and University Medical Group. DB stressed that it was a Public Health contract, rather than a CCG contract. MB confirmed that it was a Public Health area as they provided Prevention Services. The Local Authority review of Sexual health services initially started in September 2016 and the lead for this work is a member of the Public Health team working within Durham County Council.

Dementia was under CCG remit to some extent now. NHS England, Public Health and the Department of Health would decide who would look after which area.

DB said that the closing date for the Training Programme for Patient Leaders which had been discussed in the previous meeting has been extended until next Friday if anyone would like to sign up for it.

ND and DDES CCG merger - there are now Executive meetings in common to free up staff time. Governing Body meetings will be coming together from September. It is felt that not merging gives the county two 'voices' rather than one, while the organisations are still being brought closer together through joint working and meeting arrangements. ID queried if Nicola Bailey was Chief Operating Officer for both and DB confirmed that she was. JG pointed out that there was no PPCE in DDES however KH added that they do have a similar meeting in DDES but without organisations like Healthwatch in attendance.

Help to health - DB outlined that the cost is 45p per mile plus any parking costs. The figure is calculated in advance and is paid to the driver before the journey starts.

Audiology – DB had spoken to Provider Management at NECS who had advised that patients with hearing aids should be on the three year pathway. Patients should be recalled automatically and patients can get in touch with the Provider at any point to make a review. If nothing has changed then they should be on an annual review. Batteries should be able to order/pick up from the Provider (CDDFT) or from a range of GP Practices. MB pointed out that there were clearly differences in what is supposed to be provided and what is provided and welcomed the experiences being highlighted. JG added that different areas and Practices seem to be getting a different service. JG said that he had rang the hospital to book an appointment whereas DH said that she was told to go to the repair clinic for an appointment which is usually on another day. JG said that alternating between UHND, Shotley Bridge

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|    | <p>and C-L-S Hospitals, patients can have the tubes looked at every three months and sometimes the Technician notes when the three year review is coming up. RC said that a friend had issues with a hearing aid but the Hospital would not send parts, as it is necessary to collect from the hospital. This causes issues for people who have difficulties travelling. MB said that there was clearly discrepancy around this area. DH reiterated that the GP Practice that she goes to runs out of hearing aid batteries by the end of the month and cannot get any more until the beginning of the next month. JG thought that it can be requested that batteries be sent out to a patient if they are infirm. ID queried if there were any checks in place re standards, if experiences like this were not brought forward by the group. MB added that there are a lot of small contracts and it can be hard to get data out of contractors like Specsavers. RC said that he is picking up a hearing aid part tomorrow so he could ask questions around this. DB is to take experiences back and find out what is happening - <b>ACTION</b>.</p> | DB |
| 3. | <p><b>Action log</b></p> <p>See separate table – <u>Appendix A</u>.</p> <p>Diabetes – DB still needs to chase this.</p> <p>Stroke Services – there is a report to share around it. MB said that the report was due to go to the Overview/Scrutiny Committee. The paper about it had gone two or three weeks ago and was well received. MB has the report and has brought copies in to circulate. The briefing note covers what will happen between now and September. MB will send it around electronically.</p> <p>KH should be receiving the budget from Durham Community Action detailing what is left in the next month.</p> <p>DH mentioned that she had been reading papers from January and had noted that there was a query relating to an anomaly from around 17 years ago. Tier 2 Physiotherapists at UHND could already refer for MRIs at other venues but not to UHND and DH was wondering if this was still the case - <b>ACTION</b>.</p>  | DB |
| 4. | <p><b>PPCE update – Pat Rafferty and Brian Jackson</b></p> <p>Key points raised from the PPCE Development meeting on 19 July:</p> <p>DB was not at the meeting, though PR and BJ were in attendance. BJ said that it was a brief meeting. Nicola Bailey was at the meeting and she discussed closer working between ND and DDES CCGs and advised that the merger is not happening.</p> <p>Also in the meeting, MB discussed the MIG (Medical Interoperability Gateway). PR went on to say that MB had talked about patient record access across hospitals and regional sharing across the North East and Cumbria. Regarding Patient Online, the new target is 25% of patients</p>   |    |

