

**MINUTES OF PPG MEETING  
HELD AT ACOMB ON WEDNESDAY 5<sup>th</sup> DECEMBER 2018 at 6.30pm**

Attendees YMG:	[REDACTED]
Attendees Guests:	[REDACTED]
Attendees Patients:	[REDACTED]
Apologies:	[REDACTED]
Facilitator:	[REDACTED]
Note Taker:	[REDACTED]

**WELCOME AND APOLOGIES**

[REDACTED] welcomed members to the meeting.

**APPROVAL OF MINUTES**

The minutes of the previous meeting were agreed. Proposed by [REDACTED] and seconded by [REDACTED].

**ACTIONS FROM PREVIOUS MEETING**

There were no actions from the previous meeting.

A statement made in the previous minutes by [REDACTED] "*The Secretary of State for Health is interested in England where there is no problem in the recruitment of GPs and there have been an increased number of medical student places.*" was discussed with patients feeling that the Secretary of State should be concerned.

[REDACTED] informed the meeting that future changes about how CCGs run are in the pipeline and that he would keep the members up to date on this issue.

**[REDACTED] – ORTHOPAEDIC SURGEON**

[REDACTED] joined the first part of our meeting to talk about the different forms of arthritis and the treatment and surgical options for knee and hip joints. Copies of his presentation are available.

Questions asked were:-

**Are steroid injections available at York Medical Group?** Yes knee steroid injections are available but injections into hips need x-ray guided equipment so referral into secondary care is required.

**Are there a limited number of steroid injections a patient can have?** There is no real definitive answer each patient is judged on their individual need.

**Can exercise increase the rate of decay?** General exercise is good for your wellbeing but if something hurts stop.

**Are all patients are referred to physiotherapy first before surgery?** All orthopaedic referrals are sent to the MSK (Musculoskeletal) service first in an attempt to streamline the service; these are reviewed by qualified clinicians.

**BRANCH CLOSURES**

[REDACTED] explained the rationale behind the recent branch closures. York Medical Group experienced an excessive period of unplanned sickness over the school holidays where we were unable to safely open some sites. One benefit of being a larger organisation is that to maintain safe practice we can move staff to other sites. Closing sites made a

difference to our staff's wellbeing and all patients were seen.

This was discussed with the CCG and there was consultation with the PPG. This was not a cost cutting exercise. We continue to be in consultation with the CCG and are taking the view that we need to keep sites open but also to keep both patients and staff healthy; protect everyone and maintain a good quality service.

Around 200,000 appointments are provided by YMG per year (including both face to face and telephone consultations) and two services we are considering trialling are PushDoctor and Babylon where patients can have a consultation through a smartphone, tablet or PC. This would be an additional resource and not provided by our own GPs to help reduce pressures.

██████████, a patient who previously worked for the NHS has been helping us try to understand our appointment system by extracting information and analysing the data.

Historical appointment data has been analysed to help plan for the future and understand the impact of any change. Areas studied were appointment time, patient waiting time, and appointment length.

████ was astonished by the volume of appointments patients had access to in February, which was 15,000, especially considering there were only 20 working days that month. Most GPs have an average of 40 appointments per day, some telephone consultations and some face to face and the appointment time is not just for seeing the patient but also keeping the notes up to date and completing any follow up actions. Although it is clearly very difficult to forecast for the future it is hoped that this data will help.

During the time analysed there were a high number of cancellations and DNAs (Did Not Attend) with no reason as to why patients were not attending appointments. The demographic with the highest number of DNAs were females aged between 20 years – 30 years. One thought is that patients may book an appointment just in case they need it but then cancel.

Online services – less than 3% of appointments are booked online with 55 year olds being the highest users.

████ stated that it had been interesting working with █████ and a new system being provided by the CCG called Apex will give us further intelligence on our systems enabling us to see how best to change our services to suit our patients.

**How much of a 10 minute appointment is taken up with a GP looking over your patient record.**

A 15 minute appointments does involve looking at notes and writing up any actions with the time to assess a patient being 10 minutes or less.

**This is why you should try and see the same Doctor.**

**Are some practices underused or more under more pressure depending on the population/health of patients in that area?**

This information is available but has not yet been explored.

**ACCESS/CLINICAL DELIVERY/APPOINTMENTS (inc. TELEPHONE)**

████ felt it would be useful to have a standing item on the agenda about clinical service access as this is the most important area for patients and staff; to enable us to offer services that are most needed. It is challenging at the moment and frustrating but we continue to acknowledge it is an important area for us and we want to be able to provide the appointments you need. It is stressful for us when we know we aren't delivering what you want and we would like to work together to achieve this.

This is our opportunity to explain what is happening and for patients to feedback frustrations and to come to the meetings with ideas on how to improve our appointment system. We are embarking on a big project "Clinical Transformation Plan" to cover urgent and routine care and to improve continuity of care. We feel this is most valued by patients and staff and makes us more efficient by not spending too long looking over patients records. We need to make easier for patients to get to see their preferred GP and also to get the message out to patients that even it means waiting a bit longer to see your own GP it is better and if something is urgent we will let you know.

**There is still a problem in Acomb, there are just no appointments and haven't been for 6 weeks; for those things that are routine but can't wait 6 weeks.**

████ explained that we are actively trying to recruit more GPs but are getting very little interest and it is quite a crisis. This also ties in to why we diversified our team with paramedics and nurses and why we have wanted to close sites as nurses cannot work without GP support. We are working within the constraints of funding and our

workforce issues

**Is it down to the amount you're paying?**

■ confirmed the fact that GPs are paid more in other areas like Hull as they get more funding for recruitment (as noted by ■ at the PPG meeting dated 4<sup>th</sup> September 2018).

