**PRG MEETING – Wednesday 14th May 2025**

Present

Bernadette Conway Practice Manager

Eleanor Horobin Patient Representative

Sandra Pickin Patient Representative

Chris I’Anson Patient Representative

Rianne Norton Communications and Patient Contact Manager (minutes)

Apologies

Janet Neville Patient Representative

Minutes

The minutes from the previous meeting were discussed and agreed.

ICB Visit

The ICB conducted a short notice visit on Wednesday 7th May 2025. Bernie explained that she was expecting one visitor, but four turned up, but she had prepared for the meeting. Bernie explained that it was an interesting meeting whereby the ICB proceeded to explain some issues that they felt we needed to improve on as a practice. Bernie stated that she was aware of where we needed to make improvements, and work has started in these areas. They spent time reviewing performance, and Bernie explained that most of what we do is monitored and benchmarked with other practices, locally and nationally. She also explained that some of the data was incorrect and wasn’t taking all factors into account, e.g. when conducting Long Term Conditions reviews for asthma, COPD, diabetes etc. rather than offering patients multiple appointments we are moving towards conducting all of the reviews in one appointment which is more efficient for both the practice and the patient.

We also had Katie Day who works as part of the Digital Team for the ICB visit yesterday; she is looking at our administration processes to see if we can work smarter and not harder.

Practice Index

We have implemented a new Practice Management IT system called Practice Index. The initial set up is a lot of hard work but it will help to streamline our processes and, in the longer run, it will reduce workload for staff.

Online Consultations

Bernie explained that, as of October 2025, NHS have stated that online consultations must be available during all working hours. We will therefore have to offer online consultations from 8am to 6.30pm, Monday to Friday. Bernie explained that she has serious concerns about how this will work in practice. She also explained that in the past practices who have already trialled this have ended up capping it or limiting the times that patients can use it because the demand is high, and all appointments can be taken up. A member of the group commented that this is not right area to use this system, and there was also a discussion about it increasing inequality for our patients.

Bernie acknowledged that, as a patient, it would be brilliant to have open access to your GP practice, but as a manager and from a clinical point of view she is very worried. We could get 100s of requests each day on top of the walk in and call in patients, although some practices convert all these methods of access into the online system too.

A member of the group stated that you would need at least one GP sat doing online consultations all day.

Another member of the group commented that this system could confuse the elderly and that they would be at a disadvantage.

Bernie explained that the online consultation system that we currently use – PATCHS will RAG rate requests as they come through to us – red for urgent, and then amber and green.

A comment was made that patients will expect immediate answers and that we would get a lot of inappropriate stuff through.

Bernie explained that it is totally open access which means we cannot cap the number of requests. She also stated that she had concerns about what happens if we get something urgent which comes through at 6.29pm. We won’t leave it until the next day. Clinicians are already near burnout. Plus, there is the added cost of staff having to stay late to deal with such requests.

A question was asked as to whether it will reduce the number of appointments available. Bernie explained that someone must look at the requests to see what are administrative and what are clinical and what can be care navigated (appropriate for other providers such as pharmacists). She explained that we try and aim to provide enough appointments for patients. However, she has been in Practice Management for 16 years and demand versus capacity is becoming a bigger and bigger issue in all practices. It will be impossible without extra funding and extra resources and there is no extra funding. She added that we are always looking at ways to improve access.

Bernie explained that she asked the ICB visitors to show her a practice who are using open access online consultations successfully, and she would be happy to go and learn from these practices.

A member of the group asked what funding and resources we had been given.

Bernie explained that we have not been given any extra funding or resources. As a GP service we are classed as an independent business, but we are not really a business in the usual sense of the word. Businesses usually thrive if they get more customers or sell more services or goods. The same rules do not apply in general practice.

A member of the group commented that, from a patient perspective, they were concerned about triaging patients and that priority would be given to tech savvy young patients.

Bernie explained that, in theory, it is a good idea, but it is not resourced, when practices cannot manage the demand as it is.

It was also asked that is this not what NHS111 are for? Bernie stated that these too are inundated with demand.

A further member of the group commented that people can have great ideas but with no idea of how to implement them.

A member of the group also commented that there are not enough appointments available to book online, and that there are only ever blood appointments available.

