



**The James Cochrane Practice  
Patient Participation Group Meeting – Minutes**

Saturday 27<sup>th</sup> April 2024; 9.15am – 10.30am  
Helme Chase Surgery, Upstairs Waiting Room

**Chair:** Philip, Patient Group Member

**Minutes:** Dawn Bonham (DB), Debra Jones (DJ), Antonia Coathup (AC)

**Present:** Dawn Bonham (DB), Debra Jones (DJ), Antonia Coathup(AC), 9 x patient group members

**Apologies:** 6 x patient group members

Actions from Previous Minutes				
	Action	Notes	Update	Action
	<b>Phone Queue Messages - shorten</b>	Project ongoing. New system to be in place – Mid June/July? (move to cloud-based technology as per ICB directive), lots more functionality. Likely changes to messages will be in line with new system. We have heard re: shorter messages and different voices. Practice to also look at Options to skip all the Intro messages if possible...AC commented that you can already move through by pressing 1 now or 2 for Dispensing.	DB to report at next meeting when system will have gone 'live'	DB/AC to progress in line with new system & Report back
	<b>Access to Practice for working patients</b>	Ongoing concern re: access via phone at 8.00am and inability to get an appointment if not super urgent but patient deems needs dealing with before 4 weeks. This also fed into the Accurx system being open later. AC reported that changes to the clinics was freeing up more appointments so that those opportunities to see or speak to someone for urgent matters was better. DJ noted that there is a culture change and we are trialling small changes and we are still looking at all options, mindful of those who struggle to call because they are travelling to work etc at 8.00am.	Group still feel strongly about this.	AC to monitor with input from DJ
	<b>Practice to share examples of where feedback has informed change</b>	DB noted that changes to the appointment system was a direct result from feedback. We now have Minor Ailment slots which deal with Medium/Urgent matters. But more particularly where feedback was that the queue was so big, rather than have a couple of people on the phones 1 <sup>st</sup> thing, now the whole admin team are on for 30minutes or so and the queue reduces very quickly. This item developed into a more general discussion regarding telling Care Navigators what your problem is and the concern around getting an annual review with your GP. A suggestion regarding a crib sheet on "How to talk to the Care Navigator, key things to mention" might be a good idea. Maybe to have it permanently on the Newsletter and website ,	Still an ongoing issue	DB to feedback next meeting



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		why the CN's ask the questions they do.. further suggestion was to put in writing how the current process for reviews works		
	<b>Feedback to I Want Great Care: Text Submission</b>	Patients raised query about being able to note that something was not applicable or to miss sectors on the form submission. (This item not discussed but there is a result)	Contact was made with the 'I Want Great Care' team and they advised that there IS the facility to put N/A or equivalent	Complete
	<b>Online access form closing at 5pm</b>	AC commented that this had been looked at by her and for the time being the system would still close at 5pm. This was for safety, Many patients still use the system for Urgent matters and there were no staff to look at it after 5pm with only 1 person on the phones and 1 on the Front desk. The Appointments discussion team are looking at all aspects of the text messages and appointment process for patients.	AC and Management team looking at this - Ongoing	DB to feedback
	<b>Standing Items</b>			
Item no.	Item	Notes	Action	Responsible
1	<b>Practice Update</b>	Staffing changes: <ul style="list-style-type: none"> <li>• 1 Staff member has retired (Senior Clinical Pharmacist)</li> <li>• New Data Analyst role has been recruited (12 month contract)</li> <li>• 2 new Care Navigator roles being interviewed</li> <li>• 1 new Dispensary assistant role being interviewed</li> <li>• 1 new Driver for Dispensary being recruited</li> </ul> Coming up: <ul style="list-style-type: none"> <li>• Nurse Specialist leaving</li> </ul>		
		Spring Covid Campaign: <ul style="list-style-type: none"> <li>• Started 27.4.24 at Captain French over next 4 weeks</li> <li>• Booking is via National Hub, online or call 119 or we can help to book</li> </ul>		
		Telephone Line changes <ul style="list-style-type: none"> <li>• Noted earlier, new phone system coming</li> <li>• There will also be a new number – big communication exercise about to start</li> </ul>		



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		<ul style="list-style-type: none"> <li>We will look for PPG feedback once it is up and running</li> </ul>		
		<p>JCP – 2023 in numbers</p> <ul style="list-style-type: none"> <li>Group thought interesting and useful but possibly more useful if stats alongside, ie. How many clinicians attach to the numbers, how many patients per GP, are the numbers relating to all clinicians.?</li> <li>What do we do about DNAs, do we have a policy? Mgt will look be looking at this</li> <li>Discussion around text messages to remind about appointments</li> <li>Can there be a function for patient to confirm they are attending?</li> </ul>	DB to liaise with AC	<b>DB to feedback to next meeting</b>
<b>2</b>	<b>Patient Feedback</b>	<ul style="list-style-type: none"> <li>The I want Great Care report for March was shared with the PPG</li> <li>The Certificate of Excellence was referenced by the Chair and the group congratulated the Practice and the Dermatology team for achieving this. It is given for consistently achieving strong results in direct feedback from patients.</li> <li>Tim Farron Visit – DJ/AC reported that it went very well and TF left with a great deal of understanding of the issues in Primary Care. He also met with PPG members and heard their views. He later mentioned the issues in Question Time without naming the Practice as agreed.</li> <li>Visibility on Social media – A quarterly report for those not online</li> </ul>		
<b>Business Items</b>				
<b>Items Raised by Patient Group Members</b>				
Item no.	Item	Notes	Action	
<b>1.</b>	<b>Access to your GP and Continuity of Care</b>	<p>Group member raised the point about getting a regular appointment with your GP of choice and very often the lack of availability to do that. This further led onto issues around Test results and how that worked and could that be fully explained...DB/DJ and AC gave response to this:</p> <ul style="list-style-type: none"> <li>Continuity of Care was being looked at and AC commented that GPs were looking to have times where they could follow up with people they have seen and asked for tests for.</li> </ul>	<b>AC/DB/DJ to feedback to Mgt.</b>	<b>DB</b>



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2.	Test Results	<ul style="list-style-type: none"><li>Regarding Test results, AC further noted that results come in electronically directly to patient notes. They are often there but not commented on. The requesting GP has to do that and it can sometimes be a day or two before they see them. Chair raised that if a GP sends a text please can they denote if they are GP or other..</li></ul>	AC/DJ to feed to Mgt team	DB to report back
3.	Pharmacy 1st	<ul style="list-style-type: none"><li>Conclusion that it would be helpful if Nursing team when taking bloods reassured that if anything untoward it would be alerted immediately via Lab and then via Duty doctor.</li><li>Pharmacy 1<sup>st</sup> was asked about – AC commented that in our view working well. We can refer patients to the service for a number of minor ailments.</li></ul>	Practice to feedback on any changes at next meeting	
4.	Suggestions/Queries	<ul style="list-style-type: none"><li>Should Practice put information on Website/Social Media/Newsletter etc about Choosing a nominated Pharmacist? Becoming a Dispensing Patient</li></ul>		

Next Meeting				
Date	Time	Location	Chair	Minutes
20 <sup>th</sup> July 2024	9.15am – 10.30am	Helme Chase Surgery, Upstairs Waiting Room	Philip (Patient Group Member)	TBC