**Carmel Medical Practice**

**Patient Participation Group**

**Notes of meeting held on Wednesday 29th January 2025**

**Present:**

**Sue Geldart – Practice Manager**

**Jennifer Smart – Deputy Practice Manager**

**Joan Keating-Majoral – Patient Representative**

**Andrew Harrison – Patient Representative**

**Jonathon Reay – Patient Representative**

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| **Item** | **Outcome** | **Action** |
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|  **Introduction and Apologies For Absence** | Apologies for absence from R. Twomey and C Ferguson.SG informed Marina Gilbert has resigned from the PPG |  |
| **Minutes from last meeting recap****Matters Arising** | Minutes of last meeting were ratified and approved.SG apologised for the late circulation of the last minutes as she wanted to ensure they accurately represented the discussion regarding the catchment area.SG asked JS to update on the matter raised at last PPG regarding cancellation of appointments and patients having to be rebooked but going to the back of the queue. JS informed that when a clinic has to be cancelled, we try to move patients where possible and if capacity allows to any empty slots for that day. We also, make a note of those cancelled and most patients when they call inform reception they have been cancelled and they are given priority for the next appointment. It is a work in progress and the PPG thanked the team for their efforts. |  |
| **Workforce Update****Query from Darlington Healthwatch** | SG/JS updated PPG on workforce and recruitment in the surgery.* SG informed no changes to Partners or salaried GP.
* No changes to Nurse Practitioners
* Practice has 4th GP trainee in Practice starting in February until August 2025. PPG asked how often the GP registrars change, JS informed every 6 months.
* No change to the Practice Nurse team.
* We have had 2 HCA's leave the Practice at the end of December 2024. These have been replaced by 1 HCA and 1 Nursing Associate, both started January 2025. JS informed the HCA has come from a hospital setting and was new to GP Practice, the Nursing Associate is up and running as has worked elsewhere in primary care and has full range of Nursing Associate duties.
* First Contact Practitioner (FCP) DB is based here 2 days per week, now a Wednesday and Friday due to room capacity. DB to be invited to next meeting. We'll organise on a Wednesday when DB is onsite.
* Midwife service at the Practice has now increased from 2 half days per week to 1 half day and 1 full day, a Tuesday afternoon and all-day Friday.
* From November 2024, we have a Pharmacy Technician in Practice to support the clinical pharmacist. This is an ARRS funded role and will help with workload demand.
* JS informed as discussed in September 2024, the previous IT Manager has moved to a new role as Data Clerk/Summariser and in November 2024, we replaced the role with a Compliance/Performance Administrator. We appointed into this role a lady previously employed at another Practice in Darlington and part of her role is to review and improve the recall process.

PPG asked if there was any movement on building or extending the Practice due to the capacity issues. SG informed that it may be possible for us to extend the Practice out the front of the building and had explored funding, with the ICB maybe being able to help. SG explained they if the ICB would fund it would be only 67% and the Partners would have to fund the rest (example given if £100,000 was needed, ICB would fund £67,000 and Partners £34,000). SG added the Partners would have to commit to that and there, is little appetite to do this at present.SG added the Practice is 45% the size it should be and we need more clinical capacity as well as reception space (we have no staff room for example). Due to capacity, to free up space for the registrar and staff appointed by the Practice, we have had to ask services such as Social Prescribing to move to PHD.PPG asked if Moorlands Practice is still moving to West Park. SG suggested for example, multi-site working if Moorlands building becomes vacant. SG informed she had not heard anything recently, but it could be a solution although that building is rented so we'd have landlords which might not work as well as our current arrangement (with 2 Partners owning the building).SG added the idea was discussed about a portacabin and that she will chase up the enquires she has made. SG informed there would be a potential cost but wants to explore with the ICB the potential for it to be fully funded. PPG were keen on the portacabin idea, as it had worked in the past for the Practice (discussed the fire) and patients didn't seem to have an issue booking in with reception and then being directed elsewhere.SG discussed a query from Darlington Healthwatch from patients regarding appointment being 10 minutes for 1 problem and having to re-book if anything else was to be discussed.SG had responded.GP appointments are 10-minutes duration and Nurse Practitioner appointments are 15-minutes duration.  There is insufficient time in appointments for patients to discuss multiple issues/problems.SG informed them that there is information on our website and in the patient leaflet as well as displayed in the waiting areas and on clinicians' doors that one appointment is for one person/problem and to book a double appointment if complex or multiple issues to be discussed.PPG agreed and added this a national standard and all Practices are the same. SG added if we extended appointment times it would mean fewer patients can be seen and waiting times for an appointment will be greater. SG added that if patients attempt to discuss more than one problem and the clinician runs late this also adversely affects the next patients waiting to be seen. PPG supported the Practice's approach. | **.****JS to invite DB to next meeting.** |
| **Items from PPG Members** | PPG asked about online booking for appointments as attempt had been made to book but no appointments were available. SG informed at present we don’t have online appointments. We used to have this at the Practice, and the Practice will have to revisit actioning this facility. PPG felt this would be helpful. SG added that we do offer booking links for patients to book for some appointments such as flu, asthma, COPD, bloods etc which is a very effective way of working. PPG added one member had an issue with booking, JS will monitor but may be a one-off issue.PPG discussed having a physio appointment that was cancelled, no way to re-book. SG informed that we do not manage the FCP or MSK appointments and that service would have to be contacted directly.PPG discussed DNA of appointments and that it does not seem to get any better and do patients get reminders. SG informed that missed appointments are an issue hence we promote the figures each month on the website, on social media and in the Practice. Patients do get several reminders. SG added that some Practices have far higher DNA rates than Carmel Medical Practice and reassured the PPG that if a patient does not attend, the practitioner is not idle in that time.SG discussed the PCN policy and the process for handling multiple DNA's, ultimately being invited to meet with the Practice Manager, and sign a contract. SG informed it was very complicated to monitor and we have many routes for patients to cancel. We need to get the process right in terms of writing to patients at the first and second DNA. The Compliance/Performance Administrator will have a look at this to ensure the process can work before we start writing to patients. |  |
| **Any Other Business** | None raised. |  |
| **Date and Time of Next Meeting** | To be confirmed, PPG asked for the next meeting to be late April 2025. | **JS to arrange** |