

# **YORK MEDICAL PRACTICE PATIENT GROUP MEETING**

**Tuesday 18<sup>th</sup> May 2021**

**1pm via Zoom**

Chair: Peter Henderson (PH)

Minute-taker: Joyce Jacobs (JJ)

**PRESENT:** Penny Alexander (PA), Stephen Alexander (SA), Richard Bedwell (RB), Margaret Hewitt (MH), Lauren Hoadley (LH), Dr Chris Watts (CW)

1 **Apologies:** Maggie Ennis, Paul Leonard, Ken Mason

2 **Minutes of the last meetings 15<sup>th</sup> April:** Agreed

3 **Patients' consultant letters to Practice:** PH started the discussion by saying it was not clear to him and others what was the patient's responsibility and what was the Practice's when a consultant's letter asked for tests, scans, further procedures or new medication.

CW gave the background. Pre- Covid there had been a drift of workload from secondary care, i.e. hospitals, to primary care. There is now increasing evidence that hospital consultants send instructions for a new drug, make another referral, organise a scan or more tests in the follow-up letters to the GP, a copy of which is sent to the patient. It is not now the practice of consultants to refer patients to other departments within their hospital. This new process has led to a big increase in the GP workload. Nowadays there are more hospital consultants than GPs

PH said that the responsibility of patients was still not clear. For example if the consultant asks for a blood test, organised by the Practice, is it the patient's responsibility to let the consultant know the result?

SA said that a patient can't contact the consultant directly and must go through the whole referral process again. If a consultant suggests the

patient should be seen by another whose responsibility is it to make the referral? CW said that the CCG had decided that consultants should not refer patients between themselves but should it should be done via the GP. PH said it was wrong that the result was not sent to the consultant by the Practice.

LH said the reason the tests are not done in hospitals is because of the cost, and doing some tests in primary care is unsafe. The problem is that we are looking for clarity where none exists as consultants work differently one from another. That means it is the responsibility of the patient to send test results to the consultant. It also means that it would be difficult to have a one-size-fits-all leaflet.

PH asked if the patient has to report the test result to the consultant, how does the patient know? CW said this was a good point.

PH said that he assumed that we were not the only patients who had identified this problem and CW said that it should be raised with the CCG and even our MPs

PH said that perhaps other PGs had identified this problem and PA wondered what they and the PCN could do to help. LH suggested that PA and ME should raise the matter at the CCGPG Network next week and report back. LH said that she would put a note on the website to tell patients they should chase up results if they have not heard within a reasonable time although she recognised that some people do not have access to the website and these are the people who are most likely to fall through the net.

LH said that medical record sharing systems are to be integrated with St Georges and Kingston Hospitals but not West Mid. But in the future all these systems will be integrated.

**Action:** PA and ME to report views of the CCGPGN members at the next PG meeting in July  
PG members to write to their MP.

**4 Covid vaccinations update:** LH said that people under 40 are not now being vaccinated at the surgery but are being dealt with at the mass-vaccination centres. The Practice is now doing only second doses for the over-50s and there are around 1,000 of these left to do. This means the Practice is still busy with the vaccinations but they should be finished by the end of June. Then there will be the booster jabs to think about.

The Practice is now back to doing face-to-face appointments but telephone appointments are still available to those patients who prefer them. The facility for patients to make face-to-face appointments online has returned to the website.

MH said we have to thank the Practice for the way it has coped during the pandemic and that patients have been able to speak to a GP.

PH said there was the problem with newly prescribed batch drugs being out of sync with patients' other batch drugs. These are dispensed as prescribed usually monthly for a period of time authorised by the GP. CW said that the new IT system was not yet fully bedded in with respect to repeat and batch prescriptions. The Practice had recognised this as a problem at the most recent Partner's meeting. SA said that he was still having the same problems with EMIS Patient Access (PAcc). Several members of the PG said they had given up on PAcc and were now going to their Pharmacies direct to order prescription drugs. JJ said she had downloaded the NHS app which showed not only her vaccination status but allowed her to order repeat and batch prescriptions via the Practice. She could also do this through the Healthera website, used by the Mapleleaf Pharmacy.

**5 Complaints and compliments:** LH said there were none to share. CW said the vaccine programme had generated huge amount of good will towards the Practice from the patients. He said that the patient list had continued to expand despite what Covid had thrown at them. There used to be but now there was no ceiling on the number of patients a Practice could have on their books. People felt the YMP provided good access for patients and had a good ethos.

PH said that patients were not aware of the benefits of the PCN and they need to know how they are affected. CW said there is probably not that much to say at the moment other than the employment of a social prescriber and a pharmacist part-time. LH said she would keep us up to date with any future plans.

**6 AOB: Next meeting:** LH said that at the recent Partner's meeting the subject of the next Patient's Newsletter arose. There is a lot of news at the moment eg staff changes etc, chronic conditions management. LH said she would supply a list of topics and hoped ME,

PA and JJ would do it. PH asked how many patients had signed up to receiving the newsletters online. LH said she would supply the figures. The next PG meeting for the end of July could be Zoom or face to face but it will depend on the Covid rules at the time.

**Action:** LH to provide topics to PA, ME and JJ for the next newsletter and numbers of email recipients.

7 **Date of next meeting** Thursday 5<sup>th</sup> August:

Chair: PH

Minute taker: JJ

**PG item:** PG Christmas lunch: as the Covid rules allow only six people to dine indoors together it was decided to see what the rules would be at the next stage of Covid opening up on June 21st. If the rules were eased JJ would circulate some dates.

EMIS PAcc: JJ said she had joined the PAcc panel as suggested in their March email. She has heard nothing since. PA said she had given feedback as encouraged by the P Acc page.