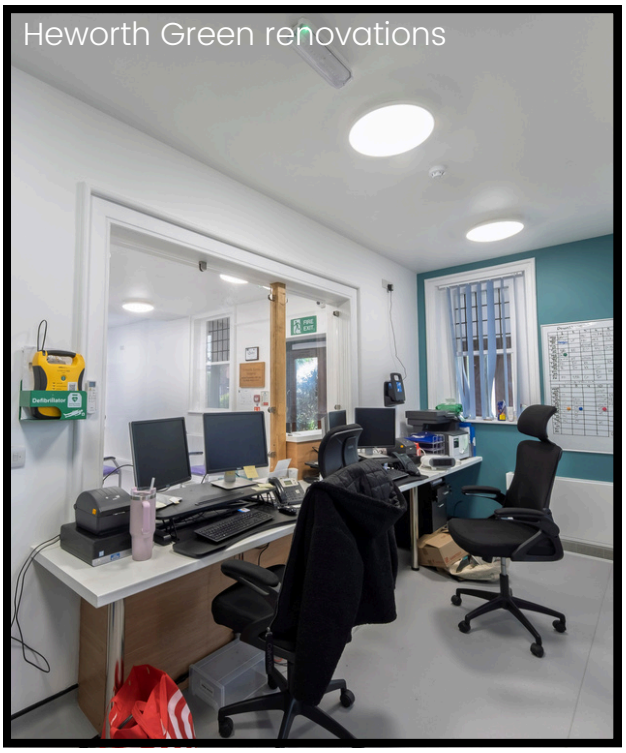
PRIORY MEDICAL GROUP:

A look back over the last year - October 2026

A REFLECTION FROM THE PMG PARTNERS



As we move in to Autumn and the start of the new "term" has come and gone, it is a good time to reflect on the last 9- 10 months. It has been a challenging year for the partnership; getting to grips with the GP contract amendments, an increase in costs and ongoing increasing demand for GP appointments - both urgent and routine.

The NHS is struggling to keep up. Waiting lists for hospital clinic appointments and surgical procedures continue to extend, our patients noting a 40-60 week wait is often the norm. Hundreds of patients contact us each week, some with new symptoms, many with ongoing and worsening symptoms, some of whom are awaiting specialist tests and clinic follow up at the hospital. We know it can be really difficult for patients to navigate the NHS, it is easy to feel lost and squeezed between different services.

It can be frustrating to see the media (and social media) report that "GP practices are empty, GPs are working from home and not seeing patients". This could not be further from the truth. GP teams across the country are working harder than ever. Often a GP will call a patient to get more information about their symptoms before then arranging an appointment in surgery. Sometimes you will be booked a face to face appointment without the need for this layer of triage. Sometimes a telephone appointment is entirely the right thing for you (and many patients prefer the ease of these).

Our routine wait peaked at 6-7 weeks at one stage, we have worked really hard to get this closer to 3-4 weeks. We have prioritised recruitment to grow our GP team - five new GPs have started over the last few months, with our final new GP starting at Heworth Green next month.

Over the last year we have also added a layer of clinical triage - a senior GP triages every routine request that comes through the practice. They review each form and they may ask the patient to get some tests done before seeing a GP (e.g. blood tests). The GP will also review the symptoms and decide if a face to face appointment or telephone appointment is most appropriate. If there are any concerning symptoms on the form, the GP will ensure an appointment is arranged more swiftly (potentially the same day, or within the week as appropriate). If a patient requests a face to face appointment, we are always happy to arrange this.

If you use the prioryCARE form, it really helps us if you can write as much detail about your symptoms (how long been happening, when they started, any other new symptoms) on the form.

Cont overleaf...

Sadly we cannot see all the patients that want to see us and that can cause frustration especially if you are informed urgent GP appointments are full for the day and being asked to seek help elsewhere e.g. pharmacy, urgent treatment centre. The simple solution is to recruit more GPs, offer more appointments. Sadly GP funding has not kept pace with demand on GP practice appointments. This is why many practices across England now hold waiting lists for routine appointments, this can mean patients are often waiting 4-6 weeks to see a GP for a non-urgent problem.

General Practice is certainly in a state of flux with change happening at all levels. For patients, they are feeling the effects of a squeezed NHS system, becoming more difficult to navigate, often unaware of why things are different. We are trying our very best to help as many patients as we can.

