



not cause full closure; this is also assisted with some sites remaining partially closed to patients.

YMG is working closely with the CCG and Nimbus who recently set up COVID-19 testing centres specifically for primary care staff and their families which will help to reduce the amount of time staff has to isolate; which would affect provision of services.

There have been reports in the press that the practice is closed however we have approximately 15,000 appointments available each month (September 13,755) showing that contact with our patients is significant and we are always full.

YMG is blessed with a large estate allowing the ability to move staff around when necessary and ensure as many sites are open as possible, if not for all services. 32 Clifton is being used for those patients with potential COVID-19 symptoms and is called the Red Zone. Childhood vaccinations were being carried out at Skelton but will be moved to 32 Clifton imminently. Tower Court and Acomb are open every day and Monkgate is open two days per week. Currently Woodthorpe patients are being asked to come to our Acomb surgery. Any changes continue to be communicated through our website and social media.

By using a reduced estate YMG continues to try and minimise footfall and risk for both patients and staff; it is vital our staff remain healthy in order to continue to provide a service to our patients. GP surgeries could easily be super spreaders so using a reduced estate decreases the chance of this. All our open surgeries are also now operating a one way system in and out to try and minimise unnecessary contact.

█ thanked the PPG for their assistance with our new telephone system at the start of the Right First Time project. The majority of contact with our patients is now via telephone and following patient feedback our telephone system will be changing. From Wednesday 21<sup>st</sup> October patients should call between 8am and 10am for all Urgent appointments and after 10am for all other appointments and queries. Where possible we would still encourage our patients to use online services and continue to try to protect themselves and the practice.

█ was interested to hear feedback from patients on the pros and cons of the practice at this time. There have been a huge amount of challenges, but it is also important to recognise the improvements and innovation that has come out of working during a pandemic. Texting or video consulting patients via AccuRx has increased the ways in which YMG can communicate with patients. Simple information can be sent via text and patients can respond to those messages. The telephone first consultation model has been mandated by NHSE which can be frustrating for patients and clinicians but serves to help people in an efficient way by not using appointments for simple problems that can be managed on the phone. Patients are still invited to surgery if this is deemed necessary.

YMG has developed a complex care team and nursing home team which █ has been instrumental in evolving. █ leads the team in looking after the most vulnerable patients, linking them in to other support services such as social care, Macmillan nursing team etc. and █, an Advanced Nurse Practitioner is now providing more enhanced care in our care homes; this has proved very positive.

Developments in technology have made it possible for blood forms and sick notes etc. to be sent electronically to patients which is far more efficient and reduces footfall in practice.

█ felt whilst it was easy to focus on the challenges and negative side of COVID-19, YMG hope to build on the positive outcomes and is interested to hear patient experience.

█ explained that a significant challenge now faced by the nursing team is that some staff have made the decision to retire earlier than they may have had it not been for the pandemic; this is not just happening in our practice but nationwide and is a sad fact of our current situation.

#### QUESTIONS RELATING TO HOW THE PRACTICE IS RUNNING

##### **AS THE BAD WEATHER APPROACHES WILL PATIENTS BE ADMITTED INSIDE TO WAIT FOR APPOINTMENTS OR KEPT OUTSIDE**

█ stated that surgery doors are not locked and patients can wait inside. There is one seat available for each clinician holding a Face to Face clinic and space between appointments will provide enough time for only one person to be waiting; no one should need to wait outside.

█ advised that Water Lane has been locked but the waiting room is being set up in order to allow patients in.

█ explained that patients are brought in to the waiting rooms for face to face appointments and ask that they do not arrive too early for their appointment to avoid a build-up of patients waiting. YMG is aware that the weather is changing and it is not acceptable to ask patients to wait outside.

**█ to email the Site Lead at Water Lane to ask them to ensure patients are not waiting outside and report if this becomes an issue so this can be addressed.**

**HAVING USED THE PHONE SYSTEM RECENTLY I WAS REALLY PLEASED WHEN I WAS 27 IN THE QUEUE THAT IF I PRESSED 1 MY CALL WOULD BE HELD AND I WOULD BE PHONED BACK – IT**

**WORKED BRILLIANTLY.**

■ was really pleased to hear this as previous feedback from the PPG was that this hadn't worked.

