

MINUTES OF PPG MEETING HELD VIA ZOOM ON WEDNESDAY 24th AUGUST 2022 at 6.30pm

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

WELCOME & INTRODUCTION

DH welcomed everyone to the meeting and thanked them for attending.

APPROVAL OF MINUTES & ACTIONS OF LAST MEETING

The minutes of the previous meeting were approved.

There were no outstanding actions.

VIRTUAL HEALTH ASSISTANT (VHA)

DH explained that TD had been invited to the meeting to share some of the digital advances being made to benefit our patients without losing what people would refer to as traditional general practice.

TD advised that his role was looking at systems both digitally and the administrative processes within the practice to try and find more efficient ways of working. Klinik was introduced to YMG, which is the online tool that enable patients to put requests into the practice. It works well in many ways, all forms go to one GP, who assess how urgent the requests are and book the best appointment for the needs of the patient, but it doesn't work well for everything.

The Virtual Health Assistant has been developed to help where Klinik doesn't and aims to pull all requests together in one place on our website without directing patients elsewhere.

It will also help us collect data on patients that will help us help them.

It is hoped that this service will expand in the future to Long Term Condition reviews by asking you questions online.

WHERE DOES "REQUEST AN APPOINTMENT" TAKE YOU ON VIRTUAL HEALTH ASSISTANT

It will take patients to Klinik now, but it could be in the future that we create our own form and move away from that system. A benefit of the VHA is that fit/sick notes change of details etc can be received out of hours, the only requests we cannot accept out of hours are appointment forms.

WILL THEIR BE GUIDANCE ON WHETHER TO USE KLINIK OR THE VHA?

Currently all the buttons on Klinik haven't changed, but slowly we may remove buttons from Klinik and direct patients to the VHA and then the only button available on Klinik eventually will be Request an Appointment.

IF IT DID MOVE AWAY FROM KLINIK WILL THERE BE A FINANCIAL SAVING?

Klinik is funded by the Integrated Care Board (this used to be the CCG) as the Government asked us to use digital first. It costs around £11k per year so is not an expensive system. However, by using an online platform it enables those who are unable to use technology can more easily get through on the phone.

VHA will be a much more efficient system as forms will go directly to those staff who will deal with them making it much more efficient which is important to enable us to redeploy administrative staff to assist our clinical team.

It is difficult to explain the benefits of VHA to YMG as patients don't see the administrative work that goes on in the background, it shouldn't cause patients any extra work but will create efficiencies within the practice.

I ONLY GO ONLINE TO ORDER REPEAT PRESCRIPTION – WILL THAT CHANGE?

No that will remain the same, it is good process so there will be no change to this.

DH asked with future planning whether there would be a view to integrate VHA with SystmOnline which would be of benefit to patients by helping to manage the flow of information more quickly and efficiently.

TD advised that patients can access SystmOnline or the NHS App via the VHA by clicking on the How to Order Prescriptions button. It would be fantastic to integrate these systems but the developers of SystmOnline and the NHS App don't want this to happen, primarily to try and limit scammers on the system.

When patients request a prescription, this is sent to our PCCs (Patient Care Co-Ordinators) who will issue the request. This is then authorised by a GP or our Pharmacy Team. A repeat prescription can be authorised for up to 12 months before a review is required (for some medications this review period may be less) and the aspiration is for this review to be done in a patients' birth month.

If the review date has passed a patients' records will need to be reviewed by a GP or Pharmacist and as a practice, we know when this will happen. The aim in the future will be to pro-actively inform patients that the review period is due and ask them to go to the website and answer some questions that will enable the GP to approve this for a further year and to save patients having to come in for a medication review; there may of course be some exceptions where a patient may need to be seen in surgery, for example to have their blood pressure taken.

I USE THE NHS APP FOR PRESCRIPTION REQUESTS – DO WE NEED TO KEEP ALL 3 SYSTEMS

All three systems will need to continue to run in parallel, the NHS App is excellent for ordering repeat prescriptions or viewing medical records but doesn't work well for booking appointments and general requests.

DH agreed that it would be fantastic to be proactive advising patients of their review date, and this is a positive step in helping patients.

The government would like practices to bring in digital ways of working and there are some big benefits for patients, but we remain mindful of those patients who cannot use technology and will keep the phone lines available for those patients.

WHY DO WE NEED TO ANSWER SO MANY QUESTIONS WHEN FILLING OUT A KLINIK FORM?

TD explained that the reason patients are asked to answer so many questions is to do with AI (Artificial Intelligence) and this will ask different questions based on the answers given. This is useful and gives our GPs a good indication of what the patient needs.

HOW IS THIS NEW SYSTEM BEING COMMUNICATED TO PATIENTS?

TD reported that there have been videos on our social media pages but as this is not such a big change it hasn't been advertised.

DH asked if a questionnaire could be sent to our PPG patients to ask their opinion about the VHA.

TD advised that the functions that have been moved from Klinik to the VHA hasn't shown in reduction in requests so it is being used.

