



**The James Cochrane Practice  
Patient Participation Group Meeting - Agenda**

Saturday 30<sup>th</sup> May 2026, 9.15am – 10.30am  
Helme Chase Surgery, Upstairs Waiting Room

Chair: Victoria Taylor (VT), Patient Services Manager

Minutes: Maya McGregor (MM)

Present: Debra Jones-Practice Business Manager (DL), Emma Turner-Practice Operations Manager (ET), Antonia Coathup-Administration Manager (AC), Victoria- Taylor (Chair), MM (Minutes) & 10 group members

Apologies: Patient Group members x7

Preliminary Business				
1)	Welcome and Introductions	As above		
2)	Apologies for Absence	As Above		
3)	Minutes of the previous meeting dated 24 <sup>th</sup> January 2026	Agreed		
Practice Notifications				
	Item	Notes	Action	Responsible
4)	<b>Practice Update</b>	<p>Document circulated (attached).</p> <ul style="list-style-type: none"> <li>• Question of Covid-19 vaccine roll-out, how are people being contacted?               <ul style="list-style-type: none"> <li>○ Answered by VT – By text or phone-call.</li> </ul> </li> <li>• Patient Participation Group Member (PPGM) asked if COVID-19 remains a problem, a different PPGM noted that one Lancaster ward recently all 100% COVID patients.</li> <li>• PPGM have concerns COVID-19 is on the rise.</li> </ul> <p>Discussion about M.S. Healthwatch Visit</p> <ul style="list-style-type: none"> <li>• VT highlights the recommendations given. PPGM interested to know what a dementia friendly clock is.               <ul style="list-style-type: none"> <li>○ ET answered - Square shaped clock has day of week on it and contrast of colours makes it easy to read.</li> </ul> </li> <li>• VT notes Healthwatch will be coming to HC at some point too.</li> </ul>		
5)	<b>Patient Feedback Reports</b>	<p>See handout (attached).</p> <ul style="list-style-type: none"> <li>• PPGM pointed out we don't know how many people aren't giving feedback as an indication of patient satisfaction. Noted</li> </ul>		



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		<p>people typically give feedback when they are really happy/unhappy.</p> <ul style="list-style-type: none"> <li>• PPGM asks if we provide a way to give feedback without using online form?             <ul style="list-style-type: none"> <li>○ VT answered - feedback doesn't need to be raised online, we have paper forms which are sent to iwantgreatcare so all complaints are recorded and dealt by the same people.</li> </ul> </li> <li>• AC also highlighted how often when people are unhappy, they want to chat with a manager at the time. Often, they don't want to complain or leave bad feedback, but they have a concern they would like addressed so they can understand the outcome they've be given.</li> <li>• JCP assured PPGM that as a practice we actively encourage feedback, both positive and constructive. We are always looking for ways to improve the practice.</li> <li>• PPGM member asked if there is a way to turn off post appointment text messages.             <ul style="list-style-type: none"> <li>○ There is currently no way on the system to turn off the post-appointment messages.</li> </ul> </li> </ul>		
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**Main Agenda Items**

	Item	Notes	Action	Responsible
7)	Access Requirements appointments system	<ul style="list-style-type: none"> <li>• We were pleased to have a presentation from ET and AC who spoke about the practices new appointments system. ET spoke about what is changing and why (contract), what it might feel like as a patient, reasons we want to do this and what current issues exist within this transitional phase.</li> <li>• The reason behind the changes is to improve access and to avoid the 8am rush.</li> <li>• ET encourages patients to use the website form over the phone.</li> <li>• ET notes there is a paper form that patients can fill in, and the reception staff will input this onto the digital system.</li> <li>• ET noted how patients who are less able to use digital tools have been considered to ensure access is equitable.</li> </ul>	ET to feedback data on Dr/Pt ratio.	ET



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- Question asked about how the changes make access fairer
  - AC explained how people were asking for appointments and noting their health issue was urgent.
  - It was noted that in the main the practice was offering urgent appointments for the same day or routine appointments in four weeks.
  - This limited offer was influencing patient behaviour and resulted in non-urgent issues getting a same day appointment.
- PPGM makes point that patient perception is usually that their concern is urgent.
- Another PPGM states this is a welcome change. Especially for those who work and can't answer the phone at 8am.
- AC explained patients can no longer ask for appointment at the reception desk unless it is urgent. If it is not urgent, they will be asked to complete the form and then await further communication.
- ET & AC acknowledge phone calls can be lengthy but clarified part of this is because Care Navigators are explaining the new system to patients.
- PPGM admits first time they came across the change they were concerned but now feels amazed at the response you get. They note receiving acknowledgement is much better than being told to call back again.
- AC notes how the new system is supporting patients disclosing the background to their issue due to increased confidentiality with online form.
- The new system also helps with continuity with your doctor.
- ET explained the new system means we no longer have a first come first served approach to giving appointments.

