

**MINUTES OF PPG MEETING
HELD AT WATER LANE ON TUESDAY 12th MARCH 2018 at 6.30pm**

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|---------------------|------------|
| Attendees YMG: | [REDACTED] |
| Attendees Patients: | [REDACTED] |
| Apologies: | [REDACTED] |
| Facilitator: | [REDACTED] |
| Note Taker: | [REDACTED] |

WELCOME AND APOLOGIES

[REDACTED], Chief Executive Officer, of York Medical Group welcomed members to the PPG.

APPROVAL OF MINUTES

The minutes were approved by [REDACTED] and seconded by [REDACTED].

ACTIONS FROM PREVIOUS MEETING

The glitch with the online ordering of prescriptions has been raised with NHS Digital but it is unlikely there will be resolve to this in the near future. We therefore remind patients that when ordering a repeat and custom prescription that they order the items separately to ensure that both requests are actioned.

There were no other outstanding actions from the previous meeting.

PRESCRIPTIONS

[REDACTED] explained that it was apparent that since the mergers each site handled prescriptions in very different ways. For example, Monkgate have a phone request line, some sites will take requests over the phone and others will only accept written requests. An external consultant, funded by NHSE, has been working with a team from YMG for the last three months, looking at each sites process from when the patient requests the prescription to it being actioned and noted the significant variances. The findings were reported back today and we will execute her recommendations to align methods and models across sites to manage prescriptions with a uniform approach over the next 6 months.

To try and ease some of the pressures from our GPs we have also employed an external agency to deal with some of our prescription requests. We take an approach to experiment with potential changes based on an incremental approach, this project will be deployed, review findings and refined.

We would encourage as many of our patients as possible to use the Online system and also to nominate a pharmacy so that any prescription requests can be sent electronically on to your chosen chemist for collection.

The pharmacy in Acomb cannot get the drugs my wife requires but Boots and Lloyds can so she is unable to have a nominated pharmacy

Any Controlled drugs can now be sent electronically due to a change to the service from Feb 2019.

The pharmacy in Acomb asks when I want my prescriptions delivered and I have never had a problem and I have quite a few controlled drugs

The CCG do take into account the cost of all drugs and will not allow us to prescribe some controlled drugs.

I had a repeat drug provided by my GP which was backed up by the pain clinic at YDH and twice I came and it had been knocked off my prescription. Once I finally found the reason I understood why but it was not communicated to me.

■ responded without going into too much detail it depended on the reason behind it but fundamentally it should have been fed back to you why it had been removed. Most important is communication with the patient and accurate note taking and recording why it has been removed on the patients' notes. Another reason may be that our pharmacy team do not have authority to make the decision and this has to be passed on to a GP, finally for the most part we will do what our hospital colleagues request of us, as they are experts but we are not always able to provide the prescription. GP's take responsibility of any prescriptions they authorise.

■ informed the meeting that GPs are fully accountable for everything they prescribe so there are always checks that have to take place and they may sometimes err on the side of caution but agreed that the communication was an issue on this occasion.

ACCESS/CLINICAL DELIVERY/APPOINTMENTS

■ explained that there is always more demand for appointments than staff can deliver. ■ has been helping to look at our data, how our appointments are used and our DNA rates. Our PCCs try and get you to the right appointment using a signposting sheet which has been running for a year and is now 54 pages long and has become unwieldy. The idea of this is to protect GP appointments for those that need them. The filtering hasn't worked brilliantly and there are multiple considerations, we are an 8 practice site with many clinicians including GPs, nurses and Urgent Care practitioners and the PCCs try to give the patient an appointment with an appropriate clinician. We are now looking at the demand and access with one years of data, and looking to evolve the type of questions we ask when you call, we will ask you about how you feel; do you feel you need urgent attention, do you feel you can wait, is it an existing condition for a routine appointment or more complex that may need multiple appointments so filtering differently to give the most appropriate appointment. We are also looking at employing specialist practitioners as we are still struggling to appoint new GPs due to national shortage. It is an uphill battle to satisfy demand and manage workload in a safe way for our clinicians.

The new telephone system has offered an improved service, with a recent pilot with a GP working in the phone hub to help the team to signpost or deal with GP relevant queries.

We continue to find innovative ways to make YMG an attractive place to work for new staff and are also trying to give continuity of care which is beneficial for both staff and patients.

