

hours. We are also considering how we can use Skype for patient consultations. Historic surveys have shown this is not valued by patients but as personal technology grows patients may be more receptive to this.

This is a great asset so people don't have to travel to get to see a doctor.

■ detailed funding that we had gained to progress a trial to assist our vulnerable patients who may suffer from trips and falls. Be Independent, which is now back under council ownership, will be working with our patients who have been discharged from hospital and are frail or elderly. They will automatically be registered with Be Independent free of charge for 3 months and provided with a pendant alarm which auto triggers when a fall is detected. A first responder will call and visit to ensure they are ok and if necessary call an ambulance or arrange input from other services. After the 3 months if a patient wishes to continue they can sign up privately or may qualify for the service if they receive certain benefits. This is a 24 hour service and will start in August 2018 for YMG, and two other city practices.

Was there another service about ambulance service being located in practice?

■ stated that this was going to be a paramedic. We did run a trial with Yorkshire Ambulance Service (YAS) where they took on some of our home visits but this has now ended. Trial is being reviewed against agreed success criteria.

Have you considered WhatsApp as it's free?

The E-consult system will guide you through certain questions based on what you type. We are also considering having a PCC and a Health Care Assistant in waiting rooms with an iPad before you see a GP to get basic information to save time in consultation.

Water Lane will be trialling two machines that take a patient's vitals to pass to the Urgent Care Practitioner or GP. There will be one self-service machine that will print a ticket to take in and the other will be with a Health Care Assistant (HCA) in a private room. It is hoped that capturing this information before you see the GP will save time in the consultation for more meaningful discussion.

ACTION	COMMENT	PERSON RESPONSIBLE	TARGET DATE
Contact ■ at the CCG to see if he will attend a PPG meeting		■	04/09/18

GENERAL UPDATE

■, Chief Executive of York District Hospital is no longer in post and the CCG are significantly in deficit. Some argue that Hospital service have grown and the pot of money has shrunk so there is always going to be a deficit. There is a change in the way the CCG pay the hospital, previously they commissioned a service based on a tariff for a service or procedure. There is now an aligned incentive scheme; funding is given to deliver a service and the service has to fit with no potential for overspend.

Consequently services are moving out of the hospital back into the community and are being delivered by GPs. The 5 year forward view is the NHS strategy to work more with the social and voluntary sector around social prescribing.

York Medical Group recently ran an in house MSK pilot in practice which was very successful and we are aiming to get CCG funding to continue this.

■ explained that the article regarding the haematology clinic closing may have been that the part of the clinic that currently runs warfarin monitoring is being taken out of the hospital into general practice and it may have been a discussion about how this is redeployed.

There is a general move in the health system to look at more integrated care and to offer as much as possible in one location, rather than moving patients around so there is likely to be more change in how healthcare is delivered in York.

MEN'S HEALTH TALK

■, PPG member from Monkgate explained an initiative that patients there have been hoping to run. The aim is to hold a Men's Health Talk mainly focusing on prostate cancer. Prostate Cancer UK have been approached to attend and possibly a Consultant Urologist. We have a patient at Monkgate who is also willing to talk about his experiences. It is to be held at David Lloyd Gym on

Hull Road sometime in October. Both David Lloyd and Healthwatch have been most helpful offering the room for free and help with publicity. This is open to all patients to attend, both men and women.

I received through the letterbox today a flyer to go to a talk by a specialist at the Nuffield.

If you join Nuffield do you forgo NHS?

No occasionally if you are referred on the NHS you may be treated at the Nuffield. You are still entitled to NHS treatment.

Sounds an excellent idea. Another good idea would be a talk on mental health. How to deal with dementia patients from both a carers and patients' perspective.

Both Acomb and Water Lane are decorating in dementia friendly colours (blue, green and yellow).

To someone with dementia everything looks white – toilets especially. It is a good idea to have toilet seats in green or red.

Grey and light blue printing is also difficult to read – much better to stick to black and white

We are also working towards being an Alzheimer friendly organisation looking at ways to improve our service and signposting.

