



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

Saturday 20th January 2024; 9.15am – 10.30am
Helme Chase Surgery, Upstairs Waiting Room

Chair: Philip, Patient Group Member

Minutes: Victoria Taylor (VT), Debra Jones (DJ), Jenny Kirk (JK)

Present: Victoria Taylor (VT), Debra Jones (DJ), Jenny Kirk (JK), 11 x patient group members

Apologies: 5 x patient group member

Actions from Previous Minutes				
	Action	Notes	Update	Action
	Phone Queue Messages - shorten	Project initiated. Agreed shorter more snappy messages. New phones system coming soon (move to cloud-based technology as per ICB directive), lots more functionality. Likely changes to messages will be in line with new system.		VT to progress in line with new system
	GDPR (General Data Protection Regulation)	DJ investigated GDPR rules around widely circulating minutes and other practice communication. The practice would need explicit consent from each patient and this consent would need to be easy to withdraw. The practice will continue to circulate to group members and post on website/social media.		Complete
	Patient Participation Group details, Agenda and Minutes on website	VT contacted web developers who reviewed. Details do come up when 'participation' entered into search field, 'patient' in search field returns lots of content as its a frequently used word. Technical fault form has been added to bottom of web page.		
	Local relevant data re: Patient Survey	DJ shared report on local data trends obtained through National Patient Survey. The highlights are summarised below: Q1: Generally, how easy is it to get through to someone at your GP Practice on the phone? A1: In 2023 just under 66% of JCP patients responding to the survey said easy, 5 years ago 97% said easy. This reduction fits with our expectations, as we know in current times the demand for phone conversations is high. The room asked why this might be and it was felt the delay getting into secondary care could be increasing traffic to primary care.		Complete



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		<p>Q2: How satisfied are you with the GP appointment times that are available to you? A2: 53% of JCP responders in 2023 said satisfied.</p> <p>This is lower than I would have expected given the practice is open 6 days a week and offer appointments through to 8pm twice a week. The dissatisfaction could be more to do with appointment type.</p> <p>Q3: Is there a particular GP you usually prefer to speak to? Historically patients had a family GP however with population growth that is no longer tenable, irrespective do patients still desire this? A3: In 2018 56% of JCP Patients did prefer a particular GP, this % has declined year on year, and in 2023 only 33% of JCP Patients preferred a particular GP.</p> <p>Q4: Overall how would you describe your experience of making an appointment? A4: 5 years ago 82% said good, in 2023 64% said good</p> <p>There is certainly work to be done here by the practice, we have recently set up a working group within the practice to see how we can improve the number of appointments.</p> <p>Q5: Overall how would you describe your experience of your GP Practice? A5: 2023 – 80% Good, five years ago 90% Good</p> <p>Over the past 5 years we have seen a 10% reduction in “good”. 80% remains strong but we wouldn’t want to dip much lower. *****</p> <p>A group member received a National Patient Survey last year and shared it with the group for information, it comprised of 60+ questions. DJ shared that the survey has been refreshed this year ensuring it reflects how primary care services are delivered and how patients experience them. It has also been designed to enable an online first approach.</p>		
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	Access to Practice for working patients	VT raised 'access to online messaging system for working patients' to Office Manager who reflected that team are still struggling with patients inputting urgent queries, therefore fear around safety is preventing the change. Group member suggested a pop-up box to reinforce use for non-urgent queries only. Group member shared a standard response message she received for a query that was deemed urgent – group agreed message ambiguous, could be more direct and clearer and use the term 'call' as opposed to 'contact'.	Group still feel strongly about this, VT to feedback.	VT to feedback and review
	New clinical rooms at Station House Surgery via PCN	This idea was explored at length however after much deliberation it proved to be untenable and the decision made not to progress any further. However as a result of this process the three Kendal GP Practices are working more closely together.		Complete
	Text messages re: Flu and Covid	Patient group feedback re wording of message was shared with team. Practice no longer delivering Winter Covid vaccinations, but patients can book via National Booking Service.		
	Complaints leaflet alterations	Done		Complete
	Online booking - 'CDM1' needs explaining	VT fed back to team involved in managing these appointments, team felt that patients requiring a 'CDM1' appointment are aware that they should book this and therefore don't want to change it, established. There is a process for identifying incorrect bookings in these slots and contacting the patients advising them to re-book.		Complete
Standing Items				
Item no.	Item	Notes	Action	Responsible
1	Practice Update	Staffing changes: <ul style="list-style-type: none"> • No staff left in last quarter • New Assistant Office Manager – internal recruitment • Healthcare Support Worker hours reduced by 6.5 • Care Navigator maternity leave x 3 all returned/returning Coming up: <ul style="list-style-type: none"> • Senior Clinical Pharmacist retirement • Patient Services Manager maternity leave • 4/5 GP registrars joining in February – will enable us to work differently and provide more capacity 		



