

## Upper Dales Health Watch

*The Consultative & Patient Participation Group for the Central Dales GP Practice*

**7.30pm Monday September 14<sup>th</sup> 2015 at the Aysgarth Surgery**

### Agenda

1. Introductions if needed
2. Apologies for absence
3. Matters arising from the meeting held on 18<sup>th</sup> May 2015
  - Amendments requested by Gill Collinson (amended minutes attached)
  - LEADER
  - Information for Holiday Cottages & new Residents
  - Cholesterol checks are not available at either Hawes or Leyburn pharmacies
  - Any other issues
4. Update from Central Dales Practice
  - INR machines update
  - Website update
  - Other issues
5. Update from HRWCCG
  - Dales Project update
  - Request for information for Macmillan website
  - Dementia Support appointment
  - September Governing Body meeting in Leyburn
  - Joint commissioning of Primary Care
  - Other issues
6. Any other business
  - STOP HATE helpline
  - other
7. Time & date of the next meeting

## Minutes of the Upper Dales Health Watch Joint Management Committee

held at Hawes Surgery on 18<sup>th</sup> May 2015

### 1. Those present

Darren Percival	Bainbridge Parish Council
Yvonne Peacock	Richmondshire District Council
Julie Woodyer	Preston-under-Scar Parish Council
Gill Collinson	Associate Director Transformation HRWCCG & STHsNHSFT
Sarah Weatherald	Redmire Parish Council
Jenny Pilgrim	Dent
Dr. Adrian Jones	Senior Partner, Central Dales Practice
Dr. Jonathan Pain	Central Dales Practice
Dr. Mary Brown	Central Dales Practice
Debbie Allen	Hawes & High Abbotside Parish Council
Lynn Irwin	Practice Manager, Central Dales Practice
Jane Ritchie (Hon. Secretary)	Burton-cum-Walden Parish Council

2. **Introductions** were made and Jane reported that John Blackie had resigned as Chairman of the UDHW. Jane took the chair as no one else volunteered to do so.

### 3. Apologies for absence

Chris Harrison	Preston-under-Scar Parish Council
John Blackie	North Yorkshire County Council

### 4. Matters Arising from the meeting held on 26<sup>th</sup> January 2015

- As agreed, Jane had sent a card Dr Pam West on behalf of the UDHW, and had given her some flowers. She read out Pam's card of thanks.
- The minutes had incorrectly given Muker Band credit for the spirometers given to both surgeries. These had been funded by Hawes Band.
- The Friends & Family responses can now be done on an iPad at both surgeries.
- The Wednesday evening opening hours pilot ends at the end of June. No one has yet booked to see a GP at the Hawes Surgery. It was agreed this indicated patient satisfaction with the current surgery times. The Saturday surgeries at Harewood and the Friarage are being well used, the former mainly by Richmond & Colburn residents. The Sunday surgeries are not as popular. Lynn was aware of one Central Dales patient who had booked a w/e appointment at the Friarage.
- Lynn confirmed that the automated appointment calls from the Friarage are activated by speech. This explains why those who didn't say anything when picking up the receiver thought they were getting nuisance calls. Action: Jane to raise this at the next HRWCCG Board meeting. Pre- appointment calls from the Friarage to check information were appreciated.
- Grants from LEADER are still very unclear. Jane had asked Rima Berry for further information when available. She hoped the Practice, as a business, would be able to access funding if they wanted to. Yvonne confirmed Richmondshire District

Council's Community Opportunities Fund was available for another year, and thought bids should come via a parish council.

- The Resusci Anne dummy had arrived. Jane will remind parish councils they can borrow it to enable people to practice CPR.

## 5. The Dales Project

Gill Collinson was welcomed to the meeting. She has been jointly appointed by Hambleton, Richmondshire & Whitby CCG (HRWCCG) and South Tees Hospitals NHS Foundation Trust (STHsNHSFT) to look at current challenges, and those on the horizon, facing NHS services in Hambleton & Richmondshire. Gill has been a nurse for over 30 years, and for the last 15-20 years has been involved with managing change.

Lessons had been learnt from the change process for the Maternity and Paediatric Services at the Friarage, and there is a genuine desire to manage change better. This means working with communities, clinicians and nurses to create solutions to challenges. Gill is based at the Friarage, and over the next 6 months, now that the General Election is behind us, she will be meeting people to discuss challenges and seeking solutions. The Dales Project will look at the increasing challenges in a deeply rural area. A wide ranging discussion took place, the key points raised being:

