

YORK MEDICAL PRACTICE PATIENT GROUP MEETING
Tuesday 26th October 2021

Chair: Peter Henderson (PH)
Minute-taker: Joyce Jacobs (JJ)

PRESENT: Penny Alexander (PA), Stephen Alexander (SA), Richard Bedwell (RB), Gillian Gibbs (GG), Margaret Hewitt (MH), Lauren Hoadley (LH), Dr Chris Watts (CW), Anil Rokad (for the start of the meeting)

1 **Apologies:** Paul Leonard, John Crook

2 **Minutes of the last meeting 29th August:** Agreed

2a **Matters arising:** Consultants' letters. ME reported that the matter had been discussed at the most recent CCG PG meeting and there was an email address for PGs to register any concerns they had about this matter. Both ME and PA thought that this matter would not be resolved for some time. ME reported that Bonnie Green who is on the CCG PG and a trustee at Kingston Hospital asked PA to give her more details of the problem which will be taken back to Kingston Hospital. PA said that many of the YMP patients go to West Mid and could be having the same problems. PH said he understood budget pressures etc but it was the patient who was caught in the middle between the Practices and the hospitals and needed to know what was going to happen, when and when follow-ups would take place. LH pointed out that the problem was not necessarily about budgets but about safety and interpretation of tests. CW said that it has always been that the person who orders the test is responsible for getting the result and acting upon it. A problem arises when the hospital orders a test and tells the patient to ask the GP for the result and the GP can't interpret the result. If this happens it is the safety of the patient that is paramount. PH withdrew his remark about budgets but repeated it was the patient who didn't know who was talking to whom. ME pointed out that it is a recognised general problem, not just for the YMP patients, and it will be dealt with by the Richmond CCG but it will take time.

3 **Anil Rokad, Clinical Pharmacist:** He explained that he and two colleagues are the clinical pharmacists covering East Twickenham Primary Care Network (PCN). He has over 30 years of experience in

pharmacy. Before his current role he worked at the Maple Leaf Pharmacy and Cross Deep Surgery. He deals with medicine management and advice to patients, local pharmacists, GPs, and other health care professionals. He also helps surgery to run and action any medicine related alerts. He has a clinic and telephone consultations for patients with asthma, COPD and hypertension. As part of the PCN contract he also does structured medication reviews for eligible patients to check medication compliance, side effects and prescribing batch prescription whenever it is safe and practical to do so.

JJ remarked on the speedy service of providing a repeat prescription from submission to collection from the pharmacy.

4 **Covid boosters and flu vaccinations:** Everyone thanked the Practice for the roll-out of flu and Covid booster jabs. LH reported that on Saturday 16th September more than 800 booster jabs were administered. They are now being given every week in smaller clinics at the Surgery to the end of December. The flu-jab uptake has been good with over-65s done and under-65s starting this week. The Practice is focussing only on our own patients. The information that people need about the jabs is on the Practice website. It is people over 50 and vulnerable groups who had had their second Covid jab more than six months ago who were now being called for the booster jab rather than by age groups as in the earlier sessions. It was not clear currently when under-30s would start to get their booster jabs. RB mentioned that he had been contacted by the NHS before he got the invitation from the YMP and it was his opinion that the YMP's was a far smother operation than the Teddington Memorial Hospital where he went for his booster. He also congratulated the YMP giving both jabs (flu and Covid booster) to housebound patients.

5 **Long-Covid Insight Project and**

6 **CCGPGN meeting:** PA reported that one of the GPs from the Homewood Corner Surgery is leading on this. He will also take referrals. Workshops are to be set up where a patient can meet a multi-disciplinary team to identify problems they have. There will be physiotherapists, occupational therapists, and maybe home visits. There will be weekly meetings, starting in April next year. In the meantime, there will be training for staff and plans for and communication with patients. There is a website which has a self-help link for symptoms and the sort of care which is available. JJ asked how many people were affected with Long Covid (LC)? PA said that 94 people across the Borough had responded to

an advert asking for sufferers to get in touch. RB pointed out that LC is post-viral chronic fatigue like Myalgic Encephalomyelitis (ME). Currently there are around 250,000 sufferers and with LC this could rise to more than 1M. A new national study will take DNA from both ME and LC sufferers and will compare them to see if there are similarities between the two conditions.

LH reported that 10 patients in the YMP have LC. ME said that she and PA had several lots of stats on this condition and would share them with the PG.

Action: PA and ME will provide the stats

7 Up-to-date figures for major types of conditions/illnesses for patients and carers: LH provided the following details:

Asthma - 627

COPD - 143

Diabetes - 347

Hypertension - 1086

Heart Failure - 70

CHD (Chronic Heart Disease) – 205

ME said that in the previous list there were figures for carers, arthritis, mental health and other conditions. It would be useful to know for future PG activities when things open up properly.

Action: LH will provide these figures.