PRESCRIPTIONS

Repeat prescription requests can take up to 5 working days to process - please try to avoid calling to chase these up as these calls can mean patients trying to get in touch about symptoms cannot get through. If you have a problem with your medication or want to talk about side effects of something you are taking, you can use the prioryCARE form or call us to request a review. Do try to remember to request your medications in good time, especially around bank holidays and busy periods (summer holidays, Easter, Christmas).

You can request medications on the NHSapp, SystmOnline account, or on paper via the reception boxes. We do not take prescriptions requests over the phone. If you do not have internet access or struggle to get in to surgery, our Prescription Admin team will support vulnerable patients with their regular medication requests. We also run regular NHSapp support sessions in surgery to help patients get started with the NHSapp.

For patients who are stable on medications, with no high risk or specialist meds, we are looking to move repeat prescriptions to 56 days (2 months supply). If you are needing to request different medications at multiple times of the month, we can also help to get your repeat medications in sync.

Some medications need blood, urine or blood pressure monitoring in order for us to safely prescribe them. In general the team will send a text (SMS) as a reminder to get them done that month. If you do not have a mobile phone or haven't consented to receive texts, a member of the team will phone to remind you.

The prescription admin team might decline a request for medication for a few reasons:

- overdue blood tests and not safe to issue the medication
- it is too early to issue the medication (e.g. was issued a week ago)
- the medication is not on repeat or not been prescribed for a little while, you may be asked to book a GP appointment, or be booked a review with the pharmacy team instead
- we have not yet received a letter from the hospital clinic (who have started the medication)

The practice also runs regular audits to ensure ongoing safe prescribing of medications - recent audits include: reviewing patients who have been on alendronic acid for osteoporosis longer than 5 years, patients who are on aspirin and not taking stomach protection, women of child bearing age on medication such as topiramate or pregabalin.

APPOINTMENTS

One of the common themes we see in our feedback/complaints is that patients are waiting over 4 weeks for a routine appointment. This is something we have really worked hard on this year, prioritising routine clinics where we can. We are currently around 4 weeks, with some sites at 2-3 weeks. The aim for the next 6 months is to try and get this to 2-3 weeks across the practice.

The GP contract changed a year ago, practices in England all need to keep their online consulting form on throughout core working hours. We moved to using different tiles on the prioryCARE form to support us doing this safely. This allows patients to write more detail about their issue when choosing "Routine Appointment".

An experienced GP reviews every form that comes through the practice (whether using the online form, or calling up to request an appointment). It really helps that GP if our patients can write a bit of detail about their problem. It helps us determine how quickly that patient needs to be seen, whether in person or via telephone call, and if any tests should be done before hand. There is also a section where you can add your availability - if there are times/day that are better for you (around work, caring responsibilities etc) please complete this section.

It is important that we ensure our GPs and clinical team are working in a safe manner, this means capping the number of appointments per clinic. Consequently, some patients with an urgent problem, will be asked to seek help from the local Urgent Treatment Centre or pharmacy as appropriate.

Pharmacy First is expanding to include more clinical symptoms. For patients with these conditions, you may be asked to attend your local, chosen pharmacy for advice and treatment.

We try to prioritise vulnerable patients and those that would benefit most from GP care and continuity of care. In some cases (where there is no acute urgency), it may be better to wait a few days for a GP who knows you, than to have an Urgent Care appointment with a different clinical team member.

Every week, we review feedback received from our patients - via complaints, google reviews, feedback forms and Friends and Family tests - this allows us to learn and develop our service. A priority for the next 12 months is to look at improving our online consulting system and telephone system, to make it easier for patients to get in contact with us.

Patients can send feedback in a number of ways:

- Feedback form in reception areas
- Friends and Family test - see Contact Us page of our website
- Google review
- Complaint

There is more information on our website: https://www.priorymedical.net/contact-us/

Over the past 12 months we have been taking your feedback seriously and listening to what we are doing well, and what we could do better.

FEEDBACK

We recently sent a survey to seek feedback about how patients get in contact with us. This is a summary of some of the queries and responses.

Why are the waiting rooms empty:

We can assure you that our waiting rooms remain busy but we stagger our face to face appointments to ensure a smooth flow and avoid overcrowding. We undertake both telephone and face to face appointments in our GP clinics. Our Reception Teams work very hard at each site to support patients that attend with questions and queries.

Our clinical team undertake home visits and team MDTs between 12-2pm, this is why we do not offer face to face appointments during this time.

I want the prioryCARE form on overnight, why is it not available?

