



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

Saturday 17<sup>th</sup> May 2025; 9.15am – 10.30am  
Helme Chase Surgery, Upstairs Waiting Room

**Chair:** David, Patient Group Member

**Minutes:** Victoria Taylor (VT)

**Present:** Debra Jones (DJ), Victoria Taylor (VT), Antonia Coathup (AC), & 10 other patient group members

**Apologies:** patient group members x 6

Preliminary Business				
1)	<b>Welcome &amp; Introductions</b>	As above		
2)	<b>Apologies for Absence</b>	As above		
3)	<b>Minutes of the previous meeting dated 25<sup>th</sup> January</b>	Agreed		
Actions from Previous Minutes				
	Action	Update	Action	Responsible
4a)	<b>Patients highlighted that call back feature hasn't prompted recently</b>	<p>Call back feature only kicks in when there are 10 or more people in the phone queue.</p> <p>Discussion around confidence of using the system, AC reassured group that it is safe and that by using the system patients don't lose their place in the queue.</p> <p>AC shared that on occasions when Care Navigators call patients back that have used the system, they find they are on the phone again – calling the practice. Care Navigators leave a message to let patient know that they have been contacted by the practice.</p> <p>Typical wait for a call back is around 10-15 minutes.</p>	<p>VT to include in patient newsletter/TV screens</p> <p>AC to ensure all Care Navigators leave a message when responding to a call back, if call is not answered</p>	VT
b)	<b>Appointments update</b>	See main agenda items 8b and 8c	N/A	N/A



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c)	<b>Blood donation advertising materials</b>	Struggled to find advertising materials relating to specific local blood donation sessions, reflected that donators are often targeted directly.	Continue to share generic blood donation advertising	VT - ongoing
	<b>Standing Items</b>			
	Item	Notes	Action	Responsible
5)	<b>Practice Update</b>	<p>Staffing</p> <p><b>Admin:</b></p> <ul style="list-style-type: none"> <li>• Lots of new Care Navigators (39% in last year), now fully staffed but lots of training</li> <li>• New facility to listen to calls helps training</li> </ul> <p><b>Clinical:</b></p> <ul style="list-style-type: none"> <li>• Dr Wood stepped back from partnership start April, now Salaried GP. Will be taking a sabbatical, but we have locum cover.</li> <li>• Dr Hodgson will be starting as GP Partner in October</li> <li>• Dr Munro stepping back as Partner in October, will continue to be Salaried GP</li> <li>• 1 x GP Partner vacancy</li> <li>• 2 x HCA vacancies</li> </ul> <p><b>Dispensing:</b></p> <ul style="list-style-type: none"> <li>• Potential 1 x vacancy</li> </ul> <p>Long term absence and maternity leave across departments.</p> <p>Recently introduced new uniforms for admin and management team. Group members that have seen uniforms reflected that team are easily identifiable and look very nice.</p> <p>Telephone system changes</p> <ul style="list-style-type: none"> <li>• New system/phone number introduced in October, going well. No real issues with phone number.</li> <li>• Some issues with headphones but currently being investigated.</li> <li>• Next stage of project rolled out last week which is an enhancement to internal functionality</li> </ul>	N/A	N/A



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		<ul style="list-style-type: none"> <li>Group member asked how many calls the original practice number receives, and when will it be switched off. Practice to investigate.</li> <li>In response to large call volume on Monday mornings, practice have added 2 telephone messages (<i>for results please call after 11am; Monday mornings are our busiest times if your call is not urgent please contact us at a different time</i>)</li> <li>AC shared that practice respond to busy call volumes by having 8/9 staff on phones in a morning (change made in response to patient feedback), often phone queue can be up to 30 people</li> <li>Group discussed using and understanding calls data via system dashboard e.g. average wait times across different days/times of day, peak times, drop outs etc. Management to review data and match resources accordingly. Review performance against targets.</li> </ul>	<p>VT to investigate old phone line and report back at next meeting</p>	<p>VT</p>
		<p>Spring/Summer Newsletter</p> <ul style="list-style-type: none"> <li>VT asked for suggestions for content and reflected that lots of points discussed will be included</li> <li>Patients suggested flu (&amp; the importance of having your flu vaccine at the practice – it generates revenue for the practice), clarity over dispensing phone line times, call back feature, LES update, feedback collection – QR code to IWGC, highlight that its anonymous, paper version, changes made as a result</li> </ul>	<p>Matters raised in meeting to be included in patient newsletter</p>	<p>VT</p>
6)	<b>Patient Feedback</b>	<ul style="list-style-type: none"> <li>VT shared report (see attached document) of Jan– April data, showing an increase in satisfaction rates in the following areas, potentially as a result of changes made to appointments system (see item 8/9): <ul style="list-style-type: none"> <li>Is it easy to get an appointment, either by telephone and/or at the surgery?</li> <li>Overall, how was your experience of our service?</li> <li>Were the receptionists helpful?</li> </ul> </li> </ul> <p>Suggestion of random surveying to get a 'true' picture.</p>	<p>N/A</p> <p>VT to consider random survey</p>	<p>N/A</p> <p>VT</p>
<b>Main Agenda Items</b>				
	<b>Item</b>	<b>Notes</b>	<b>Action</b>	<b>Responsible</b>
7)	<b>New contract/local enhanced services all change</b>	<p>DJ shared a summary document outlining changes made to Locally Enhanced Services and GP Contract. See attached document.</p> <p>Role of Urgent Treatment Centre and GP was discussed – is it successfully communicated?</p> <p>Possible blurred lines of responsibility following recent changes around minor injuries. Discussion around management of care transferred from UTC to GP.</p>	<p>N/A</p>	<p>N/A</p>