We understand the new telephone system but it's the music that drives us mad

Unfortunately to play music we know and love we may have to pay a licence fee.

I do go online to try and find a GP appointment but it is difficult if you want to see a particular GP so I come into surgery which is more successful

We do have very few appointments available online and this provision is under development. The new GP contract states that we must have 25% of our appointments available online by July 2020. The biggest problem we experience is that our highest DNA and cancellation rate is by patients who book online. There is no opportunity for us to triage the booking so cannot be sure patients are booking into the most appropriate appointment. Online is good service to offer for our patients but it also provides new challenges to overcome.

■ stated that although our online provision is great to offer it can work against those patients who don't have online access and we ensure to hold back appointments so as not to penalise those patients who aren't online.

I help out an elderly lady who isn't online who I brought to the surgery to book an appointment we were asked to come back and then when we did were asked to try ringing at 8am the next day when we were 19th in the queue which we didn't wait for – is there something easier?

Previously when patients called they didn't know where they were in the queue so the new system is better for patients. We will be installing a new call back option so patients don't have to hold and when they get to the top of the queue a PCCC will call back.

■ agreed it was challenging to be told you are 19th in the queue, but there are a number of call handlers so this may only mean you are actually 4th. The advantage with the new system we have is that we are able to crunch data and assess the volume of calls coming in and ensure we have more staff working at peak times.

■ confirmed that there are 8 PCCs answering calls in the morning so the wait shouldn't be too long even when the queue position is high.

I had a similar experience and I put the phone on loud speaker and waited for the call to be answered which wasn't too long

I could go online but I chose not to.

I am online and tried to stay online but have recently had lots of emergency appointments and don't think I would use online again. I feel you do need to speak to someone to get what you need.

We try not to use the phone but if you ring there are usually appointments available.

If there are going to more online and the DNA rate is quite high could you encourage those with long term conditions to use online and the bring DNA rate down

■ explained that we are looking at continuity of care and thinking about offering a set number of appointments in the future. There are lots of reasons why people DNA. We currently give patients the first available appointment rather than asking you when you want to come in. We are not an acute service so need to stop behaving like one; we have massively increased our available on the day and near appointments which is welcome but then there is nothing available for 3 weeks with nothing in between and we are now focussing on this. Currently some appointments are embargoed for use online and for Site Leads and GPs to book into. We are having discussions with other practices who have removed embargoes and this has worked so we are looking at this carefully. Work continues constantly to maximise the use of appointments. There is also a trend that DNA rates increase if patients know it's a Locum GP. We are retraining our PCCs to change the way they offer appointments.

Does a locum take a more conservative approach to treating patients

I think having seen a locum it is sometimes better they pick up on things that you're usual GP might miss.

If there were more interim appointments available it would have saved us using two emergency appointments?

We don't have enough GPs to manage our demand now and need to work out how to do this potentially with different specialists.

The ease of getting a telephone consultation with your usual GP is good usually in only a couple of days

Occasionally for GPs who can't come in to work (if they have a sick child for instance) they have been working from home taking telephone consultations, offering them the opportunity to work flexibly. We are always sympathetic to our work force and offering this has made a big difference during a pilot we ran in Feb and March 19. We are looking to make this a more permanent solution.

I think that's a brilliant idea.

IMPROVED ACCESS

The new 8am till 8pm service has been launched in York and patients should now be offered these appointments. They are available at other surgeries around York outside of YMG as well as at our Tower Court surgery on a Friday evening from 6.30pm to 8pm and Sunday morning from 8am to 1pm. We already offer an extended hours service at some of our sites with early and late openings as well as Saturday mornings at Water Lane 8am to 1pm; further details of opening times are available in surgery and on our website.

The Improved Access service is underutilised at the moment but please ask the PCC when calling should you wish to access one of these appointments.

■ explained that these are half hour slots and you must give consent for non-YMG staff to access your patient record. This only lasts for 14 days and after this time should you wish to access the service again you would need to give consent again.

Does this replace the Out of Hours service

Out of Hours is still open but has had some GPs have resigned to work in the new Improved Access service.

The service is open for all the population of York.

■ stated that it is early days for this service but it is currently underutilised. On Friday evening there were 13 appointments available with 6 un-booked as well as all the nurse appointments.

