

PATIENT CONGRESS MEETING

Thursday 5 May 2016

Held at: Richmond Cricket Club

9.30am – 12 noon

MEETING SUMMARY

Q&As

COMMENTS/FEEDBACK

Attendees: **35** people attended the Congress, with **26** being non-CCG staff.

The objectives of the event were to:

- bring people up-to-date on their local NHS and CCG projects
- promote the HEN network
- present on current financial challenges for the NHS and the CCG
- understand the experiences and perspectives of patients and the public
- hold discussion tables specifically around:
 - Communications and Engagement
 - End of Life Care
 - Forces Family Health
 - Making Difficult Decisions
 - Mental Health
 - Planned Care
- provide people with the opportunity to ask questions and raise issues
- present plans around Transforming Our Communities and updating on The Dales Project

1) Welcome and Introductions – Dr Charles Parker, CCG Clinical Chair

- Dr Parker gave an overview of GP investment and work which looks at wider Primary Care staffing issues and GP workload.
- He mentioned that as a CCG, we are looking at better usage of technology and Primary Care buildings to suit the needs of the local population.
- Dr Parker announced the launch of the new CCG website. He explained that the previous website had multiple issues including a search which did not function properly. The new website is now live and, although there is still some work to do, the CCG would appreciate any initial feedback.
- He introduced Jane Ritchie MBE, HEN Representative for Richmondshire.

2) HEN update – Jane Ritchie MBE, Richmondshire HEN Representative

- Jane welcomed the group to the meeting and thanked them for attending.
- She emphasised the importance understanding the current financial challenges faced by the CCG and encouraged all to take part in discussions.
- She mentioned the possibility of holding a HEN Locality Meeting in Richmond. Should any members wish to attend, they could contact her directly.

3) Our Financial Challenge – Janet Probert, CCG Chief Officer

(see full slide deck herewith)

- Janet explained that due to the current financial envelope available from central government, the CCG has a financial gap of £7.7million for this year.
- She reflected on recent engagement with the public under 'Fit 4 The Future' and a Clinical Summit event discussing key challenges and ideas with health and social care professionals across the area.
- She outlined the statutory responsibilities of the CCG which include local hospital and community care and explained that some very specialist services (such as forensics related to mental health) are not paid for by the CCG.
- A presentation slide demonstrating significant areas of CCG investment was shown to the group which showed the annual budget of £184million. Whilst this may seem a huge amount, Janet explained that in order to fund the same amount as in previous years, it would leave a gap of £7million – this is due to a number of reasons:
 - The CCG did not get any extra money from the government this year.
 - Although the CCG is in a very rural area, it did not qualify for 'sparsity funding'. The criteria for this is measured by 'how far away a patient lives from their second nearest A&E department'.
 - The CCG has invested significantly in community (£26million) and mental health services (£19million) based on what patients/public have told us and based on the healthcare needs of our local population.
- Janet explained that the CCG spends £26million on prescribing for the population which is the something the CCG are reviewing, in light of current financial challenges.
- A slide demonstrating the very different members of the population was shown and Janet explained that these different people have different healthcare needs and that the CCG had to spend money as fairly and effectively as possible.
- CCG proposals on spending were shared with the group and Janet included examples of reducing prescribing costs on certain medicines, getting care closer to home so people can spend less time in hospital, integrating care and utilising technology including online consultations. Further examples were made on reviewing patient transport options and looking at clinical procedures which could be done in a different way to make sure they are effective.
- Janet emphasised that the CCG would be making some difficult decisions in order to reduce the £7.7million gap and that this challenge could continue for the next couple of years.
- She welcomed thoughts and suggestions from the room on CCG spending proposals during the following open discussion session.

