

## MINUTES OF PPG MEETING HELD VIA ZOOM ON WEDNESDAY 20<sup>th</sup> APRIL 2022 at 6.30pm

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

### WELCOME & INTRODUCTION

[REDACTED] welcomed everyone to the meeting and introduced [REDACTED], our new Clinical Manager, who will be taking over from [REDACTED] who has retired.

### APPROVAL OF MINUTES & ACTIONS OF LAST MEETING

The minutes of the previous meeting were approved.

#### **PRINTING KLINIK FORMS - PATIENTS CAN SCREENSHOT OR PRINT SCREEN KLINIK FORMS UNTIL THE REQUEST HAS BEEN ACTIONED BY THE DEVELOPER**

[REDACTED] stated that the development request is still with the service provider but has not yet been actioned.

[REDACTED] advised that Klinik are hoping to integrate their system with our clinical system to improve the flow of information. Currently Klinik forms are cut and paste into a patient record so can be viewed by patients.

[REDACTED] went on to report that from July 2022 more of the patient record will be visible on the NHS App; this is causing some concern amongst clinicians as the coding for diagnoses can be confusing for patients and can cause unnecessary anxiety.

#### **THERE ARE TWO SYSTEMS RUNNING IN PARALELL - DO WE NEED BOTH THE NHS APP AND AIRMID UK APP?**

[REDACTED] explained that this is patient choice, the NHS App is a national system and Airmid UK is used by our service provider; it is hoped that only one will be necessary in the future.

ACTION	COMMENT	PERSON RESPONSIBLE	TARGET DATE
Add Patient Records – Access / Sharing to future PPG agenda	<b>COMPLETE</b> – added to agenda for next meeting	[REDACTED]	21-04-22

### "LOOK BACK" ON WINTER AND "LOOK FORWARD" TO THE YEAR AHEAD / LOCAL INITIATIVES YMG & NIMBUS

[REDACTED] looked back on YMG over the winter and shared that the CCG gave primary care £750k for the City to spend on additional resource. The funding had to be spent on additional services and the ambition was to offer 28k extra appointments across the City. This income was divided between four projects; to employ additional locums/offer employed GP extra sessions, create an OPEL 2.5 reporting line, employ additional pharmacists for medicines management and improved use of the CPCS scheme (Community Pharmacist Consultation Service).

One challenge has been the astronomical rates of COVID-19 within the system which has resulted in YMG only being able to offer the same level of resource, rather than any increased appointments. The NHS still requires all staff to isolate if COVID-19 positive as we cannot compromise on the safety of our patients and staff.

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

YMG has been consistently reporting OPEL 2 or 3 throughout winter. OPEL 2.5 has been introduced for practices to notify the CCG that they can foresee they will be reporting OPEL 3 in the next few days. This then offers access to a central pool of resources, available for all practices in York, to assist them and hopefully stop them from calling OPEL 4. There have been 6 practices within York that could have potentially called OPEL 4 over Winter but this was abated due to access to the OPEL 2.5 pool of staff. This has been the hardest and most complex winter for managing resource and demand than ever before.

The CCG are also being disbanded and enduring a substantive re-organisation to an ICS (Integrated Care System) which will change how healthcare is delivered.

There is a move towards more transactional care like vaccinations, joint injections, heart failure, FeNO/Spirometry (for diagnosis of respiratory conditions) being extracted from practice and run by the City at the mass vaccination site allowing practices to focus on continuity of care and patients with more complex health needs.

Three new sites are currently being commissioned – the mass vaccination site at Askham Bar, Vanguard and Acomb Garth (due to open end of May / beginning of June). All these clinics will be staffed from our and other practices within York.

■ invited patients to email ■ if they wished to participate in a citywide PPG working with Nimbuscare; especially those patients living near Acomb Garth. This site will be multifaceted site offering services such as phlebotomy, social prescribing, first contact mental ■, ear waxing and a community café.

Continuity of care remains a challenge and ■ and ■, our Clinical Directors are currently developing services through that lens to maintain consistency for our patients.

The PPG will also be invited to assist with testing and developing new clinical pathways, especially around group consultations for patients with Long Term Conditions. Patients may be invited to be pathway champions and assist with programs of education for patients alongside clinicians and groups of between 10 and 20 patients to share their journey and improve outcomes.

YMG is also working towards more pro-active care management with digitisation and self-management of conditions.

**THERE IS A FINE LINE BETWEEN WHAT THE VOLUNTEER BRINGS AS AN EXTRA AS OPPOSED TO TAKING OVER A JOB, BUT THE PROPOSALS ARE BRILLIANT**

**GROUP CONSULTATIONS ARE WORKING ALREADY IN LANCASHIRE AND MAKES GOOD SENSE AND PATIENTS WOULD WELCOME**

■ advised that a big advantage of group consulting patients with the same diagnosis is they can hear other people's journey, but it needs to be sustainable. One negative is that there is a shortage of clinicians nationally and this would be another service and not a way of saving appointments.

It is also important to point out that any new way of working would not limit patients who cannot access technology, there will always be face to face appointments available.

■ agreed that this would not be time saving, but peer support and socialised care.