■ also said that it was nice that our surgery was involved in delivering this service and it was a good example of GPs across different practices working together. The reason for the 30 minute appointments is that GPs may have to access a different patient record system and they don't know the patient. It is likely that these appointments will become shorter in time to increase appointment numbers.

■ explained that these appointments can be booked by contacting our practice so do ask the question if the PCC does not give this option; if we don't have an available appointment they can book into this if they are available.

More information is available on our website.

Do GPs still do home visits?

■ said that GPs do home visits. Different doctors have different thresholds. Often the GP will wish to have a conversation with the patient first to ensure that they are unable to visit the surgery and the visit will be assessed on the base of need, not age. Sometimes it is not appropriate that a GP visit; a patient may need an ambulance. Examination is not easy in a person's home and often the necessary equipment is not available, a 15 minute appointment will take an hour of a GPs time which can have a knock on effect for afternoon clinics so we do have to question if a GP really needs to come out.

The District Nursing service is very good but is under pressure to only see housebound patients.

PRIMARY CARE NETWORKS (PCNs) / NEW GP CONTRACT AND IMPACT OF CHANGES

The BMA and Government have said that general practice has been underfunded for the last 15 years and pressures are now significant and are becoming dangerous. Practices were asked to scale up to mitigate the risk of small practices falling over due to staff shortages and increased demand.

Practices are now being asked to form Primary Care Networks (PCNs) to a 30 – 50k patient population. York Medical Group has already merged to that size so could become a PCN on its own. Funding will be available over the next 5 years to assist with employing pharmacists or physiotherapists to offer respite for GPs and income to support our workforce and relieve pressure.

It is difficult to fully articulate the challenges primary care faces. For example if all clinics are full and 5 people phone in sick this has a significant knock on effect on the rest of the team as the demand doesn't go away but has to be handled or moved.

York Medical Group employs 160 people (110 full time equivalents) and we manage demand as best we can but this new contract may enable us to offer better terms and conditions to attract GPs. Insurance cover is currently approximately £8k per GP; from the next financial year the Government is going to pay this so this money can be redirected elsewhere.

We currently employ two pharmacists but would like to further develop the pharmacy team to relieve pressures from GPs; the pharmacists could deal with medicine management, with the advice and guidance of a GP. We are also considering employing a paediatric or MSK (musculoskeletal) specialist as many of our urgent care appointments are taken up with these kinds of conditions.

Registration for becoming a PCN is 15th May and changes will start to happen from June, July and continue over the next 5 years. This is part of the NHS's 10 year long term plan. One proviso of becoming a PCN is that we must work more closely with other GPs, social services, mental health services and the voluntary sector; which we are already doing with the Citizens Advice Bureau, Musical Connections and Ways to Wellbeing already working from YMG sites.

The general population are too dependent on GPs to keep us healthy and seem to have lost a common sense approach to keep ourselves well. We want to move away from seeing you when you're ill but give advice to keep you healthy, and we hope to work on this approach in the coming months.

As a practice we are also putting steps in place to manage the health of our own staff and take care of the carers. Our business plan for the next 5 years is being reviewed and we will be putting our staff at the centre of this to help them look after you; this may include better terms, training and changing the way the day is set out by offering 3 clinical sessions over the day instead of 2 and trying to be as flexible as possible so we can improve the quality of appointments we offer and keep patients and staff healthy.

This is a philosophy echoed elsewhere with the medical schools training more physios etc. to help support GPs

■ stated that the new contract won't be perfect and there will be ongoing challenges and no sudden changes but we hope that the service continues to improve. From September there will be large increase in medical students but it takes 5 years post medical school meaning a 10 year lead time before they come into the system.

There will also be lots of GPs retiring over the next few years

■ agreed that there may be a potential shortfall and this is why we are looking to employ other health professionals.

The NHS are also looking at reducing the amount of work done at the hospital and move it out to into the community and will need to be able to resource general practice to do this. One key change is trying to work with

mental health services, specialist community services and hospital consultants will be employed purely to work in the community; we will also be working more closely with social care as we all have a role to play in people's health.

As you already employ pharmacists will you be employing more?

■ confirmed that York Medical Group needed four pharmacists to cover our 44,500 patient population.

MEETING LOCATIONS

When we held the meeting in Acomb it was too small and patients were coming in and out we really need a bigger space – off site??

We could consider limiting the number of members per practice who attend the meetings.

