



■ explained that we do try and capture consent to text for new patients on their registration form.

**I was stood at the reception desk still booking my appointment when I got my text and my reminder came when I was sat in with the doctor.**

■ commented that a poster at Tower Court advertised there had been 117 appointments not attended so we like to send a reminder the day before in the hope it will prompt patients to cancel if they need to.

**That needs dealing with its not fair.**

■ said that we all forget things occasionally but serial offenders are contacted and we can remove people from our patient list, but this is a difficult process to go through and is rarely followed through.

**If you threatened a fine it would cut it down.**

■ explained that unfortunately we are not allowed to. The NHS has talked about this many times over but the regulations don't allow us to do it.

■ also said that people do change their phone numbers regularly and trying to keep our records up to date is a challenge. Also we have children with a parents' mobile registered that doesn't get changed so it is complicated. We don't want to penalise any of our patients so we have to find a balance.

**Can patients' text into the surgery yet?**

■ confirmed that we cannot accept text messages but patients can email into the surgery.

**If you've had a blood test is the surgery default that if you don't hear anything there is nothing wrong with you?**

■ stated that if results are normal GPs won't usually make contact. Some GPs will send out texts but usually only with an abnormal result asking you to make an appointment, or ask you to come in for a further test in a few weeks if the result is borderline. If it is more dramatic GPs will be in touch the same day.

**That is reassuring.**

**I had a blood test at Skelton in the early morning and co-incidentally a further one at the hospital that afternoon. The following morning I received a telephone call from the GP asking me to attend A&E immediately as my potassium levels were sky high. At A&E they said that although my result in the morning had been high the test in the afternoon at hospital was normal and could have been a spurious test?**

■ explained that it is common to re-test potassium levels as it is important. Potassium levels can throw the heart rhythm. The potassium level in plasma outside the cells is low and inside the cells is high. During the delay between the blood being taken and then tested the cells break down, the potassium leaks out and can give a high reading.

**How do you now when you need a potassium check?**

■ said that there are a number of reasons but it is part of a routine kidney function check.

■ asked if there were any further questions about texting.

**The only general point is there is a danger that people who don't have technology are disadvantaged.**

■ agreed it is one of the difficulties of how we communicate and also why we deliberately hold some appointments back from the online system.

■ said that if patients do sign up for online services it means there aren't as many people calling up, therefore making it easier to get through.

## ORDERING PRESCRIPTIONS ONLINE

**If you order your repeat prescription online and have it automatically sent to Tesco, Tesco text you when your prescription is ready to collect.**

**Boots at Clifton also do that.**

**Not everyone has a computer.**

■ said that we have to cater for all the population, those that do and don't have access to a computer.

## PATIENT ONLINE

**What % of people book an appointment online?**

■ said that we do have a lot of patients who book online as it's easier for them, but not all appointments are

released online.

**There are 10,000 patients with online access which is less than 25% of the patient population.**

■ explained that we have more people signing up for online access due to the problem with our phones. The younger generation especially like to communicate in this way and some patients prefer the flexibility it offers.

**Interestingly there are 10,000 patients registered for patient online but only 2,000 have access to their full record.**

**I could see lots of information on my patient record when I first signed up but very little now.**

■ suggested talking to the admin team. You may have been given access pre-merger so it might have changed.

**During the pilot there was much fuller access when you signed up to see your patient record.**

■ explained that you can only see your records from April 2016.

**Who controls that?**

■ said that it was set nationally, however if you want to see your records for a more specific reason you can request this.

**It is the patient's record so they should have access to it, I know you can pay and come in to see it but I don't see why you can't see your full record**

**It was useful for immunisation history.**

■ said that it might be something that changes in the future.

**Can you still not book a nurse appointment online?**

■ explained that it is too complicated to put nurse appointments online. We have a big nursing team who all have different skills. There is a danger that patients would book incorrectly with a nurse for a procedure that they cannot do and then have to make another appointment. It is continually being looked at.

#### PATIENT NEWSLETTER

**Do you still produce a newsletter I haven't seen one since October?**

**Post meeting note** – ■ confirmed that our newsletters are produced on a monthly basis. The latest newsletter, April 2018, is available on our website under the Latest News tab, under the Have Your Say button or by scrolling down the home page to the Quick Links section, Have Your Say, Patient Newsletter.

■ explained that unfortunately we are unable to post these out to all our patients. Newsletters should also always be available in surgery for patients to read. Patients should check with reception if none are available as Site Leads are able to print copies.

**Could we email the newsletter to members of the PPG?**

**Post meeting note:** ■ has requested that the newsletters are forwarded on to her so that they can be emailed to patients and also requested that they be given an issue number.

#### NEW URGENT CARE CENTRE

■ asked the group if they had used the Urgent Care Clinic and if they had any feedback.

**How does the UCC work?**

■ explained that we are continually trying to improve the way that our service is delivered to patients. We have a UC GP at Water Lane who only has telephone appointments but works in an advisory capacity for the Advanced Practitioners running the Urgent Care Clinic. Most urgent care same day appointments are seen by an urgent care practitioner, but all GPs have some urgent slots too to see more complex cases like young children, mental health issues and problems with pregnancy. To access an appointment you telephone your own surgery and our PCCs may direct you to an urgent care appointment if appropriate, but it may be at Water Lane.

