

YORK MEDICAL PRACTICE PATIENT GROUP
YMP Meeting Room Tuesday 28 January 2025, 12.00.

Minutes of meeting

** Indicates a recurring item for every meeting*

Chair : Peter Henderson (PH)

Minute taker : Jeannie Edwards (JE)

Attendance: Andy Crawford (AC), Jeannie Edwards (JEE), Peter Henderson (PH), Maggie Ennis (ME), Margaret Hewitt (MH), Lauren Hoadley (LaH), Lucy Hunt (LuH), Dr Watts (CW).

1. **Apologies:** Paul Leonard (PL), Richard Bedwell (RB), Graham Sanderson (GS)
2. **Minutes of November 2024 meeting**
 - a. **Approval - Agreed**
 - b. **Matters Arising**
 - i. Provision of a means to contact the Extended Hours Hub reception regarding prearranged appointments as there is current no published phone number (LaH)
 1. RGA who run the service send out a texts for weekends for out of hours and for weekdays up to 18.30 cancellations can be taken by phone.
 - ii. No Shows (LaH)
 1. Did not attend (DNA) not an issue. Vulnerable patients have follow ups. Frequent DNAs are rare.
 - iii. Blocking of Items previously provided by Prescription (LaH)
 1. Push to not prescribe medications that can be bought over the counter. However, there should be a discussion before any cancellation happens. Striking a balance between safe, what needs to be monitored and what is necessary. Pharmacists to communicate any changes.
 - iv. What's App Group (JE) Agreed that we would use WhatsApp, ACTION: JEE to add phone numbers, but not including LaH, CW or LuH. Those currently listed on the WhatsApp are: AC, ME, ML and PL. If you wish to have your name added, then please inform JEE.
3. **Interest Groups (PH) Update**
 - a. Major issue faced is how they communicate with each other and how they communicate with us. 2 ways of communicating. What's App or face to face. Lot of management required. What's App group is appropriate way to go. Matters to consider:
 - i. Management of membership
 - ii. Manage the content, and coordinate what has been said, ensure all the voices have been heard. Terms of reference, rules, etc. Face to face is more effective, and quieter voices need to speak up.
 - iii. Manage the purpose: What specific topics are we seeking? Not a vehicle for personal patient issues.
 - iv. Try another face to face and have a proper discussion on the way forward. Use the original data to help plan for 2025. Specific interest sub groups can be formed. ACTION: invite to another meeting (PH) with help from ME and 6pm is a good time.

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4. Test Results (LaH)

- a. NHS App, feeds from the practice, document corresponding to the date will be in “documents” but not as a test result. Impossible for staff to analyse and report. Test results provide a record of tests undertaken by the practice.
- b. For those undertaken elsewhere including hospital consultations plus letters by Message Exchange for Social Care and Health (MESH), Education Management Information System (EMIS), text, post, etc “Doc man” is regrettably lacking in detail and it is impossible for the staff to analyse and report on each communication received. However, it does include the date of communication at the end.
- c. What about communicating what can be seen, and how it can be seen. ACTION: This could be included in the next YMPPG Newsletter in liaison with LaH.
- d. CERMA – Kingston and west mid.

5. PPG Newsletter (ME)

- a. Thank Margaret and Andy and Dr Shoesmith – ACTION to be thanked for his input.
- b. Newsletters are popular.

6. PCN (ME)

- a. We must be independent of the surgeries, especially after the latest PCN meeting. ACTION: PH to get in touch with Lacy to get individual contact email addresses. We have some new members to the PCN for whom membership is a new experience. How can we help?
 - i. PCNs need to be valid, relevant and reliable. We can help with structure and guidance.
 - ii. It was proposed that we offer a meeting to all the seven PCNs and go from there. ACTION PH and ME: Send an invite to ask them to meet, practice by practice.

7. Staff Changes * (LH)

- a. No changes
- b. Registrars rotate next week. Going to next placement.

8. Waiting Times for Appointments* (LH)

- a. Routine GP appointment – 2 weeks
- b. Physician Associates *(PA). Appointments within a week. She works under supervision, with named GP. Reception have a framework for using her. Before Christmas – specific text reminders with a link to what a PA is. How are PA's regulated – opted for a face to face model. The government have preferentially funded Pas over GPs – we don't see our PA as replacing a doctor, but offers another level.
 - i. Sick notes, refer for tests, mental health issues.
- c. Nurse appointments available on the day.

Hospitals are pushing back on referrals, and its very onerous for GP practices. Across the board. Who is putting pressure on hospitals? Its in their interests for the GPs to do all the tests and scans. Endorsed this by government who encourage primary tests are done by primary care.

9. Compliments and complaints* (LH)

- a. 4 x 5star google reviews
- b. One written complaint
- c. The Hub (Saturday), the outcome could have been very serious. Message of thanks from the husband.

10.

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11. AOB:

- a. AC: Wes Streeting, Health Minister, has triggered concern as changes proposed will mean that GP practices will get burdened by extra costs. Is this something that we as YMPPG and the wider PCN would like to do? ACTION: AC will gather more detail.
- b. PH enquired regarding the spring Covid booster due in April. The practice currently have not yet been consulted.

Patient Group Issues

Officers for 2025

- It was agreed that an annual general meeting (AGM) was unnecessary but that the roll of officers would be reviewed annually in January.
 - Peter will do another year.
 - Jeannie will continue to take minutes.

Terms of Reference (TORs)

- TORs to be added to the next agenda for March YMPPG
- A copy of the 2024 TOR will be sent out with the agenda so that the committee can read them prior to the meeting.

Date of Next Meeting: Tuesday 25th March 2025 at 12.00

** Indicates a recurring item for every meeting*