

**MINUTES OF PPG MEETING  
HELD VIA ZOOM ON WEDNESDAY 22<sup>ND</sup> JULY 2020 at 6.30pm**

|                     |            |
|---------------------|------------|
| Attendees YMG:      | [REDACTED] |
| Attendees Patients: | [REDACTED] |
| Apologies:          | [REDACTED] |
| Facilitator:        | [REDACTED] |
| Note Taker:         | [REDACTED] |

**INTRODUCTION & WELCOME**

As this was the first virtual PPG, [REDACTED] ran through some ground rules.

All members were asked to mute to ensure the microphone was not picking up any incidental noises and to ensure the camera stayed with the person talking. If only one person speaks at a time it will ensure everyone can be heard. To ask a question or raise a point please put your hand up or use the reaction button at the bottom of the screen – thumbs up to agree, thumbs down to disagree or raise hand.

A chat option is also available to type in a question should you wish.

**PURPOSE OF VIRTUAL PPG**

[REDACTED] stated that the meeting was to discuss the journey YMG has been on during the pandemic and the changes we have had to make to keep our staff and patients safe during this very difficult period for everyone.

[REDACTED] expressed that he loved being involved with the PPG and thanked members for being part of the group; it is very important and your views are key to how we deliver our service and the way our practice is developed. Patient views are taken into account. It is with sadness that numbers had to be limited, which was a deliberate decision, as Zoom meetings with large numbers of participants are difficult to manage. This is very much a trial process and the intention is to talk through where the practice has come from, where it is going and any specific issues you have. These minutes will be shared with the whole PPG; approximately 300 members, to ensure YMG remain as inclusive as possible. The majority of members were not able to attend the physical meetings held in the past however their feedback is still valued.

**LOCKDOWN – IMPACT OF COVID-19 ON YORK MEDICAL GROUP**

[REDACTED] acknowledged that it had been a difficult journey with an unexpected pandemic; however it reaffirmed how amazing people are to adapt and work with quite significant changes for the common good.

[REDACTED] paid tribute to the Senior Management Team at YMG who requested that initially two partners be taken out of clinical delivery completely to assist with the processing of the tsunami of constantly changing information that was received; including guidelines changed within a day, to ensure that YMG remained ahead of the game most of the time. Most decisions taken become policy from Government shortly thereafter afterwards.

[REDACTED] understood how deeply frustrating this has been for patients and staff that we are no longer able to see people in the way we would want to and no longer have the open access policy previously available. This will remain a challenge going forward to work out how YMG comes out of lock down in a safe way, following government guidelines, delivering a quality health service to our patients that people want and makes a difference, whilst protecting the most vulnerable.

[REDACTED] stated that YMG were lucky to have [REDACTED] as our CEO who has a great deal of expertise in technology and good administration staff who can support the clinicians with all the changes. Technology has enabled YMG to bring forward video consultations and use different platforms to connect with patients; the challenge now is how this continues into the future. It has also ensured that the most vulnerable patients are protected. Infection rates in York have remained relatively low; especially considering York had one of the first cases in the country, which is partly because people have been diligent about establishing protective measures. York is a small city and has not been hit as badly as expected, the Nightingale Hospital in Harrogate was hardly used and the intensive care unit was not overrun which is a great testament to our community.

[REDACTED] advised it was very hard to explain the scale of expectation that fell upon YMG's shoulders. Prior to the outbreak of the pandemic YMG had been preparing for a CQC inspection that was cancelled with only 12 hours' notice, following 3 months of preparation. This would have been the first inspection since the merger with 8

inspectors planning to attend and conduct a forensic review and audit of all elements of our organisation. There was realisation when they cancelled that COVID-19 was serious so YMG set up a Cobra Committee with complete decision making authority for all key elements within the organisation. Changes were made a week before lockdown to protect our staff. 100 staff had an antibody test with 20 positive results, which is a relatively low infection rate. ■ and ■ were extremely ill and the after affects remain a challenge. Daily bulletins from the government were received with changes that had to be responded to whilst maintaining a service, keeping our staff safe and delivering care to patients.

■ reported that the first month of the lockdown was quiet and was a good opportunity to think about how the world will continue beyond COVID-19, termed the "new normal". How do YMG continue to provide a hands on service in a virtual space? Whilst our old telephone service was not fit for purpose and our new one is not perfect it has allowed 80% of our staff to work from home and not only did we have to consider shielding for patients, there were also staff that had to be shielded and kept safe.

