

PATIENT REFERENCE GROUP

Notes of the meeting held on 6 June 2019, 1.45 – 4.15 pm, Monkton Hall

Present:	Helen Ruffell (HR)	Paul Cuskin (PC)
	Dr Jen Hunter (JH)	Mark Cotton (MCo)
	13 patients	
Apologies:	One patient	

	Notes	Actions
1.	Apologies for absence	
	As noted above.	
2.	Notes of the previous meeting – 4 April 2019	
	These were agreed as a true record with the following matters arising:	
2.1	Handout taken to practice managers' meeting was sent to group members.	
2.2	Stroke unit: response from Matt Brown sent to group members – the stroke service is not a perfect system for every individual; much improvement has been made since South Tyneside stroke patients were treated at Sunderland hospital. CT scans (not MRI) take place at Sunderland.	
2.3	Out of hours: all calls go through 111 who then redirect to the most appropriate service.	
2.4	GP2 Pharmacy: ear infections are currently not within this pilot. Pharmacists are receiving further training during April and May; once training is complete ear infections will be added to the pilot. Not all pharmacies are involved in the pilot so some may have to redirect patients to GP practices if they are unable to treat certain conditions.	
2.5	Cancer Locality Group: no members have yet expressed an interest in joining this group.	
2.6	St Clare's Hospice: the hospice was working on proposals for its long term sustainability in the light of a mismatch between income and expenditure, but the scale of the financial issues and the speed with which they came to a head took us all by surprise.	
2.7	Path to Excellence presentation was sent to members.	
2.8	Path to Excellence – no response to queries as yet. Emma Taylor to follow up.	ET
2.9	Practice pharmacy team presentation was sent to members.	
3.	Members' Matters	
3.1	Patient 1: missed appointments – one surgery had 490 missed appointments for the quarter January to March 2019. The cost is about £38 per DNA. Ways this has been handled in other surgeries: <ul style="list-style-type: none"> • one strike and you are out; people have been removed - legalities of this • if someone had history of not attending they were asked to attend an appointment with the practice manager, if they didn't attend that appointment taken as a sign that they didn't want to remain at the practice • in hospital if patients don't go to an appointment, for example physio, you don't get another appointment 	
3.2	Patient 2: primary care networks won't affect patient forums	
3.3	Patient 3: recommend banning mobile phones and iPods in surgeries	
3.4	Patient 4: landlord has bought land next to surgery and it is caged off; parking is poor around the surgery which means some people have to walk quite a long way. It was suggested that the public carpark could have some allocated spaces	

	for the surgery. Patient 5 will ask at a relevant meeting she is involved in next week.	
3.5	<p>Patient 6: visit to St Benedict's Hospice; discussed the report from the visit with patients 2 and 4. HR to forward the paper to Mark Girvan. Patient 7: St Benedict's not there to replace St Clare's; we need our own hospice.</p> <p>Patient 6: highlighted that the survey on palliative care does not contain a question about whether people want an inpatient service in South Tyneside; he has raised this with the organisation carrying out the survey. Patient 6 asked the group if they want to give a response on this.</p>	ALL
3.6	<p>Patient 4: attended a diabetes conference where she met two diabetes specialist nurses who are available to train staff who work with older people in their own homes, free of charge. Patient 4 to pass details to HR who will then pass on to Joe Hamilton, practice nurse lead at the CCG.</p>	CA/HR
4.	Cancer Locality Group	
	Jen Hunter gave a Cancer Update presentation. HR to send out presentation to the group	HR
	<p>Q – Who is eligible for FIT (faecal immunochemical test)? A – For bowel screening, the criteria hasn't changed, it is still 60-74 years. People won't see any difference in frequency of invitation, only the test is different but now more accurate and more user friendly. The screening test comes through the post from Gateshead lab. For symptomatic patients, FIT testing can also be used to risk assess who may need further investigations. In this instance, FIT testing (for symptomatic patients only) will be arranged by the GP once this has been rolled out. There is no upper age limit for this; there is a more appropriate test for younger people. The symptomatic pathway will be rolled out in South Tyneside in the near future.</p> <p>Q – Will Gateshead change the system? A – Yes, probably from July.</p> <p>Q – Do all GPs know about the MRI for prostate cancer? A – Yes, currently two branches: <75 – MRI pathway with a view to a biopsy; >75 – two week wait pathway seen by clinician first rather than an MRI first.</p> <p>Q – Why is there an upper age limit for the new local 2ww prostate MRI pathway? A – The basis for 75 year cut-off is to do with life-expectancy. Patients with expected life expectancy of >10 years, are most likely to benefit from radical treatments (surgery or radiotherapy). Also the chances of diagnosing non-clinically significant cancer would be high in those >75 years. This group are unlikely to ever need treatment, unless they have symptomatic disease or metastasis.</p> <p>Q – Is there a screening programme for prostate? A – No, there isn't one for prostate cancer. Well-man check offered at 55 and for some men checking the prostate is appropriate. The PSA test is not a particularly sensitive test; the test to rule cancer in or out is very invasive.</p> <p>Q – If the GP says, following a PSA test, that they are not happy with it can the patient ask for an MRI instead? A – This would still be a two week wait referral, with an MRI first then followed up by a urologist who will arrange a biopsy if needed. All depends on individual's risk, right test at right time.</p> <p>Patient 8 is standing down from the Cancer Locality Group; PC asked the group to think if they would like to be involved or if they know of anyone else who may like to be involved. Anyone who has an interest in cancer can be involved; it is</p>	ALL

	not about an individual's views but bringing the views of the community.	
5.	North East Ambulance Service	
	Mark Cotton gave an update presentation. HR to send out.	HR
	<p>Q – Is the difference between waiting time and delivery time measured? A – The figures today are only with regard to the response time. Response delays are measured if an ambulance is stuck in a queue.</p> <p>Q – Years ago didn't have enough staff but had ambulances so you introduced a big recruitment drive. How many ambulances are now standing idle because lack of staff? A – We did have a shortage of paramedics and did have a recruitment programme. We worked with universities then also had additional training and support before people become autonomous paramedics. To cover the short term we recruited from Europe and other parts of the country. We were then on track but performance did not improve. We then carried out a capacity and demand review.</p> <p>Q – If four people phone an accident in it only counts as one incident. Four ambulances could go to an incident. Is this recorded in figure? A – The measure displayed in the presentation doesn't reflect the number of calls if they are repeated, it only counts incidents attended.</p> <p>Q – Do shift changes have an impact on problems that arise in peak times? A – Shift changes are staggered so this has a positive impact. All shift patterns have now been agreed with staff and unions and we are starting new rota patterns on 17 June.</p> <p>Q – Will the new ambulances be able to clear the speed bumps? A – The new ambulances are the same as the ones on the road now. Specialist coach builder who custom builds onto a Mercedes chassis</p> <p>Q – Is 6.9 million extraction due to illness correct? A – It wasn't all due to illness; some of it was due to training. We do have high sickness rates – MSK and stress are the two greatest issues. We have put measures in to address both.</p>	
7.	Any other business -	
	<ol style="list-style-type: none"> 1. Members were asked to contact HR if they are interested in being involved in some engagement work around the social care and community services proposed single point of contact for at Clarendon. 2. 28 August Local Engagement Board 1-3pm at the Lord Nelson, Monkton Village. Members are invited to attend and to promote to their networks. 3. GP video consultations have been reinvigorated with a new product; 12 practices have expressed an interest in being involved. This work is in the very early stages. 	
	Date of next meeting – 1 August 2019 1.45-4.15pm	