



## Ampleforth and Hovingham Surgeries Patient Forum

### Minutes of the meeting held by zoom Thursday 10 March 2022, 6-7 pm

#### In attendance:

Penny Coldbeck (Practice Manager) PC  
Patricia Kelly (Secretary, Practice Administrator) PK  
Jenny Moreton (Chair) JM  
Rachael Speight-McGreggor (Vice-Chair) RS-M  
David Cragg-James DC-J  
Lot Doucet CD  
Penny Dyer PD  
Doreen French DF  
Malcolm French MF  
Dianne Grant DG  
Rosalie Wilding RW

Apologies: Lynne Woodgate

#### 1 Minutes & matters arising

The Minutes of the AGM were accepted as a true record of the meeting.

#### 2 Updates from Practice Manager

The Practice Manager reported that the extended access (e.g. appointments on Tuesdays until 8pm) is being increased. Practices will need to offer 40 hours/week extended access across the PCN surgeries. The hours requested are 6.30-8pm, Saturdays 9-5, and some early morning slots. It may be that some appointments are offered across the PCN, and it is not yet clear whether it will be nurse, GP, or Physician Associate appointments. In response to a question by DC-J, PC explained that this practice cannot offer all the 40 additional hours, so some of these will have to be offered elsewhere within the PCN. Telephone and online appointments are also an option.

MF asked how many clinical staff are at the surgery.

PC: 2 x GP partners (Drs Howlett & Black)

Dr E Rusby (maternity leave) Dr A Jiminez (4 x week) Dr D Jacobs (4 x week)

GP Registrars also work in the practice (Dr T Raine)

Advanced Nurse Practitioner – Becky Hodson

Physician Associate – Billie Lawson

Practice Nurse – Michelle Hepton

HCAs – Caroline Bellwood & Karen Stubbings

PC explained that due to Covid the practice has carried out many annual reviews of long-term conditions by telephone. The question is whether patients would prefer to have these reviews with their own staff or with another nurse at Malton. JM and RS-M noted that for patients working full-time, the option of attending a clinic at Malton

on a Saturday, especially if they have their own transport, might be attractive. DG agreed that many patients would be able and willing to travel, and PD noted that as long as patients are offered the choice, they would be likely to be receptive.

JM asked what First Contact Physios and Pharmacists are. PC explained that First Contact practitioners may be seen by patients on a self-referral basis. The PCN shares 1 x First Contact Physio, 4 x First Contact Pharmacists.

MF asked whether there was an optimum number of patients the practice could accept, and whether the clinical team are struggling with the current list. PC explained that the practice cannot not accept patients, and that actual appointments are a relatively small amount of the clinician's time, given administration, referrals, and other tasks associated with each patient. PC clarified that there is not a problem running the current core offer, but that it is what patients would be receptive to and would like in terms of the extra hours.

JM and RS-M noted that the practice offers patients an exceptional service.

### 3 Constitution

JM noted that she wished to discuss the constitution again, due to joining the Humber Coast & Vale Clinical Commissioning Group.

### 4 Humber Teaching Hospitals Foundation Trust

JM noted the Microsoft Teams meetings she had been invited to by the Humber Teaching Hospitals Foundation Trust; two of three were attended. Additional Teams meetings were arranged in order to refresh their Bereavement package mainly to be used by Scarborough and Ryedale Community Services, including Fitzwilliam Ward in Malton Community Hospital, Whitby Services, MIU and Community Services. The first meeting 17 February was cancelled at very short notice and rearranged for the afternoon of 10 March. RSM will attend further meetings. NB The York and Scarborough FT has already got a very well organised Bereavement process.

