

**MINUTES OF PPG MEETING  
HELD AT TOWER COURT ON TUESDAY 12<sup>th</sup> JUNE 2019 at 6.30pm**

Attendees YMG:	Dr Hammond, Dr Field, Zulf Ali, Karey Bennett, Carol Challis, Prue Scurr, Alison Rathbone
Attendees Patients:	Lorraine Priestley, Ann Cross, Peter Warn, Pam Warn, Chris Ruddock, Sarah Marley, Geoffrey Williams, Geoffrey Williams, Kay Watkins, Joyce Cockerill, Derrick Raine, David Marchant, Jean Kay, John Linfoot, Geoff Kay, Joe Friend, Pat Ansell, Ann Friend, Janis Sinclair, Irene Waudby, Julie Burgess, Michelle Allan, James Begley, Robert Cater
Apologies:	Ian Anderson, Elizabeth Edge, Moya Sargent, Jonathan Vickers, David Broadhead, Polly Gibson, Susan Blore, Chris Mayers, Brian Walker
Facilitator:	Zulf Ali
Note Taker:	Alison Rathbone

**WELCOME AND APOLOGIES**

ZA welcomed members to the meeting and thanked everyone, including the new members, for attending the PPG.

**APPROVAL OF MINUTES**

The minutes of the meeting held on 12<sup>th</sup> March 2019 were approved by David Marchant.

**ACTIONS FROM PREVIOUS MEETING**

There were no outstanding actions from the meeting on 12<sup>th</sup> March 2019.

**CLIFTON PARK HOSPITAL EVENTS**

At a recent PPG held in Acomb Dr Maury, an Orthopaedic Consultant from Clifton Park Hospital came to talk to patients. Although this was well received, feedback from members was that this eroded the time available to discuss practice issues and would prefer these to be organised as extraordinary meetings in future.

Clifton Park Hospital have once again approached us to offer talks for patients on the following subjects skin, joints & Arthritis Care, Sports Injuries, Common Foot & Ankle issues, Hips, Knees, Hands & Wrists, Shoulders & Elbows, Backs & Necks, Lower Limbs and Upper Limbs.

ZA questioned whether this was something members would be interested in and if so how they would like it to work.

**All members agreed that this would be a good idea – AR to investigate.**

RF asked what areas members would like covered.

**Mental Health, Cardiology, Diabetes and Self-Care were mentioned**

ZA mentioned a previous event that first responders attended to give CPR advice that was well received by all attendees and suggested a talk on children's asthma and how to deal with this if someone has an attack.

DH agreed that talking to specialists about how processes work, the challenges we face in referring patients due to restrictions on who and what can be referred and gaining an understanding of the systems would be interesting.

RF has a particular interest in diabetes and would be interested in talking to patients on how lifestyle modifications can help in preventing pre-diabetes. If anyone is interested in helping organise a patient information session please speak to Ali after the meeting.

**I worked as a Complimentary Health Therapist before retirement and would be happy to help.**

**Would it be possible to plan these for once a month?**

RF said it would be good to have a team of patients and staff to help organise these evenings.

**There is a vast amount of work in advertising such events and the fundamentals are very important, the audience needs to be identified and costs need to be considered before deciding what area to cover.**

ZA stated that a concept is being considered that would involve patients having group consultations. The idea is that it would relieve pressure on appointments by holding a 1 hour meeting for several patients rather than each patient taking up a 15 minute appointment for the same condition, it creates a support structure and there is also evidence that only 20% of information given by a doctor during a consultation is retained.

DH felt that these were different issues with a central theme and would be very keen to expand the role of the PPG to see how we give and receive information with patients. There is a need for a working party to have regular meetings to discuss these issues, but the issue is where do we hold it and how do we set it up. Group consultation work is fantastic but should be developed separately as another method of sharing information.

If anyone is interested in helping set up more regular evenings; once a quarter to start with please contact Ali at [voycg.ppgymg@nhs.net](mailto:voycg.ppgymg@nhs.net) or by calling your surgery.