**WONDERFUL IDEA BUT THERE IS A SHORTAGE OF CLINICIANS. I AM LABELLED AN EXPERT PATIENT AT THE HOSPITAL AND CAN BE ASKED TO OFFER ONE TO ONE AS WELL AS GROUP SESSION SUPPORT**

**THERE ARE ALREADY ORGANISATIONS WHO OFFER THIS SORT OF GROUP CONSULTATION SO NO NEED TO RE-INVENT THE WHEEL**

■ also hoped to start a YMG YouTube channel to record information for patients.

## PCN (PRIMARY CARE NETWORK) MEETING FEEDBACK

█ and █ reported back on their attendance at a recent internal Primary Care Network meeting.

PCNs will improve the ability to recruit and retain staff, manage financial pressures in turn providing a better service to patients by offering a wider range of primary care services e.g. physio and social prescribing. It will consider the wider health of the patient population, focusing on service delivery and hopefully more person centred care. There will be more joined up delivery, where currently there are gaps (particularly patients discharged from hospital) and also patients will be referred to the most relevant health professional for their on-going care. The CCG previously focussed on planning and funding services but this income stream is to enhance provision.

There is the prospect of longer appointments for patients with Long Term Conditions in a "one stop shop" with appointments with a nurse, GP, physio, or other relevant health profession however this is dependent on availability of staff and financial resource to make it all work.

The CCG were also resolute in the education within the network and teaching patients on how best to use the system.

█ advised this was a contract that brings smaller practices together ideally to share resources. YMG is a PCN in its own right. There is a shortage of GPs but not everyone needs to be seen by a doctor and condition dependent could go directly to a physio or first contact mental health worker. YMG still works on the Right First Time ethos to aim to get patients to the right clinician the first time.

PCNs also work collaboratively with other healthcare colleagues like dentists, opticians and pharmacists with the ambition to work more efficiently and ensure patients are offered the best care.

## QUESTIONS & ANSWERS

### **WHEN WILL WOODTHORPE OPEN – THIS IS A MOSTLY ELDERLY COMMUNITY WHO STRUGGLE TO GET TO ACOMB**

█ advised that it is hoped Woodthorpe will open August / September for 1 or 2 days per week. We are very conscious of the effect it is having on the population of Woodthorpe but have to consider staff availability. Many of our practice nurses are retiring and we are struggling to recruit qualified practice nurses; junior nurses have been offered employment but to fully train them will take a minimum of 2 years.

█ also advised that if staff are spread too thinly across the organisation it causes increased stress and loss of appointments travelling between sites.

█ asked that any patients struggling to get to other surgeries to let us know and we will find a way to help. Unfortunately we wish there was better news but we just don't have the staff to cover all surgeries.

█ agreed it was important this issue continue to be raised and hearing from patients via the PPG is vital. It remains a challenge and is constantly under review by the management team but due to the continued high levels of COVID-19 this has an impact on services.

### **USED TO BE THAT PCC WAS A GRADE 2 UNDER AGENDA FOR CHANGE IS THIS STILL RELEVANT – COULD THERE BE A REASSESSMENT OF THEIR GRADING**

█ reported that our contract only offers a finite amount of money and if staff are paid more the consequence would be that we would have to have less staff.

### **THE ROLE OF PCC HAS CHANGED SO THEREFORE THE GRADING SHOULD CHANGE ACCORDINGLY**

█ advised that it was a misnomer that Agenda for Change extended to General Practice. The practice has a management team and finance team that looks at the overall structure of practice and whilst it is recognised that the role has changed and staff should be recognised for their role this needs to be balanced with keeping the business sustainable.

### **ARE THERE ANY PLANS TO IMPROVE WIFI CONNECTIVITY AT MONKGATE – TRIED TO SEND SOME PHOTOGRAPHS AND THE CONNECTIVITY WAS SLOW**

We were unaware there was a problem with the WiFi at Monkgate but this will be investigated. It may be that the patient WiFi is slow but the practice connection works well.

■ advised that a full re-development of Monkgate is being discussed with City of York Council, the CCG and NHS Property Services. One proposal is that a new build is situated on the current Monk Bar Car Park. It is at the very early stages but has been included in the City of York Council car parking strategy which aims to encourage visitors and residents to use the Park and Ride services. This may in future combine Water Lane, 32C and Monkgate surgeries on to one site.

■ apologised that at the last PPG he attended it was agreed that winter pressures and advice videos would be produced; due to ill health this has not yet been completed and will now be picked up again.

**TELEPHONE APPOINTMENTS ARE A STRUGGLE FOR TEENAGERS AS THEY CAN'T HAVE THEIR PHONES DURING THE DAY – CAN ANYTHING BE DONE ABOUT IMPROVING THIS?**

■ agreed it was a difficulty for teenagers and working patients to have appointments during the day and it is important to remain flexible, however it would be impossible to offer everyone an appointment within the last working hour of the day. Patients can state on the Klinik form when they are not available but it is not always possible to guarantee appointments at requested times.

■ thanked everyone for attending

■ also thanked everyone as it will be her PPG before retirement.

**ANY OTHER BUSINESS**

There was no other business.

**MEETING CLOSED**

The meeting closed at 19:41

**DATE OF NEXT JOINT PPG**

Wednesday 24<sup>th</sup> August - 6.30pm