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|                  | <p>taking this up and there is different proxy access to patient records.</p> <p>IAPT (Improving Access to Psychological Therapy). Access rates are low and the recovery rate target is 50%, whereas the current rate is 48% although it was not clear how this is defined. There is also an access target of 15% but the CCG rate is 13%. Going forward, the CCG will be working on a new IAPT model. Targets are going up and are on a trajectory. MB said that there is an area of work to improve targets and around 20% of the population suffer from anxiety and/or depression. CL declared an interest as she is a Counsellor and the organisation which she works for provides counselling at seven of the GP Practices in the area. PR said that she had raised an issue at the recent PCE development session involving Talking Changes. Patients have been contacted by Talking Changes and have had their triage appointment but if they need one to one care then they are not given an appointment and people (who are often in a vulnerable situation) are 'left hanging'. MB said that these issues have been picked up on. CL said that there was enormous pressure on the counselling system with long waiting lists, waiting times and staff shortages.</p> <p>PR said that the CCG work plan and delivery plan was discussed, however some people could not read it on the boards in the board room as the writing was small. Patients can submit good ideas around health that they have to the CCG via a form.</p> |  |
| <p><b>5.</b></p> | <p><b>CCG Update – Mike Brierley</b></p> <p>MB gave the update on behalf of the CCG. Key points raised:</p> <p>Stroke information was handed out by DB.</p> <p>The Community Chronic Pain Management Service – the procurement for this went live last week. The aim is to procure a new contract to manage pain better in order to prevent people going into hospital. This links into IAPT (Improving Access to Psychological Therapy), with a holistic view around counselling.</p> <p>Development of TAPS (Teams around Patients) - MB said that this involves Health and Social Care Teams wrapped care and ways of working and is a large piece of work. MB said that he can share delivery plan if required. There is a process to manage prioritisation which is to go on to the joint plan with DDES CCG. It is a joint CCG piece of work with CDDFT and TEWV as the main providers in the area. If people want to be involved then please let MB know. MB added that Lesley Jeavons or Paul Copeland who are involved in the project could come to the group.</p> <p>ACP (Accountable Care Partnership) – this is around packages of care for people with Learning Disabilities, a small proportion of the population. ACP goes back to the Winterbourne case and the aim is to try and get people out of Forensic Homes and into the community and avoid becoming “institutionalised”. Any money saved would go back</p>  |  |

into this area. Currently fifty packages are being reviewed by an expert board over the five neighbouring CCGs. It is a large piece of work at the moment. RC added that there is a company who are converting houses into homes for people with learning difficulties near to where he lives. MB said that packages are specifically pulled together with wrap around care and work is often in partnership with the Local Authority. ID queried if this was still to go live next April. MB said that it has already gone 'soft live' with health funded packages. There has been good partnership working and it has been recognised that there are and have been poor outcomes for people with LD and this needs to be improved.

ASD (Autism Spectrum Disorder) – MB outlined that there have been several complaints about long waiting lists and waiting times around this. There are proposals to go to the Executives in Common meeting to try and get waiting lists down and to streamline the diagnosis process as there are a lot of steps to the service. There would probably be investment needed, including in a holistic service. The need has increased by 125% recently, so there is also a capacity issue. An options paper is to go to the Executive in Common meeting. The focus is on children's autism and then the wider population.

MIG (Medical Interoperability Gateway) – MB outlined that this is a computer system that enables the sharing of specified datasets of patient information between healthcare providers. The first stage is for GP records to be available in A and E. All GP Practices in the area have signed up for it and signed agreements. There have been some issues in some Practices with privacy agreements. Phase two is widening access to other hospital departments. Currently a person working in a hospital can see the record but cannot add to the record: the information will be added to the record at a later date. Full read and write access would be the gold standard.

