

YORK MEDICAL PRACTICE PATIENT GROUP MEETING

Tuesday 28th January 2020

1pm in the meeting room

Chair: Peter Henderson

Minute-taker: Joyce Jacobs

Present: Penny Alexander (PA), Stephen Alexander (SA), (SB), Richard Bedwell (RB), John Crook (JC), Maggie Ennis (ME), Lauren Hoadley (LH), Ken Mason (KM), Dr Chris Watts (CW), Nurse Glyndwr Whitworth (GW),

1 Apologies: Paul Leonard

2 Minutes of the last meeting 26th November 2019: Agreed apart from the first line in item 5 should read ‘ME said that a Clinical Director has been appointed’. In item 9, in line 6, instead of ‘all over-65 patients’ it should read ‘a significant number of over-65 patients had been seen at the target of these jobs had been met. There are just.....’.

3 Matters arising not included in the agenda: LH said that the new website is going live today.

4 Primary Care Networks update: Our Practice, with Cross Deep, Woodlawn and Crane Park is part of the East Twickenham PCN making a total of around 31,000 patients. The Clinical Director, Dr Sylwia Ferguson has been appointed and a part-time clinical pharmacist is working behind the scenes at our Practice and at Cross Deep. The pharmacist is currently dealing with prescription queries. In due course the clinical pharmacist will be working across the four practices.

RUILS got the contract for providing the social prescribing link worker and they will start work in mid-March, after training and getting used to talking to their PCN they will start to take referrals from GPs. LH thought it would be useful for them to attend a PG meeting to give the group an overview of their role. They will also come to the PG meetings. ME said the Social Prescribing

Steering Group is looking at a wide range of issues including branding and organising events in March and April.

PH said he was not clear what is actually happening and wondered why there has been no publicity in the R&T Times, for example. GW said there was nothing confirmed yet by the CCG to announce.

Action: LH, ME and PA to report at next meeting in March.

5 Patient Survey: Surveys by other practices were not very good. PH asked if we needed a survey. LH and GW thought not. It was felt that in general patients were content with the service provided by the Practice. RB said he understood that the national Friends and Family was going to be dropped. ME said it was open to abuse and RB said it couldn't work if a patient's family was not living close to the medical establishment being reported on.

6 Richmond Clinical Commissioning Group Patient Participation Group Network (RCCGPPPGN): (This item was dealt with when LH, CW and GW had left the meeting).

PH said we might benefit from a better understanding of the structure of the local Clinical Commissioning Group (CCG) and how the Primary Care Commissioning Committee (PCCC) fits in plus the RCCGPPPGN. A discussion followed.

PA and ME confirmed that they are our two representatives on the RCCGPPPGN which seeks to coordinate the representation of patients from all the boroughs practices, although just 10-13 out of 25 actually participate. Additionally ME represents Richmond patients on the PCCC, where she regularly has the opportunity to raise questions at both and report. This level of representation ensures our PPG is also made aware of all pertinent matters, which given time constraints are provided when relevant at our meetings.

PH indicated that additionally it might be beneficial for the full minutes of the meetings to be made available to the group, in written or online form, in the same way as the CCG minutes are available on their website

at www.richmondccg.nhs.uk

PA will ask Caroline O'Neil if the minutes of the PPG Network meetings are available online, and if not, why not.

Action: to be put on March agenda, PA to report back.

7 Vision Users' Group – patient pages: LH reported that the digital system will be changing to EMIS Health probably at the end of May. It means that for a

few days while the transition takes place the on-line bookings, Reception bookings, prescription requests etc will not be available. LH will email or text patients to warn them. The information will also be on the website. She reported that the Practice was one of the highest users of online services in the Borough with more than 30% of patients using the service. LH reported that around 1000 new patients have signed up to receive emails from the Practice although not all want emails on PG matters.

8 March Newsletter: LH said we ought to cover the transfer to EMIS and she will provide a draft. There will be no events to publicise until later in the year and when the PCNs are up and running. Dr Parsons had mentioned at the last meeting that we should publicise the Duty Doctor but CW thought that most patients knew about them. GW would like publicity about measles jabs as the uptake was lower than WHO guidelines, and Nurse Helen Deade, (HD) would provide a text on smear tests. CW said he would write about the quality and an overview of the Practice.

Action: LH, CW, GW and HD to provide drafts to JJ. JJ, PA and KM to meet at 10.30am on 14th February to plan.

9 Complaints and compliments to the Practice: LH said there had been two complaints – one concerned a private referral letter which was not dealt with quickly.

Action: LH to report at the next meeting

10 AOB: LH gave the name of a potential new member of the PG to PH to follow up.

RB asked about the non-receipt of repeat prescription requests sent from the surgery to pharmacies. CW said a prescription request was sent by the GP to the NHS spine (the electronic prescription service) from where it would be downloaded by the pharmacist. The prescriber is advised if the request does not go onto the spine. It may be that the pharmacist was unable to access it because of a glitch. CW said there was no foolproof system as there were several hundred thousand prescriptions a day put onto the spine.

Flu jabs at pharmacies – LH said that pharmacies, including Boots, get the jabs before the surgeries. The Surgery had already place the order for this year's jabs.

JC asked why the pharmacies get the jabs before surgeries. CW said it was cheaper for pharmacies to give the jabs. GW said people can go to the pharmacy and get the jab without having to make an appointment. CW also said that private companies' staff get flu jabs provided by Boots, by BUPA or other private companies. RB pointed out that when they get the jab at the Surgery patients can access other services, eg blood pressure.

PG Topics: Minute-taker volunteer for March meeting

In JJ's potential absence for the March meeting PA volunteered to do the agenda and minutes.

Next meetings: Tuesdays March 31st, May 26th and July 28th.

Chair – PH and Minute taker - PA