The decision was made to only open one site for a time which was our RED ZONE for patients with potential COVID-19 symptoms to attend. Skelton was then opened up as a "clean" site for mothers and babies and Woodthorpe for shielded patients to ensure the separation of patient groups. There was also an issue with a lack of PPE, which has remained a challenge throughout.

■ realised this has been frustrating for patients and practitioners as the changes were all encompassing and our disaster plans and policies did not cover a full lock down or a global pandemic. YMG has had to work within the guidelines and resources available. The CCG have funded some of our additional expenses to ensure the maintenance of our service.

■ reported that a new clinical consultation system was installed called accuRx which allows GPs to see and connect with patients remotely and all the new technology that YMG wanted to implement previously was done within 4 weeks. Staff and patients have adapted to the new systems and processes as well as can be expected. Whilst reducing sites during lockdown was relatively easy the unlock plan is a much more complex proposition.

#### UNLOCK – HOW WE ARE RETURNING SERVICES AT YORK MEDICAL GROUP

■ advised that all the services that have been on hold for 4 months will need to re-commence, plus dealing with the back log creating increased daily demand. While many workers have had time at home, all YMG staff have been working tirelessly since day one, they are tired, need holidays and all the while demand is growing. Winter pressures will further increase demand for our services as every cold/flu like symptom will need to be treated as suspected COVID-19, a second spike is expected and as a service provider it is hard to plan for an uncertain future. Track and trace may cause site closures so the plan is for staff to return in bubbles, mixing departments to limit the risk.

Government expectation is to return the service to normal and our lockdown team is now an unlock team. Our unlock plan is 56 pages of detailed elements of what is required from our workforce.

■ shared these complexities to show that YMG continues to do the best it can to keep staff safe and secure and continue the service for our patients in this new and much more challenging environment.

#### QUESTIONS & ANSWERS – YORK MEDICAL GROUP TO PATIENTS

**Out of all the various changes is there any legacy that YMG will keep. For example having repeat prescriptions online or via phone. Within 2 hours of ordering my repeat the pharmacy were contacting me to inform me my prescription was ready.**

■ agreed that there had been some positive aspects of the lockdown and why the unlock plan is long, as it is important to retain good practice and the changes that have helped and to move forward the technology. Technology hasn't happened previously due to the many regulations preventing this; with the pandemic these were eliminated and speeded up processes. It is important to continue with the positive changes; however whether YMG will be able to continue to take prescription requests over the phone is to be decided. National guidance advises against this due to the potential of mistakes being made when medications are misheard so decisions are made to ensure the safety of patients.

Patients are encouraged to use the Electronic Prescription Service (EPS) which is faster, all prescriptions are fully traceable and unlike paper do not go missing. This is also safer for our homeless patients who are more likely to get robbed and keep safe those with addictions. The aim is to keep the electronic elements that work but we aware that personal contact is also important; there is no substitute for seeing people face to face.

■ explained there a few areas that YMG will want to continue.

A term being used is "Digital First" so aiming to consult a patient over the phone or via video link in the first

instance; which is condition driven. The government are asking practices to use "total triage" which means everyone is spoken to and given an appointment on the day (on the assumption we have appointments left), which has been a benefit. When we had routine appointments in advance, if a GP was ill clinics would have to be cancelled. Track and trace may mean closure of a site at short notice and there were lots of DNAs (Did Not Attend), now there are no wasted appointments. The downside is lack of continuity of care, having one list of calls that up to 10 GPs work from, so YMG are moving to GPs being given an individual list so patients can request to speak to a specific GP.

The NHS has an expectation to move towards a paperless office which reduces the amount of errors and if patients have signed up to the NHS app all results will appear online; the danger of this is patients may see a diagnosis that may cause distress before the GP has chance to call and discuss this. GPs are also texting patients with results providing they are not abnormal.

Our MDT (Multidisciplinary Team) meetings, to discuss care plans for complex care and end of life patients, are all being conducted via video conferencing platforms like Zoom or Teams which is proving successful. Attendees are able to discuss more patients as they no longer have to travel across the City to attend meetings.

A new care home patient model is also in place for our lead advanced nurse practitioner to conduct virtual ward rounds with residents.

For those who have used accuRx this can be used for a GP to hold a video consultation, send links with guidance or self-care and also for a patient to send photographs to surgery; which is especially useful for skin conditions.

Finally we are working on returning to more social contact with patients where possible.

