YORK
MEDICAL GROUP
"Trust our family to look after your family"

MINUTES OF PPG MEETING
HELD VIA ZOOM ON WEDNESDAY 8th SEPTEMBER 2021 at 6.30pm

Attendees YMG:	███
Attendees Patients:	███
Apologies:	███
Facilitator:	███
Note Taker:	███

WELCOME & INTRODUCTION

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

APPROVAL OF MINUTES & ACTIONS OF LAST MEETING

The minutes of the last meeting were approved.

There were no actions from the previous meeting.

YORK MEDICAL GROUP SERVICES

Specialised Complex Wound Care Clinics

██ advised that complex wound care clinics continued throughout lockdown achieving a high rate of patients recovering from ulcers, so these clinics will continue. They are held at Monkgate, Tower Court and Acomb. The team are in the process of training our HealthCare Assistants (HCAs) to undertake this work, overseen by two nurses who have an interest in wound care and where their expertise lies. HCAs will also undertake doppler training so that they have a full understanding of ulcers that aren't healing. There is also a proposal in the pipeline for a "one stop shop" at the hospital, but this won't be for some time. As patients can be seen up to 3 times a week for this service to ensure continuity of care they are booked in by Nurses and do not need to complete Klinik forms for each appointment. Referrals are made by other members of the nursing team or GPs.

██ stated that this is a specialist resource within the practice that staff can refer into – the team do a fabulous job as leg ulcers are awful and can take a year to heal and this enables us to support patients within the practice.

Complex Care Team (CCT)

██ explained that there are staff within YMG who have amazing skills and one who has a passion for caring for End of Life (EOL) patients and wanted to ensure they received the best care at this time. The team grew during lockdown, ensuring DNR's (Do Not Resuscitate) were in place and worked extremely quickly to ensure care was in place for our most vulnerable patients. Our EOL patients are contacted by the team and support is given to them and their families.

This team also look after our care homes. An Advanced Care Practitioner (ACP) visits the 4 care homes we are responsible for as a Primary Care Network (PCN) each week to care for the residents. They liaise with the GP Lead for each home ensuring the highest level of care.

YMG has a visiting team who will also visit the care homes (the team consists of 2 x nurses, 1 x paramedic).

The CCT also look after our patients with Learning Disabilities and will shortly be extending the service to our dementia patients, review the medical health of patients with mental health conditions to try and improve their mental health and care for our patients with safeguarding concerns (both adults and children).

MDT (multi-disciplinary team) meetings are held with this team and other relevant community staff.

██ added that this is a change of approach as primary care is mostly a reactive service as patients call when they are ill, but around 1% of our patient population are highly vulnerable and have complex needs and this provides a more proactive service to ensure these patients get access to appropriate services and receive regular contact.

The government is providing extra investment within primary care for ARRS roles (Additional Roles Reimbursement Scheme). This money cannot be used to employ GPs or Nurses but is for other staff (like first contact mental health workers, MSK workers and pharmacists) who can help to reduce pressure on our GPs and has been used to employ staff in the Complex Care Team.

Social Prescribing

█ informed the meeting that social prescribing has been part of a PCN's remit since February 2020. It provides a link for patients to community projects and the idea is to support those presenting at the surgery with non-medical issues who might benefit from social interventions, support and activity within the community or provide a link with a statutory service or within the voluntary sector. Referrals can be made by any member of staff (PCC, GP, Nurse). This has been quite challenging during the pandemic; the model has not been able to be used properly as there has been nowhere to refer people. During this time the team have been conducting welfare calls with patients and have become a link to the surgery if they needed extra support. The team build up a relationship with patients and find out what is important to them, what causes them challenges and together create a plan to find something to aid their general wellbeing and overcome any issues.

█ explained that from a clinicians' point of view the Social Prescribing team have valuable expertise and know what community support is available and where patients can be signposted; they can also support patients attending meetings and engaging with other organisations. Health cannot be taken in isolation and social factors can play a part in a patients' wellbeing and this service brings this all together.

