

**MINUTES OF PPG MEETING
HELD AT WATER LANE ON TUESDAY 4th SEPTEMBER 2018 at 6.30pm**

Attendees YMG:	[REDACTED]
Attendees Guests:	[REDACTED]
Attendees Patients:	[REDACTED]
Apologies:	[REDACTED]
Facilitator:	[REDACTED]
Note Taker:	[REDACTED]

WELCOME AND APOLOGIES

[REDACTED] welcomed members to the meeting and staff introduced themselves to the group.

APPROVAL OF MINUTES

The minutes of the previous meeting were agreed.

ACTIONS FROM PREVIOUS MEETING

Contact [REDACTED] at the CCG to see if he will attend a PPG meeting

[REDACTED] kindly attended tonight's PPG to meet patients.

Investigate whether one of the speakers in the corridor at Water Lane can be disconnected

Music is played into the waiting rooms to afford privacy to the patients in consultation. Unfortunately it is not possible to turn down the volume in the corridor as the system is all connected.

[REDACTED] – VOYCCG

CCG – Clinical Commissioning Group

This is a compromise name the original being the General Practice Commissioning Consortium.

We are still GPs but as commissioners we decide what providers deliver in the area. Funding is given to us and we work out the best way to spend that. York does struggle for three reasons:

- 1 There are lots of students so we only receive 20p/£ and it is hard work looking after students.
- 2 We are paid based on how ill people are and get more money if people are ill. Areas like Hull, Bradford and Barnsley have lots people dying of heart disease so get more money. We are penalised for having a health population.
- 3 We have lots of older healthy people so again less funding.

We don't get enough money to pay for everything we want and have to come up with creative ways to get the best out of the money. One way is to ensure we have the best possible staff and the best practices working together who work well as groups. York Medical Group is a great practice if I lived in York I would be a patient here.

I was a clinical doctor in the 90s seeing the same people over and again who were progressively getting sicker so wanted to move to public health so became a consultant in public health and stopped seeing patients in 1999.

Effectively you are all now my patients.

York Hospital trust board invited me to meet with them and they explained how they were seeing more people and performing more operations but my purpose is to stop people from needing those operations and to make people

healthier.

We spend more on a patient in the last 3 months of their life than during all the time before that. As a doctor I was not making things better.

The funding problem has been around for years, is there any move to readdress this?

I have met with [REDACTED] who is on the committee who comes up with the formula and they are pushing for a change in the student formula. The difficulty is that this money has to come out of another pot and ministers don't like that. Whatever change you make there are always winners and losers and it doesn't immediately result in being paid more.

We make sure we spend every penny and my biggest focus has been the over spend at the hospital. Any over spend has been taken out of other areas and one is primary care. The first thing I did was stop this and any new money available goes into primary care.

There is fantastic support from our local MPs and they are doing their best but they are up against other MPs who don't want change.

[REDACTED] clarified to the group that extra money going to primary care doesn't necessarily come to individual practices – other services may be made available.

There are national decisions about how money is spent and often procurement processes to be gone through. Further income can be generated from Enhanced Services/QoF (Quality and Outcomes Framework) where practices have to complete work to get this funding.

Often there is so much form filling it doesn't make sense and will often cost more than the income generated so it is a real challenge.

Money received into practices is set nationally. The challenge is we receive a finite amount of money but it's insufficient for the growth so we all have to tighten our belts.

York is now struggling to recruit GPs as people don't want to be GPs and the gap between growth in demand and growth in funding is growing.

Is training of GPs drying up?

In North Yorkshire we have enough people applying, not enough finish the course and then again not enough wanting to stay and work in York.

[REDACTED] explained that York Medical Group finds it difficult to recruit GPs as they can earn more money in other areas. Young GPs are leaving the area as they can earn the same or more money elsewhere and have a better home/life balance.

Hull struggle to recruit GPs so they get more funding.

Are the Government aware of the drop in recruitment?

Yes, however I am concerned with the Vale of York where there is a problem. The Secretary of State for Health is interested in England where there is no problem in the recruitment of GPs and there have been an increased number of medical student places. In York the shortages are getting worse but some places have an abundance of GPs for example lots want to work in London but here in the north although we train lots of doctors very few want to go into general practice. The Secretary of State sees the whole country's problems not just local issues.