- a) **Tele-consultation** works at the Airedale Hospital which serves a similar rural area. Dr Pain pointed out that the Airedale Hospital was very different from the Friarage as it was a free standing hospital, unlike the Friarage which is a satellite to James Cook.
- b) The perception locally is that everyone has to go to **James Cook**. Gill pointed out that the MRI scanner should be arriving at the **Friarage** shortly, and that there are discussions in progress about a potential new cancer unit at the Friarage.
- c) Darren was concerned that **patients taken to Darlington Memorial Hospital** by the Yorkshire Ambulance Service could end up in Barnard Castle or Stanhope. Stanhope is a very long way for relatives to travel. Ambulance crews, concerned that they will be kept waiting at James Cook, may decide to take a patient to Darlington instead. Darlington then follow their normal procedure of sending recovering patients to Barnard Castle or Stanhope. Gill was aware this is an issue.
- d) There was concern about **Out of Hours**, and it was felt our geography was not understood by the people based in Harrogate who took the phone calls. There is a sleeping GP at Catterick, and it is intended to look at how best to deliver GP OOHs services across Hambleton and Richmondshire. Two new Acute physicians and surgeons have now started work at the Friarage.
- e) There is real difficulty recruiting **consultants, including paediatricians and other specialty doctors**.
- f) **There is a perception that District nurses** are not allowed to carry out all the duties they are capable of, because of restrictions placed on them by STHsNHSFT. Dr Jones said District Nurses had far too much paperwork to do. There is a national and local crisis looming for community nurses as a significant number of them will have retired by 2018. It was agreed that the key was teamwork of GPs and District Nurses. Doctors can take clinical responsibility for tasks they give to their District Nurses. It was important to look at the role, and how it is done, so that productivity can be increased. Nationally more nurses need to be trained.

- g) **Care packages** for patients living at home are increasingly difficult to organise as there is often no one available to deliver the care needed. Private care agencies usually pay the minimum wage and no travel expenses. Carers need to be based locally. It is going to be a real challenge to effectively deliver care in rural areas. Herriott Hospice Homecare is also struggling to meet demand. Evidence needs to be collected to prove rurality is a significant factor in the cost of health and social care. Co-ordination needs to be better. It was pointed out that care received at Sycamore Hall, Bainbridge was excellent. Local people need to be involved in looking for solutions. Yvonne reminded the meeting that NYCC had appointed Gillian Wall as the Stronger Communities Delivery Manager for Richmondshire. She could contribute to the search for solutions. How best to discuss this issue in an area of scattered communities has still to be resolved, but Gill said she needed our help in coming up with ideas.
- h) There has been a longstanding desire to appoint a Geriatrician in the H&R area. **Clinics for the Frail & Elderly** have been running at the Friary and the Friarage. Dr Brown pointed out that the exclusion criteria made referral very difficult. Gill said the exclusion criteria had been changed. It was agreed it was essential that GPs were informed whenever changes were made. Domiciliary visits by this team are being piloted and evaluated, particularly for patients suffering from dementia who needed to be seen in their home environment for a quality assessment to be made.
- i) The Heartbeat Alliance (the federation of HRW GPs), is working with the consultants at the Friarage and CCG to design an updated pathway for patients with **Diabetes**.

Yvonne hoped Gill would be able to report progress in 6 months' time, to demonstrate that there is a real commitment to make some of these changes happen. It was agreed effective communication was challenging. Jane sends a synopsis of the UDHW meetings to the Upper Wensleydale Newsletter, the Reeth Gazette and the D&S. Copies are put up in both surgeries. HRWCCG has a website, but getting positive messages out to the general public is not easy. Jane will be seeing Gill at other meetings and will report back. It was agreed the role of Parish Councils as a channel of communication was important. It was also agreed we all appreciated the Health services we received from the Central Dales Practice. Gill was thanked for coming to the meeting.

## 6. Update from the Central Dales GP Practice

- **Dr Pain** is back.
- The new **dispensary in the Aysgarth Surgery** has been completed.
- There will be a proper **Travel Clinic** for patients planning to visit exotic locations. This will be a chargeable service for advice and medication. It will start shortly.
- The Practice has no control over its current **website**, so Lynn is organising a new website which she will be able to manage properly. There will be an **email address** that patients will be able to use as part of this development.
- The Practice will have a CQC inspection on 1<sup>st</sup> June. **PLEASE WILL ALL UDHW REPRESENTATIVES** send in comments to [sara.smith@cqc.org.uk](mailto:sara.smith@cqc.org.uk) by the end of May. Feedback on the Practice, the services, doctors, nurses and other staff has been requested by the CQC from the Patients' Group (i.e. UDHW).

## 7. Update from HRWCCG

- The **Shuttlebus** from the Friarage to James Cook is proving very helpful. It is possible the last bus leaving James Cook may be changed from 5.00 to 5.15 to help patients with late appointments.
- The Operational Plan 2015-16 is on the HRWCCG website. Jane hopes an A5 Lay summary will be available shortly. The future **location of NHS services at Brentwood Lodge** in Leyburn is on the 2025-26 'to sort' list.

## 8. Any other Business

- a) Dr Jones thought it would be helpful if holiday cottages advertised the whereabouts of any local **defibrillators**. A campaign to inform visitors of their holiday cottage postcode, in the case of fire, had been successfully distributed, but whether the information was still in place needed investigation. Action: further thought needed.
- b) **INR machines** – which test blood – are available at both surgeries, but cannot be used until staff have been trained to use the software.
- c) Some pharmacies can undertake a **cholesterol check**. Action: Jane to check whether Hawes and Leyburn pharmacies offer this.
- d) A further **centre page spread in the Upper Wensleydale Newsletter** was thought to be useful. A page about the Practice will be drafted for use by parish councils who provide information to new residents. Action: Jane & Lynn to draft.
- e) The issue raised by a patient from Reeth having to get to **James Cook by 8.30am** to see a Plastic Surgeon had been taken up by Gill. The Patient Transport Service doesn't normally start early enough to deliver an upper Dales' patient at that time. Dr Jones suggested the answer in future would be a taxi.

The **next meeting will be at the Aysgarth Surgery on Monday September 14<sup>th</sup> at 7.30**