The Citizens Advice Bureau also run a clinic from our Acomb surgery that patients can be referred into.

A "secret garden" project has been running at 32 Clifton which invites patients to spend time in the garden and either helping to tend to the garden or to just enjoy the space and the aim is to build on this and use the space for other social prescribing groups to meet and in the long term as a community asset.

The Musical Connections singing group also met in the garden during the summer months.

Long Term Condition Reviews

█ explained that providing Long Term Condition Reviews last year was a huge challenge and many reviews were missed, although some did take place as telephone consultations. Patients were previously invited to attend in their birthday month for a review. How LTC reviews are being managed has changed, depending on your condition, to aim to clear the backlog.

Patients with diabetes will be contacted in their birth date where possible and invited to surgery to see a HCA for all the relevant checks, a telephone appointment will then be arranged with a diabetic nurse for a follow up to discuss the results and any medication changes.

Asthma patients are sent a questionnaire, if they access to a mobile telephone/pc; this information is fed back to a nurse and a telephone consultation will be made for a review.

This is a different way of trying to manage healthcare and is required to manage the increased workload in a timely manner.

Has the paperwork for an annual review changed recently as it was not very good – there were numerous mistakes and omissions – it didn't tell me on the form that I needed a urine sample (and have had no results back from the urine sample). There is an omission of the word opt., it gave a reference to get the questionnaire off internet but would be useful to have the QR code on the first page. It requests a date of birth in the American form (MM-DD-YYYY). I didn't know how to seal the urine sample container as there were no instructions. This is asking a lot especially of elderly patients.

█ explained that there were different forms for each long term condition, and these would be reviewed.

ACTION	COMMENT	PERSON RESPONSIBLE	TARGET DATE
Review Patient Health Questionnaires	This has been reviewed and amendments made	█	01-11-21

ESTATES
█ gave an update on opening of surgeries, and what is being done to try and improve both the YMG estate and services being delivered to patients across York. There were plans to start re-opening sites, unfortunately there has been significant sickness across all teams but especially our Reception team and we do not have enough PCCs to open and man sites. There has also been a

high level of reception staff leave primary care, partly due to challenging and abusive patients (not all patients but some) but also the increased pressure caused by the 40% growth in demand for appointments. Recently the government announced a 3% pay rise for NHS staff, this did not reach General Practice and caused frustrations and it is also likely that the majority of the £5b proposed increased investment for the NHS will go into secondary care (Hospitals) and will not improve services in primary care.

I managed to get appointment at Woodthorpe and the GP was beseeched by a patient who asked if Woodthorpe was re-opened. The patient was most vociferous and felt that patients in the Woodthorpe area had been left high and dry especially those without cars unable to get to Acomb or the internet.

██ stated the reality of the situation is that YMG has been open throughout the pandemic and has had to deal with extraordinarily high levels of sickness and demand; so much so that senior managers have been managing reception. The intention is to get sites open with the caveat that it is dependent on the pandemic (possible future lockdowns), recruitment and sickness levels.

General practice needs some way to communicate with those patients who are not visiting practice the reasons why it's closed, and this should be a repeated message and not just a one off.

National TV is telling people to go and see your GP – patients feel they can't and that's why they get cross due to mixed messages.

██ agreed that there are mixed messages however the reason for the national campaign is that due to the pandemic patients have been slow to come forward when they are ill, this is proven by the low rate of cancer referrals. It does however create a conflict as general practice does have staff shortages and a lack of appointments.

██ reiterated that the plan is to try and get the estate fully opened for winter.

Developments are due to start at Tower Court with the landlord providing more clinical space, automatic doors, and general housekeeping to improve the site.

██ reported that there is a project underway for the hospital to release some of their work back into general practice, as it would be better managed in the community and are in negotiations to take over Acomb Garth for these services for all patients in York.