TELEPHONE SYSTEM UPDATE

■ explained that our current telephone is an extension of the hospital system which is 15 years old. Recently the CCG commissioned a new service which was implemented into 7 practices which did not work well. ■ challenged the CCG and said it wasn't fit for purpose and refused to have it installed at YMG. The system had never been tested in general practice and with any tech solution it's not just about the phones, but support, how we will use it and what happens when it breaks down.

The CCG gave BT another opportunity to fix the problem but there has been no improvement. YMG have procured a system from X-on called Surgery Connect. The system is designed specifically for GPs so they have lots of experience and are constantly improving the service. The paperwork was signed two weeks ago and a project team is in place to roll out to all surgeries. We will continue to communicate with staff and patients over the coming weeks.

Will it integrate with hospital system

The hospital run a system called CPD, we use SystmOne and other GPs use EMIS which are all different systems and run on different protocols.

York is moving towards extended access where GPs will have to provide 8 till 8 Monday to Friday and Saturday and Sunday opening. We are bidding for this work but it may go to a private provider. The service will be offered to all patients across York and as a consequence there will need to be some interface between systems to book patients in if the service is not provided within our surgeries.

■ stated that we would need to double check what sharing rights there would be as if you share your information with another organisation they can have full access to your records. If you chose to share you cannot just share with one provider you have to share with all (for example Health Visitors, District Nurses etc).

■ replied that the service provider must be able to write into your record any consultation notes.

There is a huge amount of extra work being pushed out to GPs. It is already two weeks before you can get an appointment now and there is a shortage of GPs

I received an email from CYC offering an NHS Health Check part of which was done online, but before you do anything you have to agree to share your data with every other department in CYC – no way I would do that.

■ agreed it's an issue but didn't think CYC would look at patients' records and would have systems in place to mitigate access.

The new telephone system will be there to improve services for patients and we are trying to create a multi-channel approach with E-consult, urgent care appointments, better managed appointments for long term conditions and remote consulting.

Can we be assured that this nothing to do with Kimberlow hill

■ confirmed that our telephone system would not be the same and they took the system we rejected.

Will the system point you to the right appointment?

■ advised that there would be an auto attender with simple instructions. Press 1 for an Urgent Appointment, – Press 2 for Routine or hold to speak to a PCC. Instead of music there will be recorded self-care instructions possibly reminding you about our online system, flu clinics, etc. and will also give your queue position.

■ asked if members would be happy to feedback user experience with the system when it is implemented to tell us how it's working. Details will be sent out about how to give feedback at launch date.

ALL PATIENTS AGREED

Will you offer a ring back system? The reason I suggest it is my partner had a bug recently and the Dr rang her back so she didn't need to go to practice.

■ agreed that we hadn't considered that but will investigate. The system will have a message service and we will probably have a cancellation hotline as many patients say they are unable to get through to cancel appointments.

I made a phone call and the company said I was 5th in line but they would ring me back which was very efficient

■ confirmed that we will be able to see whose waiting so can see when our peak times are and have more staff during those periods.

On the new system will you be able to phone all sites or will it be a central number?

■ explained that we are planning a central site in the future but you will always have the option to speak to someone at your own surgery.

A central point with trained telephonists would be better – I rang today waited 13 mins to be answered and then said it was Water Lane I wasn't sure they could help as I am a 32c patient

I like appointment system. I had a telephone consultation from the Dr but didn't have a text to tell me about that which I would have liked. For other appointments I get a text before I've left surgery

■ explained that as we can't guarantee what time the GP will call we are unable to send a text reminder.

■ said it was really encouraging to hear you agree with the central telephone hub as the staff will become specialists at taking calls. We always wish to improve our clinical delivery and we welcome any feedback.

Would it be possible to send out a guide about what it will be able to do and see if we can see a fault?

■ felt it would be better to only give out basic information and evolve based on feedback.

NHS BIG 7TEA

This year the NHS turns 70 years old.