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8)	<b>GP triage</b>	<p>AC outlined new appointments system:</p> <ul style="list-style-type: none"> <li>• Now have a 'triage GP' that sits alongside the Care Navigation team, working in conjunction with Duty GP</li> <li>• Care Navigators have a GP on hand if they have any queries, often the triage GP can deal with them there and then, or CN can add patient to list for triage GP to manage if appropriate</li> <li>• Quicker response, routine appointment wait has reduced from 5 weeks to 4 weeks</li> </ul>	N/A	N/A
9)	<b>Bubbles Software</b>	<ul style="list-style-type: none"> <li>• New software aims to standardise pathways and signposting</li> <li>• Protocols have been developed by our GP Partners and ensures that all patients are triaged into the correct appointment type/other healthcare professional</li> <li>• Supportive tool, not absolute</li> <li>• Has been very helpful with a new team, providing reassurance, useful for training</li> </ul>	N/A	N/A
10)	<b>Noticeboard in a folder</b>	<ul style="list-style-type: none"> <li>• VT presented 'noticeboard in a folder', asking for patients view</li> <li>• Reflected that noticeboards often have lots of information on and can be overwhelming, we also have screens in each waiting area. Difficult to keep up to date and consistent across 4 waiting rooms.</li> <li>• Noticeboard in a folder will free up noticeboards for practice specific information e.g. flu</li> <li>• Patients liked the idea. Hand sanitiser was suggested.</li> <li>• Can we replicate on website? QR link to relevant section on website.</li> <li>• Consider how patients can take information away if needed.</li> </ul>	VT to take forwards	VT
<b>Items Raised by Patient Group Members</b>				
	<b>Item</b>	<b>Notes</b>	<b>Action</b>	<b>Responsible</b>
11)	<b>How do we broaden the demographic?</b>	<ul style="list-style-type: none"> <li>• Group reflected that there are groups of patients whose voices/views are not heard in the forum (e.g. school aged people, working age men, parents of young children), can we improve the variability of the demographic represented?</li> <li>• Suggested practice investigate if schools would encourage involvement, to link in with relevant areas of study.</li> <li>• Group reflected that Saturday morning meeting may not be suitable for these cohorts, and that we should meet them where they're at. Suggestions of attending schools.</li> <li>• An understanding of the demographic of users of the service would be helpful, to compare with group and identify gaps.</li> </ul>	<p>VT/DJ to investigate opportunities</p> <p>VT to provide demographic information for next meeting</p>	<p>VT/DJ</p> <p>VT</p>



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<b>12)</b>	<b>Supportive roles – what is available and how do we better communicate it?</b>	<ul style="list-style-type: none"> <li>• Discussion about additional roles that are available e.g. physio, mental health practitioners, and how we can better advertise these – making more patients aware of what is available.</li> </ul>	VT to consider how we can raise awareness	<b>VT</b>
<b>Concluding Business</b>				
			Action	
<b>10</b>	<b>AOB and Closing remarks</b>	<ul style="list-style-type: none"> <li>• Chair thanked the group for attending</li> <li>• Minutes will be circulated</li> </ul>	VT to circulate minutes	<b>VT</b>
<b>Next Meeting</b>				
<b>11</b>	<b>2<sup>nd</sup> August 2025</b>	<ul style="list-style-type: none"> <li>• Time – 9.15am start (coffee from 9.00am)</li> <li>• Location - Helme Chase Surgery, Upstairs Waiting Room</li> <li>• Chair – David (Patient Group Member)</li> </ul>	N/A	<b>N/A</b>