Could GPs work from one building to reduce costs?

Pooling resources can work. York Medical Group, Priory Medical and Haxby Group have all done that successfully but it comes to a point where adding extras doesn't make a difference. There are issues with centralising services as the further away patients live the less likely they would be to use it.

The advantage of a new facility is that we can build it for modern medicine. In the past a GP surgery was just that but now there are so many more clinicians working together; Advanced Nurse Practitioners, Practice Nurses, Healthcare Assistants, physiotherapists, counsellors so lots of rooms are needed. This is the next phase of primary care.

With the problems of financing how does it affect the health of the patients?

One challenge in York is that this is one of the healthiest parts of Yorkshire. We have achieved what everywhere else is trying to achieve; lowest rate of under 75 heart disease, lowest smoking rate, highest life expectancy, we have an exceptional hospital, good primary care in fact the vast majority are outstanding, community services are improving and we have good mental health services. Money has been taken out of mental health services and it's under invested; patients wait too long to be seen and get worse. We fail children every day; children's mental

health services are not good and every additional bit of money is being put into this area.

Mental Health services were fragmented in York previously did this cause issues?

That was part of the problem and also underinvestment. Tees, Esk and Wear Valleys who now cover the whole of North Yorkshire are doing a great job and savings are being reinvested. 75% of adult mental health starts between the age of 12 -18 years so if we need to take care of our children.

WAYS TO WELLBEING

██████████ is a Project Lead for Ways to Wellbeing who have been delivering a service at Priory Medical Group for 2½ years. ██████████ colleague ██████████ has now started clinics at Acomb and 32 Clifton.

This is based on a social prescribing model and borne from an understanding that 20% of people visit a GP for a social concern. Ways to Wellbeing links people to non-medical support within the community to improve their health and wellbeing. It aims to address peoples' health and wellbeing in a holistic way and reduce pressure on GPs with access to non-medical services.

██████████ has an hour with people and can help with a range of issues. For example helping a patient with long term health conditions apply for grants for a PC in an aim to improve their quality of life; a retired patient new to York who has had a recent relationship breakdown felt isolated so in the first instance we just listen and then look for volunteering options for them.

The majority of people seen have quite poor mental health and are referred to try and improve their emotional wellbeing.

There is no form filling, no bureaucracy the process starts with a GP/nurse/self-referral and patients are seen at their surgery as it is familiar and safe for them.

Our last evaluation found that 80% of people felt improved wellbeing. In August 2017 data was collected on GP appointments 3 months prior and 3 months post to seeing us and we found that GP usage by these patients had decreased by 30%.

██████████ expressed pleasure at being able to expand this service to York Medical Group.

This all sounds wonderful but what has it do with the PPG?

██████████ asked that anything patients could do to spread the word about the service is important. The aim is to be able to offer the service to people who need it.

Is funding secure?

Funding is available until next year and it is hopeful it will continue. There is no reason why it shouldn't as targets are being reached but it is an uncertain time.

How can we champion you with our Residents Association for example?

You can put our contact details in your newsletter and they can call us; however we will have to inform the GP. We have a small team of three of which two are part time.

I wasn't aware of this service and know people who could benefit. Is it a direct call to you if someone could benefit.

Details are available in all the surgeries and if patients call the Acomb PCC's can make appointments. However referrals are predominantly from a GP.

How can a pharmacy refer?

As a primary care service provider you can refer.

I think this has very much to do with the PPG and this sounds like a brilliant new service I wasn't aware of.

MUSICAL CONNECTIONS

██████████ runs Musical Connections which hold music groups for patients. There is a link between engaging in singing and improved wellbeing. Two groups have been set up one in Acomb at 1pm on a Monday and another at Tower Court, Clifton Moor at 1.30pm on a Wednesday for 1½ hours.

It would be lovely if you would all like to join; it is not a requirement to be able to sing.

We can provide free transport if people would like to attend but can't get to surgery but suggest a £3 donation if

people can manage.

I have been working in the industry for over 9 years. We started working in care homes but have expanded out into the community in various settings across York and welcome any adult who wishes to sing; all we ask is an interest in joining in with others, to enjoy music and to want to make a connection with others through the activity. We work mainly with people over 55 and have student volunteers who help.

Over 90% of people who come to Musical Connections believe they've made new friends, are more stimulated and have improved wellbeing.