This is a joint project with Nimbus and other practices for services such as blood tests, spirometry, ultrasound, INR star etc.

██ agreed that moving services from the hospital into the community was the right thing to do as most patients prefer to be seen locally and all the expertise is in one place, however finding the right location for this is only part of the issue, it will need to be staffed and won't work if staff are pulled from primary care.

What are the plans for Skelton?

██ advised that Skelton was open previously for suspected COVID-19 positive patients and then as a cold site for vaccinating babies. Skelton has always run at a loss and has been supported by the practice but despite this remains open as it is a great resource for the village. A hard business decision would be to close Skelton, as the surgery at Tower Court is only 2 miles away, however it is kept open to provide a local presence for patients and there are no plans for it to close. It is not possible to open at present due to staff shortages.

██ explained that whilst it may seem things are returning to normal surgeries still have to follow many COVID-19 regulations, like social distancing, to protect patients and staff.

In WWII there was a radio doctor – it would be good to have a GP in York talk on local radio to discuss different conditions and self-management.

WINTER PRESSURE AND PATIENT COMMUNICATIONS

██ asked how best the practice could communicate with patients and get the messages out to patients that we do want them to come to us whilst recognising the immense pressure the service is under. A couple of areas to consider are:

1. Find a multi-model means of communicating with patients and get a cohesive York wide message, collaborating with the CCG and other practices, probably led by Nimbus
2. Would there be any benefit in asking patients to be "winter ready" – there is a fear that general practice will face a tsunami of demand over winter, and we would like to get a message to our patients to enable us to manage the increased demand. If we don't there is potential for a cascade of staff sickness that will break primary care. Many staff, even those who are extremely resilient, are stressed.

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All that has been said is good, the PPG have a role, we talk to people in the community, not just related to YMG. I work with older people and am often asked questions and I explain the problems and how they can help themselves. We should be advocates for the practice and back this up.

■ thanked the PPG for their help in explaining the issues to other patients from the knowledge held from attending these meetings.

■ may prepare a 20 minute scripted presentation for our Website/Facebook to talk through these issue, possibly with the help of members of the PPG.

■ liked the idea of the PPG being advocates for the practice and would speak to our IT Lead to progress suggestions.

■ went on to explain that a proposal is being considered with the hospital to put a GP in A&E. People often attend A&E as they can't see their GP, this would free up access to A&E for those that need it.

The NHS use a reporting framework called OPEL (Operational Pressures Escalation Level).

OPEL One – organisations can maintain patient flow and meet anticipated demand within available resources

OPEL Two – organisations are starting to show signs of pressure

OPEL Three – organisations are experiencing major pressure, compromising patient flow

OPEL Four – organisations are unable to deliver comprehensive care and there is increased potential for patient care and safety to be compromised

The hospital frequently run at OPEL Three, YMG have had to report OPEL Three on a few occasions over the previous months and there have been practices within York recently reporting OPEL Four due to increased demand.

ACTION	COMMENT	PERSON RESPONSIBLE	TARGET DATE
Discuss with IT Lead preparing a presentation for patient self-care during winter	Will be part of the new website build from trusted sources like NHS Choices and the practice	■	01-11-21

KLINIK FEEDBACK

■ acknowledged that the new system had teething problems but asked the PPG for feedback.

■ predicated this that the practice perspective was that the system was not perfect, there are issues and changes are required. Three months ago, Klinik was not in place and many patients were waiting over 2 hours to get through on the phone and sometimes getting cut off before speaking to anyone or abandoning calls. Klinik has allowed a more accurate picture of demand and released some pressures on the telephone system.

I used it for myself and it worked OK but can Under 18s use it without their parent's knowledge?

■ understood that this would be possible.

Push Doctor works remotely, mainly via video consultation, and photo ID is required for this service. This service can be used by U18s but is only suggested if no alternative appointments are available. Children must agree to use a parents account for this service.

Is it possible for information to be provided for U18s on how to use the Push Doctor system and to make it clear on the website that U18s can use Klinik?

