

**MINUTES OF PPG MEETING
HELD VIA ZOOM ON WEDNESDAY 10th MARCH 2021 at 6.30pm**

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

INTRODUCTION & WELCOME

■ welcomed everyone to the meeting especially our first time attendees and advised that due to a prior commitment ■ would not be joining the meeting until 7pm.

■ explained that in discussion with members of the PPG who attended previous meetings it was agreed to once again extend the invitation to attend to all our members on email. Unfortunately, it is not possible to invite all members of the PPG to an online forum. From the 23 members who responded 18 were invited to attend; these patients are registered across all our sites with as much of an age range as possible.

It was agreed that this group would attend the next 2 meetings when a further request for expressions of interest would be sent out to give other members the opportunity to join the meeting ensuring no-one is excluded from the process.

APPROVAL OF MINUTES OF LAST MEETING

The minutes of the last meeting were approved.

Both actions from the previous meeting were complete (removing Christmas Opening Times from the newsfeed on our website and extending the invitation to attend the next meeting to our PPG via email).

COVID-19 VACCINATION PROGRAMME

■ explained that vaccinations at the Mass Vaccination Site (MVS) were about to increase as it is coming up to the 12-week point from when first doses were administered, meaning that patients would be attending for second dose vaccinations as well as the site continuing to give first doses. It is hoped that politics will not prevent the Pfizer vaccinations being delivered from Belgium.

WERE THEY LOOKING AT FIRST JAB PFIZER, SECOND JAB ASTRAZENECA – WAS THERE AT OUTCOME?

■ advised that current advice is to have two doses of the same vaccination; a decision will be made if it is not possible to source the Pfizer vaccine and what cross-protection giving different vaccines would offer.

DO YOU MEAN THAT IT COULD BE BETTER TO HAVE TWO DIFFERENT VACCINATIONS?

■ felt it could be better but the important thing to bear in mind is that the first vaccination gives a degree of immunity and the second will not only boost that immunity but it will also make the immunity last longer.

IS THE PFIZER VACCINATION STILL BEING OFFERED AS A FIRST DOSE?

■ reported that out in practices our patients are being offered the AstraZeneca vaccination as it is easier to handle. These are patients who are in Care Homes, Sheltered Accommodation or are housebound. Askham Bar has two sites working side by side; the National Vaccination Clinic (NVC) and Local Vaccination Clinic (LVC). The LVC is in the tent and is set up to manage the Pfizer vaccination, although it does also give AstraZeneca and the NVC in the Portakabins only give AstraZeneca.

IS THERE A SHORTAGE OF THE PFIZER VACCINE?

■ stated that the LVC has less control over deliveries and can work only with what is sent and this does partly depend on supply from the continent; sometimes double deliveries arrive and it then becomes all hands to the pumps as the vaccinations must be used and sometimes there are delays and clinics have to be cancelled.

I WOULD BE INTERESTED TO KNOW HOW MANY PATIENTS HAVE DECLINED THE INVITATION FOR A VACCINATION

■ explained that this is difficult to quantify. Yesterday we asked Nimbuscare to invite a further 1,350 of our patients; we do not know how many of those will take up the offer.

I APPRECIATE IT IS DIFFICULT BUT IS THERE A BALL PARK FIGURE?

■ felt that the decline rate was low and that some patients who initially refused have now changed their minds and wish to have the vaccination.

Post Meeting Note: 99 patients have been coded as having declined the COVID-19 vaccination out of approximately 11,700 eligible patients. This equates to 0.85% of eligible patients and 0.22% of our total patient population (please note these numbers are constantly subject to change as patients register and de-register with the practice).

DO WE KNOW WHAT WASTAGE THERE HAS BEEN AT THE MVC?

■ reported that there is no waste. The Chief Pharmacist ensures that only the correct numbers of vaccines required are taken from fridges. At the end of the evening if a vial (holding up to a maximum of 13 doses) is opened for only 1 or 2 vaccinations, patients are contacted from the eligible cohorts to attend if possible.

