**Park House Medical Centre**

**Minutes of PPG meeting**

**23rd April 2025**

**Present:** Dr Baker, C Walters, D Killen – Park House MC

A Carter, D Swain, C Williams

**Apologies:** L Gray-Williams, G Allford, G Devlin, E Devlin

**CW:** Welcomed all to the meeting and gave apologies for the non-attendees.

**CW:** Informed that some patients have expressed an interest in joining the PPG and once date is offered, they don’t engage.

**AC:** Commented that our PPG is doing OK with regards to participants and seem to be above average with the group that we have compared to others.

**DS:** Informed all that as from the last PPG meeting an invitation was offered for the PPG members to attend the Practice at 8am to review the call handling process and that he confirmed that he would like to attend and that nothing happened thereafter.

CW informed that he was the only member who replied and that I was awaiting other PPG members and that this didn’t happen.

CW asked DS to offer a date that he could attend and for anyone else who wishes to attend to review the 8am calls to the Practice.

**CW:** Discussed in the last meeting - December that we had a problem with our telephone lines and that the call appeared to drop whilst staff were talking to patients and that this was reported to IT for further investigation.

IT requested 10 examples of this happening the telephone number, date and time and that they would enquire further.

DK provided this information to IT and that they have since upgraded their Virgin Media telephone lines and to date seems to have fixed the issued.

**CW:** Discussed the phone stats at the last meeting and confirmed calls handled 88% and that CW/DK would review this with a view to increasing the call % by the next meeting.

**DK:** Informed all of the phone stats from December – March 25:

December 91.12%

January 91.70%

February 92.24%

March 92.81%

Informed all that the figures are on the increase and that more calls are being answered.

Explained the calls abandoned as the telephone lines only allow 4 incoming calls to Q before giving off the engaged tone.

CW will look further into the reason behind the abandoned calls as looking at the whole PCN and the 11 Practices within the figure is more or less the same as other practices and that we need a further explanation as to what these are.

**AC:** Asked whether the message has now been assigned to say that “we are currently experiencing a high volume of calls please do try again later”.

**CW:** Informed AC that this has been logged with IT and that as we are part of the PCN, and all share the same message this would have to be replicated throughout and will ask IT for an update on this.

**CW:** Informed all that 8am each day will always be a busy time especially for the first hour.

**DS:** Stated that he rings at 8am and that once he gets through the appointments have more times than not been taken and the fact, we have more Doctors now and more call handlers that there should be a much higher probability in obtaining an appointment and what are the chances of getting an appointment.

**DK:** Stated that it all depends on the day and the clinics and the Doctor’s availability given holidays/Sickness but generally we offer more clinics Mon-Fri and that pre-bookable appointments are assigned two weeks prior to the date and that these go very quickly whether via the Practice or Patient access.

**AC:** Asked when we offer EAS.

**SB:** Confirmed that there are loads of services in the community that can handle any minor problems and that calls should be triaged via reception to place the patient with the appropriate person as not all patients need to see the GP for minor ailments.

Patients should be offered alternative services, and that reception team are triaging and directing patients where they should need to go and that we heavily use the EAS on a Saturday and the PHMC have the highest % in booking appointments and that these appointments are welcomed by our patients.

Sign posting should always be done first and that patients need to be re-educated as all don’t need to be seen by the GP as they can be dealt with via other services.

All admin staff have training planned via the PCN of how to deal with calls and navigate as and when appropriate.

Appointments should be last resort and only for those patients who do need to be seen when they can’t be dealt with within the community.

**DS:** Queried those regulars who appear to have several appointments per week/month and asked could we not offer them an appointment given their overall presentation at the practice.

**CW:** Stated that we cannot stop patients from obtaining an appointment but going forward only offer an appointment if the patient needs to be seen and cannot be seen within local services.

**DS:** Asked are Doctors strict enough with patients when they DNA or obtain an appointment for signing of form purposes.

**SB:** Confirmed that she’s probably the strictest Dr at the Practice and that she does inform patients if they have obtained an appointment unnecessarily.

