

# YORK MEDICAL PRACTICE PATIENT GROUP MEETING

**Tuesday 2<sup>nd</sup> April 2024** (postponed from 26/3/24)

**12.00 in the meeting room**

Chair: Peter Henderson

Minute-taker: after discussion ME volunteered to take the minutes

## **Present:**

Peter Henderson (PH), Richard Bedwell (RB), Margaret Hewitt (MH), Lauren Hoadley (LH), Dr Chris Watts (CW), Maggie Ennis (ME)

### **1. Apologies**

Paul Leonard (PL), Monica Guida (MG), Andy Crawford (AC)

PH explained that he had been in discussion with MG, who due to changes to her work will have to withdraw from the committee, but would be happy to take part in the Interest Group when it begins.

**2 Minutes** from the previous YMPPG Meeting 28 th November 2023

### **2a Accuracy**

- **Agenda** should read Minutes
- **Item 5** Report from CCGPG Meeting

ME felt that part of the report needed rewriting- see below

' Healthwatch were an agenda item regarding the questionnaire they asked members to consider and comment upon. They took on board the comments and will come back to the next meeting. ME is a member of an agreed sub- group within the CCGPG. They are looking at a Navigation Tool to support patients in finding the appropriate pathway to access services instead of just going to a drs appointment. This group has met a member of the RGPA staff, Bami, who is looking at GPs websites and the information that should be there for patients, to ensure accuracy and consistency. The meeting helped to ensure both the sub group and RGPA knew what each other were doing'.

### **2b Matters Arising**

#### **Item 5**

LH followed up on Hampton Wick's IT Event, held at a different loction to the surgery. It was very popular and showed patients how to access IT systems. ME added that they will change the format next time to give patients a time to arrive since they had large numbers who stayed the whole time!

This led to discussion about the efficacy of the NHS App. LH said that at YMP 63% were now using the NHS App & that 8000 were signed up to other platforms. LH said there was a drive to get more patients to use NHS App. LH is part of the PCN Patient Users access group and said it was easier and more user friendly.

**ACTION: (a) This needs to be an item at the next PCN meeting 11th June 2024  
(b) LH to put NHS App first on the website**

### **3. PCN**

Dr Lambert, based at YMP is now the lead for our PCN.

ME raised the PCN since though there is a lot going on professionally with staff from each surgery, she wasn't sure what was happening with regard to the PGs. PH talked about what current objectives were related to us as patients. What were PCNs asked to do? LH said that 'Health inequalities' and Carers were a focus. ME interjected that they were in previous years too. LH said YMP have registered more Carers as a result of the focus. There was a discussion about the Social Prescribing Team, where there have been quite a number of changes in personnel since it was initially set up.

### **4 Staff Changes (LH)**

Gillian Gibbs has left the YMP, Rebecca is covering her roles along with other staff. Dr E Morgan is going on maternity leave and will be covered by Dr Faith Jahaka for a year.

### **5. Interest Group**

Whilst primary focus is on increasing the Core group, a secondary target is to develop special interest groups. LH talked about the potential adoption of AccurRx an easy-to-use platform allowing patients and healthcare professionals to communicate using SMS messaging allowing texts and bulk emails to be shared and possibly to distribute the Newsletters. This now looks far more of a possibility.

### **6. CCGPG Network Meeting (ME)**

There was discussion about the lack of Pharmacies in the Hampton area.

ME carried on the earlier information about Bami and the RGPA liaison with our subgroup. She fed back that a third of the Richmond PG surgeries did not have up to date information on their website. There were various other quotes too. It was vital that all surgeries had contractual requirements and kept them updated. The RGPA are proposing a contract with various options to practices. (see below item 7)  
The CCGPG allows practices to share, ask questions and support other practices, it's an important part of the meeting now. Healthwatch took the feedback from the previous meeting and are sending out the adjusted questionnaire to Richmond

residents. Kingston Hospital HRCT (Hounslow and Richmond Community Trust) presented their strategy in advance to us, with the usual heading of Start Well, Live Well and Age Well. They received lots of feedback and queries/ questions and didn't get the discussion completed within their time allocation. They set up an online meeting however it was cancelled and any other comments from us were to be sent by email. They are planning other wider engagement sessions in the near first future. The CCGPG members identified the need for an update on the Social Prescribing (SP) in our borough of Richmond. LH pointed out Ruils provide the SP and that things had been good to start with but that there appeared to be barriers ie not accepting referrals now and that services are stretched. Discussion took place about Ruils remaining a valuable resource working across a number of different fields.