The GP contract mandates that we keep the form on during core opening hours, it is unsafe to keep it on 24/7 as patients may delay attending A&E or using 111 if they have access to an online GP form. Requests building up overnight would create a surge at 8am, on top of phone and walk-in demand. Triage teams would have to work through a large queue, raising the chance that an urgent case is missed or delayed among routine ones.

Why do I have to fill the prioryCARE form in?

Patients can contact us by phone, come in to surgery or fill the online form in. We want to ensure a safe and fair access to our appointments for all patients registered with us. Whether you contact us by phone, walk in to our reception desk or use the online tool, your request for an appointment will be processed in the same way. If you get in touch by phone or at the reception desk, our team will ask for some details regarding your concern and complete the prioryCARE form on your behalf. This is to help the clinical team reviewing your request to determine whether they need to arrange a telephone call, face to face appointment or referral on to another service.

I want a GP appointment on an evening or weekend:

We have some weekday evening appointments at Heworth Green and Priory Medical Centre. We also have Saturday morning GP, nursing and womens health clinics. The pharmacy team undertake remote clinics over the weekend - medication reviews etc.

If you would prefer an evening or Saturday morning appointment, please complete the “unsuitable times” on the prioryCARE form or let a team member know when getting in touch. We are looking at ways we can optimise the use of these appointments.

I want a specified time for a telephone consultation:

It is very challenging to meet every patient’s individual time availability, but we do always try to work around any preferences when patients indicate when they are available (using “unsuitable times” section on prioryCARE form). GPs have a mix of face to face and telephone consultations in each of their clinics. We can annotate “available between 2-3pm” or “call after 3.30pm” and we will accommodate this where possible.

We completely understand that working-age adults, those in school/college or with caring responsibilities prefer appointments at specific times of the day. We do recognise that the appointments we have available at the end of the day work best for working parents and children after school.

Why can't I book a face to face (F2F) GP appointment?

When a patients gets in touch for an appointment, a clinician will review each request and triage based upon the clinical symptoms and patient preferences. If you want a F2F appointment, you can add this to your online form or let a member of the team know when you get in touch.

All routine appointment requests are reviewed by a senior GP, they may determine tests are needed ahead of the appointment, and allocate to a F2F or telephone consultation as appropriate. They will always take patient preference in to account. Some clinical symptoms are better assessed in a F2F appointment, e.g. abdominal pain or a new lump. A large proportion of the appointments we complete each day are F2F consultations.

Why do you sign post to NHS111/A&E when at capacity, this is making A&E busy?

Research shows that long waits in A&E are often due to a delay in patients having access to beds, not due to urgent/acute minor illness/injuries. When our urgent care (same day) slots have been filled for the day, we will sign post appropriate cases to A&E/Urgent Treatment Centre/ NHS111/pharmacy/physio.

We would like to be able to help every person that gets in touch with us, we know it is frustrating when you are told we are full, but patient safety is really important to us. It is vital our clinical staff members see a safe amount of patients each day, as guided by the BMA, to ensure they can offer high quality care. It is also important to us to prioritise the most in need/vulnerable such as: young babies/ children, elderly/frail patients and those with learning disability or severe mental illness.

Do you use AI to triage cases?

The Klinik system underpinning the prioryCARE form does not use AI. It uses pre-set rules and pathways (an algorithm) to help allocate urgency depending on the response to the questions.

> If a case comes through as "urgent", a member of the GP team will review the case on the same day - they may invite the patient in for a face to face appointment, arrange a telephone call or signpost the patient somewhere else (e.g. pharmacy or dentist).

> If the case is allocated as "routine" a senior GP will review the case within 1 working day. They will read the information shared, decide on any tests and what type of appointment is likely to be most suitable (face to face or telephone) - and in what timeframe.

Why has the wait for a routine appointment been around 6-7 weeks this year?

We have experienced very high demand for urgent and routine appointments over the past 1-2 years. Funding for GP practices haven't kept up with demand and we are trying our best in a strained, pressured system. As we have alluded to at the beginning of this newsletter, we have worked hard over the last 6 months to get the routine wait down to 3-4 weeks. A number of factors impact the routine wait: staff sickness absence, patient demand, time of year and increasing complexity of healthcare. Over the next 6 months we are looking at a new online access system. We will share more information as this is developed.

Why are the there long waits when trying to get through to the practice by phone?

We are looking at a new telephone system to allow better access for patients that want to contact us by phone. This is one of our priorities for 2026/7 and know we need to get this better.