**AC:** Should this be promoted more that not all need a doctor’s appointment and that this should be a government advertisement for all to understand the process.

**CW:** Informed all that once training has been undertaken by admin staff that more navigation will take place and not a case of just handing out Drs appointments when not required.

**DS:** Uses care of the chemist for minor ailments and that this works for him.

**CW:** Gave General Practice update and that Dr Morley has decided to leave the Practice on 13/6/25 to be at home with her children.

Dr Carson has an imminent operation and that she will be absent for 6-8 weeks and during her absence Dr Sandesh will be covering her shifts.

Will Cunningham – Advanced Nurse Practitioner has been with us since January and will be with us until the end of June paid for by the PCN.

Will enjoys working at the Practice and has expressed an interest in staying of a more permanent basis.

**SB:** Explained recruitment via the PCN and that the budget given allows the Practice to choose the staff that the Practice needs and that we will be recruiting:

GP Full time 37.5 hours – 8 Sessions

ANP Part time 24 hours

Pharmacist Full time 37.5 hours

Informed all that two new clinical rooms will be built this year to allow more clinical space to house the new clinical staff.

The Practice is limited now but with the two new rooms will offer more clinicians.

Explained that although we have a full quota of clinical staff in December with the onset of Dr Morley leaving that we have a regular locum who will be covering sessions together with new PCN staff.

**DS:** Very positive comments on Nurse – GC and that she covers a lot during her appointment and that she takes the pressure of the Doctors.

Asked about a Facebook page for the Practice and would this be worthwhile in addition to our website to target the younger generation and educate them regarding use of NHS services.

**Cath:** Asked the % of appointments for younger/older patients and who demands the most appointments male or female?

**CW:** The younger generation are more demanding on services and the largest % are bookings by females. The elderly only request and appointment when needed and the older generation tend to have a feeling of not wanting to waste the Drs time and we do encourage our elderly patients to make an appointment for their health and well being with the Nurses and Doctors.

**SB:** Gave a QOF update that the Practice has worked hard, and we have reached the full QOF points and that this is recurring thing that happens from 1st April – 31st March.

Informed all that the Nurse appointments have changed from 15 – 30 minute and that this allows the nurses to complete all that needs to be done whilst the patient is here as opposed to recalling the patients for another review all that is required is done within the one appointment.

The changes took place last year and this has proved to be successful for both nurses and patients.

Also informed team that Doctors appointments have been increased from 10 – 15 minutes and again this has proved to be good.

**AC:** Gave an update on the PCN – PPG meeting and confirmed that what he had to ask had already been discussed earlier on in the meeting with regards to staff training and ARRS.

Updated all on the new prostate training project and explained the leaflet of the process that current patients with Prostate Ca are following and for them to promote the new process of the project.

Allan confirmed that the PCN – PPG meetings will now be held on the last Thursday of each month and that PHMC meetings will be held prior to the PCN meetings.

Our next PPG meeting will be held in July and date provisional of 23rd July to be confirmed

Asked for a staff member to attend the next meeting in Allan’s absence and CW confirmed that either her or Danielle will attend on 26th June 25 at the meeting to be held here in the boardroom.

Meds management provided an update of unwanted medication and that patients are over ordering their medication and stock piling and that the cost of this is 800 million per year to the NHS purse of wasted money.

This will be added to Knowsley Healthwatch site, Sarah informed that there will be a campaign this year highlighting this issue and to remind patients to order only what is required.

**SB:** explained that she is the cancer lead for the PCN and explained the process of inviting patients in for their check up and out of those invited there were 11 diagnosed early and commenced on their treatment.

**AC:** Asked could a WhatsApp group be created for the PPG members, CW will set this up.

**CW:** Asked Allan to check the Practice website to ensure all links work as all works when viewing the website internally but need him to check all links externally.

**CW:** Explained the appointments given from March 24 – 25 as follows:

Registered patients: 7,977

Face to face appts: 25,888

Same day appts: 17,406

DNA appts: 1,416

Date of next meeting **Wednesday, 23rd July at 12pm**