YOU ADVISED AT THE BEGINNING OF THE MEETING THAT SOMETIMES THERE IS A SURPLUS NUMBER OF VACCINES COME IN TO USE UP - DO YOU PHONE THOSE ON A WAITING LIST?

■ advised that it was difficult to have a list of highly vulnerable patients to contact.

■ confirmed that patients would be called for a 2nd vaccine from next week.

WERE PEOPLE ALLOCATED A DATE FOR A SECOND VACCINE?

■ explained that those patients given their first vaccinations prior to the change to a 12-week interval were now being called to attend for their second vaccination. Patients booked in after Christmas may have already have been given a date for their second dose; if not patients will be called nearer the time.

■ had been advised that on Wednesday the MVC is expected to vaccinate over 3000 people which will be the busiest day yet.

WILL ALL SECOND DOSE VACCINATIONS BE GIVEN AT ASKHAM BAR?

■ confirmed that second dose vaccinations will be given at Askham Bar unless the patients are in Care Homes, Sheltered Accommodation or are Housebound. These patients would be seen in their care setting or at home. Unfortunately, the process of organising these is against the flow of delivery of vaccines which is erratic.

THERE IS A RUMOUR THAT THE VACCINE CAUSES PROBLEM WITH FERTILITY

■ clarified that there is no evidence at all it affects fertility and that this is misinformation.

I HAVE BEEN IMPRESSED WITH WHAT HAS HAPPENED SO FAR, THE ORGANISATION IS GOOD COMPARED WITH PEOPLE IN OTHER AREAS WE ARE DOING VERY WELL SO THANK YOU VERY MUCH

■ stated it is challenging and this will be on-going for a long time.

QUESTIONS & ANSWER SESSION

I'D LIKE TO ASK SOME QUESTIONS ABOUT THE TELEPHONE APPOINTMENT ISSUES RAISED IN THE LAST MEETING - AS A NEW PATIENT WE HAVE HAD MIXED EXPERIENCES - I'VE BEEN LUCKY AS MY ISSUES WERE DEEMED URGENT AND I GOT A PROMPT SERVICE AND REFERRALS WHEREAS MY HUSBAND HAS HAD A DIFFERENT EXPERIENCE TRYING TO MAKE A NON-URGENT APPOINTMENT WHICH HAS BEEN IMPOSSIBLE. ALTHOUGH WE FULLY APPRECIATE THE PRESSURE LOOKING AT THE MINUTES IT MAKES REFERENCE TO A NEW SYSTEM CALLED KLINIK WHEN MIGHT THAT BE DUE TO COME IN? THE SECOND PART OF THE QUESTION IS WHEN WE EVENTUALLY SPOKE TO A PCC THEY DEFINED WHAT URGENT AND NON-URGENT MEANT THE MESSAGES ON THE TELEPHONE SYSTEM ARE COMPLEX AND MULTI-FACETED AND I WONDERED WERE THERE PLANS TO BE CLEARER ON THE DIFFERENCES. I AM AWARE THAT NON-URGENT APPOINTMENTS WITH A GP MAY NOT BE FEASIBLE AT THE MOMENT DUE TO RESOURCES

■ agreed this was a good point and has always been a point of difficulty hence the change to our telephone system 2 years ago. Unfortunately, we were then hit with COVID-19 and it remains a work in progress. There is currently a huge amount of pressure on appointments; we have a number of GPs off sick and no availability for their sessions to be covered so this also has a knock on effect. In order to simplify our system, we ask that patients call after 10am for non-urgent appointments but it can be challenging to find the right appointment with the right person.

YMG are in the process of rolling out Klinik; funding is in place and training will be necessary prior to going live to patients; which is unlikely to be before July.

■ reported that a team within YMG were working on implementing Klinik and have spoken to other colleagues in York who are already using the system so that we are not re-inventing the wheel. There is a concern that implementing the system may be a step back as we had already introduced our Right First Time project which helped PCCs give the patient the right appointment with the right clinician, but it is hoped that Klinik will improve access for patients as they will be able to complete their requests online. The system may be trialled with the students at YSJ initially.