Bernie explained that patients won’t need to book online appointments as this isn’t about booking appointments. It is about online consultations, where you input your health issue and then decisions are made how to deal with your issue, whether you just need advice, a telephone call, an appointment that day or in the future.

It was also commented that the elderly often play down their illness and ailments and it’s only them being seen face to face can a clinician tell if there is something wrong with them, and this is where we would fail. GPs and clinicians are trained to read in between the lines.

It was further commented that symptoms could develop out of control if patients aren’t seen face to face, and patients can’t be diagnosed online as body language is so important and this is what clinicians are trained to look out for during consultations.

A member of the group provided positive feedback following their recent experience of using PATCHS to make a non-urgent enquiry.

Bernie thanked the group for all their feedback regarding the online consultations and said that she would feed this back to the ICB.

Call-Back System

**Action Point – to check if this has gone live.**

**Post-Meeting Note – the call back facility is now live.**

Bernie explained that this system allows the practice to call patients back rather than them having to wait in a telephone queue. Bernie confirmed that using this system doesn’t put you to the back of the queue, but e.g. if there were ten patients on the line, and five calls were being answered then the call back service would first contact caller six, then caller seven etc. so patients would keep their place in the queue but hopefully it will reduce the frustration of being kept on hold.

**Action Point – members of the group to share their feedback of using this service at the next meeting.**

JAG

Bernie confirmed that we have regained our JAG accreditation, and we are back receiving business from Leeds. Bernie explained that Jess – our new Lead Endoscopy Nurse – is doing a fantastic job. She is very interested and motivated, and the team has become stronger. Jess and Sam (Nurse Team Leader) are promoting efficiencies and improving things. Bernie explained that she will continue to be involved with the endoscopy service and will be supporting both Jess and Linda in their respective roles.

Vacancies

Bernie explained that we didn’t receive any applications for the ANP position, although she explains that she does know some good ANPs so will contact them to see if they might be interested. We may also look at changing the vacancy to an ACP role – Advanced Clinical Practitioner – which is a very similar role to an ANP in that they can diagnose, treat and medicate, but this would open the role up to pharmacists who have completed their Advanced Clinical Practitioner training.

Bernie explained that she has also suggested that we look to employ our own pharmacist as we currently only have pharmacists working limited hours with us as part of the PCN. Bernie explained that some of our areas of improvement need to be in authorising prescriptions in a timely manner as well as working on referrals and as our GPs are seeing patients all day then a pharmacist would really help us.

Staffing

We have a new Practice Nurse starting on 2nd June 2025. We are also conducting the pre-employment checks for two ODPs (Operating Department Practitioners) who will be working in endoscopy. Bernie explained that some of the profits we make from the secondary care service are used to help improve the primary care service we offer to our patients.

Covid Boosters

The Spring Covid Booster campaign ends this month. We have two last vials of the Pfizer vaccine and eleven remaining housebound patients to vaccinate. Bernie did explain that there are still PCN booster clinics being offered to patients.

A member of the group commented that they were immunosuppressed but hadn’t received the vaccine and Bernie said that she would contact the patient to arrange an appointment for them.

Pharmacies

There are still ongoing reported problems with the local pharmacies and Bernie stated that she would look at arranging a meeting with the local pharmacies to try and resolve these issues. Bernie said she also needs to check up on the specific roles of pharmacists in this area.