**There is already a coronary care support group that exists in York so if a cardiac awareness event was arranged these charities would be able to offer support.**

ACTION	COMMENT	PERSON RESPONSIBLE	TARGET DATE
Investigate arranging further ad-hoc patient meetings – inviting consultants/specialists where appropriate		AR	

## PRESCRIPTIONS

ZA explained that all prescriptions were now being dealt with electronically as a government initiative for the NHS to reduce paper. All repeat prescriptions will sit on the NHS system until such time as you go to a pharmacy to collect your medication. If you have nominated a pharmacy your prescription will automatically be sent to them for you to collect, three working days after your request. If you have not nominated a pharmacy you can still collect a paper Prescription Token to take to the pharmacy of your choice (please see attached photo for your information).

DH stated that patients can only have one nominated pharmacy therefore if you need to visit separate pharmacies to fill your medication requests you will need to request a Prescription Token. The advantage of moving to this system is that any problems can be easily traced in the clinical system and we are hopeful it will reduce the number of prescriptions that are lost.

DH went on to say that patients shouldn't notice much difference and will still be able to collect prescriptions in the way they do currently.

**There have recently been problems with items missing from my prescription request.**

PS advised that some medications can be issued by a Patient Care Co-Ordinator (PCC) but others may have to go to a pharmacist or GP to be approved which can take longer.

DH also mentioned that a doctor may never look at a repeat prescription.

**The boxes have disappeared that you tick on the prescription to request a repeat.**

**It was explained that these can be printed with or without a request slip the boxes will appear on the request slip.**

**I have a nominated pharmacy and delivery company for appliances and am finding that orders are often duplicated or even triplicated or prescriptions disappear.**

**I have to take my prescriptions and go to different pharmacies**

Patients will continue to be able to take their prescriptions to the pharmacies of their choice under this new system.

**My medication was recently changed – why do they have to cut up tablets up to fill prescriptions.**

DH explained that some medication is manufactured in boxes of 28, some in 30 and others in 100 tablets per box. In a perfect world we would prescribe in multiples of 7 but unfortunately the pharmacists do sometimes have to break packets up.

**What is the rationale behind 28 day prescriptions?**

ZA informed members that there is on-going debate within the practice about what is appropriate for patients.

RF agreed that that this is still under discussion and that 28 day prescribing was recommended as best practice by

the NHS to reduce wastage and for patient safety (patients have been known to stockpile medication). 28 days is the best length for a prescription however if the medication is safe we would prescribe 56 days for patients; especially if they pay for their prescriptions. A study last year did put the 28 day prescribing approach into doubt and suggested that patients prescribed medication for a longer period adhered to their regime better. As a practice we are currently trying to work out what we would recommend and RF would be quite worried about a wholesale change from 28 to 56 day prescribing; in fact some drugs cannot be prescribed for longer than 28 days. This is reviewed on a regular basis.

DH agreed with Dr Field that our default is 28 day prescribing. However, there is flexibility and if a patient discusses this with their GP they may agree to a 56 day prescription and in fact some medications, like the pill can be prescribed for longer. It is also sensible for repeat prescriptions to all be ordered at the same time.

DH also reiterated that some controlled drugs can only be prescribed for 4 weeks supply for safety reasons.

ZA revealed that most patients leave consultations with a prescription. As a result of this YMG have been focusing on increasing our medical prescribing team to remove this administration task from GPs.

YMG are also introducing a concept called honest day which provides our GPs with a more sustainable day in the hope they don't burn out and can continue to give good safe advice. The NHS is increasingly stretched with an ever increasing demand and recruiting GPs is difficult. It is hoped that this initiative will help to recruit and retain GPs.

YMG employs 160 staff; 60 clinicians and 100 administrators and is constantly striving to improve processes to enhance patient care.

#### ACCESS/CLINICAL DELIVERY/APPOINTMENTS inc. NEW IMPROVED ACCESS

YMG are making significant changes that will impact patients and have launched a clinical transformation programme to improve clinical services for patients and GPs. Some are driven by the national agenda and some internally based on feedback. Our service isn't good enough and there is need for improvement and a benefit of scaling up gives the capability to make changes on a bigger scale. Some things that have been trialled previously have been successful some were not; we are constantly evolving. YMG consistently and continually look to improve the practice for patients and staff.

It is important to us that when we are considering making changes that we consult our patients and Dr Fraser recently met with some members of the PPG to introduce our new projects and highly valued the patient input.

