



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

Saturday 20<sup>th</sup> July 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), Dr. Cath Munro – (partially) and 12 x patient group members

**Apologies:** 8 x patient group members

Actions from Previous Minutes				
	Action	Notes	Update	Action
4a)	<b>Access to Practice for working patients</b>	This work is ongoing as part of our Appointments review. It also feeds into the concerns about knowing what is urgent and what is routine and how to approach the Practice whether online or by telephone. Ongoing frustration over the inability to get that mid way type of appt. Not super Urgent but needs attention sooner than 4-6 weeks...this process could create more calls from patient to surgery than might be necessary. Very useful feedback from PPG about education on how things work from patient perspective	DB & DJ noted that this would not be a quick fix. We are not ignoring the concerns but it will take time to get right	DB/DJ to Report back regularly
b)	<b>JCP Social Media Content</b>	It was asked if a quarterly review and folder be made available regarding what is put into our social media on Facebook and Instagram. Many PPG members are not on social media and would not have known to look here. We did a trial print out and it did not look good. We will continue to explore and see if there is anything we can do.	It doesnt look great in current format – work to be done potentially to make this info available	DB to continue exploring options
c)	<b>Can our Year and numbers have more information alongside</b>	PC asked if more detail could be provided on this information sheet. Ie, which appointments were with a GP/ANP/Nurse etc. This year in numbers supposed to be a ‘bit of fun/snapshot’, Some patient members weren't aware where it could be found. Its on our Newsletter and website, it allows an easy glance at what we have done.	DJ reported that it would be too complex a document to add all the extra info, so answer is Not feasible to add more stats	Complete
5a)	<b>Short Guide to talk to your Care Navigator</b>	This is in development following issues raised by PPG about how best to respond and be prepared when dealing with the Care Navigators on that initial call	DB reported this in final stages and will	Soon completed, liaise with PPG



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			cover all aspects of that first contact	
5 b)	<b>Do we have a DNA Policy</b>	Yes we do. It is on the menu for review. There are many reasons people DNA and we are looking a different ways to monitor and address the problem. This may involve different forms of communication to maximise exposure and understanding. Dr. Munro joined at this point and noted we are looking at language around this too.	JCP DNA numbers are under control, the automatic text reminder assists with this.	DB with others looking at the whole. Liaise with PPG
	<b>Standing Items</b>			
Item no.	Item	Notes	Action	Responsible
6	<b>Practice Update</b>	Staffing changes: <ul style="list-style-type: none"> <li>2 new Care Navigators have been appointed and have started work with us</li> <li>A short term summariser has joined us</li> <li>1 new Driver for Dispensary is being recruited</li> </ul> Coming up: <ul style="list-style-type: none"> <li>We are looking for a 6 month GP locum</li> <li>We are recruiting for a new GP Partner</li> </ul>	An explanation of Care Navigator was given which was deemed helpful, because we signpost to all the different disciplines, navigating your care. - based on criteria given by GP	DB to include in CN info sheet – reiterating our standards of confidentiality.
		Telephone Line changes <ul style="list-style-type: none"> <li>This is delayed because of technical issues. PPG member noted that Google Legacy can be dealt with to get the old number off when people are searching</li> </ul>	More news when we have it. The Google Legacy issue will be looked at	DB to feedback as and when
		New ways of working for patient engagement <ul style="list-style-type: none"> <li>We try to be an innovative practice and along with working with our PPG for patient engagement, we are trying new things. Dr. Munro recently had to share new vital medication information with a large group of our patients and rather than lengthy individual appointments she ran a group presentation. One half has been done and the</li> </ul>	Ongoing communication as appropriate and other areas to look at. To be looked at by LTC team/Partners	DB/DJ to report when appropriate