8 Complaints and compliments: JJ said she would like to publicise the statement by CW on the YMP website. as it was an antidote to the negative comments about other Practices in the area and the NHS in general that had appeared on Nextdoor. MH agreed and said that the YMP was one of the very few Practices that had got complimentary comments on the thread. LH said she was happy that we should put CW's statement on Nextdoor. JJ said she would do that. CW said he was happy too that we should post something that was based on reality to counter negative comments and perceptions in some parts of the Press. He said he wanted to make it clear that the YMP was always very good on patient access and face to face consultations. MH said there could be one problem – the YMP would get many more people wanting to become patients. CW said it was a problem the Practice could handle. PH wanted to compliment the Practice on its balanced approach. He has asked LH previously about our waiting lists. LH said there was no problem with waiting for an appointment and the Surgery is back to the

pre-Covid levels of service. CW said that using triage, people who have an urgent need to see a GP will see one face-to-face within three hours on the day. Patients who want a routine appointment will be seen within a week.

LH introduced GG, the senior medical secretary who deals with complaints. LH said there were two very positive compliments both about the service given by both the medical staff and the Receptionists. There were two complaints. The first was about an appointment cancelled at short notice and the second was from a patient who had been told by the hospital on discharge that the GP would give a prescription for painkillers but had not told the GP. PA recollected that a similar thing had happened to her when she was discharged from hospital with only three days of painkillers. Fortunately, it wasn't over a weekend and she was able to get a prescription quickly from the GP. CW said this was something that should be taken up with PALS (the Patient Advice and Liaison Service) in every hospital. If many people complain via PALS hospitals may take notice.

- 9 **AOB:** LH told us she is going on maternity leave at the end of December and GG will take over patient-service related work and will come to the PG meetings with CW. SA said that there had been several Practices in the area closed to patients because of Covid and this had led to the ill-feeling about GPs and real problems for those patients. But YMP had stayed open all the time.

PH asked about the problems with blood tests. LH said that the supply of phials was not yet back to normal, and they were having to prioritise emergency blood tests at the moment. Supplies should be back to normal by the end of November. At the moment annual reviews for e.g. diabetics are continuing but blood tests will be done later when the phials are in better supply.

RB said he was confused about the dates for patients' annual reviews which are tied to the patient's birthday. Was it the patient's responsibility to ask for a review? LH said that only patients with asthma, diabetes, COPD and hypertension would be invited a month before the birthday. This system was set up before Covid and patients told about it by letter and on the website but it had been interrupted by Covid.

- 10 Date of next meeting:** Tuesday 25th January and the PG wished LH all the best for her maternity leave.

PG items:

- *Recruitment to Patient Group to fill Ken Mason's place.* SAs opinion was that the only people who can recruit to the PG are the GPs as we are not allowed to by the Data Protection rules. JJ said she thought the last recruitment campaign was done by email which yielded three new members. For some time LH has been asking new patients if they could be contacted by the PG and that is how we recruited last time.

ME said that when we recruit we should make it clear in the letter to applicants what we do and that they would be expected to attend meetings and take an active part in them. This could feature on the application form. JJ said we need to know how many patients are now signed up to receive our emails, have a suitably drafted application form and send the form out in batches in case we get too many applicants. PA said we should draft something that LH would approve, emailed out and put on the website. PH said the letter should ask for younger people to join the group. RB pointed out that recruitment of younger people may be easier now as more people are working from home. GPs should also be talking to patients and ante-natal groups etc.

Action: PH will draft a letter and circulate it. JJ will contact LH to ask for numbers of patients willing to receive emails from the PG.

- *Circulation lists for PG emails.* JJ said it was clear that we are not keeping our circulation lists up-to-date and having tailor-made lists which would exclude LH for instance but probably do include ex-members. The PG needs two lists, one with LH (shortly to be GG) and one without. The names of CW or other medical staff should not be included in any emails.
- *Non-attending members:* JJ said she had been sending emails to a recently recruited member who had not responded, never attended a meeting or sent apologies. She suggested we remove his name from the email circulation lists. PH wondered if we should email

this member to tell him. JJ said we should leave it to him to query why he was not getting emails from us anymore.

- *Terms of Reference:* ME said the T of R are reviewed annually. JJ said the T of R include references to the the Interest Group which now does not exist. She said she would change the T of R to reflect this and circulate it.

ME said that item 4 of the T of R – to encourage health education for patients etc and now we have the Primary Care Network (PCN) should the T of R include involvement with the other three Practices in the PCN? PH said he thought it was essential that the T of R include this. ME said the only other Practice in the PCN with a PG is Cross Deep but PH thought there was one other Practice in the PCN with a PG but they don't have meetings. He said that the Chair of Cross Deep PG had been asking for some time to meet up with YMP PG. JJ suggested that we wait until Covid has receded and things are more normal then we can think about attending each other's meetings. ME said she can't see any reason at the moment if the Chair of the third Practice gets wind of the CD/YMP meeting he might feel he is being side-lined. PH said he would talk to the Chair of that Practice to ask if they have a working PG. PA suggested we send out an invitation now to the others in the PCN saying we are doing virtual meetings and invite people to come to listen with LH's agreement. It would have to be a separate on-line meeting (because of the time constraints of the medical staff). RB said he would rather wait until we could have face-to-face meetings as some people were put off by meeting virtually. PH said we should have the meeting post-Covid in the New Year. JJ said she would put it on the agenda for the next meeting.

Action: PG to report back on the possible PG in the third Practice

- *PG Christmas Lunch 2021:* At the next meeting we will agree a date for the Christmas lunch to take place in February 2022.