**IT HAS ALSO WORKED VERY WELL FOR ME TWICE – I WAS CALLED BACKED WHEN I WAS AT 3<sup>RD</sup> IN THE QUEUE**

■ asked the PPG if they had received the outcome they required when they got through to a PCC.

**YES I WAS AMAZED I HAD A CALL BACK FROM THE GP THE SAME MORNING I PHONED**

**I COMPLETED AN E-CONSULT BUT FOUND THE QUESTIONS DIDN'T APPLY TO MY PROBLEM, IT WOULD BE USEFUL IF PATIENTS WERE ADVISED IF THIS IS THE CASE THEY CAN SPEAK TO SOMEONE AS WELL**

■ explained that e-consult is a new consultation service via email that our nursing team respond to. This is a different way to access our practice; this is not about blocking access to those patients without technology but allows consultations with some patients more efficiently.

**IF A PATIENTS PROBLEM IS SOMETHING VERY SPECIFIC AND DOESN'T FIT WITH THE QUESTIONS IT WOULD BE HELPFUL IF THE PCCS ADVISE THAT PATIENTS CAN STILL SPEAK TO SOME ONE**

■ said that this feedback was helpful. PCCs are asked to select simple issues for e-consult but occasionally this can go awry. It is widely recognised that e-consult; that was given to practices by the CCG, is clunky so YMG is investigating other solutions. It is important to experiment with new systems to see what works and what doesn't so feedback is important.

**to feedback to Head of Operations to ask PCCs to advise patients that if e-consult is not appropriate they can call back to speak to a clinician.**

■ asked the PPG if COVID-19 wasn't around would they keep using the technology currently in operation in practice or would they want to revert back to the traditional model of accessing services.

**IT DEPENDS ON THE SITUATION – IT IS SOMETIMES MORE COVENIENT TO USE ONLINE ACCESS BUT SOMETIMES YOU DO WANT TO SPEAK TO SOMEONE**

■ agreed that a positive outcome of the pandemic is that it has brought to the fore other ways of working and thanked the patient for giving the new system a go; as we often prefer to revert to what we know.

**I ASKED AT THE LAST MEETING ON WHETHER YOU HAVE SEEN THE IMPACT OF THE BACKLOG OF PATIENTS WHO HAVE NOT BEEN SEEN WITH MEDICAL ISSUES DUE TO THE PANDEMIC**

■ advised that there had been no serious cases but there are certainly significant delays for patients; partly due to patients not wishing to come to the practice as they are still worried about COVID-19 and also hospital appointments that have been deferred, or lost in the system. This has increased contact with the practice trying to reinstate those appointments. At the start of the COVID-19 lockdown patients were discharged and not put on hold and now need re-referring into secondary care; this is not a criticism but all of these issues build some delays into treatment for patients. There have been major challenges with some of YMG's cancer patients who have not been able to have tests; as attending hospital brings the possibility of them contracting COVID-19 putting them more at risk. There will be knock on effects that will be on-going and it may not ever be possible to quantify the impact.

**HOW WILL THE FEAR BE OVERCOME – SHOULD IT BE A LOCAL OR NATIONAL CAMPAIGN**

■ felt that some people will remain fearful whatever campaign is undertaken. A national message may be helpful however the media do like to sensationalise which doesn't help. Over the last decade there has been some sensational reporting; particularly of child abuse cases with leading personalities which was rightly brought front and centre; however what was never acknowledged was the damage this did to patients who had suffered abuse and for whom it brought it all back. A mixture of a national and local message may help, using the relationship we have built up with our patients over the years to encourage them to be seen if necessary.

■ explained that the increase in demand for GP services does demonstrate a large proportion of people do want to be seen for issues they have been putting off; there are still a few that are extremely worried especially with the current rise in COVID-19 cases.

■ advised that our dedicated colleagues in the Complex Care Team are pro-actively calling our shielding and more vulnerable patients just to check in with them; not necessarily for medical reasons but just a welfare call.

■ also said that YMG employ a social prescriber working closely with the Complex Care Team who has phoned many vulnerable patients who are on their own.