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		<p>Staff sickness:</p> <ul style="list-style-type: none"> • 1 x GP long term sick (returning Feb) • 1 x Nurse Practitioner long term sick (returned) 		
		<p>Winter Pressures:</p> <ul style="list-style-type: none"> • Last year received Winter Pressures funding to provide Respiratory clinics, no funding this year 		
		<p>South Lakes Dermatology & ENT Service (SLDS / SLENT):</p> <ul style="list-style-type: none"> • Practice provide Dermatology and ENT service for patients in South Lakes and surrounding areas • Patients are referred into the service - alternative to hospital • Provide minor surgery • Clinics run from Helme Chase Surgery and Grange Medical Practice • Team are very proud of the services 	Pt Group member shared positive experience with SLDS	
2	Patient Feedback	<p>Patient Feedback from 'I Want Great Care' December report was shared.</p> <p>Group member expressed she found the questionnaire to be lengthy, which put her off completing it. Other group members differed in opinion. VT expressed how valuable patient feedback is to the practice, helping us to make changes and understand patient experience. Feedback is gathered and reported on monthly.</p> <p>VT explained practice have a contractual requirement to take part in and report on 'NHS Friends and Family Test' and that 'I Want Great Care' includes that.</p>	<p>VT to ensure practice share examples of where feedback has helped inform change – to emphasise the value.</p> <p>VT to feedback to I Want Great Care re text fields requiring data to submit – can it be changed?</p>	<p>VT</p> <p>VT</p>
Business Items				
Item no.	Item	Notes	Action	Responsible
-	-	-	-	-
Items Raised by Patient Group Members				
Item no.	Item	Notes	Action	Responsible



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1.	Calling the Practice at 8.00am	<p>Group member raised an issue whereby if unable/not appropriate to call the practice at 8.00am, he is unable to get an appointment on that day. Other group members expressed that they had found the same, and that there are occasions when people are not able to call at 8.00am/it is not relevant to do so. VT shared that this has also been reported after reviewing I Want Great Care feedback.</p> <p>VT shared background:</p> <ul style="list-style-type: none">• Recognise it is an issue for some patients, understand it is felt locally and nationally as well• VT explained that capacity for 'on the day' appointments is often full by 8.30-9.00am, and that this is based on safety, a decision made by the Duty Doctor. Exceptions are always made for palliative care patients, small children, and nursing home patients.• Once we reach our capacity, patients are advised to call NHS 111 or go to the Urgent Treatment Centre at Westmorland General Hospital which offers a GP led walk in service for local GP Practice patients• VT assured by Office Manager that the Care Navigator will ask for help or consult Duty Doctor if they really feel the person they are speaking to needs to be seen on that day and is unable to go to the Urgent Treatment Centre <p>Group members expressed that they don't seem to be able to get an appointment for the next day or within a couple of days. VT shared that appointments in 48 hours are built into the system but do often fill up quickly.</p> <p>List size was discussed, VT explained that although practice list size has increased ever so slightly, the increase is marginal and the list remains at around 17500 patients, as it has done for some years.</p> <p>Suggestions/questions/feedback from group members:</p> <ul style="list-style-type: none">• Friends registered with other local practices don't experience the same	VT to share patient group feedback with management team	VT
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		<ul style="list-style-type: none"> • System seems very rigid and inflexible, for instance if you are urgent you are seen on the day, if you are non-urgent you are seen in four weeks, but what if you are in the middle? • Can “full” capacity level be split to allow for a later intake. • Are the practice understaffed for GPs? <p>VT shared that practice are considering how we can work slightly differently and more creatively to create more capacity e.g. having a GP work alongside Care Navigators or managing some ailments such as UTIs differently.</p> <p>Group members shared several positive experiences of using Urgent Treatment Centre, one member reflected that he found the initial clinical assessment/triage to be very useful. This centre gives patients the medical reassurance they are seeking.</p> <p>Group members asked us to remember they are NOT clinically trained and hence they do not know if their sickness is urgent or non-urgent. Thus they seek advice and guidance from a medic and they are then reassured.</p>	<p style="color: red;">Practice to feedback on any changes at next meeting</p>	<p style="text-align: center;">DJ</p>
<p>2.</p>	<p>JCP Online Access Form</p>	<p>The group queried why the online access form closes at 5pm when the surgery is still open.</p> <p>VT explained that it was a safety precaution as urgent requests are often put here in error and thus it needs managing. The Group asked if this could be investigated and if maybe the form could direct patients to booking an appointment via their NHS App.</p>	<p style="color: red;">VT to explore and feedback.</p>	<p style="text-align: center;">VT</p>
	<p>AOB - Litter around Helme Chase site</p>	<p>Group member expressed that this continues to be a problem around the practice grounds at Helme Chase.</p> <p>The practice cleaners empty the external bin (outside the Well Pharmacy) daily and put a new bag in the bin, they do not litter pick currently as they are not engaged to do so. The cleaners will add any rubbish placed at the bin not fitting into the bin to their bin bags each evening and dispose of it.</p>		<p style="text-align: center;">Complete</p>



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		<p>The Management Team at Helme Chase are monitoring the litter situation to see if we need to be more proactive, we have also acquired a “helping hand” so that litter can be safely picked up by staff at the practice as needed.</p> <p>JK shared that Pharmacy bins are situated to the side of the practice and are often overflowing which may contribute to the problem.</p>		
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Next Meeting				
Date	Time	Location	Chair	Minutes
27 th April 2024	9.15am – 10.30am	Helme Chase Surgery, Upstairs Waiting Room	Philip (Patient Group Member)	TBC