**ACTION ME to continue to feedback after CCGPG meetings held bi monthly.**

### **7 RGPA Proposal (LH)**

LH explained about the proposal including the website cost and said that YMP would be taking up a small part of it. There were 2 options with costs. ME said several surgeries did not have comparable IT systems to do this.

**ACTION LH to send out the information YMP received from the RGPA re the proposal to all YMPPG. ( now sent 8 April)**

LH added that there were now only two Hubs, Essex House (Barnes) and us at YMP providing Extended Hours cover. The numbers are down for usage of the service. PH asked why this was? No clear reason has been identified. Here at YMP the practice will manage the 6-8 evening surgeries. RGPA to provide the Saturday service.

### **8 Newsletter**

LH spoke about Dr James Carvell's interest and enthusiasm for Lifestyle Medicine. He could be a focus for future Newsletter. MH spoke about a focus on the work of Ruils. She will liaise with Ruils to produce an item for the next Newsletter in late May.

MH, AC and ME to construct the next Newsletter with the following content:

1. Ruils (MH)
2. Dr James Carvell Lifestyle Medicines (ME)
3. Plea for more committee members
4. Staff Changes

### **9. Compliments and Complaints (LH)**

Compliments: 5 Google 5\* reviews which is great.

Complaints: A Human error here, after which processes have been reviewed to avoid any similar future occurrence.

Discussion took place about Referrals, letters and AccurRX which RB had brought up. LH managing expectations and patients knowing what was happening. MH mentioned the Kingston Hospital Patient Portal information relating to treatment

and appointments. PH said that each hospital does this, some more effectively than others. It was also mentioned about the 'snail mail', ie slow communication between health organisations. Feedback correspondence from hospitals to YMP comes with highlighted sections. It is seen by Dr W, put on the system and Coders are used, then it is filed.

## **10. AOB**

### **Covid Vaccinations (LH)**

These will be supplied to YMP next week. Initial priorities will be Care Homes and the Housebound, Over 75's. Thereafter the programme is aimed at only the Over 75' and the Immuno suppressed. The rest will be from September.

Vaccinations will take place Saturday 27th April 8-11.30 for approximately 700 patients who will be contacted by text. The balance will be 'mopped up' after that.

### **ACTION**

**ME and MH to be there on the day re possible recruitment to the committee.**

### **Premises (PH)**

Any update? Dr W said that our building belongs to NHS whilst other surgeries own theirs and are freer to do things. RB thought in a previous discussion we couldn't have private services on our site.

### **Ear Micro- suctioning (LH)**

Sadly YMP has had bad news. From 5 May the existing free service is being removed. Other than where medically justified this service will now be paid by patients. RB said it was disappointing.

### **ACTION**

**ME to raise this at the next CCGPG meeting**

### **Strikes**

Discussion took place about the current doctors strike and Dr W said the doctors had balloted for a six month mandate to strike. With the election due soon, this may well prompt a resolution.

### **Prescription/ medication shortages**

RB raised the issue. This is now both a national and international problem. YMP are now regularly contacted by pharmacies to agree substitutes where the original medication is unavailable, but have to date replacements always been found .

### **DNA's**

Across the NHS this is an issue and the practice were asked if making appointments and cancelling them plus DNAs ( do not attends) was a problem. LH not serious at YMP but she mentioned that patients do want to wait and see familiar doctors.

### **Waiting Times**

MH quoted the NAPP (National Association of Patient Participation) organisation where there were discussions about waiting times. Some practices even breaking the figures down into types of appointment by number and waiting period. LH indicated waiting times were improving.

**Contacting NAPP**

We get lots of information from the NAPP especially in The Forum section. If we feel the need to reply, it must first be discussed and agreed by email with the committee.

**Terms of Reference**

Amendments to the format were agreed providing minor adjustments.

**ACTION (PH)** to split up the main section from Role Responsibilities etc

**Next YMPPG meeting**

**Tuesday 28th May 6pm**

**Chair: Peter Henderson**

**Minute Taker: Paul Leonard?**