■ said that if we moved to a bigger site we could have more people which would mean more views and we may hear people less. Should we consider how our PPG is structured and have one or two champions for each site to include those with long term conditions, younger people, working people and older people.

We could have a PPG representative at each surgery and any patients who wish to raise an issue speak to them and they attend the meetings.

The number of representatives should be based on the population of the surgery.

It was agreed that we would continue to hold meetings at Water Lane and Tower Court at present and consider restricting the number of members if necessary.

SITE SPECIFIC ISSUES

When Monkgate was closed Acomb was total chaos and it was less than satisfactory

■ explained that the Monkgate surgery had two back to back emergencies the first was a power failure that affected many areas of York but the Monkgate surgery didn't come back up, this was followed by a sewer overflow which came up through the drains and into consulting rooms. This had to be deep cleaned over the weekend and staff worked extremely hard to get the site back up and running to limit the disruption to patients as much as possible.

Unfortunately this is a NHSPS (NHS Property Services) building that doesn't belong to us and is our largest site which makes it very difficult to accommodate staff and patients at other sites. A contingency plan has now been developed and we have been given access to the empty part of the building at the front to set up for emergencies. We do apologise for the inconvenience and can assure you that lessons have been learnt.

City of York Council and NHSPS are considering the idea of building a new surgery on stilts over the Monk Bar car park with the original site becoming housing but this is would not be in the near future.

The parking situation at Tower Court is ridiculous can pressure be put on the landlord to get this resolved

■ agreed that it was extremely frustrating. ■ and the team have been working with the landlord and had made an agreement about moving forward with renovations, to include the car park, but this has unfortunately all come to a halt as the CCG are doing an estates review and will not allow us to sign new leases, even though it would not cost any more to have better facilities.

Despite that the car park issue is moving forward and over the next two weeks or so it will be revamped with a view to number plate recognition being installed with a 2 hour maximum stay and hope that this will stop people from surrounding businesses parking there.

■ stated that the plans included disabled bays close to the surgery and also an ambulance pick up/drop off bay. When we do get permission from the CCG the landlord will also be installing automatic doors at Tower Court and Acomb. The landlords at both Tower Court and Acomb have agreed to renovations of both buildings should we resign a lease which we are prepared to do.

I still don't understand why the doors at the back of the waiting room in Acomb have to be locked.

■ explained that we have some patients that are addicts who have walked in and stolen from the ground floor rooms so we have to protect the safety of our other patients and staff so the doors will be remaining locked. If the fire alarm sounds the doors are on a fail-safe open so are safe.

■ suggested that any patients who wished to be let through the doors to use the stairs could ask at reception to

be let through and the PCCs would be more than happy to help. Even though the rooms all have number key pads on these cannot be used during clinic time in case access was required for staff to gain entry in an emergency.

I am supportive of these doors remaining locked.

PPG REFLECTIONS/SUGGESTIONS FOR PRACTICE IMPROVEMENT

■ asked if any patients had any questions of the staff.

I was videoed for the NHS's 70th birthday but nothing seems to have happened.

