**MINUTES OF PPG MEETING NOVEMBER 20th 2024**

**PRESENT:**

**PPG:** John Poland **JP** Alan Granger **AG** Richard Taylor **RT** Marj Thomas **MT** Jenny Smith **JS** Jill Campbell **JC**

**From Practice:** Craig Lapka **CL** Leanne Bell **LB** (and Kelly Mitchell, the new ‘Living Well’ coach)

**APOLOGIES:** Ken Sutton / Rachel Brown / Mark Bradley / Vikki Sant

**WELCOME & INTRODUCTIONS:**

**JP** welcomed all to the Meeting, which commenced at 1pm, and then invited **CL** (in his new role as Practice Manager) to present recent developments at the Practice.

**PRACTICE UPDATE:**

The practice update was led by **CL** who firstly introduced **LB** in her new role as Assistant Practice Manager.

**CL** announced that the practice has completed the recruitment of 2 new GP’s, **Dr Chris Staines** and **Dr Jenny McIntyre**, who will be starting in February and January 2025, respectively. They both have approximately 10 years GP experience, Dr Staines having previously worked at Court Thorn and Dr McIntyre having worked as a Practice Partner in New Zealand with specialisations in training and women's health. They will both be commencing as salaried GP’s initially, and between them will provide a net increase versus current GP coverage of 0.5 days per week.

Dr Gamal will be leaving CTS at the end of December 2024. During the period until the new GP’s start Doctors O’Hare and Anderson will provide enhanced cover.

**CL** also shared that additional recruitment has been completed for a new part time Receptionist.

**CL** reported that the new patient ‘check in’ service is now operational and is currently undergoing some further refinement so that it can direct patients to the appropriate location within the Surgery.

Some investment is being undertaken in ‘tidying up’ notices and advice to patients, together with the installation of a wall mounted TV which will feature focused health campaigns and can also be available for publicising eg; PPG Seminars etc.

In respect of future equipment need of the Practice **CL** reported that the practice potentially would request the PPG to fund the purchase of a blood centrifuge, which could be required to maintain blood samples in a fresh condition so as to minimise the requirement for repeat blood samples to be taken from patients. The budget cost for this would be in the region of £800/£1000.

This initiated an extensive discussion as to why this requirement has arisen, the root cause apparently being collections of blood samples recently being undertaken later in the day (2pm instead of the previous 12 noon), and therefore arriving for analysis at the hospital in a decayed condition (specifically those requiring analysis of potassium levels), which is leading to wasted time, duplication and cost for both CTS and NHS staff, and not least inconvenience and delays to patients and patient outcomes. It was agreed that CTS would monitor the situation in order to identify the extent of this issue (by the number and frequency of days this occurs) together with seeking to influence a change in the collection schedule, as this is an issue affecting a number of Practices in the Eden area. Subsequent to the Meeting **CL** advised that most other Practices in the area currently use a Centrifuge. [**Action Point**: **CL** and **All** to revisit this issue at the next Meeting]

There followed a discussion surrounding the practicality and development of the triage system, with concerns expressed by **MT** and **JC** around the necessity for the extensive questioning involved, together with the discussion of symptoms over the telephone in the open reception area.

**CL** responded that the triage approach was based on that developed through A&E within hospitals and that it was deemed necessary to help in ensuring that serious underlying conditions were not missed during the process. He also advised that work was being undertaken to remove the triage function away from Reception to the maximum extent possible, given that the Practice were operating with a relatively small team, and that the whole triage process was still a ‘work in progress’.

**AG** suggested that in order to smooth the flow of patient appointment calls away from the early morning ‘rush’, it could be helpful to re-emphasise via the Inglewood News the ability of patients to phone in at any time during Practice opening hours. **CL** confirmed this availability and that in the case of non-urgent approaches such approaches would be carried over to the next working day if necessary (ie: a call today would not disappear from the system if processed tomorrow).