I WENT ON TO THE WEBSITE THINKING I WOULD USE KLINIK AND USED VHA WITH NO INDICATION OF WHY THIS HAD HAPPENED SO SEARCHED AGAIN FOR KLINIK SO THIS NEEDS TO BE COMMUNICATED TO PATIENTS

| ACTION | COMMENT | PERSON RESPONSIBLE | TARGET DATE |
|---|---------|--------------------|-------------|
| Add a note to the website or send a questionnaire to patients explaining more about the VHA | | TD | 01-11-22 |

PATIENT RECORDS – ACCESS/SHARING

ZA explained that there is an aspiration by the government for patients to access their digital health records and this has been on-going for some time. From 1st November there will be universal access, and everything recorded going forward from that date will be accessible to patients. Whilst this is a great opportunity codes are used that may cause concern for patients and we may have an increase in patients wishing to have entries removing from their records.

How should this and any other changes be communicated to patients? What guidance can we give to explain some of the more difficult to understand terminology?

DH stated that patients being able to view their own records would not affect how consultations are recorded. There is no wish to hide anything from patients and the practice has always had a policy to be open and honest. In very limited situations (for example safeguarding related entries) an entry can be blocked from on-line view. There will be some added pressure to clinicians because it is not always possible to do things immediately. Patients will immediately be able to view consultant letters / consultations and the use of medical terminology may cause confusion, concern, and health anxiety. Also, as professionals, we have a duty to record and provide an opinion and this can potentially be upsetting for patients.

AS PROFESSIONALS YOU SHOULD BE ABLE TO WRITE DOWN WHAT YOU NEED TO - CAN YOU HAVE A DISCLAIMER WITH THIS EXPLAINING THAT PATIENTS MAY DISAGREE BUT IT NEEDS TO BE RECORDED AND WHY

NB advised that a consent form is already in place to reassure patients and explain how we work and that they may see something they don't want to. Staff have received training on this new way of working but it is a positive move.

I STRONGLY SUPPORT THIS SYSTEM HOWEVER MY RECORD IS 1600 PAGES LONG AND I HAVE NEVER GOT THROUGH IT ALL HOW WOULD ANYONE ELSE IN AN EMERGENCY?

NB explained that coding is used to enable staff to quickly search for items in a patient records in case of an emergency. Staff can filter a patient record to be able to go directly to different areas as required.

TD stated that the hospital can only see a summary of a patient records and not the full record, this is only available to the GP practice and the patient.

I HAVE NEVER WANTED TO SEE MY RECORDS AND HAVE NO INTENTION TO AM I WRONG?

ZA advised that one benefit of being able to see your record is that clinicians can embed links to self-care and self-help if you are unable to remember information that the GP has given during a consultation, but this can be shared in other ways. It is personal choice.

I DON'T THINK THAT YOU WILL GET A LOT OF QUERIES IF WE WANT TO LOOK WE ARE ALREADY DOING IT

| ACTION | COMMENT | PERSON RESPONSIBLE | TARGET DATE |
|---|---------|--------------------|-------------|
| Consider a disclaimer being added to the website or text to patients to explain the changes and why this is happening | | TD/NB | |

ESTATES

ZA explained that YMG has operated an estate of 8 surgeries since merger. It is becoming increasingly more difficult to staff all 8 sites and have YMG have struggled to recruit and retain receptionists; especially as they can earn more in other jobs. During COVID-19 we closed some sites making our estate much easier to manage. The split of 60% telephone consultation /40% face to face consultations will remain and offers flexibility for both the practice and patients.

THANK YOU FOR OPENING WOODTHORPE 3 DAYS A WEEK

Woodthorpe has re-opened 3 days per week, Skelton remains closed and 32 Clifton now houses our admin teams and also holds minor surgery and counselling clinics.

We aim to go into consultation with our patients over the next few months to discuss the possibility of consolidating our services into a smaller number of sites.

This will be shared via email with our PPG initially and then out to all our patients.

32C IS THE MOST INACCESSIBLE SITE AND IS NOT A SUITABLE SITE FOR A SURGERY AND WATER LANE IS NOT TO FAR AWAY SO IT SEEMS SENSIBLE

DH explained that YMG continually reviews their estates because it's important as a business to balance the books whilst being able to safely deliver services for our patients in buildings that are fit for purpose. This will go to consultation and no final decisions have been made.

WE ARE WELL SERVED BY TOWER COURT AND WATER LANE BUT WE HAVE ELDERLY RESIDENTS IN SKELTON THAT WOULD FIND IT DIFFICULT TO GET ELSEWHERE BUT TAKE THE POINT OF IT NOT BEING COST EFFECTIVE.

DH once again advised that Skelton is not being closed but we will be going to general consultation about all sites.

QUESTIONS & ANSWERS

WILL THE FLU & COVID-19 BOOSTERS BE GIVEN AT THE SAME TIME?

Yes the Flu and COVID-19 vaccinations will be given at the same time and patients should wait to be called by their surgery or Nimbus.

WHAT IS THE BEST WAY FOR PATIENTS TO MAKE CONTACT WITH A GP ABOUT AN ON-GOING SITUATION?

VHA should assist with this.

ANY OTHER BUSINESS

There was no other business

MEETING CLOSED

The meeting closed at 20:00

DATE OF NEXT JOINT PPG

Wednesday 7th December 2022 at 6.30pm via Zoom