**I used to get my repeat prescription from Tesco but during lockdown they implemented a cumbersome admission system I felt there was more risk queuing so switched to Echo by Lloyds Pharmacy (a paid for service). I had this for two months but found it unsatisfactory (as medication is despatched from London so has a high carbon footprint and delay in delivery) so now have opted for a small pharmacy. The speed in which the surgery switched my pharmacy to chosen alternatives was commendable - full marks.**

■ responded that like the BBC, YMG cannot advise a patient on their chosen pharmacy and many patients do use online services that are valued. The practice can switch, with a patient's permission, but finding the online pharmacies is difficult and whilst they are good for repeat medication, due to a 2 or 3 day delay acute prescriptions can be more of a challenge. Patients are only able to be linked to one pharmacy and it is wonderful there is a good choice and patients can control who they wish to use.

**I also get my medication from Tesco and you are not expected to queue for the pharmacy. I do feel though those patients who don't have access to the internet are left out.**

■ agreed this was a valid point and YMG do not wish to exclude those who don't have the technology however it is difficult to interact with these patients under the current circumstances. There are support services available, like Age UK, for those who do not have internet access.

This Zoom meeting was a self-selected group as we sent out our request through email and trying to choose patients to fairly represent each site as well as a cross section of ages. It is always part of the challenge not to exclude anyone. Some of our most vulnerable patients are without technology; they are not forgotten but are more of a challenge to interact with, as we aim to keep the population safe by not having as many face to face contacts.

**You said that the minutes will be sent out to 300 people is it possible to send a briefer resume to all patients on email or is that too much to ask.**

■ replied that part of YMG's ask to the PPG today was that communication needs to be done in a different way and as services unlock we want to ensure we communicate effectively with patients. Are letters, email or text messaging the better form? Email is cheaper and instant, text messages hold a small cost and letters take time; are lost and there are no assurances they have been delivered, unlike email or texts. There is more the practice can do with electronic forms of communication and re-direct the costs from postage into clinical services.

■ would like to engage in a two way dialogue through surveys with the PPG if they feel services are working from a patient perspective, as we have never been in this situation before.

**You mentioned about supporting homeless people in practice how do you engage with that cohort of people, do they have same opportunity to join this meeting?**

■ advised that unfortunately this cohort of patients were a disadvantaged and marginalised group. They are inherently a contingent of people who are mistrustful of anybody seen to be in authority, they can also be vulnerable to robbery and violence having their phones stolen, broken or lost; on the other hand a lot do have smart phones so they can interact. YMG has dedicated colleagues who work at Arlight who try and encourage them but by their nature they can be more hidden.

■ reported that YMG run the City of York Homeless Service from the Monkgate surgery. GPs and Nurses visit Arclight and try to encourage connection with the practice, which has continued through the COVID-19 period. For those that don't have a home address they are able to use our surgery as their care of address. The homeless population have been of particular concern during this period especially around potential infection.

Two areas where YMG has worked tirelessly are the homeless population and end of life care. YMG has developed an end of life co-ordination team who ensure the best possible experience for the patient and their family at a most difficult time guaranteeing their dignity and wishes are met; this is not part of the GMS contract but YMG are committed to ensuring the best possible care and are extremely proud of this work.

■ agreed that the homeless patients had proved most challenging because they don't socially distance. YMG works very closely with Arclight to resolve any issues and to continue to see patients particularly those with complex wounds.

The end of life project, which ■ is very passionate about, has progressed markedly during the COVID-19 pandemic, the team is growing and one of our assistant practitioners has done an amazing job with this group to help ensure the best care for our end of life patients and their families. Without the lockdown it is unlikely this would have achieved.

**If I send a text I have no idea if this has been received, however if I send a WhatsApp I know if this message has been delivered and read. Isn't that the way forward rather than a text?**

■ agreed that SMS is only a simple messaging system but the most prevalent technology used. There are many ways to communicate so it is difficult to choose the right platform.

■ also reported that patients will often change their mobile numbers but not inform the practice which causes difficulties.

**Have you seen the impact of those patients who may reportedly die as they haven't been to a GP or hospital in 3 months?**

■ felt it was too early to determine this and would be dealt with by Public Health England rather than individual practices. There have been some people diagnosed with COVID-19, especially in the early days, that didn't have it and have seen some patients who have got a likely cancer diagnosis where investigations have been delayed due to the risk of going into hospital and contracting COVID-19 which is potentially more serious; this has been discussed with them and will have a health implication. The complication is working out how to come out of lockdown; as is the hospital that cancelled many appointments, returned referrals to GPs and had staff reallocated to different roles into more acute services. This is by no way a criticism it was purely reacting to the needs at the time and feeds into where we now have to re-send referrals to a hospital that is not fully operating, as it did prior to COVID-19.

