

YORK MEDICAL PRACTICE PATIENT GROUP MEETING

Tuesday 31st July 2018

1pm in the meeting room

Chair: Stephen Alexander
Minute-taker: Joyce Jacobs

Present : Penny Alexander (PA), Lauren Hoadley (LH), Alan Macmillan (AM), Ken Mason (KM)

- 1 **Apologies:** Richard Bedwell, Sheila Breen, Maggie Ennis, Peter Henderson (PH), Paul Leonard, Dr Q Parsons (QP) and Glyndwr Whitworth,
- 2 **Minutes of the last meeting 29th May 2018:** agreed. SH pointed out that in respect of Living Wills the recent Supreme Court judgement about people in a persistent vegetative state could mean that an individual's attorney (together with the doctor) could now make the decision about stopping food and water without the intervention of the court.
- 3 **Matters arising** not included in the agenda: None
- 4 **Prescriptions document:** JJ reported she had done some research on Google about how other practices deal with prescriptions and it appeared that there were many interpretations of the batch and repeat prescriptions system and wondered if the document could reflect them all. LH said the original draft was agreed by a pharmacist and it was primarily only to explain to patients the difference between batch and repeat prescriptions and when agreed it would be put on the YMP website. JJ said she would review the draft in the light of PH's suggestion, look at Google again and send the revised draft back to LH.
Action: JJ to send revised draft to LH with any other information gleaned from Google
- 5 **Future Health Events** : PA. See 6 below

- 6 **GDPR and NAPP:** SA. SA suggested that items 5 and 6 should be taken together. PA said there was no point in organizing events and inviting speakers if we could not publicise them other than by notices in the waiting room, on the website and clinicians mentioning the event to relevant patients. The GDPR had effectively closed off the PG's communication with patients. LH said that the BMA and the LMC had decided that any communication that was not directly concerned with patient care was to be seen as marketing. She said that since the GDPR introduction and JJ and ME's meeting with LH on 23rd June there had been 20 new patients who had given permission to receive emails from the PG. That means there are currently 20 patients in total willing to receive PG communications. LH said that the Practice could not email patients with PG information but could text clearly identifiable groups eg diabetics and people with cardiac problems. The problem with the events is that they are non-specific and would come under the 'marketing' umbrella. PA said she would email Caroline O'Neil, the PG co-ordinator on the CCG, for her opinion on how that GDPR had affected other PGs and how it could affect the future of the Network. SA said he had recently spoken to Edith Todd at the NAPP but had heard nothing from her, neither on the GDPR problem nor about paying our annual subscription. He said he would apply to rejoin and this may jog her memory. JJ wondered if it was possible for the Practice to contact patients for whom it had an email address to ask them if they would like to opt in to receive communications from the PG. LH said she would ask the partners about this approach. SA said that if our communication with other patients was to be so limited it meant that the PG was not able to function. We are self-elected and unrepresentative of the patients as a whole. It would be very difficult to recruit new members if the current members wanted to resign. LH reported that she had been asked on two separate occasions about when there would be another event on stress.
- Action:** PA to email Caroline O'Neill, SA to follow up the NAPP and LH to ask the Partners about an email to all patients.

- 7 **Allocating named GPs to patients aged over 75**– PH's email 26 June: LH said the Practice was operating the system as it should be but realistically, for the patient, if it was a choice between having an urgent appointment or waiting to see the named GP most people would opt for an urgent appointment with another GP. LH said she thought that the appointments system at YMP was working very well - it was usually possible to get an appointment within seven days when other practices' patients could wait between two to four weeks. However LH suggested that if PH wanted to discuss this further the item should wait until QP was able to attend the meeting. LH mentioned that some nurses' appointments had been removed from the website and only appointments with the prescribing nurses remained. This is because there had been some inappropriate appointments with the non-prescribing nurses.
Action: JJ to put allocating named GPs on the September agenda

- 8 **Complaints and compliments to the Practice:** LH reported that there had been a complaint about a late prescription which had led to the creation of a check-list for the morning opening-up procedure. There had been two complimentary entries on the NHS Choices website with one of them saying the YMP is so good it ought to be a 'beacon' practice.

- 9 **AOB: Photos of staff on the website:** LH said she had not yet done it but would see to it. With respect to late attendees she said that the Practice policy had been to allow patients to be 15 minutes late before the appointments were cancelled. This was now reduced to 10 minutes. If it was possible the patients could be seen later. This change was on the website and on posters in the waiting room.
Action: LH to put missing photos on the website.

PG Topics: The general view was that if the PG is mostly working in isolation it is not worth trying to enlarge the Interest Group. There was a suggestion, not discussed, that the July meeting should be cancelled as so many people were away.

Next meetings: Tuesday 25th September and Tuesday 27th November,
Tuesday 29th January 2019

Chair: PH.

Minute-taker: JJ