

YORK MEDICAL PRACTICE PATIENT GROUP MEETING

Tuesday 27 January 2026

12.00 in the Meeting Room

MINUTES

Attendees: Peter Henderson (PH) Jeannie Edwards (JE), Richard Bedwell (RB), Maggie Ennis (ME), Andy Crawford (AC), Margaret Hewitt (MH) Lucy Hunt(LHu) Dr Chris Watts.(CW)

Chair: Peter Henderson (PH)

Minute taker: Jeannie Edwards

1. *Apologies for absence
 - a. Paul Leonard
 - b. Carole Boothman
 - c. Graham Sanderson
2. Minutes of 25 November 2025 meeting
 - a. Approved
 - b. Matters arising None
3. *Interest groups .

(PH) Advised that the Group's approved report will be circulated later this week. The main issues are.

 - a. i. Synchronisation of prescriptions – Concerns were raised regarding the lack of synchronisation.
 - ii. Misalignment of Batch Prescriptions and Annual Medical Reviews .
 - iii. Declinature of Non-batch Repeat Prescriptions requests made outside the narrow 7 day window .

This lead to discussion on some related topics

- b. NHS APP Why, where three batch prescriptions have been issued, upon reviewing the prescription records, only one is currently visible. Yet as patients we are not able to discuss this or similar problems with the practice

CW Advised that

Re Telephone requests. While it is possible to address queries related to prescriptions with the practice, discussions by phone regarding the creation of new or repeat prescriptions are not permitted.

Re Synchronising -Due to limited funding, it may not be possible to achieve complete alignment of all prescriptions; however, efforts will be made to synchronise batches where feasible.

Re Declinature of Premature requests. Patients with specific concerns are identified during practice meetings and every effort is made particularly at Bank Holiday weekends to ensure all repeat requests have been actioned. Additionally, patients are encouraged to contact the practice directly and to inform the pharmacy about all medications they are taking.

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4. *PCN PPGs

ME indicated that a reorganisation nationally of PCN's was rumoured

With Government considering reorganisation moving functions closer to the patient there are so many unknowns that we are unsure of our role representing the patient's interests. Hopefully things will be resolved soon, particularly the roll of the PCN, when future shared functions are clearer.

CW commented that The system isn't funded to fully get services out of hospitals

5. *RGPA

A document summarising recent developments has been circulated by ME. No comments

6. *Staff changes (LuH)

No staff changes

7. *Waiting times for appointments (LuH)

- a. Nursing: tomorrow
- b. Physician Associates: 9 days:
- c. Routine GP appointments: 2 weeks
- d. Appointments with specific GP s involve longer time spans.

Discussion then proceeded relating to how this area might be improved

A committee member indicated they rang to make an in person appointment, nothing in the current batch, was available, advised to wait! Ring on Monday nothing. Rang again on Wednesday, offered one in early March. Bit confused about the system.

LuH Advised There isn't an automated system. Appointments have to be added on to the system, currently only releasing a limited range of appointments. This may be revisited in the future; the way the government is pushing the system to admin, and the process may offer solutions. Frustration is not knowing.

CW advised that the Elderly should have the opportunity to have a named GP. But the practice is trying to do more and more with less and less, making this difficult to achieve in a narrow time window..

8. *Compliments and Complaints (LuH)

- a. No complaints
- b. 5 star and 4 star google review. General feedback which is anonymous

9. Newsletter

Deferred to the Next meeting. Action suggestions for items to ME 2 weeks prior to meeting

10. *AOB

- a. May meeting to change to Tuesday 19 May, to accommodate half term and bank holidays. Agreed
- b. RGPA hub cited Did Not Attend (DNA) appointments. Action: LuH to give ME DNA statistics to feed back to the RGPA..

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- c. System issues. CW advised Government wants patients to have instant access to primary care using the "Accurx" system but no extra funding to accommodate this. Over the next 12 weeks the practice will transition into that service, but it has to manage the pressures on the system. Now we will progress to the majority of information coming through this way, but the practice still offer the normal service without compromising what it already offers. Plenty of benefits. Stakeholders will be informed of problems to be ironed out.
- d. Communication to the patients explaining the system changes. Action: Three months from now the Practice aim to notify patients of the changes using various comms including the Website,.

The Accurx system: provides a secure messaging platform to gather more information. Urgent issues will be dealt with quickly, When appropriate, the doctor will call. or an appointment will be made .

11. *Patient Group Items

- i. Terms of reference. The existing wording having been circulated the committee were invited to suggest any changes considered appropriate. None was proposed. Action: To be reviewed annually, next at the January 2027 meeting.
- ii. Email : Do we currently have an address that we can give patients to allow them to make comments. Action: ME to consult a previous member of the committee. ME has subsequently done so, as they do not recollect that there is one. ME suggests it is an item on the agenda for YMPPG meeting in March.

Date of next meeting: Tuesday 31 March 2026 at 12.00 (unless otherwise informed)

REMINDER OF MAY MEETING CHANGE: Tuesday 19 May, not Tuesday 26 May

* Indicates a recurring item for every meeting