We were invited to 3 Patient and Carer Experience (PACE) Strategy sessions on 7, 16 and 23 March The first was interesting but criticised for having no specific aims and not highlighting target areas. Unfortunately, they did not send out the relevant document before the first meeting, which were requested for later meetings. \* *Probably worth attending due to the low numbers of lay people involved and lack of contribution by the many NHS staff members who were invited.*

Invitation to Quality Improvement Story on Friday, 11 March at 1:00 pm, which will look at accessing primary healthcare as a person with Autism. How the experience has been used to improve training. Microsoft Teams 1.00 pm on Friday 11<sup>th</sup> March 2022 (not attended)

Comment requested on a draft leaflet for the Community Urgent Crisis Response Service, Sarah Locker, would welcome any feedback or comments on this leaflet, no later than Wednesday 16<sup>th</sup> March 2022

PC asked whether there was a need to rationalise the meetings attended by the Patient Forum, as the time of volunteers is precious. MF asked JM to note the utility of each meeting to the Forum, which would enable other Patient Forum members to choose which they would like to attend.

### 5 North Yorkshire Clinical Commissioning Group

JM noted important points from the North Yorkshire CCG Annual Reporter December 2021 International GP recruitment – the intention is to recruit 12 for Scarborough/ Ryedale (ring-fenced) but it seems that only a few have been recruited to date. There is significant funding with £1 million for a Diagnostic Hub at the Friarage Hospital, Northallerton; and £47 million for the Scarborough Emergency and Urgent

Care development. There is significant progress with the new hospital being built at Whitby.

JM noted the main points made at the CCG meeting 25 January, now entitled the Scarborough and Ryedale Patient Partner Network. Details of the new Integrated Care System (ICS) are still under discussion but all CCG staff will move to Humber, Coast and Vale Health and Care Partnership. CCGs will now cease in June instead of April. There was a detailed discussion teasing out Mediquip return of equipment. The meeting finished with feedback from practices, sharing best practice and innovative ideas.

#### Main Points from CCG News

17 January - encouragement to have routine vaccinations and Covid vaccination data.  
1 February Covid infection rates were high, 999.1 per 100,000 population in North Yorkshire (1%) and 371 beds in hospitals serving North Yorkshire's residents are occupied with COVID patients. Note – amongst our friends and family many family members have had Covid and often children brought it to the extended family at Christmas. NHS staff want to talk to people who are worried about having the Covid vaccination. Only medical equipment with a Mediquip label can be returned to Mediquip but at present not equipment without the label.

#### CCG communications from Bridget Read Engagement Manager

In early February there was a request for Volunteers at Malton Hospital. One of our Forum members has passed this on to a potentially interested group. Due to congestion in ED, the CCG request that patients ring 111 before they attend.  
9 February The CCG produced an animation intended for surgeries with electronic screens 'My local practice', which informs patients about the range of health provision at surgeries, which may be useful if the surgery did have a screen in the waiting room.

#### 6 Patient Partnership Network Newsletter

The February Newsletter. Uptake of covid vaccines across North Yorkshire has generally been high. JM noted that there is now training provided by Connexus for receptionists in Care Navigation. PC explained that First Contact Physiotherapists and First Contact Mental Health Practitioners can now be accessed directly via a GP receptionist without seeing your GP first.

#### 7 York & Scarborough Hospitals Foundation Trust

JM reported that there is a new Trust Chair, Alan Downer, and three new governors for Ryedale, Alastair Falconer, Sue Smith and David Wright. They have lots of relevant experience. We can contact them with any suggestions or comments on care. That is why they are there! Sue Symington, the previous Chair, is now the ICS Chair for the Humber, Coast and Vale Health and Care Partnership. In January the Emergency Department work at York Hospital to provide much needed extra space and facilities was well underway (but producing congestion).

#### 7 AoB

MF asked about the covid vaccine spring booster; PC confirmed that the vaccines would be offered at the surgery to the over-75s and other vulnerable groups. RS-M noted that the practice was now on Twitter and Instagram as well as Facebook, RS-M and PK will be meeting to work on this further, and PK is also working on the website.  
PC suggested a clean-up of the patient list.

#### 8 Date of next meeting

Monday 13 June, Ampleforth surgery, at 6pm.