We tailor our music to what people like but use a really wide range of music and styles. We want the group to be something people enjoy and can shape themselves. The aim is that people enjoy their singing.

On Friday 21st September it is World Peace Day and we will be at Tower Court singing as part of the One Day One Choir. There will be coffee and cake available for all who attend. Further details to follow.

MEN'S HEALTH EVENT – UPDATE

██████████, PPG member from Monkgate talked about the Men's Health Event being organised to raise awareness of prostate problems.

It is to be held on Thursday 11th October at 7pm at the David Lloyd Gym, St John's Playing Field, Hull Road, York YO10 3LG.

A volunteer from Prostate Cancer UK, a urologist from the hospital and ██████████ DJ on radio station YO1 will all be giving talks.

All are welcome not just YMG patients and partners are especially welcome.

There will be an article in The Press, posters and flyers available for the event.

As the event is free we have agreed that Prostate Cancer UK may use the event for "gentle" fund raising.

There will be complimentary tea, coffee and biscuits and a cash bar on the evening.

██████████ explained that he had only done one men's health event which was live on radio teaching testicular self-examination. He agreed that it was very important for men to bring their partners along as women who live alone have the same life expectancy as those who live with a partner. Men who live alone have a lower life expectancy.

ANY OTHER BUSINESS

TELEPHONE SYSTEM

We currently have 8 surgeries who all have different telephone systems with different providers which explains why you all have a different experience, for example when a patient calls Acomb or 32 Clifton our service provider will not put an engaged tone on and the phone sounds like it's just ringing, which we can assure you is not the case, our PCCs will be taking other calls. We are currently linked to the system provided by the hospital but our new system will be completely independent.

There will be one new centralised number (01904 439100) and your call will be answered by one of 12 PCCs in three phone hubs; Water Lane, Monkgate and Acomb. This will allow us more flexibility and ensure that calls can be answered across the group, enabling us to help with peaks and troughs of calls across the day. Calls will be recorded for patients and staffs benefit and may be used for training purposes in the future.

You will initially receive a recorded message asking you to press:-

0 to cancel appointments

1 for urgent appointments

2 for routine appointments

3 query line (test results etc.) enabling you to select your surgery which will be answered by a PCC in reception.

4 secretarial team – referral support

5 medical report team

Options 4 and 5 will only be available for 2 hours a day to relieve pressure on PCC's during the hours they receive the highest volume of calls.

This is a huge change that has taken months of planning and longer than hoped to implement but it will be the first version and if we haven't got it right hopefully it will improve and give better access to our patients on the

phone.

All original numbers will automatically divert to the new number for a period of time.

Our new service will start on Thursday 13th September.

If you have any recorded messages can I suggest you don't have "your call is important to us" which is very annoying?

The system will be loaded with surgery specific information and every 20 seconds you will be reminded of your place in the queue. Phones will be answered by 12 people so you could move from 13th to 1st in the queue very quickly.

We will have the ability to analyse data from all our calls to enable us to have more staff at peak times.

We would ask that you give the new system time to bed in, it will be new for patients and staff and there will be teething problems but we hope it will be a much improved service for all.

Any feedback, positive or negative is welcome, and can be sent via email to voycgg.ppgymg@nhs.net , voycgg.ymginfo@nhs.net , through the website or inform a PCC at your site who will forward your message to the Telephony team.

Will it take text messages?

Unfortunately not at the moment but we do hope it will integrate into our clinical system in the future to enable this service.

CONTINUITY OF CARE

I saw the merger as a positive step forward as I can now access other sites for appointments. The downside is if a patient has mental health issues there is no continuity of care and they have to reiterate what is wrong with them. This is not conducive to treatment and I wondered if that was something that has been discussed within the group.

■ explained that the has not been discussed specifically under mental health but this is one reason we hold dear this group as you bring areas to review that we may not have thought of. Continuity of care is our biggest challenge. We have a lot of patients with very complex medical conditions so going over their whole background can be challenging. ■, as part of the access team, has created two appointments for complex care restricted only for GPs to book to bring patients back in for continuity of care. If these are not used they are opened up for anyone to book into. It is not a perfect system but hopefully the clinician they see will say come back and see me.

That is not always possible though.