4) Discussion tables – all

The Chair introduced the discussion tables along with table facilitators. The following key points were identified from each table:

Communications and Engagement – Jane Ritchie MBE

- More/better promotion of Patient Congress events.
- Consider evening events to reach other audiences.
- Look at other venues such as schools and consider parking, access etc.
- Increase coverage in local newspapers such as the Darlington & Stockton Times.
- More information in GP surgeries including use of digital screens.
- Utilise local Parish newsletters and check their deadlines.
- Consider a regular feature in local newspapers e.g. D&S Times Health Column.
- Build relationships with the media (particularly Tyne Tees, Look North, Radio York and Radio Tees)
- Increase proactivity and reduce reactivity.
- Be clear on procedures the CCG are not looking to fund and why (include facts).
- Be clear on changes to prescribing.
- Increase awareness of self-care so people can take more responsibility for their own health.
- More publicity in surgeries and care homes.
- Involve younger people in technology and encourage local schools/college/universities to support any creative work the CCG is looking to do.
- Use evidence based platforms e.g. Future Learn, How to remain Young and Food as Medicine.
- Try to add any leaflets/information to patients in existing post i.e. prescription packs.
- Encourage HENs and event attendees to take away materials and share with family and friends.
- Have a list of community meeting and group contacts (HEN network can help).

End of Life Care – Dr Mark Hodgson

- An update on the status of Herriot Hospice Homecare (following the announcement that they are no longer able to provide end of life care across Hambleton and Richmondshire).
- Communication with patients and families.
- Having the difficult conversations regarding DNA CPR (Do Not Attempt Cardiopulmonary Resuscitation) forms.
- Preferred places of death
- What to expect in the late stages of terminal illness.
- How can the CCG standardise good end of life practice?

Forces Family Health – Debbie Newton

- Look after soldiers when they return from conflict.
- Extra funding for forces.
- Partnership working.
- Charity work – gaps in access and coordination. Get all the charities together.
- Awareness about mental health – “First Aid” for mental health.
- Gap in support for families.
- Promote talking.
- Introduce a mental health ‘café’.
- Management of the “community” – bringing it all together.
- Consider a bus service for children to the youth centre.
- Communication is key.
- Consider:
 - Nepelese community
 - Families in Darlington
 - RAF Leeming
- Transient population – utilise education and health in schools (sports days etc).
- Families Officer – CO’s fund.

Making Difficult Decisions – Gill Collinson

- Current financial challenges recognised as a priority for the CCG to address.
- Concerns over the potential for some services to be reviewed.
- Recognition of national funding issues across the wider NHS.
- Emphasis on securing funding for core health care services.
- General consensus that CCG decision making in the current financial climate is complicated and challenging.

Mental Health – David Williams

- The view is that an approach should be tested (still to be defined) for those with mental health issues.
- Consider Catterick, and the military family.
- The view is that by having better preventative processes in place (e.g. talking therapists linked to GP practices), admissions into the secondary health care sector would be potentially reduced.

Planned Care – Sam Haward

- Discussions around returning GP referral levels to 2014/15 levels after a significant rise in the past year.
- Why are GP referrals drifting up?

- Follow-up could be undertaken in primary care (depending on a high level of confidence that if a patient needed to reaccess secondary care services then this could easily be done).
- Suggestion for a further use of new technology – can a remote video link (Skype or Facetime) be used to enable relatives to talk to patients who are in hospital if they are unable to travel the large distances to FHN or JCUH?
- Discussion around the new roles in primary care that supported the delivery of planned care services, e.g. physiotherapy in practices.
- Concern about the safety and expertise of increased services in primary care.
- Concern raised about whether physiotherapists in the community give the correct treatments following operations and whether the right skills are available.
- Will patients be made to wait for an operation unnecessarily and then have to go in for it anyway at a later date?
- Discussed the role of the Friarage Hospital, Northallerton (FHN) and what will happen if more care is delivered closer to home. Intention was to bring more services to FHN as some services gradually become more routine, e.g. diabetes education, cancer clinics. This will strengthen and maintain FHN as the local central hub for patients.
- Patients questioned how they could access individual consultants through Choose and Book – the system doesn't allow this as it is an organisation-based service.
- Concern about transport and how patients are able to attend outpatient appointments given the distances, particularly to JCUH.
- Discussion centred on the Shuttle Bus service and why it had been established and how as it had turned out the service was not well-used.