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		<p>second one is due. PPG members noted this could be used for other things like long term medications, other Long Term Condition issues for eg.</p> <ul style="list-style-type: none"> <li>We are doing online triage with a GP on the phones from time to time.</li> <li>We have at least 12 weeks of nursing appointments now and 6-8 weeks GP appointments</li> </ul>		
7	Patient Feedback	<ul style="list-style-type: none"> <li>The I want Great Care report for June was shared with the PPG An explanation of what that was for a new member – Discussion ensued about not wanting to fill in more general info, but happy to fill in about the specific care on the day</li> <li>Recent National Patient Survey This came out in the week and it was noted that despite it being a snapshot of very small numbers we DO take the results seriously and look wherever we can to make improvements. Its worth noting that once in the GP room results read well, it is as we know and are already addressing, the getting in that is more difficult.</li> </ul>	<p>As reported in April – it is possible to put N/A and not fill in some parts</p> <p>We are meeting with the other practices to see what they do that can help each other</p>	<p>Complete</p> <p>Complete</p>
Main Agenda Items				
8	<p>Change of review date to birth month</p> <p>Test result protocols</p> <p>Nursing protocols</p>	<ul style="list-style-type: none"> <li>Raised by Chair and wondering why and whether it was working. There are reasons for this, but primarily it will be easier going forward for people to remember when their review is due because it is their birth month! It is a work in progress and quite a tricky process. It is particularly for those patients with long term conditions, diabetes etc. We will never see people without their medications, so while tricky for a while it will be a much better scenario in the end.</li> <li>Patients not sure about the protocol, DB explained that the responsibility for getting blood test results is with the patient to ring a week or so after, unless the results come back with something untoward, when the clinician or care navigator on behalf of the clinician will alert the patient to that fact.</li> <li>There is some lack of knowledge for new patients about this. Nurses need to alert the patient to ring in for blood results while they are in the appointment.</li> </ul>	<p>We have a data analyst working to smooth this. It could take up to 3 years to completely sort out. Messages to be constant to patients</p> <p>Some work around education of nurses to be alert patient to ring to check for results</p>	<p>Ongoing</p> <p>Complete</p>



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Items Raised by Patient Group Members				
			Action	
9	<p><b>ECG results – promptly with actions</b></p> <p><b>NHS App versus Patient Access</b></p> <p><b>Online booking of non-urgent appointments</b></p>	<ul style="list-style-type: none"> <li>PPG member fed back some info about delays in follow through after some cardiology issues were raised in an appointment..A request for an ECG was made , this took a week and then it was indicated that a response with result would be forthcoming more quickly than it was..This caused great anxiety to the patient who was thinking the worst, a request online was made to ask for an urgent response, 6 days later still nothing, now into 3<sup>rd</sup> week, ECG not been reported on. Concern that a response be given much earlier, even if all is well. Patient needs to know.</li> <li>They both do pretty much the same thing. NHS are promoting the App as the better platform, however patients can use whichever they choose. Our recommendation would be to only have one, so there is no duplication. The future development will be in the App</li> <li>This item raised by some not present, so more detail sought and to be placed on next Agenda</li> </ul>	<p>DJ noted that this was a learning experience for the Practice, to see what could be done to improve the process</p>	<p><b>DB/DJ to feedback</b></p> <p><b>Complete</b></p> <p><b>DB to get more information</b></p>
10	<p><b>Concluding Business</b></p> <p><b>AOB and Closing remarks</b></p>	<ul style="list-style-type: none"> <li>PPG member raised issue around medication dispensing issues when there was an expectation some medicines which patient was needing after discharge. He had run out and was feeling very unwell as he didn't get the medication in a timely manner.</li> <li>Query made re: up to date results for things, can see old ones but not sure where new results are to make comparison. Others advised that if checking the app under consultations or results, up to date results should be there.</li> <li>PPG member queried what our Practice approach was to those with ME in light of disgraceful national information in press. Was advised that our GP's would approach diagnosis and care in a correct clinical manner. It was not for us to comment as non clinicians how they approached their diagnoses.</li> <li>The Chair wished us to note that he would be standing down as he was moving away and in due course we would need to look at a replacement process</li> </ul>	<p>Some learning for the Practice processes</p> <p>Answers on the issue to be sought</p>	<p><b>DB to feed to Managers</b></p> <p><b>DB to get feedback from GPs</b></p> <p><b>DB to liaise with PC</b></p>



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		<ul style="list-style-type: none"><li>New member commented on what a useful meeting it had been and how much information had been gained and that we need to maybe look at moving that out to new patients.</li></ul>	Practice to look to include useful info in Welcome pack	
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**Next Meeting**

Date	Time	Location	Chair	Minutes
<b>11</b> 19 <sup>th</sup> October 2024	9.15am – 10.30am	Helme Chase Surgery, Upstairs Waiting Room	Philip (Patient Group Member)	TBC