

# YORK MEDICAL PRACTICE PATIENT GROUP MEETING

Thursday 19th August 2021

1pm via Zoom

Chair: Peter Henderson (PH)

Minute-taker: Maggie Ennis (ME)

**PRESENT:** Penny Alexander (PA), Stephen Alexander (SA), Richard Bedwell (RB), Lauren Hoadley (LH), Paul Leonard (PL)

1. **Apologies:** Margaret Hewitt, Joyce Jacobs

2. **Minutes of the last meeting 19<sup>th</sup> August 2021:**

Agreed

**Actions:** PA/ME to give views to CCGPGN Meeting, Members to write to local MP (item 3) see discussion later in these minutes, Newsletter now completed and sent out, thanks to Joyce Jacobs.

ME asked if we could have up-to-date figures for major types of conditions/illnesses at YMP including Carers. We have had them before but not for some time.

**Action:** LH said she would get the figures and circulate them before the next meeting

3. **Covid Boosters and flu vaccinations (LH)**

LH said that we were awaiting a decision on whether Boosters would be given and if so who to. It has been suggested that the Covid and Flu could be given together but this is unconfirmed. LH said that the groups identified for the Covid Booster and Flu are

(a) over 50s

(b) clinically vulnerable

LH said that the flu jabs would/ should not be delayed by any decision on the Covid booster and start near the end of September regardless.

Over 65s will get flu vaccinations, then those under 65.

LH said the Pfizer vaccine would be given, as before, at YMP for our PCN since the Practice meets all the building, expertise and storage criteria. It would be on a weekend since YMP is still vaccinating Covid now. AstraZeneca could be given at the other three PCN practices since it does not have a storage problem. Cross Deep Practice may possibly do some Pfizer vaccinations. It is likely the majority will be done through primary care.

LH explained how stressful the staff were/are feeling with all the pressure.

RB asked about hearing that the AZ is not as good as Pfizer but LH said there was a minimal difference.

#### **4. 4a, Patient Consultant Letters to YMP & 4b, Update on Referrals (LH and others)**

SA said it was a cumbersome to refer to different doctors with multiple medical problems and he found he had a 6-8 week wait. LH said that was the way it was now. SA asked if we should approach 'higher authorities. LH noted it is a bigger problem than just this practice and that it has been raised with Dr. Patrick Gibson (GP Lead for Richmond CCG). He understood the patient perspective and that it wasn't just one practice.

PH said the issue raised last time for action was that the letter from the consultant to YMP was copied to the patient. The patient's expectation is that the practice will act on it.

PH thought more publicity was needed for patients to understand the pathway of the results of visits to the hospital consultant. LH referred to Dr Watts' explanation in a previous Patient Group meeting (May 2021 page 2) about consultants actions and requests and the difficulty contained therein. Several examples were given by LH of patients' experiences and she said that she would speak to clinicians at YMP.

There was, LH said, pressure on phlebotomists. PH suggested that the consultants were 'pushing work on to those not qualified to undertake it  
**Action:** LH to report back at the next YMPPG meeting what clinicians' responses were when she spoke to them about the above.

**PH** The item on writing to our MP from the previous minutes (Item 3 Action) will be discussed at the lunch on 16th September at The Crown.

#### **5. CCGPGN Meetings: Report PA and ME**

PA reported back about the presentations given to members on Improving Kidney Care and Cancer Referrals in Southwest London. We got updated feedback from Dr P Gibson about the vaccination programme. He stressed the symptoms of Long Covid were very varied.

There is a Long Covid Insight Project too, run by Healthwatch. There was also an item on Patient Survey. The next CCG meeting is October 12th.