5) Q&A Session with panel – open to the floor

- **Dr Charles Parker – CCG Clinical Chair**
- **Janet Probert – CCG Chief Officer**
- **Debbie Newton – Chief Operating and Finance Officer**
- **Dr Mark Hodgson – CCG Governing Body member**
- **Gill Collinson – CCG Chief Nurse**
- **Jane Ritchie MBE – HEN Representative, Richmondshire**

Q1: Cllr Bernard Borman

I know a lady who has a husband who is very ill. When they called the ambulance it came all the way from Middlesbrough. What is the CCG's relationship with the North East Ambulance Service?

Dr Charles Parker response: The current relationship has improved. Overall we are quite pleased with the ambulance service but continue to work closely to make improvements.

Q2: Cllr Geoffrey Linehan

Parking at James Cook is an issue and there are not enough disabled spaces – can you bring this up with South Tees? Also wheelchairs are not allowed in the car parkss so what are people meant to do?

Dr Charles Parker response: Although car parking at James Cook Hospital is not really something the CCG looks after, we can certainly bring it up with the Trust.

David Williams: I am happy to bring this up at a South Tees Hospitals NHS Foundation Trust Governing Body meeting.

Q3: Angela Wall

You said that prescriptions cost the CCG £10 which is a lot. Is there anything you can do for people longer-term? Is that cost per item?

Dr Mark Hodgson: The cost per item does vary. We are looking at what is being prescribed – is it the cheapest version for example? We will look at patent drugs vs those which are just out of patent (as they tend to be cheaper) – however we will not do anything to affect quality.

In terms of longer term prescribing, we can look at two/three month prescriptions, however we would be cautious doing anymore due to potential waste (change in medicines for example).

There is no national guidance at the moment so we can look at it.

(Cllr Linehan asked if Angela Wall used a pre-payment certificate as that may help).

Q4: Cllr Boorman

I would just like to support my friend from Leyburn with the car parking issue at James Cook.

Q5: Alan Woodhead

My question is around GP communication. It would be helpful to have more documents given to patients after their consultation as some, like me, struggle to digest all the information given to them after hospital or their GP appointment. Is it something you can include in your contracts to providers?

Dr Charles Parker (CCG): It is a good question. It is best practice to do this (from a GP perspective).

Gill Collinson (CCG): It is a great idea. With the internet and the introduction of sites such as NHS Choices, some hospitals have reduced their paper copies.

However, I can raise it with the Director of Nursing at South Tees Hospitals NHS Foundation Trust when we next meet.

Linda Lloyd (HEN Representative): I am sure you can ask local practices to do it.

Q6: Malcolm Bloor

At a previous meeting, you mentioned telemedicine. How far have you got with it?

Gill Collinson (CCG): Have you seen the story in the latest newsletter about the lady who used telemedicine? It was a really great story. We are very much taking it forward as it supports nursing and helps with the rurality of our area. We will have telemedicine units in nursing homes across Hambleton, Richmondshire and Whitby with links to a health professional available 24/7. It will help to avoid multiple transfers.

Q7: Cllr Linehan

Richmondshire District Council has to make some difficult decisions too so forums like this [Patient Congress] help to focus the mind. You have our support

Dr Charles Parker (CCG): Thank you – this is central to our thinking.

6) Transforming Our Communities – Gill Collinson, Chief Nurse

(see full slide deck herewith)

- Gill explained that joined up-professional care and care closer to home were the overall focus of the plan.
- She expressed her admiration for the strength of communities and explained that many surveys have shown that generally people are very happy with their GP services – but they are just very busy.
- She emphasised the significance of The Friarage Hospital in the area and explained that the CCG is looking to consult with the public over plans to transform care in the community.
- Gill outlined other key strengths, challenges and opportunities for healthcare services in the area as highlighted by the local population.
- She explained how evidence has shown that frail elderly should have a short stay in hospital as possible as generally, they do better. However, she further explained how some community hospitals are not accessible to all e.g. The Friary Hospital is not necessarily close enough for some people in The Dales.
- She shared the outcome of a recent meeting to discuss The Dales Project which formed thinking for the rest of the Hambleton, Richmondshire and Whitby areas – to include wrap-around services. She said this work is progressing and plans were being put in place.

