

YORK MEDICAL PRACTICE PATIENT GROUP MEETING
Tuesday 29th May 2018
1pm in the meeting room

Chair: Peter Henderson
Minute-taker: Joyce Jacobs

Present : Stephen Alexander (SA), Penny Alexander (PA), Richard Bedwell (RB), Sheila Breen (SB), Maggie Ennis (ME) Lauren Hoadley (LH), Paul Leonard (PL), Alan Macmillan (AM), Ken Mason (KM), Dr Q Parsons (QP), Jose Reyes (Trainee Nurse)

- 1 **Apologies:** Conal Baxter (CB)*
- 2 **Minutes of the last meeting 27th March 2018:** agreed
- 3 **Matters arising not included in the agenda:** Health Walks – there needs to be more publicity for the walks and SB has a notice in her room, one in reception and on the website. The next walk leaves the Surgery at 10.30 am on Friday 8th June to walk to the Shot Tower on the River Crane. The walk allows drop-out points en route.

A member of the Acorn Medical Practice PG, Philip Darling, has been to the YMP to look at how the Practice deals with young carers. He will also attend one of our Patient Group meetings.

- 4 **Living Wills:** GW, LH: GW had not responded to SA and PA who had sent her the medical letter of their Living Wills but she had spoken to QP. The document itself, some 50 pages, is not stored on a Practice's system. However the existence of a Living Will and also a Power of Attorney provided the patient has told the Practice of the health aspects, is flagged or coded on the patients' records together with the names and addresses of the patients' advocates or next of kin. QP pointed out that a hospital does not have access to a patient's primary care records.
- 5 **Prescriptions Document:** LH and JJ had written a first draft to try to explain the three types of prescriptions but JJ felt it was not quite ready to be published yet as it needed to explain in more detail the differences between paper and online prescribing. PH had also suggested changes to the draft. JJ reported that she had been told by her pharmacy that each item on a batch prescription would be given to a patient whether or not the patient had asked for them all even though this could be wasteful. QP and RB described occasions in which items could be on a batch prescription but not needed eg when a dose had changed or a new drug added. QP said the GP and the pharmacy should monitor a patient's use of drugs and if they were not being dispensed they should be taken off the batch prescription. He also said that a patient could ask at Reception for a printout of their batch prescription and if it was incorrect the patient could advise their GP.
Action: JJ to produce another draft for circulation

6 **Future Health Events:** PL reported that the event held in February, although widely publicised had been sparsely attended. One important reason for this was that it was held on the coldest night of the winter. Nevertheless the Richmond Carers' Centre had been pleased with what we had done. Several ideas for future events had emerged, dealing with minor ailments, diet and exercise including for the elderly, living with long term conditions and prevention screening. LH thought that an event on minor ailments was too widely drawn and had no real target audience and this idea was dropped. ME reported that she had asked LH to provide numbers of patients with various conditions. This was to ascertain how many patients could benefit from a health event. PA, ME and JJ said they would concentrate on the health and exercise idea and report to the next meeting in July. We would deal with living with long term conditions in the future. **Action: PA, ME and JJ to produce an outline for the next event**

7 **The General Data Protection Regulations (GDPR) and NHS data opt-out:** LH said that patients have a choice whether to opt out of receiving an email or a text message from the Practice. With new patients there is no implied consent and they so they have to opt in or out as they join the Practice. It has been decreed by the Local Medical Committee (LMC) for Surrey and Sussex that the minutes of PG meetings must now be scrutinised to remove any element of marketing before they are posted on Practice websites. Additionally the LMC has decreed that patient newsletters are now perceived as marketing and can in future only be sent to patients who have opted to receive them. This could affect our future health events as they are publicised in the newsletters. The members of the PG said that PGs should challenge this ruling either individually, through the NAPP and if there is no sensible outcome then we should seek Sir Vince Cable's help to get this ruling overturned. There is a lot of information on GDPR on the Practice website on the right-hand side of the home page via the heading 'Further information'. There is also a leaflet 'Your data matters' on the notice board in the surgery. **NHS Data opt-out:** This is now being dealt with by NHS Digital. In the past it had been done by the Practice but now it is to be done via the Practice website and patients will be able to opt themselves out. If they have already opted themselves out they will be contacted. **Action: SA to contact the NAPP about the future of newsletters and report back.**

8 **Complaints to the Practice:** LH reported that there had been just one complaint in which a patient had been told to go to the walk-in centre rather than be seen at the surgery. This had not been a helpful response to the patient and the Practice had learnt lessons from the episode. ME said that as well as complaints to the Practice we should know about compliments too. LH said there had recently been several 5-star compliments about access and the triage system. Patients can comment about the Practice on NHS Choices or via Google and Google will email the Practice if the comments come via them. QP said he was surprised about the lack of knowledge about NHS Choices that he thought we should cover it in the next newsletter. It contains reliable and evidence-based information. **Action: JJ to note for**

September newsletter and change future agendas to read 'Complaints and Compliments to the Practice'

- 9 **AOB:** The premises are being cleaned and this will include the skylights for which LH is getting quotes. LH said that Dr Wall had written a leaflet for patients who could develop kidney disease and Dr Wall would like the draft to be seen by the PG

Actoin: LH to circulate the draft to the PG for comments. PL reported that the old Farah shop in Twickenham is to become a shop, the Hive, to provide work for people with special needs who live in sheltered accommodation. The shop will sell handmade goods.

PG Topics: Future of the Interest Group: JJ reported she had contacted the Interest Group to ask them for ideas about future health events. The email asked individuals to indicate their areas of preference and asked them to confirm that they wish to contribute to an Interest Group and continue to receive communications. The email also said that if there is no reply we will assume they no longer wish to participate. Of the 34 emails sent out she had had replies from three people. PH suggested that JJ will email those people to tell them there will be nothing further from the PG.

***Contact with St Mary's**

University. Although CB had not been able to attend the meeting he had reported to ME that the Practice's medical service at the University was running smoothly without hitches. ME reported that CB was due to leave St Mary's University very soon and his replacement had not yet been announced.

Next meetings: Tuesday 31st July, Tuesday 25th September and Tuesday 27th November.

Chair: PH.

Minute-taker: JJ