Patient Online – patients are being encouraged to access Patient Online. Practices in North Durham have been pro-active and are above the target except Claypath and University Medical Group, which is the only Practice below the level and is probably due to their student population. CL said that she had attended a meeting around this and in her experience some elderly people had difficulties with it and some people said that they did not have any issues to report. CL added that not all GPs are listed on it, in her experience, though this varied in other Practices according to the group. Through Patient Access patients can sign up for appointments, prescriptions and have access to their detailed coded medical record.

**6. Patient issues and items of good practice:**

- **Palliative Care Feedback**

Marian Morrison was not at the meeting to give feedback, so this item is to go to the next meeting - **ACTION**.

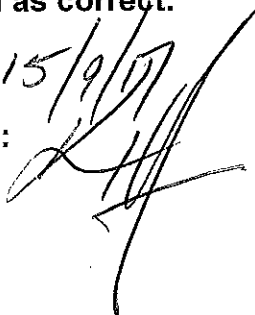
PR brought up the issue of Patient Transport Service on behalf of

**TO BRING FORWARD TO NEXT MEETING**

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|           | <p>Jennifer Mole. JM wanted clarification around the use of staff and equipment from outside the region. JM and BG have had experience of out of area PTS ambulances, e.g. branded with 'Norfolk NHS'. A query was about a company called TASL (which is Thames Ambulance Service under the umbrella of the Thames Group) which is a private provider and seems to be delivering in the area. RC said that a relative used a PTS ambulance which had come from Sheffield. The driver apparently stays Monday to Friday in a hotel and returns home with the ambulance at the weekend. MB thought that the ambulance could have been coming up to drop a student/lone patient off but RC clarified that it was a responder ambulance. Another suggestion was that NEAS could be sub-contracting. DB to look into this – <b>ACTION</b>.</p> <p>BJ queried if there was a system in place that flags if a child does not attend two (or more) health appointments. MB said that there is a follow up if two appointments are missed if the child has been flagged as vulnerable. There are flags around domestic abuse and Safeguarding, so if the child is classed as vulnerable, some intervention should commence. BJ would like more information around this – <b>ACTION</b>.</p> | <p>DB</p> <p>MB/DB</p> |
| <p>7.</p> | <p><b>Any other business</b></p> <p>RC discussed stories from the Northern Echo that he had read relating to Clinical Assessment and Peer Review (CASPeR) which is similar to Rapid Specialist Opinion (RSO) One of the stories concerns a potentially conflicted GP, who is also an MP, who could carry out referrals through the Clinical Assessment and Peer Review (CASPeR). Concerns around this were discussed. MB said that this system should not slow down referrals. MB said that he would endeavour to bring the review around RSO to the next meeting and email it around - <b>ACTION</b>.</p> <p>DB said that he had brought a noticeboard to the meeting which Durham Community Action had handed back to him. There are some photos on it but it needs to be updated; comments are welcome. DB added that the Council of Members meeting, which some members are attending, is taking place on 17 August.</p>   | <p>MB</p>              |
| <p>8.</p> | <p><b>Date and time of next meeting:</b></p> <p><b>Tuesday 5 September 2017 5.30-7.30pm</b><br/> <b>North Road Methodist Church Hall, Durham.</b></p>  |                        |

Agreed as correct:

Date:

15/9/17  


Signed:

