



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

Saturday 16th September 2023; 9.15am – 10.30am
Helme Chase Surgery, Upstairs Waiting Room

Chair: Philip, Patient Group Member

Minutes: Victoria Taylor (VT), Debra Jones (DJ)

Present: Victoria Taylor (VT), Debra Jones (DJ), Andrea Dugdale (AD), 11 x patient group members

Apologies: 5 x patient group member

Actions from Previous Minutes				
	Action	Notes	Update	Action
	Phone Queue Messages	Pt Group reported messages are repetitive and long. Can they be replaced with shorter snappier messages or just a queue countdown.	VT initiating a project to review messages with new content, and shorter less repetitive messages. Messages provide an important method of communicating so wouldn't want to lose them completely.	VT to progress and report back next meeting
	GDPR (General Data Protection Regulation)	Can we investigate how we can share these minutes wider and indeed other practice communication such as the Patient Newsletter	DJ to investigate GDPR rules	DJ to progress and report back next meeting
Standing Items				
Item no.	Item	Notes	Action	Responsible
1	Practice Update	Introducing New Practice Business Manager - Debra is a Chartered Accountant who took up the role mid-August. Debra is new to the NHS and is keen to attend as many of these meetings as possible so she can get a fuller understanding from the practice users regarding what goes well and what would benefit from some attention.		
		Focus areas for the Practice: 1. Improving access for patients across all our services		



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		<p>2. Focus on women’s health, driven by our newest Partner Dr Cath Munro, this incorporates smears, breast screening, pill reviews, wellbeing and menopause management and understanding</p> <p>3. Immunisations – being proactive with shingles recalls and childhood immunisations</p>		
		<p>New Website – VT thanks patient group for their feedback ahead of the website build, it helped inform the structure. After a soft launch over the past few months the new website is ready to be fully launched. The soft launch enabled teething issues to be identified and resolved. The website will now be launched fully across the practice social medial platforms and our practice TV’s.</p> <p>One comment made by the group was that patient participation meeting data was hard to locate and didn’t come up when using the search bar.</p> <p>A second comment was that there was no option to raise a technical fault issue, one lady attending the group received a link which didn’t work, she had to phone the practice to report this as there was no area on the Website to do this.</p>	<p>Promote new website via usual channels</p> <p>Review how Patient Group Meeting data is held on the site and how it appears in search function</p> <p>Review possibility of adding a ‘technical fault’ form</p>	<p>VT</p> <p>VT</p> <p>VT</p>
		<p>Estates - An update was given on the potential creation of new clinical rooms via a PCN initiative regarding the second floor of Station House. The space would be shared by all three GP practices within Kendal.</p> <p>No decision has been reached to date but discussions are ongoing.</p>		
		<p>Access to Medical Records - Nationally from end of October 2023, patient records will be fully visible via the NHS App – from the date of switch on onwards. JCP was an early adopter of this service and thus our patients can already see their records, if requested. All other patients over 16 will automatically see from 4th October onwards.</p> <p>Access to historical records need to be requested in the usual way.</p>		
		<p>Flu & Covid Clinics - The JCP is offering flu and covid immunisations to all eligible patients. They are running several weekend clinics and these are open to book online or via phoning the practice.</p> <p>It was noted during the meeting that the text messages received by eligible patients regarding these clinics were not clear as to were the appointments for Flu, Covid, or both.</p>	<p>VT to feed back to the team sending the messages</p>	<p>VT</p>



