



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

Saturday 19<sup>th</sup> October 2024; 9.15am – 10.30am  
Helme Chase Surgery, Upstairs Waiting Room

**Chair:** Philip, Patient Group Member

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

**Present:** Dawn Bonham (DB), Debra Jones (DJ), & 10

**Apologies:** 8 x patient group members

Actions from Previous Minutes				
	Action	Notes	Update	Action
4a)	<b>Medication/Dispensing post discharge</b>	This has been raised with Partners/Managers and the Dispensing team. The process is being checked so that medication gets dealt with in a timely way. Discharges are often sent electronically but sometimes the hospital secretarial team are a bit slower than a patient would expect	DB & DJ noted that we are monitoring for future & useful to have specific cases to look at.	Completed
b)	<b>Issues around timely reporting of investigations</b>	This was around a specific case which was investigated and the matter concluded.	DJ noted that the matter had been dealt with, with the relevant patient	Completed
5a)	<b>Short Guide to talk to your Care Navigator</b>	This is presented as a final draft with the chance for final comments from the PPG. Comment on the document was solicited and it was agreed that it was very useful in this final form. DB & DJ presented the fact that they have been back and forth to make the language and the content 'user friendly'. DB gave a picture of a day in the life of a Care Navigator. Much comment about how people's view changing on whether to confide in the CNs when in the past patients would not be keen to speak to anyone but a GP. Some further advice given by a PPG member as to what would be useful in the CN Guide.	DB will try and incorporate any further useful additions before it goes out to socials and website	Completed
5b)	<b>Chair standing down</b>	This will be updated as part of one of the Main Agenda Items, but PC gave a brief precis of why we are developing new structures and policies. He will chair start of Jan meeting which will be AGM, but new Chair will take over for 2 <sup>nd</sup> part of meeting. One member gave thanks for the good job PC has been doing.	PC advised that he would report in detail under the Main Agenda	PC informing on detail



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Item no.	Item	Notes	Action	Responsible
	<b>Standing Items</b>			
<b>6</b>	<b>Practice Update</b>	<p>Staffing changes:</p> <ul style="list-style-type: none"> <li>• 3 new Care Navigators have been appointed and have started work with us with interviews for 2 more being undertaken. 2 of the CN team are leaving for other exciting opportunities. There is a new Long term condition nurse who has joined</li> <li>• New GP Partner has been appointed. Dr. Hodgson, who has been a trainee with us.</li> <li>• 1 new Driver for Dispensary has been recruited</li> <li>• We are interviewing for a new Dispenser and a General Practice Assistant</li> <li>• We have had 1 retirement and DB will also be retiring.</li> </ul>	DJ noted that these were quite a few changes but inevitable with a surgery of this size. But lots of opportunities for growth within the Practice	
		<p>Telephone Line changes</p> <ul style="list-style-type: none"> <li>• DB reported that this was something we had to do, big project which has taken most of the year but has gone relatively smoothly with a big communications campaign making things easier for patients. The various new features were discussed. Some bonuses like the new Call back system</li> </ul>	Queries about triaging if you call later than 8.00am. Do we have other urgent availability? DB reassured 'Yes'	<b>DB to report if there are further developments</b>
		<p>New ways of working for patient engagement</p> <ul style="list-style-type: none"> <li>• We are innovative. During Flu clinics every Saturday this month we have invited Pop-up stands from Age UK, the Social Prescribing team, Cosy Homes, U3a, to promote their services as people wait for their job. This has gone down extremely favourably.</li> <li>• We have to keep up with technology, AI is coming, not with us yet, we are looking at what might be useful in Primary Care in the future.</li> <li>• Pictures are useful for certain conditions and this was discussed as a useful tool</li> </ul>	DJ to keep PPG up to date of any new innovations.	<b>DB/DJ to report when appropriate</b>