**Do you have any comment to make on Public Health England?**

■ felt there was no such thing as a perfect solution and that evidence can only go so far. A mistake that is made is relying completely on evidence, it should form the basis of a decision but in the end it comes down to how this is interpreted. The team at PHE have done a good job to manage information, it has not always been right but they have been successful. The COVID-19 virus cannot be stopped, hopefully a vaccination will help but it is already mutating, like flu, so it is unlikely to be a one off vaccination it may well be annual. Intensive care was not overwhelmed and the Nightingale Hospital did not need to be used due to measures put in place, which is a wonderful success.

**How has the PPE situation changed? In the beginning government directives were basically pragmatic being faced with difficult situations and made the best decision at the time. Are we now in position that there is sufficient of the right kind of protection to suit the needs of the NHS?**

■ advised that GT had been instrumental in obtaining PPE and ensuring the practice has a sufficient supply and that it is used appropriately. YMG was also blessed with neighbours, patients and schools who donated equipment.

■ revealed that at the beginning GPs and community teams were the last to be considered for PPE, most of which was sent to hospitals that it was felt had a greater need. The challenge is to ensure adequate supplies and as more of the country opens up some items are becoming more difficult to obtain, like gloves.

PPE does not come from a central NHS source; it has had to be obtained from various suppliers often having to complete forms to explain the rationale behind wanting the PPE which would then go to a panel to be approved / declined. We are trying to keep a good amount of stock to keep our staff and patients safe.

**I wasn't aware you were responsible for securing your own supplies I thought it would come from a central NHS provider.**

■ replied that is what is being portrayed in the news and is true for hospitals.

**Does the practice have to pay for this?**

■ advised that YMG is receiving some support from the CCG but we are not sure how long that will continue.

■ stated that lots of industry has responded; especially as everyone is expected to wear some sort of face covering in all shops from this week. The CCG and government are refunding money that has been spent as a consequence of COVID-19. Current finances are challenged as we have been unable to continue with areas of funded work e.g. patients with long term conditions. Although the government have assured us that income will be protected it has not been followed through and due to the complex nature of the way general practice is funded YMG is paid for 36000 patients, although our patient population is 44000. Demand at our practice is as much if not more than less deprived areas of the country.

**From speaking to people locally there does seem to be the opinion that they should only be bothering the GP if they are at deaths door. For those without online access how will YMG make it clear when things are opening up?**

■ explained that question has always been at the forefront and is even more focused now with COVID-19 with people feeling that others are in a worse situation than them and they shouldn't contact the GP. What is difficult is that some patients "soldier on" with rather significant symptoms when they really ought to be contacting us and there are others, who may have on the face of it, what seem to have minor symptoms but are important to them. It is difficult for patients to know when they should contact us so that is the advantage of total triage; patients are all spoken to on the day. Patients can still contact 111 however they have a much stricter protocol and have constraints unlike a GP who can offer advice over the phone or advise that they are seen. The mind set brought about by COVID-19 is a real challenge and people are scared to contact us. Changes will be communicated through the website, which again requires technology as sending out a letter to 44000 is inefficient; especially as by the time it is received it may very well be out-of-date.

**Can you only ring 111 for COVID-19?**

■ advised that 111 are available for all health needs and if a COVID-19 test is required patients should call 119.

■ announced that YMG is moving towards a proactive service and reaching out and calling our most vulnerable patients who were regular attenders but have stopped visiting or calling the surgery.

YMG employs a non-clinical social prescriber who has been conducting welfare calls and has been able to assist some patients who have been struggling and insisted they attend surgery or visit A&E. Social prescribing is a very positive service which works across the whole city; in which YMG were leaders. Demand has soared over the last few weeks and the benefit of being a large practice means that changes can be made quickly.

**My wife's annual review is due in July her birth month and hasn't heard anything unlike my brother who has been given a letter to attend the Nuffield for a blood test. When my wife called the surgery the receptionist asked why she needed the annual review.**

■ thanked ■ for pointing this out which is something that can be discussed with our PCCs. This may depend on the condition as all chronic disease reviews have been on hold.

■ explained that at the start of the COVID-19 lockdown the nursing team were pro-actively calling patients who have a long term condition and where possible conducting the review over the phone. There is now a list of patients who haven't had complete reviews and searches are being conducted to identify the most vulnerable patients to be seen in the first instance. All reviews will be completed in as timely a manner as possible but ask that patients bear with us as not only are reviews due in the next month, but also all the patients who were not seen in the last three months need to be seen and given priority.