Comments & Compliments

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| March 2025 | Kinsley | Patient’s daughter could not give enough praise to Dr Ahmed. Said he is a wonderful, caring man and they cannot thank him enough for everything he has done for them. She said she’d tried to add the comments online, but it would not allow her to name the GP, and she really wanted to let us know which GP she was commenting on. Well done Dr Ahmed. |
| March 2025 | Email | I would like to pass on my sincerest of gratitude to Dr Adeniji, who led my appointment at 9.10am this morning at Hemsworth. Dr Adeniji treated me with dignity, care and understanding at a time that I am feeling quite unwell in early pregnancy. I surprised myself this morning, as when I went to speak about the problem, I was facing I became quite emotional. Dr Adeniji was excellent, nurturing and kind, and whilst my problem was minor in comparison to many health concerns others may be facing, Dr Adeniji took me seriously and put me at ease. Working in the public sector myself, I know that often we only hear from families around us if there is a concern. With this in mind, I hope that this message of thanks can please be passed on my behalf as I am incredibly grateful for the way I was cared for today at a vulnerable moment in my life. |
| April 2025 | Kinsley | Difficult to find. Signposting required please. |
| April 2025 | F&F (Kinsley) | Neither Good nor Poor. It should be easier to get an appointment if you work. Also trying to phone at 8am is really hard when you’re at work. |
| April 2025 | Greenview | Patient would like to pass his thanks to Dr Roland, saying what a lovely GP and man he is. |
| April 2025 | Telephone call | Patient wanted to compliment Joanne (Morgan) for how excellent she is, and he gives her 100% for her care and service. |
| April 2025 | Letter | I would like to compliment the staff on their superb assistance this morning. I had an appointment booked for 10am at Hemsworth and unfortunately, they had an emergency brought in which knocked back my appointment. At 10.30am the receptionist came to speak to my wife and myself explaining the problem and we asked her if she could, if possible, find out how long he may be as our son had an appointment at Upton at 11.20am. The receptionist came back 20 minutes later and said that she had doubled up our son’s appointment and we could both be seen then. Fantastic. Above and beyond. I hope the gentleman is all right as an ambulance arrived as we were leaving. |
| April 2025 | Telephone call | Patient called to say that his treatment this morning was exceptional – the best treatment he has ever had. He was sent an SMS asking for feedback, but he is unable to use technology to resend so phoned with the feedback. Well done everybody. |
| April 2025 | Telephone call | Patient wanted to thank all staff at The Grange. She said we are all fabulous and she appreciates everything we do for her and her grandson. How lovely! |
| April 2025 | Thank-you card | Dr Choudhary for seeing my husband after his fall. He is all right. |
| April 2025 | Telephone call | Patient and family have expressed their gratitude to Dr Herrero for doing all that he did for the patient who has now had surgery and hoping to be home shortly. |
| April 2025 | Greenview | Patient thanked Dr Choudhary for his phone call - he was very kind and understanding. |
| April 2025 | Greenview | Patient thanked Steve Agar – says he was “amazing and very helpful.” Well done, Steve. |
| April 2025 | Thank-you card | “On behalf of my family I wish to thank you for your kindness, skill, empathy and sensitivity when dealing with our (now late) dear mother. She spoke highly of you and your help certainly made me feel that the best was being done for her.” |
| April 2025 | Greenview | Patient would like to express his gratitude to Steve Agar, in particular, for his prompt action and getting the appointments he needed sorted out. He also said we ALL do a great job. He brought sweets and Roses Chocolates to Upton. |
| April 2025 |  | Patient wants to let everyone know how lovely Kathryn was and she made him feel very at ease and less anxious about the blood test. Well done, Kathryn! |
| April 2025 | Online | After getting a lecture about checking in on time (it was 3 mins to 8, app at 8) by a slightly rude receptionist, the doctor was 15 minutes late for my appointment, and then to be told I’d need to book other appointments as only one problem per appointment so not to cause other appointments to run late. More of same from this group of surgeries. |
| May 2025 | Thank-you Card | Dear Sue. Just wanted to say thank you for all your help with obtaining the funding. I really appreciate it. You and Dr Ahmed have been really supportive and encouraging so I hope you enjoy the treats. Many thanks. |

AOB

Bernie asked the group if they had any questions or suggestions for improvements.

A member of the group asked if we could look at the path outside as it was covered in bird poo and slippery in places.

A member of the group commented that they always have good comments to make about the surgery and that it has always been good.

A question was asked about how difficult it had been for the practice to absorb the recent increase in costs.

Bernie explained that the wage bill for the practice was extensive, and, from a business perspective, it is really difficult.

We need the practice to be sustainable in its own right– and it is sustainable. The uplift is due, and staff will expect a pay rise, minimum wage has gone up a significant percentage each year for several years, this has a knock-on effect on all staff pay.

Also, there are the additional Employer National Insurance and pension contributions. The uplift never covers increased costs and so funding, in real terms just gets smaller. It does not take into account all of the recent and ongoing inflationary price rises.

**Date of next meeting**

**Date: Wednesday 25th June 2025**

**Time: 10am**

**Venue: The Grange Medical Centre**