

**MINUTES OF PPG MEETING
HELD VIA ZOOM ON WEDNESDAY 7th JULY 2021 at 6.30pm**

Attendees YMG:	[REDACTED]
Attendees Patients:	[REDACTED]
Apologies:	[REDACTED]
Facilitator:	[REDACTED]
Note Taker:	[REDACTED] (via Zoom recording following the meeting)

INTRODUCTION & WELCOME

All attendees introduced themselves to the meeting and were thanked for attending.

APPROVAL OF MINUTES OF LAST MEETING

The minutes of the last meeting were approved.
There were no actions from the previous meeting.

KLINIK REVIEW

■ explained that one area of importance to both the practice and our patients is access and we are now 4 weeks into a completely new process using the online system Klinik. This has been brought in to help with the problems experienced by patients contacting the surgery by phone (long wait times, getting cut off). This system is also used by other large practices in York and more widely across the country. Access is via an online form through our website www.yorkmedicalgroup.co.uk and our staff allocate patients either into an appointment or give information through text messaging. The system highlights the urgent cases to the team to ensure they are given priority. Patients can still also call into our surgeries or telephone as normal, however the same online form will be completed by the PCCs. It is hoped that giving patients the opportunity to complete these forms online will release the pressure on the phones, freeing them up for those who do not have internet access. All forms are triaged in the same way and patients will not be disadvantaged whichever way they are able to contact the practice.

I used it two weeks ago and a day and a half later I spoke to a GP and two days later was given an appointment from my point of view it is easy to work and is working well.

I have used it twice and both times got a phone appointment within a couple of hours so was impressed.

I have used it once and I love it I think it's brilliant – I used it at 9pm and by 10am the next day had an appointment at 9.20am for the next day and it was great because I was able to put on the form everything that was wrong and when I went to the surgery the information was there for the GP.

I have used it on one occasion I was a bit sceptical about having to go through 11 layers but I found it fairly easy and I completed it in a shorter time that it takes on the phone and without the frustration so I have a positive view of it. The only thing is you then must wait for the GP to call you which took some time but surprisingly it went quite well.

I have used it twice and on the first occasion I was disappointing as having completed it at great length with all relevant details but a bit later I got an email asking me to re-submit as I had chosen the wrong category in the drop down menu which I felt could have been forwarded on to the right area rather than having to go through it all again which I had to do. That is my only criticism.

■ reported that there were teething problems in the early days and the team were too focused on getting patients using the correct pathway rather than using some common sense. It is hoped that this has now stopped, and patients are not being asked to re-submit incorrectly completed forms. The buttons are in the process of being simplified to streamline the system for patients.

The second time I used it was ok – it was non-urgent, and I got a call back from a GP who arranged a face to face appointment the following week with a clinician.

Is there any intention to get this system on to the NHS app?

■ advised that it is hoped that the system will integrate into our clinical system so that data is pulled directly from the forms into patient records but was unsure if it would be able to link into the NHS app.

That is a great shame as I find the NHS app superb with its biggest problem being that it is not updated fast enough.

■ responded that the Klinik system is just about accessing services within the practice and gives YMG the ability to understand the demand of patients. Patients advised that they were not always comfortable sharing information with our PCCs, and it was difficult getting that data to the clinician prior to the appointment. Klinik affords the opportunity to ensure patients get to the right clinician the first time. It also allows YMG to build a picture of the services that should be provided, and the number of staff required to cope with demand. This is the start of the re-design of the service post-pandemic to ensure the right type of services are being offered.

The NHS app is more about a patients' clinical record.

There is an appointment system on the app that we don't use.

■ advised that this can be used, and it may be that some elements of this are used in the future. Demand for services has increased as more people can access the surgery using the online form where previously they may have abandoned their call due to long wait times.

When making appointments for INR checks is it not easier to go through the PCC because they will have available times to hand.

■ stated that many of the INR appointments can be made when you see the Healthcare Assistant as they know when you need to be seen again and we are trying to make sure appointments are available well in advance. This is being worked on in the background so that we can get INR appointments four weeks ahead on the system.