■ **JOINED THE MEETING AT 7.00pm**

■ also advised that although you may be in a queue of 30 people there are several call handlers working to answer the phones therefore in reality you may only be 5th in line.

DID YOU SAY YOU HAD NO URGENT APPOINTMENTS AT THE MOMENT?

No, there are urgent appointments available.

I HAVE BEEN ASKED BY SOMEONE WHO WAS TOLD THEY COULD NOT GET A PRESCRIPTION UNTIL THEY'D HAD A MEDICATION REVIEW BUT WERE UNABLE TO GET AN APPOINTMENT AND THE MEDICATION WAS REAUTHORISED. WOULD IT BE BETTER IF PEOPLE WERE TOLD NOT TO HAVE A REVIEW OR ARE PEOPLE STILL HAVING THEM?

■ advised that there is still a backlog from previous lockdowns and clinicians are trying to achieve as many reviews as possible; particularly focusing on patients at higher risk, like those with diabetes.

■ explained that medication reviews are put in place to ensure the practice is happy to continue prescribing safely to patients. It may be for some patients it is appropriate to roll forward the review without seeing them for others it may be necessary to conduct further tests. Unfortunately, it is not possible to have one system for all patients and it is important for clinicians to have oversight of patients for whom they are prescribing medication. A new system spearheaded by Dr Field has been put in place to monitor our patients with Mental Health problems.

■ reported that she had been in discussions with ■■■■■, Head of Nursing and Clinical Services, to work on improving and streamlining this to avoid unnecessary appointments or calls to the practice and to ensure invitations are being sent to patients appropriately and in a way appointments can be delivered upon.

I HAVEN'T BEEN AT THE SURGERY FOR LONG SO DONT HAVE A LOT OF EXPERIENCE BUT HAD MY PRESCRIPTION PROCESSED QUICKLY WHICH WAS GOOD – I ALSO FOUND THE CALL BACK ON THE TELEPHONE SYSTEM USEFUL. TO MINIMISE CONTACT IT WAS GOOD THAT SWABS COULD BE DONE AT HOME BUT THEY DIDN'T COME WITH ANY INSTRUCTIONS. I AM A MEDICAL STUDENT SO WORKED IT OUT BUT WANTED TO FEEDBACK FOR OTHERS THIS MAY HAVE BEEN DIFFICULT.

OVER COVID-19 PEOPLE HAVE STRUGGLED WITH THEIR MENTAL HEALTH. SERVICES ARE STRETCHED AND WONDERED WHAT THE GP WAS OFFERING, IF ANYTHING TO PATIENTS STRUGGLING OVER THIS TIME AND IF ANYTHING MORE TO BE DONE

■ stated that as a nation mental health issues had increased by around 40%. At YMG we have a first contact mental health practitioner and new funding has allowed us to appoint two further mental health care nurses. There is also an In House Counselling service run by Dr ■■■■■ available for our patients. YMG has also been instrumental in developing social prescribing and non-medical intervention in York but there is always more that can be done.

■ agreed that there are more patients presenting with mental health problems. YMG has a webpage with signposting information and clinicians are able to text links to patients. GPs are helping patients with medications and doing very brief interventions but then signposting to the many services that are available in York. York has the Northern Quarter Project in the Clifton area which aims to bring together community assets to support people with their mental health and in fact York has the most community groups per head of population in the country. It is a challenge with COVID-19 but YMG constantly aim to raise awareness amongst staff of what is available for patients. YMG are also due to start having MDT (Multi-Disciplinary Team) meetings with mental health services on a monthly basis to ensure staff are kept abreast of what services are available.

■ felt demand would continue to grow and has been a constant part of general practice and is a national issue. There is no easy answer but there has been a concerted effort in York and the combination of primary care, mental health services and social prescribing working together to help de-medicalise the mental health model is really helpful. YMG is developing a Secret Garden in the garden of one of our practices to allow patients to come together to meet, garden and possibly have group consultations. We are also collaborating on a Music For Healing project as there is good evidence that certain music has an impact on wellbeing and both these initiatives are low cost, high value easily deployable projects stimulated by demand, especially during COVID-19.