**The practice is funded for fewer patients. I took part in the Leeds Review where GPs wanted to impress on government the fact that the base figure on which they were funded had always been wrong - is York in a similar position?**

■ advised that the government uses a weighted system based on a deprivation index, York is low on the list but what isn't taken into consideration are the increased living costs and that patients live longer and therefore need more care in perceived affluent areas of the country. It is an imperfect system where GPs get paid less for doing the same work. The CCG are regularly challenged to try to normalise the system and using the COVID-19 pandemic as an example of something that is affecting everyone in the country equally. This is a somewhat archaic system still in use to arrange payment to GP practices and the COVID-19 pandemic would be a great opportunity for the government to re-baseline expenditure.

**Are the LMC taking this up?**

■ suggested that this was a conversation that has been going on for a very long time. The NHS nationally has to work out a system to share funds fairly with accountability. It will always be difficult as the NHS is a caring organisation and it is agreed that the lion share should go to deprived areas as there is a greater health need and life expectancy is significantly lower, however the inverse care law is that patients in deprived areas are less likely

to seek medical help and use resources less. Patients in York have a higher life expectancy which creates greater demand on the NHS.

**If GPs are experiencing a problem persuading people to come into practice as they are scared what plans are in place for Flu vaccinations this year?**

■ explained that the government are considering offering the flu vaccinations to over 50's but YMG is working under the guidelines set out for 2019. All York practices and some pharmacies are currently working together to consider how to offer the flu vaccination this year; possibly by formulating a letter with a barcode on and patients attending Poppleton COVID-19 testing site which could be set up as a drive through vaccination centre. This will assist with social distancing. The hope that this mass vaccination of the City will be arranged for October for the over 65s and those patients with long term conditions can be managed in practice. Also if a COVID-19 vaccine was formulated and successful in trials that will also have to be given.

**What are the plans to look after the mental health tsunami for isolated people that are expected?**

■ agreed that the pandemic had increased mental health anxiety amongst patients and not just those that are self-isolating and consultations for these patients are significantly slower. York does have a social prescribing service that GPs can direct patients to and YMG also employs a first contact mental health care worker, who was a psychiatric nurse that patients can be referred to internally. IAPT (Improving Access to Psychological Therapies) do recognise that there is an issue with capacity for these patients.

■ advised that there had been a 40% increase in mild to moderate mental health for new patients across the UK. Additional funding is available for new roles within primary care and YMG may be permitted to choose what roles would have the most benefit. There is also city wide collaboration and understanding and IAPT have reported improved attendance rates with remote consultation as the DNA rate for a patient dealing with mental health issues is quite high.

ANY OTHER BUSINESS

FUTURE MEETINGS

■ reported that the minutes of this meeting would be sent out to all PPG members but also specific points will be distilled for a wider group; especially around how technology will be used going forward. The point was raised regarding technology being a barrier for some patients however, Zoom meetings may help the under-represented amongst our patient group attend e.g. young parents so may continue throughout the year with only one or two face to face meetings.

The meeting was well received by all attendees who would be happy to attend on a monthly basis if practical.

**There is a concern that the older generation will feel a little left out.**

■ advised that YMG do not wish to exclude any patients and this does remain a difficulty but will endeavour to ensure patients receive written information where possible. On registering patients are asked if they wish to be a member of the PPG and much of the communication is via technology which can discriminate against those who do not have access to the internet, however York is small, patients do discuss things so hopefully word will spread.

■ stated that ■ was a fantastic asset to the practice, driving the PPG forward and personally taking on contacting people who did not have access to the meeting via technology (both phoning and writing to them).

■ informed members that a survey monkey will be sent out for feedback and encouraged members of the PPG to share the link with friends and family who may want to participate.

**Previously the PPG came into surgery to interviewed people is this possible?**

■ proposed sending proposed questions to this team prior to sending out the formal survey to ensure quality feedback. Members were reminded that feedback was welcome any time by sending an email to [voycg.ppgymg@nhs.net](mailto:voycg.ppgymg@nhs.net) or [alisonrathbone@nhs.net](mailto:alisonrathbone@nhs.net)

■ thanked members for attending and giving a voice to patients in improving patient care; it is a privilege to be part of a group that helps all patients; especially the vulnerable.

DATE OF NEXT JOINT PPG

To be advised.