Our first project is the Honest Day with the aim to make clinician's working day easier and more sustainable, to retain staff, to make their job enjoyable again and to provide a better service. This includes allocating a proper break in the middle of the day for lunch and to meet with colleagues. This will be implemented on Monday 17<sup>th</sup> June and it is not envisaged that patients will notice a great difference but we ask for your feedback.

ZA asked PPG members to consider leaving positive feedback for the practice on NHS Choices; often feedback is only negative, which is demoralising for staff and in fact the majority of patients actually have a positive experience but don't share this.

The second project is called Right First Time/Care Navigation. The PCCs have been instructed by clinicians to ask patients questions to ensure they get to see the right clinician the first time.

There are six areas patients generally call the GP about; same day care, an emerging concern, chronic health, complex health, admin issues and preventative health issues (smear, vaccines).

It is hoped patients will engage with the PCCs and answer their questions to help them navigate you to the correct clinician.

This is due to start on Tuesday 17<sup>th</sup> September.

This will be communicated out via all mediums but we are aware we won't reach everybody.

#### **What is the availability on line for appointments**

ZA explained that currently only a very small proportion of our appointments are available online but this will increase to 25% of all available appointments by April 2020. Initially we will increase the number of nurse appointments available.

Last month 1100 appointments were lost to patients who did not attend. The majority of those are booked online and not cancelled.

Work continues on promoting self-care for patients and we are constantly improving our website to make it a trusted resource with GPs offering non-urgent advice on how better to manage conditions. Last year our website

had 300,000 hits.

We encourage patients to continue to share feedback on the website and take all concerns and complaints seriously and try to resolve any issues.

**When a GP asks you to come back in 6 weeks for review you can't get an appointment – this has been on-going for 3 weeks**

ZA explained that part of the new system would allow the GP to book a follow up appointment during your consultation.

ZA also reported that for every 2 patients seen 1 is asked to return for review and is asking GPs to let the patient make their own decision on whether they need to be seen again.

RF stated that there are variations in practice and inefficiencies in the system. There isn't enough GP time to continue with some non-critical reviews and for example where previously patients with the risk of pre-diabetes or cardiovascular risk were given an appointment they will now be sent a letter with all the information on they require about those conditions. Also if a hospital consultant asks a patient to see their GP for a blood pressure check we need to education patients that this can be done by a nurse and does not have to be a doctor.

**Can I ask you stop sending letters which is very expensive and use email to contact patients?**

RF agreed that this needed more work to help reduce costs.

ZA explained that YMG will where possible text and email patients.

*Post Meeting Note: AR ran a search and of our current patient population (44294) only 12560 have an email address recorded on their patient notes. AR has emailed the Reception Managers to ask them to encourage the PCCs to ask patients for email addresses for future correspondence.*

TELEPHONE SYSTEM

**The telephone system is not working well. There are far too many questions, then which branch you choose and if that line is closed you get cut off. There is no option to go to an operator. It drives me nuts. It is quicker to get in my car and stand at reception to get an answer and speak to a human.**

**It cost me £10 on my mobile to get through to be told there were no appointments.**

**What number can you be in the queue**

It is capped at 50 but when the call number is high please be assured we have up to 10 operators answering calls. This will mean if you are 20<sup>th</sup> in the queue your call will be answered quite quickly.

**On the whole I have had a good experience but the call can get cut off before you speak to anyone.**

All calls are recorded and we can review any issues and investigate so please do let us know.

Our peak time for calls is 8am but we will be asking in September for patients who require same day care to call between 8.30am and 11am and 2.00pm – 3.30pm.

SITE SPECIFIC ISSUES

DH explained that ZA and the management team continue to be in talks with the landlord about the continuing problem of the car parking at Tower Court. The landlord has also agreed to move the chip van to the bottom of the car park away from the surgery.

CC confirmed that the number plate recognition cameras would be installed in the next 2 weeks and patients would be able to park for a maximum of 2 hours. Fines will be issued to anyone parking for longer than this time.

Discussions also continue with the landlords in Acomb to improve the site and provide improved disabled access. Unfortunately due to an internal CCG estates review this work has been delayed.

Patients attending the Woodthorpe staff praised all the staff at the site and thanked them for looking after them.