CONSIDERING RISK FACTORS FOR COVID-19 ARE GPs GIVING ANYTHING OUT TO PATIENTS TO ENCOURAGE EXERCISE AND HEALTHY EATING THAT IS HARDER DURING LOCKDOWN AND WHEN PEOPLE ARE ISOLATED

■ stated that self-care is a fundamental element for a good health care system. At YMG we pride ourselves on building a practice that is a health service not an illness service. Since the advent of COVID-19 there has been a glut of technology to support the self-help model and our clinicians are more confident in prescribing exercise via an approved App to our patients. The ORCHA website shows the best apps available for various health conditions. There is an important role for GPs to play in stimulating people to make the right life choices

■ agreed there is a real focus for the whole of York on promoting healthy lifestyles; this includes City of York Council and NHS Leaders. Our clinicians are very mindful of prevention and signposting. CYC have employed Health Trainers that GPs can refer patients to; they help support any lifestyle changes like stopping smoking, weight management, exercise and reducing alcohol intake etc. Unfortunately, there aren't enough to support everyone who could benefit but this is a start and there are discussions that they may be embedded in practices to work with patients.

■ is part of the York Health & Care Collaborative which includes representatives from CYC, York District Hospital, Mental Health Services, Yorkshire Ambulance Service, General Practice and Public Health. They meet monthly to discuss improving population health and support people with possible lifestyle changes and ensuring people know about the groups available; particularly targeting those that would most benefit.

■ felt that the biggest barrier was patients asking for the help initially and feeling they don't want to bother the GP during COVID-19. There are links on our website directing patients to local groups and services. Combating the negativity generated by social media around mental health is also important.

IS THERE ANY PARTICULAR AGE RANGE OR OCCUPATION THAT ARE MOST AT RISK OF MENTAL HEALTH PROBLEMS?

■ advised that public health is definitely focusing on young people in particular as they are really struggling but mental health affects all age groups.

■ said that all practices have reported the demand for mental health services have increased exponentially and civility in patients has reduced; the initial euphoria for the NHS has gone and there is no longer any tolerance for our staff. It is hoped that Spring and the vaccination programme will lift everyone's mood.

THINK IT IS NATURAL TO FEEL DOWN AS WE'VE BEEN CONFINED FOR 12 MONTHS – WE HAVE GOT TO BE CAREFUL IT DOESN'T RUN AWAY WITH US BUT IT IS PERFECTLY NORMAL – I WILL BE HAPPY WHEN I CAN GO FOR A WALK IN THE COUNTRYSIDE

THERE IS A DIFFERENCE BETWEEN BEING SAD AND DEPRESSION

THERE IS A MISCONCEPTION THAT DEPRESSION IS SADNESS IN REALITY IT CAN BE NOTHINGNESS – SOME PEOPLE ARE THINKING THAT THEY DON'T WANT TO BOTHER ANYONE AS IT'S NORMAL AT THE MOMENT TO FEEL LOW BUT ON THE OTHER HAND SOME DON'T GET HELP WHEN THEY SHOULD AS THEY WORRY PEOPLE WILL SAY IT'S NORMAL

■ felt that people are much more aware of what mental health is and as a practice there have been extraordinary levels of fatigue amongst staff. YMG is also implementing a wellbeing programme for staff, who unlike others, have had to work throughout the pandemic.

■ stated that mental health issues affect all society and it is difficult to know when feeling sad turns into a mental health problem. Patients between the ages of 14 and 25 are a group where there has been an exponential rise and the pressure of life and restrictions in social interactions has caused a worrying trend and escalation in presentations. Another group are those with pre-existing mental health diagnoses where lockdown has meant that their coping strategies have been removed due to COVID-19 restrictions. A further concern is those at risk of domestic violence. Mental health crosses all ages of the population, there are barriers and stigma preventing people from seeking help. It can be very difficult to admit to yourself that there is a mental health problem which also provides a barrier.