RB said he had completed the Healthwatch Long Covid Questionnaire. ME encouraged all to do the same if relevant to them

**Action:** Long Covid Insight Project on next YMPPG agenda.

PLEASE NOTE THE CHANGE TO NUMBERING OF AGENDA ITEMS FROM NOW ON

#### **6. Patient Survey (ME)**

ME sent the link to the Patient Survey to everyone before this meeting. The annual patient survey is, in her mind a complete and utter waste of time and money plus the information received is inaccurate and statistically useless. It was discussed at the CCGPGN Meeting and one member was, before she retired, involved in Statistics. She felt it was not useful in any way. There are

approximately 14,000 patients at YMP, of whom 359 were sent the survey and 136 completed it. The NHS quote that they had a 38% response but this percentage is derived from the 359 and 136 figures. What possible valid conclusions could be taken from this. There was a discussion about the validity of this survey.

PH remarked on the question about the percentage of patients who usually get to see/speak to the GP they want to, as being very low. ME pointed out that all three other Practices in our PCN were within 8% of our figure for this question. Nothing could be gained from this survey, it should not be used or quoted either.

SA talked about the Reception and the triage done on the telephone by the Receptionist. He asked about their training. LH said that they were doing training with Reception in September focussing on how to ask the right questions to make sure that patients are booked appropriately. Dr Boughton had devised a 'flow signpost' to assist staff in Reception. LH said the Practice is busier than ever including the Duty Doctor and routine appointments. LH pointed out there would be new roles and Reception were not the decision makers since they are not clinically trained. PH said that patients need educating too about how the systems work.

## **7. Compliments and Complaints LH**

Compliment: YMP received an email expressing the kindness and professionalism of the Practice, a specific doctor, Receptionist and Student Nurse

Complaint:

(a) An apology was given and the situation resolved regarding an issue with a doctor.

(b) A hospital had designated 7 days medication but had been given only 3/4 days. The patient needed more but YMP had not had the hospital discharge. It was resolved.

(c) Same hospital giving post-op eye drops for 3 days, hospital discharge was late. The issue was resolved.

PA commented on hospital not giving enough opiates (pain relief). On discharge the hospital didn't give enough tablets to the patient to allow for time to request more from the GP.

RB commented on motto 'do no harm', he cited a phone call to a senior manager which helped reorganise things.

LH is monitoring these issues (b and c) with hospitals.

**Action:** PA and ME to take these hospital issues to CCGPGN

## **8 AOB**

(a) LH reported several changes within the staffing.

Nurse Helen Deade will be working two days a week from October, Ruth Johnston is joining the nursing team

Dr S Brooks will be taking maternity leave and Dr Evette McGovan is covering in her absence.

Dr Sophie Ladbrooke starts at the end of September. She will be working 4 sessions per week to provide additional GP Cover. LH said that July was a very tough month for staff. It is a similar story at other Practices. Another Duty Doctor is helping to clear the list. There are three new doctors (registrars) this year whereas YMP had two last year.

(b) ME asked about the Blood Test Tubes shortage. LH confirmed that there was a national shortage. YMP has three weeks supply and LH said other local Practices have asked for some – but YMP had not given any away. LH said non-essential tests are not being done.

(c) PL explained that the Mayor was opening the York House garden to help with Richmond residents wellbeing.

(d) SA explained that there was a Zoom talk by Biobank. It is run by The General Practice Data for Planning and Research and needs the patient consent to give the Biobank permission to access data from their GP. The issue of data access and the selling of it by the government were discussed. It needs monitoring.

(e) Recruitment to YMPPG and replacement of Ken Mason. To be discussed at the meal listed below (f)

(f) Christmas Lunch 2020 16th September  
**Action:** PH to organise booking of The Crown.

(g) Date of the next YMPG meeting.  
**Action:** ME to contact LH about the next meeting date  
UPDATE: LH agreed on 26th October 2021 at 1pm and will ask the Pharmacist at the Practice to attend our meeting.

**NEXT YMPPG meeting:** Tuesday 26th October 1 pm (on Zoom or in person, or a mixture of both?).

Chair PH

Minutetaker JJ