

YORK MEDICAL PRACTICE PATIENT GROUP MEETING
Wednesday 24th June 2020 at 1pm via Zoom

Chair: Peter Henderson (PH)
Minute-taker: Maggie Ennis (ME)

Present: Penny Alexander (PA), (SB), Richard Bedwell (RB), Lauren Hoadley (LH), Joyce Jacobs (JJ), Margaret Hewitt (MH)

ME began by welcoming MH to the Patient Group.

1 Apologies: Stephen Alexander, David Parker, a new member, who said he would prefer to miss this online meeting as might be easier if he waited for a meeting on-site before his introduction and John Crook (JC). JJ said that when JC had sent his apologies he had also said that he was grateful for the phone call from Nurse Lisa Steel soon after lockdown to ensure that he and his wife were OK and that they had food and other necessities. He said the contact was a cheering communication. JJ added her thanks to and the Practice. LH said she would pass on the message to Lisa who had done a wonderful job contacting all 1500 patients over 65 years of age, not only the people with underlying health problems.

2 Minutes of the last meeting 28th January 2020: Agreed apart from RCCGPPGN should read RCCGPPGN.

- 3 Matters arising not on the agenda:** LH reported:
- **New Clinical System.** On Thursday 27th August 2020, the Practice will be moving to a new clinical computer system. There will be many benefits that will not be immediately obvious to patients as these are mainly clinical, but these changes will help the Practice to improve the way the staff manage patients' care.

It is important that patients read this very carefully, especially if they are on regular medication or use the online repeat prescription service.. In preparation and during the transition, there will be some unavoidable changes to the Practice services which patients will need be aware of:

No advanced appointments will be available to book from Thursday 20th August. There will be routine bookings again from Thursday 3rd September. Between Thursday 20th August until Thursday 3rd September: the Practice will have telephone consultations bookable on the day only. Patients can call the surgery each morning and they will be directed appropriately. As the Practice learn to adapt and become comfortable with the new clinical system, there may be reduced appointment availability for approximately 2 weeks from Thursday 3rd September.

St Mary's University -The Practice has taken the decision that as of the term beginning September 2020 we will no longer provide an on-campus Medical Centre at St Mary's University because of a reduction in student numbers, estates challenges at the university and the ongoing pressure on NHS resources. However the Practice will continue to be linked with the university and provide medical care to the students registered with us.

- that from 4th July when social distancing is relaxed to one metre the Practice will encourage more face-to-face consultations. Patients will be encouraged to arrive on time, rather than early and having to wait. Patients will be encouraged to wear facemasks.
- that Kingston Hospital was dealing with the backlog of appointments better than West Mid.

JJ asked if the Practice had enough personal protective equipment (PPE) and LH said that. SWL (South West London) has a PPE Portal and therefore with donations, YMP has had enough although at the start there were problems accessing enough PPE. . She also said that any issues are logged and daily reports created. There is a sneeze - shield now installed at the Reception

MH asked about people who were still unwilling to go out once they were free to do so after 1st August. LH such people would be difficult to identify but that Richmond Wellbeing Service could have a role as well as Callum, the Social Prescriber, based at the Cross Deep Surgery.

Covid 19, Patients and Practice: at the start, currently and future.

Prior to the meeting member of the PG had submitted questions to LH.

What were the pre Covid waiting times for appointments with the backlog by number and what are they currently? This, I assume, may break down into a couple of subsets including those where a specific doctor is requested

We don't count appointments by backlog, it would be impossible to quantify this – the pre-Covid average waiting time for a routine appointment was 7 – 10 days and currently the waiting time for a routine appointment is 4 days.

Are the initial telephone appointments same day, as with the triage system, or are they pre-booked for the future?

Exactly the same system as before, we have a duty doctor AM and PM every day for urgent matters that need to be dealt with on the day. For routine matters, patients should book a routine phone call with the GP of their choice or next available GP. Reception will ask the patient if the matter is urgent. For those that are working, they may prefer the GP/Nurse to call at a specific time so this can be pre-booked at a time that is convenient with the patient. We have now started to release telephone calls for booking via the website too. These can currently be booked up to 6 weeks in advance.

How effective are telephone (or Zoom appointments if used) and do they actually save time?

We don't use Zoom as it's not secure for discussing confidential matters. We do have a video calling platform called Accurx that we can use; some of the GPs have used this if the consultation requires something to be seen. We have found that telephone appointments do not really save time as there can be a lot to discuss over the phone, but patients have liked it as many have been very nervous about coming to the surgery. Lots of things can very easily be handled over the phone and many patients have fed back that they prefer it as an initial contact as it can be difficult to attend the surgery if they have kids, work full time etc.

Will they continue at least until we have a vaccine or as the virus fades will they be rationed to specific patient groups, possibly based on need, or revert to the previous limited triage system?