SCHOOLS HAVE RETURNED AND 29TH MARCH IS THE START OF MORE FREEDOM - HAS THE PRACTICE STARTED TO PLAN FOR A RETURN TO WHAT MAY BE A FUTURE NORMALITY OR WILL THE CURRENT SYSTEM REMAIN AND HAS THE RELAXATION OF THE SYSTEM NOT YET BEEN CONSIDERED

■ advised that YMG has been planning and re-planning potential changes in the way patients access services for some time. YMG is constantly making changes and having conversations about what a new normal may be and it is hoped that it will be a combination of what we did brilliantly before and what have we learnt during COVID-19 being pulled together, with the best of both worlds, to make the new normal feel better. Staff and patients have adapted to new technology with text and video consultations becoming an everyday part of our consulting model. There is now a huge amount of fatigue to change within the organisation and it is important to be mindful not to burn out our staff. Klinik will change our access model and YMG want to focus on continuity of care for patients offering patients appointments with the same GP.

YMG has developed a Complex Care team who are focusing on our complex patients with management of their long term conditions. 80% of resources is deployed for 20% of our most complex patients so YMG is working pro-actively with these patients to improve services and possibly offering them a year's worth of appointments so they don't need to call the practice

ONE PROBLEM GIVING PEOPLE APPOINTMENTS FOR A YEAR IS THAT THERE WOULD BE NONE LEFT FOR OTHER PATIENTS – ISN'T THERE ROOM FOR USING ZOOM IN THE PATIENT/DR RELATIONSHIP – I LIKE TO SEE THE DOCTOR AS WELL AS SPEAK TO THEM BUT DON'T NECESSARILY WISH TO COME TO THE SURGERY

■ advised that the functionality for video consultation is already available and in use through our text service. It is sometimes helpful to see people and agree it would be nice to see our patients face to face but in reality it is more difficult to set up. Depending on how au fait patients are with technology it can fail. Telephone consultations are simpler to set up and usually sufficient and for some patients more convenient. If a patient particularly wanted a video consultation it is available and can be requested. Video has been useful to support visiting nurses in care homes enabling GPs to be part of the consultation.

SOME PEOPLE WANT REASSURANCE AND TO SEE A GPs FACE

■ suggested that the pandemic has had a major impact on general practice but there have been some positives including the fact that it has driven a coach and horses through red tape that was previously holding up progress. AccuRx gives clinicians the ability to text, send information/links, details about wellbeing resources, medical certificates and allows patients to reply and send photos; all the information is then downloaded into the patient record. One problem with video consultation is that often the picture quality is not great and does not always add any value.

COULD PATIENTS BE REMINDED TO COLLECT THEIR PRESCRIPTIONS QUICKLY FROM THE PHARMACY

■ to email York Medical Pharmacy to discuss.

Post Meeting Note: ■ had a conversation with York Medical Pharmacy who reported that all patients are called or texted when their prescription is ready – they are also called again after two weeks if they have not collected their medication. The wearing of masks, supply issues and current restrictions are causing a disruption to what should be a simple service.

THERE IS A WORRY THAT YOUNG MUMS ARE GOING UNDER RADAR WHEN IN THE PAST THEY WOULD HAVE RECEIVED MORE SUPPORT

■ agreed that it is more challenging but GPs do have some contact with Mums and their babies and health visitors are still involved with patients; any concerns are raised and discussed.

HAVE MANY PATIENTS HAVE PRESENTED WITH LONG COVID-19 AND WHAT FACILITIES ARE AVAILABLE TO TREAT IT?

■ reported that patients are presenting with long COVID-19 and the CCG are developing a local pathway for these patients but this is still in the planning phase. There is a website <https://www.yourcovidrecovery.nhs.uk/> that offers advice.

ACTION	COMMENT	PERSON RESPONSIBLE	TARGET DATE
Email York Medical Pharmacy to ask that patients collect prescriptions promptly	COMPLETE – see above	■	11-03-21

ANY OTHER BUSINESS

There was no other business.

MEETING CLOSED

Meeting closed at 7.57pm

DATE OF NEXT JOINT PPG

Wednesday 12th May 2021 – 6.30 pm via Zoom