Print: Keith Holyman

CONFIRMED

Appendix A

| <b>SCHEDULE OF ACTIONS</b>                              |                    |                        |                |                    |   |                              |  |
|---|--------------------|------------------------|----------------|--------------------|---|------------------------------|--|
| <b>Current</b>  |                    |                        |                |                    |   |                              |  |
| <b>Topic Raised</b>                                     | <b>Date Raised</b> | <b>Action Required</b> | <b>By Whom</b> | <b>Review Date</b> | <b>Progress to Date</b>                                     | <b>Date Action Completed</b> |  |
| Development meetings                                    | 07/02/17           | Ongoing                | DB             | 04/04/17           | Meeting arranged for 26/4/17                                | Info to be circulated        |  |
| ToR   | 04/04/17           | CCG response           | CCG            | 26/04/17           | Agreed to discuss at development meeting 26/4/17 - deferred |                              |  |
| PRG Budget  | 04/04/17           | Review                 | All            | 02/05/17           | Ongoing   |                              |  |
| Federation Update                                       | 02/05/17           | Update                 | CCG            | 06/06/17           | Monthly review needed                                       |                              |  |
| Promotional Video                                       | 02/05/17           | All                    | DB             | 06/06/17           | Contact DB if interested                                    |                              |  |
| Practice engagement – ideas needed to engage            | 02/05/17           | All                    | All            | 06/06/17           | Review after summer   |                              |  |
| Supporting research within practices                    | 06/06/17           | All                    | All            | 04/07/17           |   |                              |  |
| Emotional Wellbeing Peer Mentor locations               | 06/06/17           | DB                     | DB             | 04/07/17           |   |                              |  |
| Bowel Cancer Screening - Speaker                        | 06/06/17           | DB                     | DB             | 04/07/17           |   |                              |  |
| Patient group – Type 2 diabetic patients (time limited) | 06/06/17           | SB/All                 | All            | 04/07/17           |   |                              |  |
| Voluntary Support for Type 2 diabetic patients (UHND)   | 06/06/17           | SB/MB                  | DB             | 04/07/17           |   |                              |  |
| Stroke Services report – circulate                      | 06/06/17           | MB                     | MB             | 04/07/17           |   |                              |  |



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|---|----------|----|----|----------|--|--|
| Naylor report – circulate link  | 06/06/17 | MB | MB | 04/07/17 |  |  |
| DB to give LW words to add to the minutes around Sexual Health (to go to Claypath and University Medical Group).                  | 01/08/17 | DB | DB | 05/09/17 |  |  |
| DB to take back members' feedback about Audiology experiences.  | 01/08/17 | DB | DB | 05/09/17 |  |  |
| DB to give DH feedback about an action from January about Tier 2 Physios not being able to make referrals for MRIs to UHND.       | 01/08/17 | DB | DB | 05/09/17 |  |  |
| Palliative Care feedback. MM to feedback at next meeting.   | 01/08/17 | MM | MM | 05/09/17 |  |  |
| DB to look into the issue of reported private providers and out of area providers working in the area.                            | 01/08/17 | DB | DB | 05/09/17 |  |  |
| BJ expressed an interest in receiving more information about the flagging of vulnerable children/ Safeguarding process around it. | 01/08/17 | DB | DB | 05/09/17 |  |  |
| MB to bring RSO review to next meeting and email it to the group.   | 01/08/17 | MB | MB | 05/09/17 |  |  |

### Items Complete since previous meeting

|                                |            |                     |       |          |  |          |
|--------------------------------|------------|---------------------|-------|----------|--|----------|
| Areas of interest/experience   | 02/05/2017 | <b>Response</b>     | All   | 06/06/17 | Responses received                       | Complete |
| Terms/acronyms/abbreviations   | 02/05/2017 | <b>Response</b>     | All   | 06/06/17 | Responses received                       | Complete |
| Patient Congress Invitation    | 02/05/2017 | <b>All</b>          | DB    | 20/06/17 | Poster circulated, MM, PR & BJ attending | Complete |
| 'Do not prescribe' - grey list | 04/04/2017 | <b>Circulate</b>    | MB    | 02/05/17 | MB/DB seeking info                       | Complete |
| Bridge End Surgery Contact     | 02/05/2017 | <b>Visit</b>        | KH/ID | 06/06/17 | Meeting took place                       | Complete |
| PRG Admin via CCG              | 04/04/2017 | <b>Availability</b> | MB    | 02/05/17 | Covered as agenda item                   | Complete |