**I AM GIVEN TO BELIEVE THAT 32 CLIFTON, WATER LANE AND SKELTON ARE CLOSING TO PATIENTS - IS THIS TEMPORARY?**

■ stated that we are using all our estate, but in a different way. 32 Clifton has a new building which is open as our "Red Zone" for high risk patients with potential COVID-19 symptoms and in the main building, which is a "Cold

Zone", it is open for minor surgery and early baby vaccinations. Parents are happy that this is a clean site and YMG have been very successful in encouraging them to bring their children in for their early checks and vaccines. Water Lane is extremely busy and a large part of this is being used as a training hub for GP registrars. These are qualified doctors going through their final training who are supported on-site by five GP trainers. There are also some registrars working out of Acomb.

Skelton was our cold site and is on hiatus for a while but this remains under review and will be re-opened if demand increases and we have the staff to allow this.

█ explained that we continue to try to use our estate and resources in a sensible manner.

█ replied that the terminology being used, not just in the media but also by staff is incorrect. This is not a site closure but an adjustment in the way we use our estate and how patients access our services. YMG has multiple sites and is constantly flexing how it is used. Partners have discussed what will happen if COVID-19 is around long term as we practice out of many buildings and the question will then be "Do we need them all"? Lots of businesses are closing and YMG may have to consider reducing its estate and not waste public money on buildings that are stood empty if this continues. Also part of the innovation in technology is not just about video consultation and new telephone systems but new technology that will allow patients with long term conditions to feedback how they are feeling to a GP from home, without the need for an appointment. If there are any significant changes in a patient's conditions the practice can immediately see and call the patient.

█ reiterated that YMG have no plans to shut any sites, however, we have to keep our estate under review to ensure our buildings remain fit for purpose.

█ also added that he has worked out of Skelton for more than 20 years and there is a rumour every year that it is closing, but to date it remains open.

█ advised that in York only one practice has been allowed to close in the last 10 years. It is not easy to close practices and if this was being considered it would have to go through a consultation process with our patients and be rigorously justified.

**AS THE FLU CAMPAIGN IS UNDERWAY I AM CONCERNED ABOUT THOSE PATIENTS WHO ARE NOT DIGITALLY CONNECTED – WE USED TO GET LETTERS INVITING US IN**

█ reported that patients who have signed up to receive text messages from the practice will receive a text invitation for a flu vaccination. All other patients will receive a letter. Unfortunately the sending of our letters is outsourced and some patients have received two. YMG is initially focusing on vaccinating the most vulnerable patients.

There will also be a York wide mass vaccination site opening up at Tesco Askham Bar, which many practices are supporting. Eligible patients will be sent a text or letter allowing them to book online; they will be given a code to book a drive through appointment. This is staffed by practices throughout York, including our own and is being run by Nimbus. This is great partnership working of York practices and the hope is that if it works well it could be available to use for a COVID-19 vaccination site, if and when this is developed.

ACTION	COMMENT	PERSON RESPONSIBLE	TARGET DATE
Email Water Lane to ask them advise if patients appear to be waiting outside so that this can be addressed	<b>COMPLETE</b> – █ emailed Site Leads	█	31-10-20
Email Head of Operations to advise PCCs to make patients aware that if e-consult does not fit their problem they can call the surgery back	<b>COMPLETE</b> – █ emailed Head of Operations	█	31-10-20

**ANY OTHER BUSINESS**

**SOCIAL PRESCRIBING**

**I WAS ON A ZOOM CALL WITH THE OLDER PEOPLES PEER SUPPORT GROUP – COULD GPs LET THEM KNOW WHEN THEY ARE RECOMMENDING SOMEONE TO THEM**

█ explained that social prescribers are also called link workers; they link patients to community services that might help and support them. They keep abreast of all the local and national community support groups available for patients to access, which is information GPs don't have at their fingertips. GPs task their social prescriber and ask them to link the patient to community support. It would be impossible to let those groups know that a patient had been recommended to their service as writing referrals is not something currently in place.

MEETING CLOSED

■ concluded that as previously agreed future meetings would be held with the current patients on the call as having too many on a Zoom call can be difficult to manage.

The meeting concluded at 19:40

DATE OF NEXT JOINT PPG

Wednesday 2<sup>nd</sup> December at 6.30pm via Zoom.