■ agreed that continuity of care was very important for our patients and clinicians to give the best care. There has been lots of focus on urgent care with the hope that this will free up more routine appointments, which it has. The big issue is that we just don't have enough appointments. We have now turned our thoughts more as to how to improve continuity of care and have put in an expression of interest for funding to improve this (although we are not assured of this). We do hope to involve patients in shaping that and will look at our most vulnerable patients first.

NEW EXTENDED ACCESS PROVISION

■ informed the meeting that the press release about GP practices opening 6.30pm till 8pm, where we were named as one of those practices, was not entirely accurate. It will be a great opportunity to offer more appointments that all patients in York will be able to access. The contract was put out to tender, which we did bid to provide, but we were not successful so the service will not be organised by our group. We will be collaborating with our colleagues at Nimbuscare who will be delivering the service from 4 hubs across York, Cornlands Road Medical Centre in Acomb, Huntington Surgery, Jorvik (Stonebow Surgery) and Pocklington Surgery which all patients will be able to access from 6.30pm – 8pm and on Saturday and Sunday morning. There will be a range of practitioners working there GP/ANPs/Nurses/HCAs and we, as a practice, are deciding what we can contribute to the service but whatever happens our patients will be able to access the service to offer you more choice. It may be more suitable for those who don't need continuity of care but is open to anybody.

Lots more information will be coming out but the service will be starting on 1st October but will be unlikely to be at full strength until April 2019.

It will remain in hubs and if you access that service it is likely you may not see a practitioner from our surgery but any consultations will be added to your medical records and any follow up will be dealt with by York Medical

Group.

■ explained that ■ and the management team put a lot of work into putting a bid together. At a previous meeting we asked our PPG about this and they said they would like to retain this service in house. Unfortunately we weren't successful in the bid process so another organisation will be overseeing this. We will contribute for our patients and there has been one meeting so far to see how this will work out. It is relatively early days that's why there is little detail, logistics are still be organised but part of the plan is for us to provide clinicians to work at these sites.

■ said that our preference, as a large practice, for patients and staff, would be to open one of our sites to deliver this service; we have asked for this as it would be better for engagement of our staff and patients. Currently there is no hub in Clifton but we will continue to request this.

COLLECTION OF PRESCRIPTIONS

The last three times I have come to collect a prescription, two haven't been available and one got lost. Is it better to leave for 3 days or is it still a 2 day turnaround?

■ explained that it is a 48 hour service. Unfortunately prescriptions do sometimes fall into black holes. A meeting is arranged tomorrow to see how we can improve the system for staff and patients.

After I drop my paper requests into surgery it is sent electronically to Tesco. I leave mine and my husband's at the same time why do his get sent and mine don't.

■ confirmed that we have a 48 hour turnaround but there are always challenges. Our management team have analysed GP workflows and suggested quality markers and time frames tasks should be completed. Targets are monitored and we meet to discuss any problems and try and improve the system. Patients are encouraged to use our online system to limit the possibility of prescriptions being lost but there are limits to this system and some drugs cannot be sent electronically.

■ stated that you don't have to order all items on your repeat prescription online you can select only those that you need. The online system can be audited to see why prescriptions are not processed and they are less likely to get misplaced.

Having used the electronic system the only time I found it frustrating was when I needed a review and could not order my medication and only had a couple of tablets left.

■ advised that there is a comment box under each medication which enables you to leave a message. This would be seen by the GP when issuing the prescription.

■ confirmed that the majority of the time prescriptions will be issued beyond a review date. Repeat prescriptions within review can be printed by a PCC and then signed by a GP. PCCs are unable to process prescriptions for patients who need a review; these are passed on to a GP who may extend the review date by a month to give the patient time to come in for consultation. Our system does not allow us to put review dates on beyond 12 months.

Acomb pharmacy are fantastic and ring you about medications, reviews, deliveries – they are excellent

We will revisit the advertising of our online system and ensure there is information in surgeries for patients.

I have an annual review but couldn't get an appointment.

■ explained that this is partly about the number of appointments we have available. We have tried to alleviate this pressure by asking patients to attend for review in their birth month. Also as previously mentioned there is a national shortage of GPs putting general practice under pressure.

DATE OF NEXT JOINT PPG

Wednesday 5th December at 6.30pm at Acomb Surgery, Acomb Road, York, YO24 4HD