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2	Patient Feedback	<p>Patient Feedback from ‘I Want Great Care’ and the ‘National Patient Survey’ was shared and discussed. Overall, it was seen to be positive.</p> <p>The size of the sample group in the National Patient Survey was noted to be small which was disappointing and individuals in the room questioned the merit of comparing us to the national picture.</p>	<p>Can more relevant/local patient feedback data be obtained? DJ to feed back.</p>	DJ
Business Items				
Item no.	Item	Notes	Action	Responsible
3	Complaints Leaflet	<p>Victoria presented the group with an example leaflet that would be sent to any patient making an official complaint about the practice. The leaflet explained that the patient had access to the Parliamentary & Health Service Ombudsman or the Independent Complaints Advisory Service (ICAS).</p> <p>The group suggested the leaflet was far more factual and simply stated that patients wishing to take their complaint further could access ICAS and provide the contact details.</p> <p>They also noted the white text was hard to read and any reference to “I” should be removed or at least replaced with “We” or “The practice”.</p> <p>The group did all agree that the personal touch was fundamental when someone was not happy. They liked the three-fold process of:</p> <ol style="list-style-type: none"> 1. Patient to chat to the relevant department manager and talk over the issue 2. If issue still not resolved patient to be offered face to face discussion or telephone discussion 3. If issue still not resolved formal complaint raised 	<p>VT to arrange alteration to leaflet following feedback</p>	VT
4	Online bookable appointments	<p>The practice are adding new appointment types to the online booking service at all times. Nationally the NHS is pushing online appointment booking through the NHS app. The best type of appoints to go online are routine procedures that take a set amount of time. Appointments that require triage cannot go online at this time.</p> <p>The group were concerned that making appointments online hampered those patients who don’t use the internet and thus would be losing out to the tech savvy generation. VT clarified that all appointments that are available online are also available for our Care</p>		



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		<p>Navigators to book over the phone, and that only a proportion of appointments are available online.</p> <p>It was also noted that if certain appointments are booked online then the phones would be calmer for the triage appointments.</p> <p>Suggestions for online booking:</p> <ul style="list-style-type: none"> • Blood Tests • B12 injections • Immunisations • Depo injections • Pill reviews • Coil fitting • Routine GP/NP <p>The group did question what a CDM1 appointment was, as they had seen it was bookable online and they didn't know if they should book it or not. This description needs amending, the practice needs to use English instead of acronyms.</p>			VT
Items Raised by Patient Group Members					
Item no.	Item	Notes	Action	Responsible	
5	Processing patient information	Group member raised an issue he has experienced whereby information recorded and handed in at the practice isn't available for clinician when they want to discuss in consultation. No other group members experienced this.	VT to investigate and feed back to group member direct.	VT	
6	AOB - Access to Practice for Working Patients	Working patients miss the ability to send messages to the practice outside of working hours. When the practice had 'AskMyGP' working patients could drop the practice a message and relevant details before they set about their working day. The group understood this can lead to issues for the practice, especially over a weekend, but they think the situation needs reviewing again to see something can be set up giving easier access to working patients	VT to raise 'access to online messaging system for working patients for a review, and feed back at next meeting	VT	
	AOB – Tone of messages	Group reflected that sometimes messages are received that are out of context and quite 'to the point' e.g. "We want you to send in your blood pressure results". Patients tend to delete and block the messages as don't trust that they are from the Practice.	VT to feed back to Care Navigator team.		



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		Suggested wording could be softened in some cases, and context given e.g. the reason for needing blood pressure results.		
	AOB - Glossary of Terms	Philip asked we share the following link as it will support everyone in unpicking various acronyms. LSC Integrated Care Board :: Glossary of terms (icb.nhs.uk)		
	AOB - Availability of Appointments	The group queried why, given we are such a large practice, is the availability of appointments so hard. They assumed more patients on roll meant more clinicians employed. Discussion around clinical capacity, GP working hours being greater than clinical hours due to other tasks such as reviewing test results, and introduction of additional roles such as Paramedic and First Contact Physio's to provide suitable alternative to GP.		
	AOB - Litter around Helme Chase site	It was noted on more than one occasion the front of the practice had a large amount of unsightly rubbish strewn across its gardens and walkways.	DJ to contact cleaning team to see if the Rubbish issue can be reduced moving forward	DJ
	AOB - Wasted Drugs coming via the Dispensary	It was noted by two attendees that the amount of drugs on repeat that were ending up in the bin was unacceptable.	AD to investigate how drug wastage could be reduced within the practice	AD
7	Chair for next meeting.	Philip queried if anyone else wanted to be Chair or were they happy he continued. The consensus was Philip continued.	Philip to liaise with VT and chair next meeting To agree period for each Chair – indefinite is overly onerous on one person – propose 12 months. To be agreed at next meeting.	Philip/VT

Next Meeting				
Date	Time	Location	Chair	Minutes
20 th January 2024	9.15am – 10.30am	Helme Chase Surgery, Upstairs Waiting Room	Philip (Patient Group Member)	VT