ANY OTHER BUSINESS

SPECIALIST MEETING

I would be interested in a pharmacist coming along to talk to the PPG

ACTION	COMMENT	PERSON RESPONSIBLE	TARGET DATE
Investigate asking a pharmacist to attend a PPG meeting		AR	

#### VOLUNTEERING

**You mentioned collating a database of those patients who would volunteer to see medical students.**

ZA stated that YMG would appreciate any offer to volunteer by patients who could use their skills to help the practice. Anyone interested should contact Ali at [voyccg.ppgymg@nhs.net](mailto:voyccg.ppgymg@nhs.net) or by calling your surgery.

#### DR HAMMOND –TEACHING EXCELLENCE AWARD

ZA shared with the PPG that Dr Hammond had been awarded a Teaching Excellence Award for his teaching of the HYMS students.

DH thanked the practice for their support allowing him to teach students and mentioned that the government are increasing the number of medical student places available. YMG have offered to increase the number of students trained and asked patients to consider helping by coming in to talk to patients about their conditions. Students value this as it increases their learning.

Dr Block is also a lead trainer who is looking to increase the number of trainee GPs we can support at YMG. These are qualified doctors training to be GPs.

#### DATE OF NEXT JOINT PPG

Tuesday 3<sup>rd</sup> September – 6.30pm at Water Lane, York, YO30 6PS

#### DATE OF FUTURE MEETINGS

Wednesday 4<sup>th</sup> December – 6.30pm at Tower Court, Oakdale Road, Clifton Moor, York, YO30 4RZ

This is your nominated Pharmacy – if you do not have a nominated Pharmacy this will be blank

Pharmacy Stamp <b>Monkbar Pharmacy</b> 3 Goodramgate, York, North Yorkshire YO1 7LJ	Age <b>107 y</b>	Title, Forename, Surname & Address <b>Mr Test Test Patient Test</b>
D.o.B. <b>09/07/1911</b>	Npfit Test Data Mgr Princes Exchange, Princes Square Leeds LS1 4HY	
NHS Number: <b>999 037 8355</b>		

**NOMINATED EPS TOKEN**

Urgotul Silver dressing 10cm x 12cm (Urigo Ltd)  
use as directed  
1 dressing

1 item on this prescription

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282DD1-B82083-F5AC0Z

Signature of Prescriber  
**Dr Andrew Field**  
PRESCRIPTION TOKEN – Not to be used as a prescription, even if signed by an authorised prescriber.

Date  
**23/05/2019**

For dispenser No. of Prescns. on form

**814052**

**York Medical Group**  
199 Acomb Road  
York  
01904439100  
Vale Of York CCG

**YO24 4HD**  
**03Q**

**NHS** 32065110377 FP10SS0515

Mr Test Test Patient Test  
Npfit Test Data Mgr  
Princes Exchange, Princes Square  
Leeds LS1 4HY  
Pharmacy: Monkbar Pharmacy  
3 Goodramgate, York,  
North Yorkshire YO1 7LJ  
Tel: 01904 626181

D.o.B.: 09/07/1911  
Age: 107 y  
NHS# 999 037 8355

13 Jun 2019  
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NHS and GPs surgeries are under extreme work pressures, therefore from Monday 29th, April 2019, prescription turnaround will take 3 working days. This is to ensure that York Medical Group safely review your medication and any queries without causing delays or disappointment for patients. This a 6 month Pilot.

All prescriptions will shortly be processed via the Electronic Prescription Service, this sends your prescription electronically to your chosen Pharmacy removing the need to collect the paper prescription from York Medical Group unless a chosen Pharmacy is not recorded. Please ask Reception for more information and to nominate your chosen Pharmacy. We are launching a new single telephone number for all our practices on Thursday, 13th September 2018. Our new phone number will be 01904 439100. You will still be able to select your registered surgery for any queries.

Fluoxetine 60mg capsules  
30 capsule, take one daily  
Last Issued: Wednesday 25 Mar 2015 Next Issue Due: Fri 24 Apr 2015  
Review Due On: Wed 30 Sep 2015

Prednisolone 5mg gastro-resistant tablets  
28 tablet, use as directed  
Last Issued: Tuesday 28 May 2019 Next Issue Due: Tue 25 Jun 2019  
Review Due On: Tue 15 Oct 2019

**Dr Andrew Field**  
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**PATIENTS – please read the notes overleaf**