Minutes of meeting – 17th June 2026

Attendance: Dr Patrick, C Walters, A Carter, D Swain, E Devlin, G Devlin
Apologies: C Williams

Practice Staffing and Capacity

- A new salaried GP, Dr. Arun Joseph, will be starting on August 5th, and will be working six sessions (Monday, Tuesday, Friday), bringing the practice to seven GPs and full capacity across its eight clinical rooms.

- Sian Moran, a nurse, retired after 50 years of service due to health reasons, with a celebration planned for the summer.

- The PCN pharmacist Patrick left due to a contract non-renewal, and a new PCN pharmacist, Mohammed, has joined and is receiving support for prescribing and audit tasks.

- Ben Hannah, the paramedic from the PCN, works three days a week and provides additional locum cover on Fridays, described as "absolutely excellent."

Medication Cost-Saving Initiatives

- A national drive for cost-effective prescribing, primarily for "Cost. Mostly just cost saving," aims to save the NHS £9 million by switching medications, such as "edoxaban to apixaban."

- Patients can expect changes from branded to generic options or vice versa, with reassurance that the medication remains "the same effective medication," and the EMIS software automatically suggests these switches, displaying cost savings.

- The practice plans to send a "text message" to patients about upcoming changes, and a national NHS campaign via TV adverts was suggested to explain the benefits.

Practice Expansion and Infrastructure

- The practice is seeking "another two rooms in addition to the current eight as these are now at full capacity, with an application submitted in July last year.

- Progress has been slow due to delays with the NHS Property Service solicitor and the requirement for a sublease agreement, which the ICB needs sorted before releasing funding, though they have confirmed they will cover estimated costs.

Patient Feedback and Engagement

- A new Healthwatch feedback system, replacing the previous one, allows users to provide a star rating and narrative, but it is not widely publicised and difficult for patients to find.

- Concerns were raised that Healthwatch often asks "wrong questions," leading to diluted feedback, and that formal feedback is predominantly negative as satisfied patients are less likely to submit comments.

- A suggestion was made to promote feedback by sending a text message with a link immediately after a consultation (within 30-60 minutes) using the MJOG application.

- An NHS app survey revealed good general take-up, but usage significantly drops off among older people, particularly those in their 80s, due to unfamiliarity with technology.

Appointment Access and Triage

- The primary challenge for patients is "the difficulty of getting through to the practice to book an appointment," rather than securing an appointment once contact is made.

- New PCN directives prevent receptionists from telling patients to "ring back tomorrow," and enhanced training focuses on triaging calls and signposting patients to appropriate services.

- Telephone audits are conducted by the office manager, to review receptionist-patient calls and identify areas for improvement.

- Discussion of a "total triage" model (online requests triaged by doctors) raised concerns about excluding non-tech-savvy individuals and increasing doctor workload, though one PCN practice claims success with receptionists assisting elderly patients.

A&E Overuse and Hospital Capacity

- A "corridor care survey" by Healthwatch Knowsley identified key problems in hospital A&E departments, including patients spending long periods in corridors, lack of call buttons, and significant lack of privacy.

- New acute trusts were built with "120 less beds" compared to older facilities, leading to reduced capacity, which is concerning given population growth and people "living longer unwell."

- A&E departments are often overcrowded with people attending for minor issues, leading to suggestions for "radical change," such as limiting family members and implementing a £10-£20 fee for A&E visits to "keep a lot of people out of AE."

- DS expressed a firm belief that "unless it is absolutely gross misconduct... or anything like that. Gross negligence, then his firm belief is that you should not be allowed to sue the nhs" due to fears of negligence claims hindering effective triage.

CQC Inspection and Business Continuity

- The practice is awaiting its CQC inspection date, which typically involves five days' notice, a request for specific documents within an hour, and a three-hour telephone conversation, including interviews with the administration team and PPG members.

- Business continuity is a key focus for CQC, and the practice has a buddy system with Cedar Cross as an alternative operating location; the business continuity plan has been emailed to all staff for familiarisation.

PPG members informed that the CQC will want to speak with them and CW will notify them as and when a date is received.

Date of next meeting: 23rd September 2026 at 1.30pm