■ asked the meeting how they would like to celebrate.

The idea of a tea party was welcomed with offers from patients to bake for the event.

Offer free blood pressure checks??

Post Meeting Note

■ suggested that it would be an opportunity for patients to bring along anyone who they felt was isolated and would benefit from socialising for an hour.

SITE SPECIFIC ISSUES

■ thanked members for responding to the email regarding the change to the structure of the PPG meetings and acknowledged the concerns raised that the opportunity to discuss site specific issues would no longer be available. This will continue to be a standing agenda item for members to bring forward any issues that need addressing.

■ explained that these meetings do take time to organise with limited resource internally, communication was repetitive and often site issues were similar across the sites so it felt right to merge the meetings.

These meetings are opportunity for service development and to hold ■ to account for delivery of services.

■ also apologised for not attending the last Acomb PPG but assures members that he intends to attend future meetings for feedback on how we can improve.

WATER LANE

When visiting [REDACTED] and [REDACTED] the speakers in the corridor are very loud – can this be addressed.
 [REDACTED] explained that following visits from the Health Authority to ensure we are fit for purpose issues were raised with the sound proofing of the consultation rooms. Music is played as a baffle to maintain the confidentiality of patients in clinic. Classical music can be loud or very quiet so is not used as it is difficult to maintain the correct levels.
Classic FM is used as it is compressed and it keeps the sound within range.
 [REDACTED] mentioned the sessions being run by Musical Connections at Tower Court. All patients are welcome to join the singing group on a Wednesday afternoon. There will also be sessions run at Acomb in the future. This is an attempt to find ways to wellbeing instead of just managing sickness by supporting our patients to stay well.
 [REDACTED] also mentioned the possibility of starting a gardening club at 32C maintaining the lovely garden that is rarely used. We are looking at ways of becoming proactive rather than reactive.
When I first started coming to these meetings there were many site issues so well done
 [REDACTED] stated that we have employed a handyman on who has a long list of jobs and is aiming to keep on top of small issues across the sites.
 [REDACTED] also mentioned that we are hoping to move to LED lighting at three of our surgeries which will then be rolled out to other sites.

ACTION	COMMENT	PERSON RESPONSIBLE	TARGET DATE
Ask [REDACTED] to check to see if one of the speakers in the corridor at WL can be disconnected	[REDACTED] emailed [REDACTED] 12/06/18	[REDACTED]	11/09/18

ANY OTHER BUSINESS

THANK YOU

In April I did a 77 mile walk in 6 days; I didn't feel too well so made an appointment to see [REDACTED] at Monkgate who listened to my heart. I was fast tracked to Castle Hill, had open heart surgery and was in hospital for 5 ½ weeks. I have just done 8 miles around Harwood House. The whole thing Nurses, Doctors, District Nurses was absolutely fantastic. I haven't been to a meeting in a while but it is refreshing to see everyone talking in a positive light. There is a definite culture change and the way you're talking about progress is heartening
Suggestions for 70 celebrations could be sharing stories about being grateful for the NHS
 [REDACTED] agreed this would be a great idea and asked if patients would consider going on video to talk about their stories for our website.
A good idea – focus on the positives as you're trying to do your best under difficult circumstances. Suggesting we came together is really positive and the way you're looking forward should be congratulated for doing it. Too many people moan and complain, it all sounds positive and you are leading all our surgeries into a good place.
I had a similar heart experience but wasn't in hospital as long
 [REDACTED] stated that we have been through the traumatic experience of merging and change is difficult. [REDACTED] commended the partners for allowing him to come in from the outside to focus on improvement. We want to do the right thing for the right reason and the team has responded wonderfully. We are starting to see shoots of change and it is heartening to hear you are witnessing that and seeing changes and hope we can continue and have honest and constructive conversation.

FEEDBACK / AGENDA ITEMS

Please email any feedback or future agenda items to voyccg.ppgymg@nhs.net

DATE OF NEXT JOINT PPG

Tuesday 4th September at 6.30pm at Water Lane