■ is proposing asking a GP to sit in the phone hub in a morning with the telephone handlers to help deal with minor issues to save some appointments.

■ also felt we need to encourage patients to look elsewhere i.e. pharmacies, 111, for answers to general queries to help us deal with the people who really need to be seen.

**Could patients be given the name of a PPG member so this information can be given out?**

**Continuity of care is never available in Acomb and we lurch from crisis to crisis, could we see another GP at another site?**

YMG work hard on ensuring that clinical allocation is equitable across the sites but it doesn't consider patient conditions and demographics. Every site has its struggles but we agree this should be our focus.

**There are fantastic nurses at YMG can't they be a first point of contact?**

We did apply for funding for a HCA (Healthcare Assistant) to take calls but we were unsuccessful.

**This is a wider NHS problem.**

**Do you encourage patients to email their Doctor?**

We don't have a system that enables patients do this, we may occasionally give our email to patients but it should not be used for anything urgent. We continue to search out systems that will enable our patients to have this facility.

■ explained that he is reviewing e-consult for non-urgent queries. It is a system that uses GPs and some AI (Artificial Intelligence). It is a medically indemnified system that has a 99% success rate of diagnosis or will advise you to see your GP.

There are huge amounts of data in our systems that we currently have no way of analysing but YMG is constantly seeking out new technology to help improve our service.

**COMMUNITY HEALTH CHAMPIONS**

Leaflets were emailed to patients about Community Health Champions

Community Health Champions are people who, with training and support, voluntarily offer their skills and passion and make use of their community links to transform Health and Wellbeing in their neighbourhood.

Within their families, communities and workplaces they:

- empower and motivate people to get involved in healthy social activities
- create new activities to meet local needs
- signpost people to relevant community activities, and support

See further details in the [Community Health Champions information booklet](#).

**Benefits to the volunteer**

- giving something back to the community
- formal training and on-going mentoring and support
- learning new skills and knowledge related to Health Improvement
- developing listening and communicating skills

■ encouraged those to do get involved in this if they can. Training courses are available.

**FEEDBACK FROM MEN'S HEALTH EVENT**

■ felt that the event was incredibly well organised and attended (35 people attended of which a third were women). There were talks from Prostate Cancer UK, ■ a local DJ and ■ a Consultant Urologist and lots of engagement from the audience who asked questions and shared their experiences.

It was a very informative evening.

■ felt that there had been lots of publicity on the radio, in the press, flyers in local shops but there were only 35

attended.

■ felt it was fantastic to get every chair filled and although people may not have come it may have generated conversation.

■ agreed that it is an aspiration to do more patient education sessions and learning from this is very valuable.

**Mental health should be considered for the future.**

■ stated that part of our objective is to get the PPG to participate more and sites coming together for meetings has will give us the opportunity to do that much more and it will be a positive experience.

Thank you to all those that helped we appreciate your effort and we would encourage more events like this.

**SITE SPECIFIC ISSUES**

This item was not discussed.

**ANY OTHER BUSINESS**

*PROVISION OF INFORMATION ON SUPPORT SERVICES*

■ informed the meeting that there are 35 voluntary organisations in York. The Older Citizens Advocacy York (OCAY) helps older peoples with various issues; for example helping access services or assisting with problems they may have with utility suppliers.

■ asked whether these charities could advertise within our surgeries.

■ responded that we are actively involved in social prescribing with Musical Connections, Citizen's Advice and Ways to Wellbeing all working out of our surgeries. YMG are happy to advertise local charities at our sites.

*REPEAT PRESCRIPTIONS*

**Prescription orders via the app do not appear to be working.**

**When you request a repeat prescription and tick those you want and then go on to tick a custom request you don't realise your repeat has been unticked. You are unable to do a repeat and custom request on the same request.**

■ will ensure that this is added to the next newsletter to inform patients that repeat and custom prescriptions should be completed separately.

ACTION	COMMENT	PERSON RESPONSIBLE	TARGET DATE
Inform patients that repeat and custom prescriptions need to be requested separately	<b>COMPLETE</b> – this will be on our next newsletter, website and on monitors in surgery	■	11/12/18

*APPOINTMENT LEAFLET*

■ thanked those patients who had given feedback on the first draft of the appointment leaflet. Amendments will be made to the document before issuing to patients.

*SPEAKERS AT PPGS*

Members were in consensus that they would prefer speakers at separate meetings and not at future PPGs.

*NEW TELEPHONE SYSTEM*

■ expressed her delight at the new telephone system which is wonderful and mentioned she has spoken to some really love PCCs.

ACTION	COMMENT	PERSON RESPONSIBLE	TARGET DATE
Send a Celebration of Care to the PCCs	<b>COMPLETE</b>	■	06/12/18

**DATE OF NEXT JOINT PPG**

Tuesday 12<sup>th</sup> March at 6.30pm at Tower Court, Oakdale Road, Clifton Moor, York, YO30 4RZ

**DATE OF FUTURE MEETINGS**

Wednesday 12<sup>th</sup> June – 6.30pm – Water Lane

Tuesday 3<sup>rd</sup> September – 6.30m – Acomb

Wednesday 4<sup>th</sup> December – 6.30pm – Monkgate – please note change of venue