STAFFING

There have been a few new faces at PMG this year, with some successful recruitment in our front of house teams (Reception and Patient Central). We have recruited a number of new GPs and there have been a couple of changes to the partnership. Dr Robert Fisher retired after nearly 30 years at PMG. Dr Sam Plummer left the partnership for pastures new and Dr Jess Norton joined the partnership (from her salaried GP role) in April.

Marina and Tracey, both long serving members of the reception team, have retired this year - we will miss them! Thanks to you both for your hard work over the years.

Michelle Mason left us after nearly 30 years at PMG (undertaking a number of valuable roles), we wish you well in your next endeavours.

We are a proud training practice, training the next generation of GPs for the local area. Every 6-12 months we induct a new cohort of doctors who are training to be GPs. GP training generally takes 3 years and the resident doctors will experience a number of posts across hospital and GP placements.

We have expanded our Prescription Admin team to try and ensure repeat prescriptions are completed in a timely manner. This also supports the safe prescribing of medications as the team ensure bloods/blood pressure etc are done when necessary.



We have recruited a Head of Governance, Rosie Parnaby, she works closely with our Lead Complaints Partner and Lead Governance Partner to ensure that incidents and complaints received by the practice are reviewed promptly.

The role coordinates investigations and responses, including ensuring that we are open and honest with our patients (Duty of Candour).

Alongside the governance and complaints partners, the Head of Governance supports the practice to learn from incidents, complaints and patient feedback, so that we can continually improve the care and services we provide. Working closely with our clinical and administrative teams, the Head of Governance supports a culture of openness, learning and continuous improvement, helping to ensure that our practice meets its responsibilities to patients and the wider community. Additionally, The head of Governance is involved in the Patient Participation Group (PPG), where we meet to discuss the service as a whole, including sharing learning from incidents.

PMG are also actively involved in research to the benefit of patients, staff, and the broader medical system by improving care and helping to develop new treatments. Our patients may receive invites to be part of research projects.

Our clinical and non-clinical teams regularly undertake training to ensure we can help all our patients in the best way possible. Recently staff have completed training to further understand and support our patients who are neurodivergent or have a learning disability.

FLU CLINICS



A massive thank you to all our patients, vaccinators and marshals for very successful Saturday morning winter vaccination clinics this month. We gave nearly 3500 flu vaccines and over 1000 covid vaccines across the two weekends, with some fantastic feedback and very happy patients.

PPG

We have an active Patient Participation Group (PPG) that meets regularly at various locations. They meet quarterly with Caroline Alexander, Chief Operating Officer, the PPG lead GP partner and other individuals are invited according to the theme of the meeting. We welcome anyone that wishes to be involved and support the continued development of our PPG.

A summary of the PPG meetings in the last year or two:

- August 25: Prescribing focus
- Nov 25: Access and neighbourhood linked
- Feb 26: Social prescribing with lead social prescriber Abbie attending
- May 26: Mental health linked with first contact mental health Carlos attending
- Oct 26: Working age theme, patient safety, access and new telephony service

Information about joining the PPG, meeting dates and summaries are on our website:
https://www.priorymedical.net/friends-of-priory/ppg-meetings/

CONGRATS

A shoutout to our HCA Suzy Williamson, the Heworth Green Surgery Team (with special mentions to Reception team members Andrea and Michelle) who were all nominated for Healthwatch Awards by patients for going the extra mile.



ESTATES

We applied for a central NHS grant to renovate and update Heworth Green surgery and were pleased to go through a successful bid process. This work was undertaken over the summer and we are really pleased with the end result. We have created three more clinical rooms with a change in layout of the reception area.



Like many organisations, we are feeling the effects of climate change on our buildings. Over the past year we have spent time addressing the impact of rain water on many of our roofs, gutters, drains, paths and tarmac in car parks. We then turned our attention to managing the hot weather with new extreme weather plans and a programme of air conditioning which will continue next year. We also have a program of upgrades across our other sites to ensure they remain safe and appropriate for modern patient care. Some of the projects this past year:

- Modernising the wheelchair accessible toilet and baby changing room at Park View surgery
- Updated waiting room benches/seating at Lavender Grove, Rawcliffe and Park View surgeries
- Refurbished our staff break areas at Heworth Green, Tang Hall and Priory Medical Centre
- A programme of light replacement underway as old lighting becomes obsolete and we move to more energy efficient lighting
- Replaced the two boilers at Priory Medical Centre in readiness for this winter to support this large site
- A continued programme of carpet replacement with infection prevention and control (IPC) compliant flooring in many of our sites.

We regularly review the patient information and posters visible in our waiting rooms.