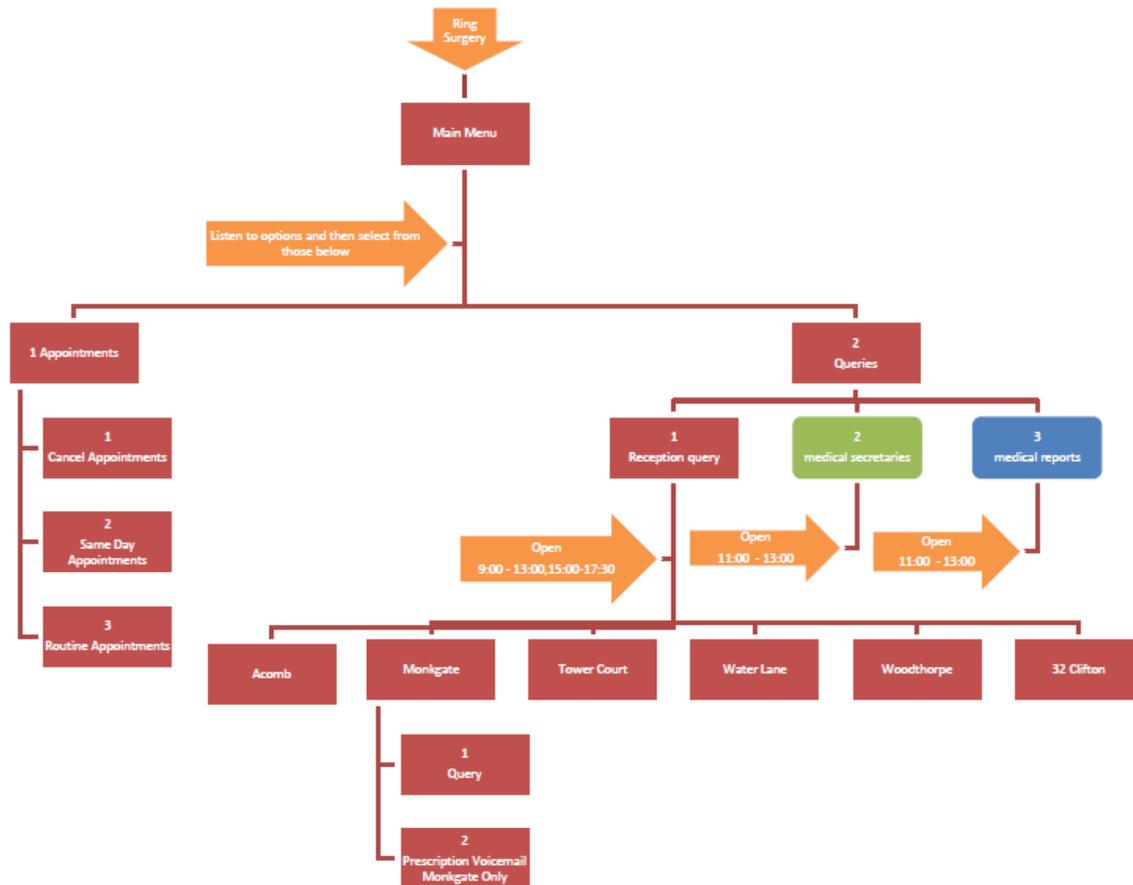
■ will ask ■ to email those involved to explain where he is in the process of getting them uploaded to our website.

I think the improvements in the last year have been significant and the telephone system is good all ideas put forward are brilliant

I agree the phone system is brilliant

■ mentioned that the team are also working on a specific phone line for our vulnerable patients who find using the telephone difficult. This would be a dedicated "VIP" line and not for general use.

Thank you to everyone who completed the recent Survey Monkey on our telephone system. The majority (58%) agreed that the proposed changes would improve the system. Please see below how it is hoped the system will work in the future.



If anyone wishes to see the full results please cut and paste the link below into your web browser.

<https://www.surveymonkey.com/results/SM-CTP5VLZMV/>

■ said that a fast action line for vulnerable patients would be hard to manage and would defeat the object of what we were trying to offer if this number was handed out to too many patients; as understandably friends and family may share the number so a GP referral will be required and numbers will be restricted.

| <p>There used to be a separate phone number for people on care plans – is this still the case.</p> <p>Unfortunately this is no longer available.</p> <p>█ explained that historically we were unable to change anything on the phone system as it belonged to the hospital. With the new system all calls are now recorded; with the ability for this to be turned off at your request. Due to the success we have had with the system other practices in York have also made the decision to move to this company.</p> | | | |
|--|--|--------------------|-------------|
| ACTION | COMMENT | PERSON RESPONSIBLE | TARGET DATE |
| Email █ to ask him to contact the patients who were videoed for the website | COMPLETE - █ has emailed all patients | █ | 11.04.19 |

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| ANY OTHER BUSINESS |
| <i>MINOR EYE CONDITIONS</i> |
| █ told patients that Specsavers in Acomb have an emergency eye clinic that will refer directly to the hospital if necessary. This would save a GP appointment and was an excellent service. |
| <i>THANK YOU</i> |
| I think you do a great job we should all appreciate that you are trying to do the best for the thousands of patients you look after so thank you for what you are doing. |

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| DATE OF NEXT JOINT PPG |
| Wednesday 12 th June 2019 – 6.30pm at Tower Court, Oakdale Road, Clifton Moor, York, YO30 4RZ |

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| DATE OF FUTURE MEETINGS |
| Tuesday 3 rd September – 6.30pm at Water Lane, York, YO30 6PS |
| Wednesday 4 th December – 6.30pm at Tower Court, Oakdale Road, Clifton Moor, York, YO30 4RZ |