■ to discuss with IT Lead.

I have no adverse comments about Klinik but can you look into being able to print the form once it has been completed?

Is it possible if patients wish for a photo of themselves to be put on the system alongside their name and data to give the GP a little more information on their patient?

■ advised that there was a facility to have picture on a patient record but was unsure of the mechanism to allow this and whether there are any guidelines or safeguards required.

What is the purpose of the photo, it would be much better to have a picture when you are ill as this would be an aid to diagnosis – there is not a great advantage to having a photo on record?

■ suggested that unfortunately it is not possible to see everyone face to face; even though we would like to as there are not enough GP resources to fund this, so alternatives need to be sought. Face to face appointments

are restricted to those that are necessary for examination or for mental health. Being able to see someone gives you some context to the conversation. If patients wish to include their photo on their patient record we will look into how this can be achieved.

When administration produces a new protocol I wish they would draw in the PPG to test the system to see if it makes sense

■ agreed that this was a great idea and would be discussed at the next PPG development group.

My wife was offered a Push Doctor appointment which we didn't think was appropriate because of her age.

■ advised that staff don't make assumptions about a patient's capabilities based on age and are signposted to use Push Doctor determined by their condition.

■ advised, for context on demand, that on Monday of this week 1300 Klinik requests were received and over 300 of those were urgent.

ACTION	COMMENT	PERSON RESPONSIBLE	TARGET DATE
Discuss the provision of instructions of how Under 18s should use Push Doctor with IT Lead		■	01-11-21
Ask IT Lead to add a note to the website that Klinik can be used by Under 18s		■	01-11-21
Ask IT Lead if patients can print their Klinik forms once completed		■	01-11-21
Ask IT Lead whether there any protocols or guidelines for adding a photo to a patient record		■	01-11-21

HOSPITAL BACKLOG

■ advised that the hospital has a significant backlog that adds to the burden in general practice. As patients can only access primary care or A&E this contributes to people becoming more significantly unwell.

■ shared the concern that the £5.5b will mostly go to secondary care to reduce their waiting lists and will not come to primary care to help with increased demand.

Will the extra money coming to the NHS be used for private organisations to provide services rather than public sector to get this work done?

■ explained that the concern with private organisations providing services to the NHS is that although this is free for patients it is more expensive for the NHS and the country and is paid for via taxation. It would release pressure as patients are being treated, but organisations charge the NHS a premium and hive off the very lucrative easy to do procedures at high cost, they won't however provide assistance for high risk patients. These companies also take staff from the NHS into private sector with higher wages putting even more pressure on the NHS.

At point of referral patients are given a choice of where they wish to have treatment.

ANY OTHER BUSINESS

PPG COMMUNICATIONS AND USE OF EMAIL

■ reminded patients to refrain from using AR's personal email for clinical issues, this email is not monitored daily and is not appropriate for patient care.

I could find no other way of communicating with the practice and did not know what to do so apologies. Klinik has let us down on this and you can't get through by any other means.

■ was concerned to hear this but will investigate how patients are signposted if they need to send something into surgery for their patient record.

ACTION	COMMENT	PERSON RESPONSIBLE	TARGET DATE

Discuss with IT Lead about the best way for patients to email the surgery		■	01-11-21

PRESCRIPTION – ONE OFF REQUESTS
If you want a repeat medication this goes to the GP the next day – one off medications go to the YMG Prescriptions box and are not dealt with the next day and it could be longer than 3 days before your medication is available thus contradicting the 72 hour timeframe ■ explained that repeat medications are issued without too much scrutiny providing the request is within the review period. One-off requests for medication are sent to the Pharmacy Team for review to ensure this does not affect any other medications the patient may be taking before being sent to a GP for approval.

MEETING CLOSED
Meeting closed at 8.45pm

DATE OF NEXT JOINT PPG
Wednesday 1st December 2021 – 6.30 pm via Zoom