PATIENT SAFETY

PSIRF (Patient Safety Incident Response Framework) is the NHS approach to learning and improvement when something goes wrong with your care as a patient.

We are committed to being open, listening to you and working with you and our staff to understand what happened and why it happened. Our aim is to reduce the risk of similar incidents happening again by making improvements to the way services are delivered.

If you are involved in a patient safety incident:

- You will be treated with honesty and respect. We will explain what has happened as openly as we can and answer your questions.
- Your experience and views matter. You, your family, or your carers may be invited to share your perspective, concerns, and any information that could help us understand what happened and help us improve the quality and safety of care for everyone.
- The focus is on improving care. We look beyond individual actions to understand whether there were wider factors (processes, systems) have contributed to the incident.
- We will keep you informed. We will explain what to expect, keep you updated where appropriate, and share the findings and any actions we are taking to improve patient safety.

PRIVATE

Patients will sometimes request a referral to a private clinic. We cannot help make recommendations but will assist with a private referrals where needed. A routine GP appointment may be needed to gather information if this is a new condition or something that you have not had a previous referral for.

There is no charge for a standard referral letter to a private provider. We will need to ask a few questions, including; whether you are 'self funding' or using insurance and which private clinic/hospital/specialist you wish to see.

- Your private clinic is responsible for any tests that they want to arrange (including blood test/ECG) and for interpreting and passing on the results of the tests.
- If any medications need prescribing, these should be supplied by the private clinic. Depending on the medication, we may be able to continue prescriptions for medication that NHS GPs would usually start and monitor. We will not take over prescribing specialist or shared care medications from private clinics.
- If your private clinic suggests referral to an NHS clinic, they can arrange this directly.
- If you opt to have a surgical procedure privately in the UK or abroad, any post-op treatment or monitoring should be undertaken privately. We recommend that patients are clear about how aftercare will be coordinated and provided after the surgery abroad as the NHS (hospital or GP surgery) will not take this work on.
- We are increasingly receiving requests "my private GP has asked for a same day appointment" - a senior PMG GP will triage this request/symptoms as we do with all appointment requests. This means that we may determine a same day appointment is not necessary.

OTHER UPDATES

See our website for regular updates
www.priorymedical.net

GLP-1 medications:

We receive a lot of requests to prescribe GLP-1 medications such as Mounjaro and WeGovy to support weight loss. Currently the practice are only able to prescribe these medications for eligible patients with Type 2 Diabetes.

Reach Deck:

Our website now has ReachDeck, an accessibility tool that allows text-to-speech, language translation, larger font, page simplifier and other features. To access this, please select the large round logo with a person at the bottom right of the website, this brings up the tool bar at the top of the page.

Ghost patients:

A "ghost patient" is someone who remains on the practice list despite having moved away or otherwise no longer being an active patient. Some patients may receive a letter from NHS England or Primary Care Support England (PCSE). This is part of a routine process called list validation (or list cleansing). It helps ensure GP records are accurate across England. If you or someone you care for gets a letter from NHS/PCSE asking you to confirm your/their details, please respond. Do NOT ignore it.

- Follow the instructions in the letter.
- Confirm your details are correct.
- Let us know as soon as possible if you have moved.

If you do not respond and PCSE cannot confirm your details:

- They may remove you from the practice without you even knowing it.
- If you get removed, you will not be able to get an appointment with a GP until you re-register.

Interface agreement:

We know it can be difficult to navigate the NHS at times, who is responsible for what, when are you going to get appointments, test results or prescriptions. These are the expectations and agreement between hospitals and general practice locally:

- Prescriptions for any immediately necessary or urgent medication (**required within 28 days of outpatient assessment**) should be provided by the hospital clinic.
- Once a clinic letter is written (can take weeks/months depending on the department), it is usually electronically transmitted to us. Our admin/coding team then checks the letter to ensure all diagnoses etc are coded on your record. The prescription admin team will then review any changes to your repeat medication and send on to one of the doctors to read and action any other elements.
- We ask that you allow at least **28 days** from your clinic appointment to expect any changes/prescriptions to be issued to ensure the letter has been processed as above.
- Some specialist (ie amber on the formulary) medication should be initiated by the hospital clinic, we MAY be able to take over prescribing depending on the nature of the drug. Some medications (red/black on the formulary) are not to be prescribed by GPs.
- You should receive **28 days** of medication following hospital admission.
- If you have a test undertaken by a hospital clinic/admission e.g. urine test, swab and need antibiotics - the hospital need to communicate the result to you and arrange any prescriptions for you.