

YORK MEDICAL PRACTICE PATIENT GROUP MEETING
Wednesday 25th November 2020
10.30am via Zoom

Chair: Peter Henderson
Minute-taker: Joyce Jacobs

PRESENT: Penny Alexander (PA), Stephen Alexander (SA), Richard Bedwell (RB), John Crook (JC), Maggie Ennis (ME), Margaret Hewitt (MH), Lauren Hoadley (LH) Practice Manager, Ken Mason (KM) Paul Leonard (PL)

1 **Apologies:** None

2 Mike Derry, Chief Officer for Healthwatch:

Mike Derry (MD) gave a brief history, since 2013, of the evolution of Healthwatch into the organisation it is today. An independent body, the organisation was created in 2013 by an act of Parliament. The role of Healthwatch is to listen to the views of people and answer questions put by people who may have concerns about the NHS or social care and to take action to improve those services.

The Healthwatch staff are able to look into community care, GP services and dental services. They also have the statutory power to enter the premises of any provider of health or social care and observe how care is being provided. The organisation under review has to respond .

However during the Covid (C19) pandemic Healthwatch staff have not been able to go into care homes or hospitals and investigations are conducted via Zoom. Since April they have spoken to 1,600 people and dentistry has emerged as a real problem, especially the availability of dentists who will take on NHS patients. It appears that some dentists are now closed to NHS patients, discriminating against those who are unable to pay.

There have been several reviews. One was of maternity services. There has been good quality postnatal care but during the pandemic has been difficult especially if the mother has no partner. Another was about the changes to the primary care system which has moved to remote and virtual appointments. This move is good but also gives rise to challenges.

For some time Healthwatch has been explaining how the C19 testing system works and how a patient must have symptoms before they can be tested. The C19 Testing Contact Centre telephone number is 119.

SA mentioned his nephew who could not go to a testing centre but had received one by post. JJ confirmed that the postal tests she had done were handled very efficiently.

The walk-through testing site in Broom Road, Teddington was mentioned which was difficult to access by public transport and had no parking. MD said there had been problems but it was now working well.

ME asked what role MD sees in future for Patient Groups. He said that there was no single answer as PGs were all different but the value of PGs will remain.

LH raised the issue of the Health Visiting Service for babies – they have stopped all face to face contact. MD he said they should discuss further and see how Healthwatch can support. He also said he would look back at the maternity services review to see if any of those surveyed mentioned the Health Visitors.

JC mentioned that he and his wife had received a letter reminding them about having a flu jab after they had both had had one. It was a waste of money. RB said he had received the same letter and because of the failure of the Health Visiting system had had to take his bedbound wife to the surgery for her flu jab. LH said that the reminder letter had come from NHS England and agreed that it was a waste of money. She also said that next year one of the Practice nurses would do home visits instead of the Health Visitor.

3 Minutes of the last meeting 24th September:

Agreed.

4 Matters arising not included in the agenda:

None.

5 Update on C19 in the Practice:

LH said that nothing had changed from her last report but more people are now being seen face to face with clinicians, hence more chairs in the waiting room. The telephone triage system is still in place.

6 East Twickenham PCN update, including C19 vaccinations:

LH reported that planning for the provision of C19 vaccines is being done at PCN level and the work is expected to be ready by the beginning of December. The structure for delivering the vaccines will be in place at the Cross Deep Practice which has suitable accommodation and a car park. At the moment people are being sought (retired GPs, nurses) who can be trained to give the new vaccine. When the Pfizer vaccine has been approved for use batched of 1,000 doses will be delivered in every five days. It will be able to be kept at the

appropriate temperature. Our Practice will be providing staff for this first roll-out but this may change if the type of vaccine changes. If the Oxford vaccine which is not so temperature-sensitive is approved it will be able to be administered in the YMP surgery using the same organisation as was used when the flu jab was administered in October.

LH reported that the ETPCN was working well with meetings via WhatsApp and most recently most of the time the work has been to do with C19. However work has progressed on establishing the different roles and dealing with business matters.

PH asked about publicity for the PCN. LH said that she could not take on more work at the moment but that PH had a valid point. It should be discussed at the January PG meeting.

Action: JJ to put on the January agenda

7 Richmond CCG/PPG network:

JJ thanked ME and PA for circulating the minutes of the last meeting held on 4th August.

ME and PA were asked about the YMP PG, how it was set up and its Terms of Reference. PA spoke about our Health Events which were not well attended but much appreciated by those who did attend. All Practices have a PG but some PGs consist of just one person. ME said that PGs would not flourish if the Practice GPs or Practice Manager were not interested. Our PG was unusual as we have continued to have our meetings since the beginning of C19 done by means of Zoom. Many PGs have not met during this time.

8 Complaints & compliments:

LH reported there had been some 'soft' complaints about clinical care, the flu jab and the transfer to EMIS, the new computer system for the Practice records and for patients. However the system had been live for only three months and the staff were still learning about it.

PH complained he was getting too many emails from EMIS and LH suggested he should unsubscribe from them.

LH also reported two compliments, one involving a patient who had not been seen by a health visitor but had been dealt with by Dr Elgey. A comment on NHS choices had complimented all the Practice staff. There was also good feedback about the way the flu jab was administered at the Practice.

PH asked about reminders for blood tests and blood test results. It was the responsibility of the patient to contact the Surgery four days after the test and ask for the results and any follow-up appointments. These were given by the Receptionist.

9 AOB EMIS:

SA mentioned the confusing way that repeat and batch prescriptions are set out on the patients' page. LH said that was not able to be changed by the Practice.

Waiting Times: LH reported that they were still satisfactory. Routine appointments can still be made within a week and there is still capacity for on-the-day appointments. MH said we were very lucky with our reception staff. She has always been very happy with their service.

Patient letters to Practice: SA had had an unfortunate experience with a letter to the Practice from a consultant which asked for an appointment which never came. He had to follow it up himself. LH said that all letters relating to patients were read and action taken where necessary. SA's experience was a mistake and LH said she would check the paper trail to see what happened.

ME asked if there were sufficient flu jabs for patients aged 50 to 65. LH said that they would be rolled out from 1st December.

10 PG Terms of Reference:

During the C19 pandemic it is not possible to keep to the times and attendances by group members. The ToFR will remain as they are until October/November 2021.

The PG 2020 Christmas lunch will take place sometime in 2021 when C19 has retreated.

The date of next meeting: Thursday 28th of January at 1pm on Zoom

Chair: Peter Henderson.

Minute taker: Joyce Jacobs

Dr Sylwia Fergusson Clinical Director of the East Twickenham Primary Care Network (ETPCN) to be invited.