■ went on to explain that she had worked with one of our Reception Managers triaging nursing requests and was shocked to notice that there had been over 2500 calls into the surgery; this is on top of the requests received online.

■ reported that demand across the country for Primary Care was at 156% of pre-pandemic levels and YMG is still experiencing a high level of staff sickness and self-isolation as numbers of COVID-19 cases rise in York.

What do we do to communicate with our patients and try to bring back some humility to the relationship and what we can do differently?

Are there any plans to re-open surgeries to operate as they were pre-pandemic?

■ advised that there is a plan to re-open Woodthorpe; it is currently being used for telephone clinics only and it hoped will be opened in August. 32 Clifton will be re-opened for minor surgery within the next few weeks and is already being used for counselling services, the Musical Connections singing group and a gardening group. Water Lane is being well used by our 32 Clifton patients.

■ also explained that a difficult if staff are spread across the organisation, receptions must be manned, nurses cannot work without a GP and it is easier to work from the larger sites where there is cover and support. One reason for moving to a same day total triage model was that surgeries would not need to be cancelled should a staff member need to self-isolate at short notice and it remains a difficult balance, but work continues on trying to improve access.

There is a high elderly population in Woodthorpe, many of whom cannot access the surgery at Acomb – what do they do?

■ confirmed that Woodthorpe would re-open.

■ suggested that Klinik is still in the honeymoon period, demand has increased dramatically and is likely to continue to rise and there has been no up lift in the number of clinicians employed and is in fact is reducing. This is a national problem, accelerated by COVID-19 but YMG continue to aim to offer a quality service but bearing in mind that resources are not what they were.

Is this due to retirement or terms and conditions?

■ felt the issues are partly age related, staff are 50+. Previously doctors were recruited from abroad which is now more difficult. YMG's Salaried GPs are very committed but don't necessarily work full time in general practice choosing a portfolio based career also working at the hospital or teaching alongside their work with us. Changes to the pension system has made retirement more attractive to some of our colleagues and altogether, along with COVID-19 this has created a "perfect storm" with less Doctors within the NHS.

■ also said that there are only 5000/6000 doctors qualify each year and 6000 leave the service each year which creates a reducing affect.

NHS NATIONAL DATA OPT OUT

■ stated the data held by the NHS is the biggest database of residents that exists, and companies would be keen to get this information for research purposes. This would be a wonderful opportunity to improve services for patients but there is also the risk that the data could be used for personal gain. Safeguards are in place to ensure it is non-identifiable and to take out individual consultations; it is more around diagnosis, procedure and medications and should be not for profit. It will allow much better communication and therefore much better care, there is not one system across the whole of the NHS and therefore colleagues in other organisations cannot see all the data held on patients, however, if they used the same system it would make it easier to share information.

Further information can be found by [clicking here](#) or going to the following website

<https://www.nhs.uk/using-the-nhs/about-the-nhs/opt-out-of-sharing-your-health-records/>

What data are people objecting to; I feel it is essential for development?

■ advised that this gives people choice, and everyone has a different view on what they wish to share.

EDUCATIONAL EVENTS

■ asked whether members would like to have any educational events in the future?

The big area of work involved is advertising the event

The advertising is not as difficult as you think as it could be added to a prescription or a pamphlet added to their medication

The other area is PR and Doctors don't know how to use it to best advantage – a press release could be issued for the radio/TV

I think it's a good idea and didn't know it had been done before – menopause would be good.

A common area for discussion is obesity and educating people around healthy living which would reduce Type 2 Diabetes

Another possible subject is hidden disabilities as there is a lack of awareness on this

FUTURE DIRECTION OF THE PPG

■ advised that this practice hugely value the PPG and the feedback given. The PPG gives us the opportunity to trial new systems with the group. There are thoughts it should run itself, should those attending the meeting specifically represent other groups giving them more responsibility and each site. Does the online format work or could it be done differently?

I think it works well and doesn't need to run differently

■ explained that a request is sent out for agenda items four weeks prior to the meeting, this is sent to practice staff and all PPG members.

How can you best involve those patients who don't attend the meeting?

■ stated that as they have signed up they will receive information either via email, post or via our website.