### Feedback:

- Can PTs provide preference of surgery?
  - ET confirms you can put it on the form if you have a preference, the



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		<p style="text-align: center;">ask might not be achievable but include in the form.</p> <ul style="list-style-type: none"> <li>• PPGM asks question about NHS app and how to access responses from GP – she feels she is not good with digital products and worries if people are unfamiliar or don't understand the terms used they won't be able to access information of will have to call to find out.             <ul style="list-style-type: none"> <li>○ VT replied - you can choose your preference for how you would like to be contacted. NHS App notifications need to be ON. VT confirms it will come through as a text message if people can't access the NHS app within 3 hours.</li> </ul> </li> <li>• PPGM extends thanks to Care Navs for helping the patients.</li> <li>• PPGM asked if we had any data which reflects our Dr/Pt ratio.</li> <li>• VT states people can email feedback to her.</li> </ul>		
7)	Appointment availability – Nurse Appointments	<ul style="list-style-type: none"> <li>• PPGM raised this item as they were required to have stitches removed 10 days after a procedure. JCP had no available appointments for this and recommended they went to urgent care; however, PT did not want to wait 3+ hours at urgent care and didn't feel it was an urgent matter.</li> <li>• PPGM also highlighted that his wife has had issues getting appointment for her NHS Health Check. She was frustrated as she was unable to attend any of the available appointments and was not sure how to secure another time.</li> <li>• ET notes we are looking to expand our Locum bank to cover any sickness.</li> <li>• A different PPGM noted they had a meeting with Morecambe Bay Trust recently about how patients should be booking in for stiches removal when they get booked in for a surgery.             <ul style="list-style-type: none"> <li>○ AC notes communication could be better between hospital and GPs – especially in relation to backlog surgeries as usually we aren't</li> </ul> </li> </ul>	<p>VT will feedback to LTC team that they need to add something about getting in contact with practice if link is not sufficient.</p> <p><b>(Feedback shared and message updated)</b></p>	VT



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		made aware when there is going to be a surge of people who require stich removal.		
8)	Car Parking	<ul style="list-style-type: none"> <li>Group agrees parking is a challenge, especially on a Mon/Tues AM. <ul style="list-style-type: none"> <li>DJ responds – we are a big practice that offers numerous services which is why demand is high. Unfortunately, we are constrained by the capacity of the property.</li> </ul> </li> <li>PPGM points out that we need to signpost where the bicycle shed is.</li> </ul>	MM to raise with DJ that we need better signage to the bicycle shed.	
9)	Advance Planning of Meetings	<ul style="list-style-type: none"> <li>VT apologies for changing date of PPG, she notes that it moved because it was important to have ET and AC available to explain the new appointments system effectively.</li> <li>Group is understanding of this.</li> </ul>		
10)	Litter	<ul style="list-style-type: none"> <li>PPGM provides example of an effective but explicit sign that reminds people to pick up litter. PPGM requests we install a big sign that says, 'Don't Drop Litter'.</li> <li>A different PPGM states internal environment is more important than litter outside, as it is beyond the control of the practice.</li> </ul>		
11)	Blood Pressure Readings - Process	<ul style="list-style-type: none"> <li>PPGM raised concern about how blood pressure readings are being recorded, raised and followed up.</li> <li>PT was told they had high blood pressure from one reading. No further readings were taken but now they keep getting alerts. Feel they should have had more than one reading taken before high blood pressure alerts added and thinks this should be followed up.</li> </ul>	VT will request further details on issue/concern from PT and discuss which staff member they interacted with.	<b>VT</b>
<b>Concluding Business</b>				
			<b>Action</b>	<b>Responsible</b>
12)	AOB and Closing Remarks	<ul style="list-style-type: none"> <li>Social Prescribers – any unmet needs locally? They can facilitate, help or highlight already existing help that is available. Please email Victoria with any thoughts.</li> <li>Chair thanked the group for attending</li> <li>Minutes will be circulated</li> </ul>		



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**Next Meeting**

13)	19 September 2026	<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>		