

YORK MEDICAL PRACTICE PATIENT GROUP MEETING
Tuesday 27th June 2017

Chair: Maggie Ennis (ME), Stephen Alexander from 13.30
Minute - taker: Joyce Jacobs (JJ)

Present: Penny Alexander (PA), Stephen Alexander (SA), Richard Bedwell (RB), Lauren Hoadley (LH), Sonia Jacks (SJ), Alan MacMillan (AM), Dr Q Parsons (QP).

1 **Apologies:** Sheila Breen, Peter Henderson, Ken Mason, Glyndwr Whitworth

2 **Minutes of the last meeting:** 30th May 2017 agreed apart from AM pointing out his name had been misspelt

3 **Matters arising:**

ME said she had given up on trying to make contact with the current head of the Students' Union at St Mary's University. He is leaving there soon anyway. She has given her email address to Zander and asked for it to be passed on to his successor Conal.

The phone message was agreed apart from a minor change to the 999 section.

Action: ME to pursue at the start of the next term.

4 **Terms of Reference:**

This was held back until the end of the meeting as it was a PG subject only.

5 **T2 diabetes Event:**

ME reported that there were 15 patients including four patients who spoke about their experiences of living with the condition. A GP, several nurses and LH had also attended. Sheila Breen had produced very helpful visual displays and ME mentioned the local and national organisations who help T2 diabetics. People at the event were very enthusiastic about setting up a walking group from the Practice and this idea was supported by PA and SA. ME reported that the CCG had shown an interest, had taken some photographs and will publish an item about the event as an example of what

PGs can do. QP said the event was universally popular and ME thanked the Practice for its support.

6 **Stress, Anxiety Event, PA.**

ME said that this was a large subject and that PA would need help in setting it up. QP said that in his opinion people would not want to come to talk about their own experiences. He also said that some treatments are funded much more generously than others i.e. the treatments whose outcomes can be measured (CBT) against those that can't (psychotherapy). There are several organisations in the Borough who can be approached to provide speakers.

- Richmond Wellbeing Service (Dr Sommers) to who people can self-refer and the Wellbeing presence might encourage people to the event. Two members of the wellbeing team come to the Surgery every week to help patients.
- Richmond Mind who promote good mental health
- Phoenix who treat certain mental health conditions through St Georges Mental Health Trust.

PA and LH are to meet to set a date for the event which will probably be in October, giving plenty of time to advertise the event and when the nights are getting shorter with the onset of winter.

Action: PA and LH to set a date and PA to talk to the three organisations mentioned above.

At this point SA took the Chair on ME's departure.

7 **Numbers of medical and non-medical complaints to the Practice:**

LH reported that there were three non-medical complaints in June. They were specific to the patients who complained and were not of general application.

8 **Future meetings:**

It was felt that one month between meetings was too probably short for matters to develop. LH had spoken to other Practice Managers and it was clear that YMPPG was the only one who meets so frequently. RB thought that anything longer than monthly might show lack of urgency. However if the gap between meetings was longer matters could be dealt with by sub-groups who

could communicate by email to other members. It was agreed that meetings would be two-monthly following the July meeting.

9 **AOB:**

1 Richmond Wellbeing are organising a meeting at York House on July 5th at 5pm to 7pm on 'aging well' aimed at older people. PA and SA intend to go.

2 LH reported that the number of patients who did not attend (DNA) their appointments had risen to more than 200 in the last month. There was no discernible pattern in the DNAs. The only penalty available to the Practice for a repeat offender is a stiff letter after two DNAs. SA said was that at Kingston Hospital there are notices in the OPD saying "last month x number of patients did not attend and this cost the NHS £y ". He also said that the cost was clearly a made up figure but that it had an impact. LH asked the PG to email her with ideas for dealing with the problem.

Action: PG members to email LH with ideas for dealing with DNAs

3 LH reported that the Practice had signed up to be a trial 'befriending service', run by GoLocal, which identifies patients who cannot get out of the house on their own and helps them to meet people either in their own homes or in other places. The Practice has identified 10 such people. This is a similar organisation to RIULS and PA said that a Practice in Barnes is doing something similar - called 'social prescribing'.

10 **Patient Group Matters:**

Terms of Reference (TofR). LH and ME had been concerned that some of the items in May's meeting had been personal complaints which should have been dealt with through the normal Practice complaints procedure. However this is not reflected in the TofR which now need a paragraph reflecting this in the Role of Members section.

Action: JJ will produce a new draft of the Tof R and circulate it to the PG.

Interest group enlargement and poster. SJ said that the letter-heading inviting patients to join the Interest Group looks as though it comes from the Practice rather than the PG. The heading will be redesigned to put this right.

Action: SJ will design a poster to advertise the existence of the Interest Group and email it to the PG for comment.

Non-attending PG members: This matter was not discussed.

Next Meetings: **25th July, 26th September and 28th November**

Chair: SA Minute-taker: PA