There has been an advantage with Zoom – the group was very big at Tower Court/Water Lane, often went off on tangents and was problematic for those who had difficulty travelling to site or who are immobile. Being on Zoom means patients can attend from their own homes. The face to face meeting got too big but do appreciate we only a small representation of the PPG. If the agenda and minutes are available online everyone has opportunity to comment.

Those who did not attend meetings previously could not have had any pressing issues or they would have attended.

■ reported that the virtual group was limited to ensure meaningful conversation and it has always been bigger than those who attended the face to face meetings. Going online does create issues for our patients who struggle with internet access.

■ suggested that Zoom would allow for smaller break away groups in rooms which could be used for educational events. For this forum however a smaller group is useful. Meetings could also be face to face for a

small number of members but broadcast to those via Zoom who are unable to attend. With a larger cohort of patients in the PPG targeted surveys could be sent out around services in development, or a targeted Facebook page could be set up for feedback and developing services to contribute thoughts and ideas. A possible progression is that the PPG is chaired independently by a patient rather than practice staff; becoming a body that holds the practice to account.

■ added that he would be quite happy if the patients wished to chair the meeting.

I think input from Dr Hammond and Zulf is very important so should attend the meetings.

■ stated that practice staff would still attend the meetings, but they could be led by patients.

We talked way back about using expert patients more to help educate patients, this seems to have been forgotten- an interview I did never went on the website. Patients may talk to other patients easier than they talk to medics and in fact patients may have more experience with conditions than the medics.

■ agreed there could be an area of the website for patient views and would be an excellent place for patients to help with education.

■ suggested discussing this with our GP Training lead and our registrars.

Don't mend something that is not broken; that is the PPG. The Zoom meetings are more productive than the face to face meetings and were dominated by one or two people.

Post meeting note: there are 884 patients who have expressed an interest in being part of our PPG and are provided with the information from meetings either via email, text or post.

ANY OTHER BUSINESS

EAR SYRINGING

■ advised that there was a long waiting list for patients who require ear syringing. This is not something GP practices are contracted to provide but have in the past. Two clinics were held last week for those patients that were on the list and 50% of those patients did not require syringing, which equates to wasted appointments. It is understood that blocked ears can be extremely frustrating and debilitating but is not a high priority. Please see attached details of local services available for ear syringing.

MEETING CLOSED

Meeting closed at 8.00pm

DATE OF NEXT JOINT PPG

Wednesday 8th September 2021 – 6.30 pm via Zoom

**LIST OF LOCAL SERVICES PROVIDING EAR WAX REMOVAL
PRIVATE CLINICS**

PRACTICE NAME	COST	CONTACT ADDRESS/NUMBER
KlearEars Microsuction Ear Wax Removal Stonegate Medical	£99 - £149	23 Stonegate, YORK, YO1 8AW 01904 631815
Specsavers	£55	15 Low Ousegate, YORK, YO1 9QX 01904 6555611 Kiosk 1 Vangarde Shopping Park, Vangarde Way, YORK, YO32 9AE 01904 929915
Boots The Chemist	£50	43 Coney Street, YORK, YO1 9QL 0345 2701600 / 01904 642617 7 Monks Cross Shopping Park, Monks Cross Drive, YORK, YO32 9LF 0345 2701600 / 01904 636457
Charlwood Hearing Care	£60	Visioncare Optometry, 28 York Road, Acomb, YORK, YO24 4LZ 0800 6335939

HOME VISITS

PRACTICE NAME	COST	CONTACT ADDRESS/NUMBER
The York Hearing Practice	£75-£90	92 Main Street, Fulford, YORK, YO10 4PS 01904 405834
The Hearing Place	£80	hello@thehearingplaceyork.co.uk 01904 862422 / 07766 615757
Charlwood Hearing Care	£60	Visioncare Optometry, 28 York Road, Acomb, YORK, YO24 4LZ 0800 6335939
Hearall Wax Removal	£90 plus free 2 nd visit	hearallwaxremoval@gmail.com 07549 210645
Hear Easy - Adel Scales	£15 - £60	www.heareasy.co.uk 07385919671