**Do you have to make an appointment?**

■ said that you can make an appointment in person at one of our surgeries or by telephone, but not online.

■ commented that there are UCC's at Monkgate, Acomb and some at Tower Court but Water Lane is specifically for our Clifton axis patients as geographically they sit together so it was felt this made sense. We have a big practice and are spread across York so each site looks after their own patients, but you can go to any site for an appointment.

**When you call is it the PCCs that determine if you are Urgent Care?**

■ has done some incredible work producing a signposting sheet for PCCs with common reasons for patients calling. Alongside each problem will be the ideal pathway to enable the PCC to signpost the patient to the correct appointment. It's not about stopping patients being seen but ensuring they see the right clinician the first time.

**It's not walk in like it used to be?**

■ stated that this had been tried before and it can have advantages, but we felt giving a patient a timed appointment was better.

**Getting through on the phone is tricky.**

■ told the group that we are getting a new telephone system some time over the summer.

■ explained that a lot of work has been done on this and it looks like we may be going on our own rather than waiting for the hospital to deliver the right service.

**One of the reasons I've attended is to sing the praises of my experience with the Urgent Care Clinic. I have a complicated medical history which Dr Geddes and I have a management plan for. My levels dropped so I used my rescue medications but then I need to be in touch with the practice. The PCC gave me an UC appointment and I was seen by Ron Wilkinson – he was terrific and said what I'd done was good and gave me a good check-up. 10/10 service – the whole system went seamlessly.**

**Do you have paramedics working here?**

■ stated that Ron was initially trained as a paramedic but had further training to be an advanced practitioner.

**How many doctors do you have at Water Lane?**

■ said that there are 5 doctors at Water Lane, ■, ■, ■, ■ and ■. The GP running the urgent care clinic could be any of the GPs from across the sites working on a rota system. It is important to recognise that it is not a perfect service and there have been teething problems with the delivery but we are learning from the difficulties. We are also using this as an opportunity to lengthen routine appointments from 10 minutes to 15 minutes, as we recognise that they are often more complicated with more complex conditions coming into clinic. Patients that were previously managed by the hospital are often now being cared for by GPs in primary care.

**Does that not reduce the overall number of appointments available?**

■ explained that by removing the 2 or 3 GPs from our Urgent Care Clinics each day has increased the number of appointments by 216 per week. Rather than increase the number of appointments we used it as an opportunity to increase the length of appointments. The complexity of patients and paperwork required in a 10 minute appointment was creating pressure on our patients.

**Does that replace asking for a double appointment?**

■ said that patients were still able to ask for a double appointment but it may be that they are no longer required with a 15 minute appointment. Patients are very good at knowing how long they need.

**PRESCRIPTIONS**

**My normal surgery is Water Lane where I come in and hand over my prescription but on occasions it has been lost.**

■ explained that when a slip is brought in it is sent to a GP to be processed. This could be a GP at another site but in that instance it would be printed at your registered surgery and signed by a GP there.

**It is more practical for me to take and collect my prescription from 32 Clifton – the first time was ok but the next time as I'm registered at Water Lane it was printed here.**

■ stated that patients are welcome to access any of our surgeries across the practice. We aim to keep continuity of care for our patients by noting your site of preference; which does mean unfortunately your prescription would be sent to Water Lane.

■ went on to explain that if a patient would prefer to collect prescriptions from another surgery we could amend the preferred site on their record. This does not mean you can't attend other sites for appointments.

The patient did not wish for their record to be amended.

ANY OTHER BUSINESS

NHS70

■ said that this year is the 70<sup>th</sup> anniversary of the NHS and there are plans to celebrate. We think the NHS is great and is a very valuable service. There will be local and national celebrations at York Minster and Westminster Abbey.

A local celebration is planned for Thursday 5<sup>th</sup> July – possibly a tea party or something of that nature. It could help to try and address social isolation and loneliness and bring those patients in to a community event.

■ asked if the group would be in favour of this and how they would like us to take it forward by sending through any ideas to ■ via email at [voycq.ppgymg@nhs.net](mailto:voycq.ppgymg@nhs.net), by writing and dropping it into your local surgery or calling 653834.

**It is a good idea.**

**The NHS is so important so we should acknowledge it.**

**Everyone knows the NHS is there but unless you use it you forget about it. It is only when you need it you have a view.**

■ agreed and said that is why we value this meeting and patient opinion.

**We should think of something of that time when the NHS started – some of us were around!**

■ said that one idea suggested was for everyone to dress up in 1940s clothing.

**It is a good idea for patients and workers of the NHS to do something – there are political demonstrations but this action would be different.**

■ stated that NHS central are encouraging surgeries to look at this from an inclusion point of view and not just a celebration.

**The media focus is always on the negative as opposed to the positive.**

■ agreed that when things are working well it isn't talked about.

**The area outside Water Lane has been used for community events.**

DATE OF NEXT MEETING

Wednesday 4<sup>th</sup> July 2018 at 6.30pm at Tower Court

Joint PPG – Monday 6<sup>th</sup> August 2018 at 6.30pm at Water Lane