- Gill explained that, in order to get care at home or as close to home as possible within the area, the CCG is looking to commission beds across the patch – this would include places such as Sycamore Hall, Broadacres in Leyburn and Benthill in Bedale.
- She confirmed that these beds called ‘step-up/step-down’ beds would ensure that patients have a named GP and a named care co-ordinator and that local GPs were very supportive of the proposals.
- Gill thanked North Yorkshire County Council for their strategy for extra supported housing which will support the CCG plan.
- She confirmed that no changes to The Friary would take place but that there may be some changes to beds at the Rutson Ward in Northallerton and Whitby Hospital.
- She explained that beds were not necessarily a long-term solution, which is why the CCG will be consulting with the public.
- To close, Gill confirmed that these were proposals and that a consultation will take place. Listening events in the area are ongoing and she confirmed that the CCG would be at various market places across Richmondshire in the next couple of weeks (dates of events are included in the Transforming Our Communities leaflet).

Q1: Cllr Bernard Borman

This makes sense to me. I have spoken about Brentwood Lodge – they want to pull it down. The building could be used for care and how much would that cost? It would be a crime to pull it down. Why is the CCG not making arrangements with North Yorkshire County Council to do something more positive?

Gill Collinson (CCG): We are working closely with North Yorkshire County Council on a bed-based in terms of numbers. We are only looking at a small number. What we know is that these new developments are very high spec which gives assurance.

Cllr Bernard Borman: I don’t think we should give healthcare to Broadacres.

Gill Collinson (CCG): We would ‘rent’ a room for care and that care would be provided by district nurses etc. I also understand that these carers are employees of North Yorkshire County Council which shows a real partnership.

Q2: Roger Tuckett

All these things so far are great. But I am going to say ‘what about mental health?’ It seems we are two to three years behind and these services are not joined-up for mental health. Is it possible for the existing scheme to take on a mental health component?

Gill Collinson: We work closely with Tees, Esk and Wear Valleys NHS Foundation Trust on a frailty pathway. When we started, to be honest, we were not thinking about it. However, your particular questions helped us we will now not distinguish between physical or mental health. So to answer your question, yes we

are considering mental health in this project and yes, we could look at another dedicated to mental health.

7) Meeting Close – David Williams Deputy Chair of CCG Governing Body

David Williams then closed the meeting and thanked everyone for their comments and 'vibrant' contributions to discussions. He emphasised the challenges faced by the CCG and the NHS over the next coming years but reassured the room that various conversations with Dr Parker, Janet Probert and Debbie Newton have made him more confident. He said that it is a difficult message and not an easy message to get across to the public.

David encouraged attendees to take away brochures on the financial challenges and the community transformation and asked to help spread the word about the Shuttle Bus survey. He also reminded the group to attend the Annual General Meeting on 30 June at Sneaton Castle near Whitby.

8) Feedback on the meeting (received so far)

What did you particularly enjoy about today?

- Pre-meeting.
- Transference of information.
- The presentations were very good and informative.
- The opportunity to discuss specific areas was good.
- Discussion groups.
- Presentations – very honest and informative.
- The open and honest commitment to getting the best service for the community.

Anything you didn't enjoy?

- None

Any topics you would like considered for future events?

- Out of hours service.
- Ask participants in advance of the meeting for their particular interests/queries.
- Working with health charities.
- Transport.
- Provision for care of dementia patients in hospital.

Also received; a full event report from Cllr Borman.

ENDS

Please note the next Patient Congress Meeting is planned for:

- **Thursday 6 October – Whitby (time and venue tbc).**

Full information about this meetings will be sent to you together with an agenda.