YORK MEDICAL PRACTICE PATIENT GROUP MEETING
Tuesday 19 May 2026
12.00 in the Meeting Room
Minutes

Chair: Peter Henderson (PH) **Minute taker: Jeannie Edwards**

Richard Bedwell (RB), Paul Leonard (PL), Maggie Ennis (ME), Graham Sanderson (GS), Andy Crawford AC), Margaret Hewitt (MH), Lucy Hunt (LuH), Dr Chris Watts (CW)

1. *Apologies for absence – no absentees

2. Minutes of 31 March 2026 meeting
   a. Approval. After one spelling error correction.
   b. Matters arising
      b.i. See Interest Group
      b.ii. Spring Covid & Flu Jabs – feedback on how well attended etc requested by ME **ACTION**: **LuH** will give that information.

3. *Interest groups (PH) – update
   a. Documents Describing the Repeat Prescription process approved (*see attached)*
   It was agreed to include this in the PG November Newsletter.
   Consolidation of prescriptions into one Batch remains an objective, eliminating the frustration for patients of several batches due at differing times. Achieving this is complicated, so patients need to ask the practice for consolidation into one batch , particularly when new medication is prescribed.
   b. A meeting with the interest group to identify the next area for consideration will be arranged ***ACTION: PH***

4. *PCN PPG (PH) – update
   ME and PH attended a meeting earlier in the month and reported that:
   Discussions relating to future structures have delayed funding. The practices rather than the PCN receive this directly. ICB disappearing producing some confusion on how funds gets through.
   Main thrust is from 1st April 2026,the move to create “Neighbourhoods” and “Neighbour Care”, which may bring significant organisational change. However, there do not appear to be any additional funds to assist in implementing this move from a hospital-centred model toward a “Neighbourhood Health Service”. The aim is to provide more care closer to patients’ homes through integrated local teams.

   Hospital Consultants are now required to use the triage system deciding in 5 days if they will treat the patient. This could result in the consultant sending the patient back to the practice. In some parts of the country, more junior doctors are doing the triage, but in this area, it's the consultants. Hospitals are expensive, so keep limiting patient numbers can be beneficial. Everybody is under pressure, Consultants are not happy, neither are the GPs or the patients.

   Moving forward it was suggested that Nursing care needed for patients resident outside the borders of the borough cannot be provided from within the borough. This may lead to patients registering in their own area to access it.

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Usage of NHS App across the PCN is 77% with York having 77.4%

5. *RGPAPG (ME)
No new information. The next meeting will be held on June 24th

6. *Staff changes (LuH)
   a. In last meeting, Dr Nantheesh Puvaneswara Until August.
   b. Lauren back from maternity leave,

7. *Waiting times for appointments (LuH);
With the new triage system
   a.i. Nurse: 2 days
   a.ii. PA 2 weeks
   a.iii. GP appointment – 1 week; face to face 2 weeks
   a.iv. Six week practice review with the salaried GPs, as well as the partners.

A discussion arose regarding the new booking online system effective from 27 April 2026.
   b. Everything is being filtered by the triaging doctor on receipt of the form
   c. People still calling. Some patients are not aware of the new system. No negative feedback. Small number who needed the forms filled on their behalf.
   d. ME said there must be exceptions and LuH replied that the administration is aware.

System creates uniformity of approach across all practices, but it is early days for quantifiable data to identify how effective to new approach is..
   e. More work for the practice? Yes, but there are advantages and inefficiencies. Must retain continuity.
   f. Whilst Government policy is to improve the availability of appointments, without more funding and staff this is unlikely to result. Nevertheless it does help to prioritising access for urgent cases.
   g. When English isn't the first language it can be more difficult for people. However, the staff will help.

8. *Compliments and Complaints (LuH)
   a. Compliments – 3 five star reviews
   b. Good reviews on the vaccination day
   c. One 1 star review

Patient who no longer is with us. They arrived outside the10 minute grace period and weren't able to be seen.

9. *AOB
   a. Provision of Blood tests. Annual tests are provided for patients with conditions identified as requiring regular monitoring.
   Especially for medication reviews for patients on repeat prescriptions
   Prostate PSA Tests remain not within such annual reviews.
   b. Health walk to the cemetery. PL offer to again act as guide
   c. Newsletter: Will is 4 sides & ready for publication. There are three articles plus Staff Changes'. 'Thanks to Andy, Lucy & Margaret'.

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10. *Patient Group issues

a. New members needed? From the Interest Group?

ACTION PH will contact member about joining from the patient group.

b. 'The Report from the Interest Group on Prescriptions was proposed for inclusion in the next PG Newsletter(November)

Date of next meeting: Tuesday 28 July 2026 at 12.00 (unless otherwise informed)

- Indicates a recurring item for every meeting