We still have the triage system and that is very important for people to know. That is unchanged. We rely on guidance from NHS England which at the moment is very clear that we should continue to do as much as possible by telephone. We are still seeing patients face to face, but these are triaged and booked by the GP's only. In future we may have a system where all patients are triaged first by a GP in order to be booked appropriately. We are discussing what the future might look like but for the time being we will follow the NHS England guidance.

Is the practice anticipating a rush of pent up demand from patients, particularly those with possible cancer symptoms, who have delayed calling during the height of the pandemic and how do you anticipate managing this particularly as social distancing and cleaning regimes are likely to increase the time between physical consultations?

We have been relatively busy over the past few weeks so we are not anticipating a rush. We have spaced appointments out to ensure that there is adequate cleaning and donning and doffing time. Patients are asked to arrive on time for their appointment.

As there are changes to the manner in which the Practice operates with patients asked to wait outside to ensure social distancing and limit the spread of infection if this is to continue beyond the summer has any thought been given to the wellbeing of the non-car owning?

We aren't routinely asking patients to wait outside. However, we are asking patients to attend alone so any family members, partners, etc. will be asked to leave the building. This is for patient safety. Patients should arrive on time for their appointment. There is no need to arrive early.

Are masks a requirement for patients visiting the surgery, as they are now in hospital settings?

The wearing of masks is not mandatory so this is the choice of the patient.

*Please note this is correct as of 25/06/2020 but may change. We will continue to follow the NHS Infection Prevention Control Guidance on this.

Are the YMP monitoring patients who have chosen to decline or defer attending regular check-ups? If yes, how is it working and have you any other thoughts on this?

Yes we are, we have spreadsheet listing all of the patients that have declined to attend. We are carrying out the reviews that we can over the telephone but those requiring bloods/BP etc. will be invited in over late July/August where we will do a protected blood clinic and reduce the number of other patients in the building at that time. We have been doing this for shingles vaccination patients by running a specific clinic during a quiet period. If patients still do not wish to come this is their decision and we will decline their review on the system. We would encourage patients to attend the surgery though as this is in their best interests.

4 Richmond Clinical Commissioning Group Patient Participation Group Network (RCCGPPGN): PA and ME to report.

PA & ME represent YMPPG at an online meeting took place on Tuesday 23rd June.

LH pointed out that that a number of CCGs have now come together as one. Sutton, Merton, Wandsworth, Kingston and Richmond. The RCCG does remain in several areas.

PA explained that the RCCGPPGN we were introduced to the new Borough lead for Richmond and Kingston, Dr Patrick Gibson (Dr PG) who replaced Dr Graham Lewis. Dr PG was pleased to meet us as representatives and said that PG community network is of great value since they provide a unique view. He talked of risk, adaptability, communication, partnership, plus Social Prescribing (SP) and Primary Care Networks (PCNs).

Dr PG said that PCNs were in an 'embryonic' state. Up to now there had been 330 referrals to the link workers and that there was an expansion of LW. Six more have now been appointed. He identified that during COVID19 there was a huge concern about 15-25year olds and their relationship needs. He also talked about the links with other health care providers: some were good whilst others need to improve digitally.

5 Primary Care Networks update: PH report

PH said that this is a national concept but we have had little local publicity. The concept is that individual practices are linked to other practices as a network. We are in the East Twickenham PCN (ETPCN) which is made up of YMP, Woodlawn/Oak Lane, Cross Deep and Crane Park Practices.

LH talked of the process: first create a network, employ a Social Prescriber and Pharmacist. Both roles would be reimbursed by the NHS centrally. LH stated that this year various projects will take place including one that she is part of. The project is about flu vaccination, looking at it being Network driven and possibly taking place on one site, but offsite, in a marquee which would be a safer option during ongoing COVID19. LH said that it will be the first collective thing ETPCN will do. Another project for our PCN would involve Care Homes having a named GPs and a virtual ward round. We don't have a Care Home attached to us at YMP. Early Cancer is another project too. The Richmond General Practice Alliance is an important part of the provision in Richmond.

RB asked about home visits for flu jabs. LH suggested that the ETPCN may have to think about how to make it efficient... maybe a route plotted to around the homes of patients in the four Practices.

PH mentioned the contact and discussion he had been having with Paul Pegden Smith, PG chair from Cross Deep Surgery and asked if we should meet the Patient Group. He also asked ME whether there was still a 'monitorium' on PCN (i.e. monitoring of the PCN) ? ME replied that it was some time ago and that she would wish PH and everyone to know that she supports PCNs fully, 100%. ME also said that she had found out and spoken at a previous YMPPG meeting that neither of the other practices in output ETPCN had a PG. one was asking for details of anyone who wished to be part of one. After discussion about whether it is appropriate to move forward at this time the following was agreed.

Action: PH to get in touch with The Cross Deep PG Chair to update him about our discussion.

6 **Complaints and compliments to the Practice:** LH reported none.

7 **AOB:** None

Date of next Zoom Meeting – Thursday 30th July

Chair: Peter Henderson, Minute taker: Penny Alexander