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<b>7</b>	<b>Patient Feedback</b>	<ul style="list-style-type: none"> <li>• The I want Great Care report for September was shared with the PPG – DB noted that it was useful reporting, particularly for quick wins and getting a sense of what the major concerns are.</li> <li>• DJ noted that we are keen to monitor all feedback and make changes based on any themes. One of reasons she attends as many meetings as possible.</li> <li>• PC noted lots of leaves down at the moment, DJ confirmed that we have garden maintenance, but said she would look into it particularly on the path as a potential hazard for patients slipping.</li> <li>• Pinch point of turning out and in with cars at entrance was raised – highways would need to look at that. Comment about car parking assistance on a flu/covid clinic day.</li> </ul>	<b>DJ to follow up</b>	<b>DJ</b>
<b>Main Agenda Items</b>				
<b>8a)</b>	<b>PPG Policy &amp; Protocols</b>	<ul style="list-style-type: none"> <li>• PC spoke to the new document and advised it for ‘bedtime reading’. DB noted that the reason for this new approach is to formalise the PPG. The key message is that everything will stay pretty much the same with the exception that we will now have an AGM, probably at the beginning of every year (Jan) with the first one being January 2025, and that we will ask all ‘core’ members to sign a Confidentiality and Declaration Agreement. Core members will not have to stand for any particular role but will only need to send apologies if unable to attend meetings. DJ confirmed that we do not want to lose what we have here. It is so valuable and useful. PC then described what will happen in January.</li> </ul>	<b>DB to follow through with any changes</b>	<b>Ongoing</b>
<b>8b)</b>	<b>PPG Confidentiality &amp; Declaration Agreement</b>	<ul style="list-style-type: none"> <li>• DB clarified that nothing would be changed in the running.</li> <li>• PPG member raised the point that wording should reflect that they would not disclose anything unless requested by a higher authority, ie the Courts or police.</li> <li>• PC noted that there are a large number of PPG members (188 at the moment) which was astonishing but there are just a core group, many of whom come very regularly. The others are emailed regularly and asked if they wish to continue. They are interested in the discussions at these meetings but do not necessarily wish to attend.</li> <li>• It was also noted that Minutes would never reflect any confidential information either, so no breaches of confidentiality are made.</li> </ul>		



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Items Raised by Patient Group Members				
			Action	
<b>9</b>	<b>The role of the Physician Associate</b>	<ul style="list-style-type: none"> <li>PC queried in the light of poor media coverage what IS the role of the PA? He had printed out all the information he found on the internet and felt that it was such a new role and patients did not know what it was. Another member explained their recent experience and their concern especially around being videoed and not having the knowledge of what they do.</li> <li>DB noted that in the light of PC's request for this Agenda item, she approached 3 of the partners for their feedback. They commented that we have a PA here at JCP and there is another at Captain French and Station House. Amy Mawson who works here is very well supervised and supported and they all noted that where potentially the bad press comes from is where there is a PA working at a practice who has no support. PA's do not prescribe and here at JCP she works closely every day with an experienced GP. This is part of the spreading of expertise within Primary Care. You are often signposted to other specialists, ie First contact Physios for musculoskeletal problems, clinical pharmacist for medication, mental health specialists etc. We consider it a positive in enabling our patients to have the best most specialised care. AM is a delight and an asset to this practice and we are thrilled to have her on board and she is well protected by the GP's.</li> <li>In the hierarchy they are not above a GP and are on a level down under Advanced Nurse Practitioners and alongside other clinical colleagues, but are non-prescribing.</li> </ul>		
<b>10</b>	<b>Concluding Business AOB and Closing remarks</b>	<ul style="list-style-type: none"> <li>This was raised but discussed earlier under telephones as it was thought to be a query in relation to that. Text messages for appointment reminders are not coming through</li> <li>DB confirmed it was not a phone issue but an issue that the Practice is aware of and to do with the NHS App/Accurx (our online message system) A number of patients are experiencing the same things</li> </ul>	<b>Investigations under way and DB to follow through with AC (Office Manager)</b>	<b>Ongoing and to report back next meeting</b>
Next Meeting				
Date	Time	Location	Chair	Minutes
<b>11</b> <b>25<sup>th</sup> January 2025</b>	9.15am – 10.30am	Helme Chase Surgery, Upstairs Waiting Room	Philip (Patient Group Member) 1 <sup>st</sup> half	TBC