Practice staff are organizing a Christmas Fair that will take place on 10th December, with funds raised being donated to charities nominated by CTS staff. **MT** suggested that the PPG may be a worthy charity to be included.

In response to a question from **AG** asking what are the key issue(s) facing the Practice at present, **CL** responded that the additional costs associated with the increase in National Insurance taxation payments is the most significant, in that these will further undermine the financial viability of the Practice, which many people do not understand is a standalone business. It was agreed that this could be an issue that should be further publicised amongst the patient population, should the government not resolve the issue in the near future.

**JP** commented that he had been pleased to support the recent recruitment of the new GP’s on behalf of the PPG by participating in the recruitment interviews, which he felt had been undertaken very professionally, including the utilisation of an independent scoring system.

**MINUTES OF PREVIOUS MEETING:**

The Minutes of the previous Meeting held on 18/09/24 were accepted as an accurate record.

**MATTERS ARISING:**

None other than those referred to below or elsewhere within these Minutes.

The Practice has taken back control of the ‘Extended Access Appointments’ previously offered at the Penrith Hospital. These are now provided at CTS via extended hours which will are 6.30pm to 8pm on allocated Tuesdays and nominated Saturdays between 9am and 5pm. **CL** advised that these extra appointments will generally be used for focused health reviews, innoculation campaigns etc, as opposed to general appointments.

**FINANCIAL REPORTS:**

**JP** shared that detailed financial figures were not available for this meeting as the Treasurer is away at present. However, he stated that there were currently balances of £3,958, this splitting into PDS funds of £2,607 and General funds of £1191. At the current rate of expenditure, there are sufficient PDS funds to continue the PDS service until June 2027.

**PRESCRIPTION DELIVERY SERVICE:**

**RT** reported that the PDS service is satisfactorily covered at present and that there were no other current issues, other than further requesting that PDS volunteers be issued with identification lanyards [**Action: CTS**].

**JP** was pleased to report that all the annual ‘Confidentiality Agreement’ documents had been completed and received.

**JP** re-emphasised that the current PPG PDS insurance requires PDS drivers to fulfil deliveries with 2 volunteers (driver and ‘second person’) at all times.

**NEXT SEMINAR ‘FOOD’:**

**JP** confirmed the date as being **Thursday 20th March 2025**, the subject matter being around Food, healthy eating and nutrition. Dr Anderson and Dr O’Hare have indicated their enthusiasm for getting involved and it was suggested that there should be a further meeting to refine ideas and organise the event in the new year. [**Action Point:** arrange date and attendees for event organisation meeting.]

**FUTURE EQUIPMENT NEEDS OF THE PRACTICE:**

None other than the reference to the potential investment in a Centrifuge, referred to within ‘Practice Update’.

**ROAD SAFETY UPDATE:**

**CL** advised that the lights marking the front entrance of CTS are imminently to be refurbished.

**AG** asked if there are any visible warning signs from the direction of Low Hesket, **CL** advised just a ‘Surgery’ sign at a low level in the grass verge [nb: note from AG, I think this was all that Cumbria Highways had historically allowed?]

**MT** stated her conclusion after all the recent debate surrounding road safety issues, which is that the current location of CTS is the wrong location for both pedestrians and motorists, perhaps a new Surgery could be complementary to all the new house building in the area?

**MEETING DATES:**

Dates of Meetings through 2025 were proposed as being:

* **15th January**
* **12th March**
* **4th June**
* **17th September**
* **19th November**

**ANY OTHER BUSINESS:**

**AG** asked what was the PPG understanding re the current status of the Defibrillator machine located on the wall of the old Salutation Inn in High Hesket, given that the green service indicator light has not been illuminated for some time?

**JP** offered to contact the NWAS (who have responsibility for its operation) to ensure that the machine’s future power supply issues are resolved

[NB: this has now been resolved and NWAS are dealing with these issues]

**NEXT MEETING:**

The meeting concluded at 2.45pm and it was confirmed that the next PPG meeting would take place at **1pm** on **Wednesday 15th January 2025.**