

**YORK MEDICAL PRACTICE PATIENT GROUP MEETING**  
**Tuesday 25<sup>th</sup> September 2018**  
**1pm in the meeting room**

Chair: Peter Henderson  
Minute-taker: Joyce Jacobs

Present: Penny Alexander (PA), Stephen Alexander (SA), Sheila Breen (SB), Maggie Ennis (ME), Lauren Hoadley, (LH), Alan Macmillan (AM), Ken Mason (KM) and Dr Quentin Parsons (QP)

- 1     **Apologies:** Richard Bedwell, Paul Leonard, Natalie Hobkirk, St Mary's
  
- 2     **Minutes of the last meeting 31<sup>st</sup> July 2018:** agreed.
  
- 3     **Matters arising not included in the agenda:** JJ said she had composed a short piece explaining the difference between repeat and batch prescriptions and it was now on the website. AM had reported at a previous meeting that his pharmacy gave all the items on his batch prescription whether or not he needed them He said that he had learned that the pharmacy had no choice but to do so because of the way their dispensing system works. The Patient Group believed this was a waste of NHS money. LH said that she will talk to a pharmacist who visits the Practice fortnightly and report back.  
**Action:** LH to report at November's meeting
  
- 4     **PG Communication with other patients:** It is clear that the PG cannot use the Practice's patients' email addresses or patients' texts to contact them because of the GDPR. The Practice could contact patients on behalf of the PG only as long as the communication was considered to be for the patient's direct care. This means we will have to rely on other methods of gathering email addresses. LH reported that some 50 new patients had opted to receive communications from the PG as they signed up to the Practice. We had to have a drive to collect the email addresses of willing patients. Several suggestions were made –
  - Posters on the walls
  - Leaflets in the waiting room, on chairs or on tables
  - On the flu jab invitation
  - On the reception counter and on the self-service check-in
  - SA to talk to the NAPP to ask for their view of the interpretation of the GDPR
  - On the newsletter

An invitation tis also on the website but that has produced nothing.

**Action:** LH to report on progress and PG members to produce other ideas by the next PG meeting
  
- 5     **Allocating named GPs to patients aged over 75:** PH had learned that at this Practice there is no specific provision for patients over 75 or those with complex conditions to have guaranteed early access to a named GP who would have overall responsibility for their care and support. This is a system which should produce efficiency gains if the GP has prior ongoing knowledge of a complex condition. Currently obtaining an appointment with a preferred GP could result in a wait of up to four weeks, as with other patients. QP advised that given the way larger practices operate and GPs are rotated limits their availability. However, each GP in the Practice has six allocated telephone calls a day to provide on-going continuity to these patients when it is required which he believes currently addresses the issue. QP mentioned that this was an issue that had been in existence for at least 20

years with the scheme introduced and then withdrawn several times. The principal reason it is difficult to operate is that many GPs no longer work extended hours with a number working part-time. Since the introduction of the 'lifetime allowance' (a limit on the value of payouts from a pension scheme that can be made without triggering an extra tax charge) there has been a big increase in the numbers of GPs aged over 55 who have opted to work part-time. This has happened at the YMP. And many newly-qualified GPs are doing the same.

- 6 **Future Health Events, GDPR and NAPP:** PA reported that the proposed new event was to be on 'getting fit and keeping fit', but was considered to be too general to be seen as being for the patient's direct care so it was not suitable to be emailed by the practice on our behalf. For example, an event for diabetics, asthmatics, people with heart problems was acceptable under this heading. QP said he had had positive feedback about previous events. For future events the suggestions were:

- a repeat stress and anxiety suggested by LH which had been very well received when it took place more than a year ago
- loneliness, with RUILS befriending service, suggested by QP
- living with long-term conditions, eg asthma, fibromyalgia

As far as NAPP was concerned, there has been no response to emails, to correspondence by post but the membership has been renewed by BACS.

**Action:** PA, ME and JJ to meet to discuss a suitable subject for the next event

- 7 **Autumn Newsletter:** JJ reported that there were several topics for the Autumn newsletter

- The flu jab
- The carer's event in February
- Prescriptions
- Macmillan Cancer care review \*(see item 10 AOB)
- Asking for email addresses for correspondence from the PG.
- YMP Health walks. (Maggie)

**Action:** JJ to draw up a draft newsletter for meeting with PA and ME

- 8 **Prescriptions document:** This was dealt with under item 3, matters arising

- 9 **Complaints and compliments to the Practice:** LH reported there had been one complaint over the last two months about a clinical matter. There had been two five-star reviews on Google, one from a new patient who had tried two other practices before joining the YMP. QP mentioned the questionnaires/feedback forms completed by student nurses from St George's Hospital who reported that they felt that the nursing staff were very supportive, friendly and kind.

The anonymised annual national Patient Survey, done by Ipsos Mori, had produced a 31% response rate ie in a Practice of some 12,000 patients 354 surveys had been sent out and 111 returned. ME pointed out that this number represented less than 1% of the patients registered at the practice! QP said the response rate and results were not out of kilter with big practices in the area: the best results went to single-handed GPs as the patients saw the same GP at every visit. The result showed that the YMP was a safe practice but the poll gave the same weighting to getting through on the phone as important aspects of treatment. LH said that the Practice had not been told that the results had been published, she heard via an email from ME.

- 10 **AOB: Macmillan Cancer Care Review:** QP said that in his opinion some patients would be happy to participate in the review but others would not. They would want to know if there was a point to the review when their cancer treatment was over. ME said she

thought the reason for the review was to try to establish if there were variations in cancer care in order to iron them out. QP said one problem is that it is sometimes never clear when the cancer treatment has ended and there is no point in asking patients at this stage.

**Flu Jabs:** Practices are now losing money on the programme. There are now two different types of jab: quadrivalent, as given last year and trivalent given to the over 65s and others. Some of the jabs should have been delivered in

September but are not now arriving until November and if people do not want to wait they can get the jabs at their local pharmacy or supermarket.

**Mental health work at St Mary's:** ME asked if this is dealt with there or was shared with the YMP. SB reported that some students come to the Richmond Wellbeing centre in the YMP premises, some go to Off the Record.

**Photos on the website:** PH asked LH about the missing ones. LH said she would deal with them immediately. PH also asked about the cleaning of the dirty lights in the ceiling in the waiting room. LH said that the lights were now leaking and she had been trying weekly to get them fixed. PH pointed out that after the walls had been cleared of clutter it was now creeping back. LH said she would deal with this.

LH said she would always try to deal with our emails as soon as possible but sometimes she had a lot of work on. PA noticed that LH had replied to an email late in the evening and ME when she was on holiday. It was suggested that LH should let the PG know when she was away so that we would not bother her.

**PG matters:** JJ suggested that the PG should try to recruit email addresses for the circulation list by speaking to patients in the waiting room. This would also gauge the level of interest in the PG.

Next meetings: Tuesdays 27<sup>th</sup> November, 29<sup>th</sup> January, 26<sup>th</sup> March and 28<sup>th</sup> May

Chair: PH

Minute-taker: JJ